



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

1 Intro

While the economic impact of multifaceted anti-poverty programmes has been established in recent years, questions remain about the impact of such interventions on women's empowerment, including the importance of gender targeting strategies. We report on a mixed methods evaluation of a gender focused multifaceted anti-poverty, "graduation",¹ programme, in two districts in Malawi. The study evaluates whether allocating program benefits to the male spouse or female spouse has a significant impact on empowerment and relationship quality within the household. This study also evaluates the effect of incorporating a gender soft-skills training (Umodzi)² for households into the typical Graduation "bundled treatment" on empowerment and intra-couple dynamics.

Based on our quantitative analysis, we find that compared to female spouses in control households, all treated female spouses see a significant increase in their productive agency. However, we find that only female spouses in female targeted households who participated in the couples training saw a 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 qualitative maps indicate how improved sharing of chores reduced disagreements and led to improved household relationships and well-being.

¹In Malawi they called the Graduation program Tiwoloke

²The gender component is known as Umodzi, meaning 'united'. Umodzi engages couples to discuss issues such as gender norms, power, decision-making, budgeting, violence, positive parenting and healthy relationships. The training has 12 sessions for couples, rolled out over 12 months. Each session is 2-3 hours long. Some are mixed sex, some single sex. They were designed to give men and women opportunities to discuss sensitive issues among themselves and as couples.

We also find qualitative evidence that improved conflict resolution and reduced disagreement did not come from increased income and purchasing power, but directly from gender messaging via both the Graduation program and the couples' intervention.

The quantitative results allow us to categorically describe the impact of the programme and its respective treatment arms. Complementing this, inclusion of the qualitative component of the research led to a greater appreciation of the channels of change, improved interpretation of the quantitative findings and validation of the theory of change from the participants' perspective.

2 Research Design

Focused on a sample of low-income couples, we conduct a Randomised Control Trial (RCT) with three treatment arms: female recipient, male recipient, and female recipient plus 12-month couples training on family vision and cooperation (Umodzi). The RCT comprised "before" and "after" quantitative surveys, separated by 24 months, of both spouses. Households in our sample were randomised into two cohorts, with the first treatment cohort starting with the program in November 2018, and cohort 2 starting in 2019.

In parallel, we conducted a specific form of qualitative research, the Qualitative Impact Protocol (QuIP). The QuIP is a method for mapping causal drivers of change from the perspective of program participants, where the qualitative researchers are partially "blindfolded" to reduce pro-project and confirmation bias. The QuIP is specifically focused on exploring how the targeting of the program and the gender training affected the causal pathways experienced by program beneficiaries.

3 Data Sources

This policy brief is based on the first endline (EL1) data collection of the RCT and the QuIP, which was 5 months post program implementation. The main objective of aligning both the quantitative and qualitative data collection rounds was to develop a deeper understanding of causal mechanisms connecting treatment and gender empowerment, relationship quality and well-being. The fieldwork for both components were conducted in Nsanje and Mangochi, two districts in Malawi, and our sample is split equally between districts.

In our quantitative sample we have 2,377 households, with 2,335 females and 2,159 males in our dataset. Our sample is composed of 618 control households, 581 female targeted, 594 male targeted and 584 female plus Umodzi targeted households. The sample for this evaluation does not include control households in treated villages (spillover households).³

The QuIP methodology uses a combination of purposeful and then random sampling. Given that the main objective of this study was to understand how the targeting of the program affected the causal pathways experienced by programme beneficiaries, respondents were the female spouse of the household and were drawn from each of the treatment arms, female, male and female plus Umodzi.

Our qualitative sample includes semi-structured interviews from 96 female spouses in treated households and 16 focus group discussions (FGDs). The fieldwork took place in October 2020 for cohort 1 and 2021 for cohort 2.

4 Results

4.1 Empowerment

Drawing on our theory of change, for our quantitative analysis we define empowerment to encompass 6 different components, including:

1. Household expenditures decisions: 9 items
2. Children’s investment decisions: 2 items
3. Fertility and financial decisions: 4 items
4. Productive agency: 6 items
5. Aspirations for daughters: 2 items
6. Political involvement and social capital: 3 items

³Our sample has 1,190 households from cohort 1 and 1,186 households from cohort 2. Data collection for EL1 ran from August to October 2020 for cohort 1, and August to November 2021 for cohort 2. The QuIP was conducted for each cohort one year apart and immediately after the EL1.

Based on this definition of empowerment, in figure 1 we find that female spouses in the female plus Umodzi arm saw a significant increase in their level of empowerment compared to control households. We find that the empowerment index increased by 0.175 standard deviations (SD) for women in female plus Umodzi households, compared to control households. As this index is standardised with mean zero and standard deviation 1, this equates to an increase of 17.5 percent of the standard deviation of the empowerment index, compared to control households.

We also found significant differences between the different treatment arms, where female plus Umodzi households have a empowerment index score that is 0.13 SD higher than the female targeted arm, and 0.22 higher than the index value for the male targeted arm. These results are a strong endorsement of the additional couples training.

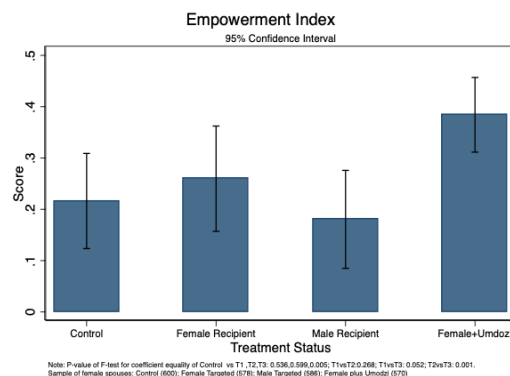


Figure 1: Empowerment Impacts

To help generate greater clarity on what may be driving this impact, we look at the six components that are used to create the empowerment index in figure 2. While the couples training has a positive impact on most of the empowerment components for treated households compared to control, only 2 are statistically significant, fertility and financial decisions index, as well as the productive agency index.⁴ While all treatment arms had a significantly higher productive agency index score compared to the control arm, female plus Umodzi households had the largest difference. Moreover, female plus Umodzi households also had a score higher than the other two treatment arms, with differences being statistically significant.

⁴The fertility and financial decisions index is made up of 4 components, that includes whether the female spouse has a role in: 1. Contraception and family family decisions; 2. Getting a loan; 3. Determining how the loan is used; and 4. Determining how savings are used. The productivity agency index is made of 6 components: 1. Whether the wife is prevented from working outside the household; 2. Whether the wife owns/manages business; 3. Whether she owns livestock; Whether the wife received revenue from: 4. livestock sales; 5. crop sales; 6. Whether she has her own wage income.

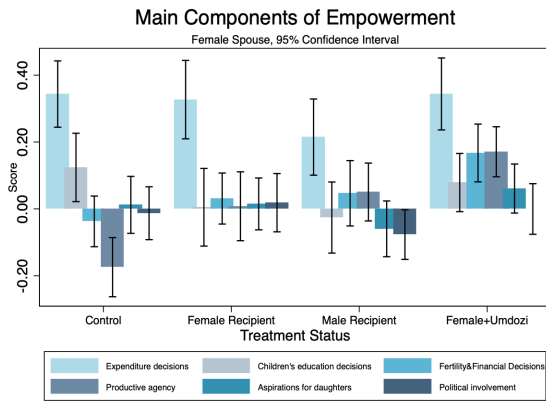


Figure 2: 6 Components of the Empowerment Index

Using the QuIP, we construct a causal map (figure 3) based on participants' self-reported attribution of change. The causal map presents a high-level overview of the changes reported by respondents attributed to Concern's messaging - received either via Umodzi or the overall Graduation program. This causal map helps outline what changes female spouses experienced in their relationships in the prior two years,⁵ what they perceived was the cause for these changes and finally what these changes led to.

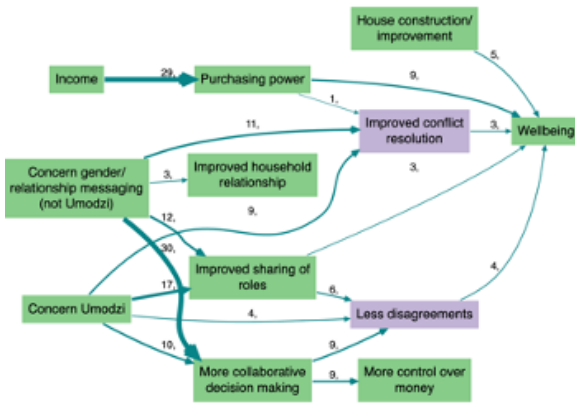


Figure 3: Channels of Change, Graduation Impact on Empowerment, Relationships and Well-Being, QuIP

From our QuIP analysis, we find that women felt more involved in decisions about income generation and budgeting. They felt they had more of a say in financial matters because they contributed to the household economy and therefore had a greater say in how money was spent because they had their "own means". A few respondents also described how their greater involvement in decisions increased the control they had over the household's money

⁵The QuIP was carried out 24 months after the couple had started the Graduation program.

which contributed to them feeling more "empowered" (IMAU-5).⁶ These findings about women feeling more involved in decisions related to income generation maybe explained by the positive quantitative impacts discussed earlier on productive agency, which measures a women's ability to work outside the house and the different sources of productive income she owns and receives.

The QuIP also finds that gender messaging from both the Graduation program and Umodzi were the main factors driving positive changes in decision making in the home (figure 4). While this impact was reported across all treatment arms, a higher proportion of Umodzi respondents reported becoming more involved in decision making in the home (figure 5). The difference between female targeted versus female plus Umodzi treatment types was strongest for budgeting decisions. Though if we refer back to figure 2, we do not find any significant differences, 5 months post program implementation, in regards to empowerment on expenditure decisions from our quantitative results. It remains possible a difference will be found 17 months post program implementation, as changes in family practices are embedded.

"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)

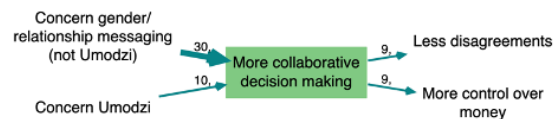


Figure 4: Channels of Graduation Impact on Decision Making, QuIP

4.2 Sharing of Roles & Relationship Quality

From our quantitative results, we find that women in the female plus Umodzi households report an in-

⁶Codes in brackets after any quotes in this brief is the key to link the quote back to one of the 96 respondents/16 focus group discussions. This is the anonymised source ID for the respondent, that enables the qualitative researchers to link the text and analysis back to the source of the information.

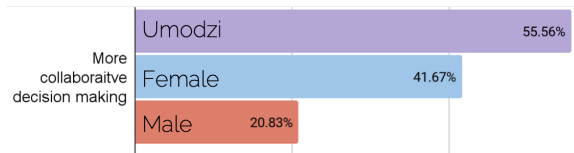


Figure 5: Decision making by treatment arms

crease of participation by their husband in household chores (figure 6). This index of chore sharing is composed of 7 chores that are often seen as in the woman's domain, where for each chore the female spouse reports on whether her spouse never, rarely or regularly does the chore.⁷ We find that the chore sharing index increases by 0.23 standard deviations (SD) for the female spouse in female plus Umodzi households, compared to control households. As this index is also standardised with mean zero and standard deviation 1, this equates to a 23 percent increase of the standard deviation of the chore equality index, compared to control households. Moreover, women in female targeted Umodzi households also report a significantly higher chore equality index compared to women in female and male targeted households.

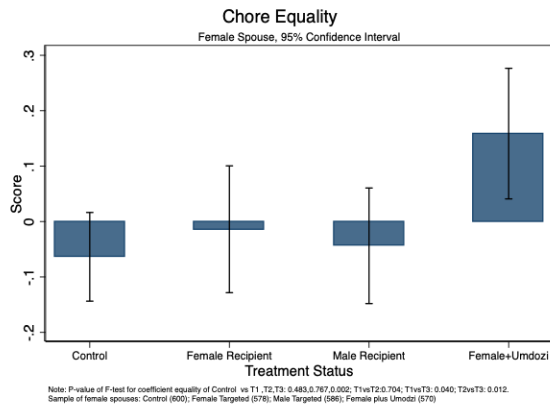


Figure 6: Graduation Impact on Sharing of Roles

On the other hand, when we turn to the qualitative data on changes in improved role sharing, we find from figure 7 that these changes are not just limited to female targeted Umodzi households. Female spouses in all three treatment arms mentioned Concern's gender messaging as influencing improved role sharing, though Umodzi households were most likely to mention improved sharing of roles as a result of Concern's intervention (figure 8). Respondents who did report changes mentioned a range of roles which were being shared more, including cooking, cleaning, construction, gardening, and childcare (figure 9).

⁷These chores include: preparing food; house cleaning; caring for children; purchasing food; collecting water; collecting firewood; and washing clothes.

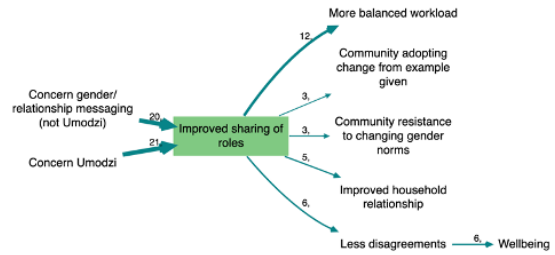


Figure 7: Channels of Change, Graduation Impact on Sharing of Roles, QuIP

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

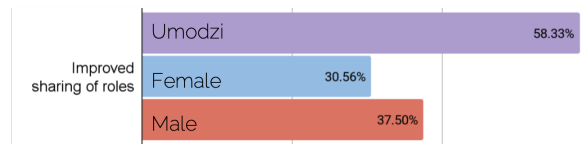


Figure 8: Graduation Impact on Sharing of Roles: By Treatment Arm, QuIP

The most apparent change reported was that tasks were not seen as gendered anymore. However, in terms of how these household chores are being divided daily, it seems that it is still the norm for women to hold the primary responsibility for certain domestic jobs such as cooking, cleaning, and childcare. Whilst husbands would now "step in" to help (IMAU-5), this was often only if the woman was away, busy, or unwell.

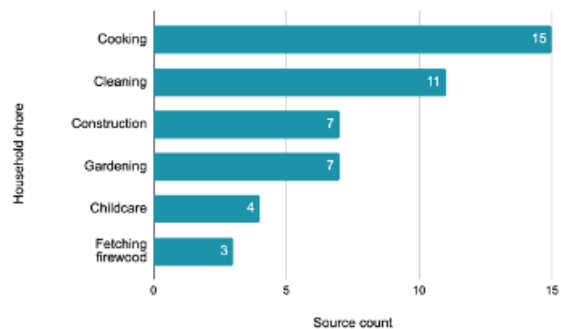


Figure 9: Graduation Impact on Sharing of Roles: Chores that had spousal involvement, QuIP

An advantage of the qualitative research is that it helps map the channels of change and give us greater insight into the mechanisms through which our theory of change works from the participants perspective. If we refer back to figure 3, we see

that as a result of improved role sharing, the female spouse said that they had improved household relationships and fewer disagreements.

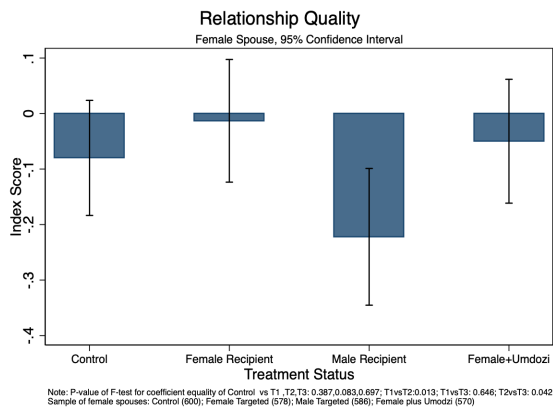


Figure 10: Graduation Impact on Relationship Quality

Therefore, for the next part of our quantitative analysis in figure 10 we look at relationship quality and the dynamics between the couple, as reported by the female spouse. This index is composed of two components: partner satisfaction and partner's communication dynamics.⁸ The findings for the treatment effects are nuanced. We find that women in the male targeted households saw a significant decrease in their relationship dynamics of .14 SD, compared to control households. A lower index value reflects a worse relationship quality and couple dynamics, therefore this change represents a 14 percent decrease of the standard deviation of the relationship quality index, compared to control households. We also find that women in male targeted households had a lower relationship quality score compared to female plus Umodzi households. On the other hand, the female targeted arm had no significant differences compared to control or male targeted households in their relationship dynamics index, however they did have a significant increase compared to female plus Umodzi households.

When we turn to the qualitative analysis, a portion of respondents across all treatment arms report improved conflict resolution with their spouse over the last few years, as a result of Concern's gender training (figure 11). Though a higher proportion of women in female targeted and female plus Umodzi

⁸The first component of this index is partner satisfaction, which is composed of three indicators, whether she lives in harmony with her spouse, how close she feels to her spouse and how she rates her relationship with her spouse from 1 - 10 compared to other couples in her community. The second component of the index is partner communications and dynamics, which includes 4 indicators, whether the female can express her opinion when she disagrees with her spouse, if she feels that she and her spouse manage to sort out their disagreements, and whether they share joyful and separately bad moments together.

households cited this change. Women shared that issues were addressed "through dialogue" (INAT-18) and "apologizing to each other" (INAU-25). Some of these women mentioned that because of these changes, they were experiencing more harmony and unity in their marriage, and for a few, less gender-based violence. The focus group discussions (FDGs) confirmed that the way partners resolve differences had changed because of Concern's gender interventions.

"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. Tiwoloke encouraged us to stand up against abusive partners by reporting gender-based violence to authorities. Men are now scared of beating their partners and marriages are more peaceful than before." (INBT-23)

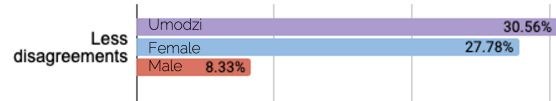


Figure 11: Graduation Impact on Disagreements, QuIP

4.3 Well-being

In the quantitative component, we capture two components of the individual's well-being, their mental and social well-being. We create a mental well-being index, which is a standardised mean of three other indices, total days where the individual did not exhibit specific symptoms of depression in the prior week, total days where the individual did not exhibit specific symptoms of stress in the last week and their level of satisfaction with their current life situation. In figure 12 we find that compared to control households, only women in Umodzi households saw an increase of .19 SD, in their mental well-being index that was statistically significant. This means that women in female plus Umodzi households saw a 19 percent increase of the standard deviation of the well-being index, compared to control households. We find no differences between the different treatment groups.

To understand what may be causing this result, we also analyse the raw scores of the three components that are used to create the psychological well-being index in figure 13. We find that this increase in the mental well-being index is primarily driven by an increase in the count of total non-depressed days for women in the female plus Umodzi arm.

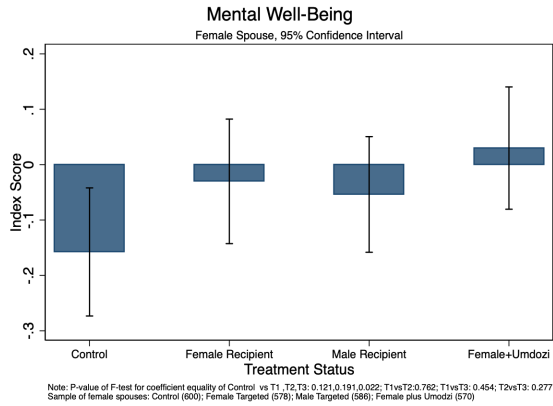


Figure 12: Mental Well-Being Index

The other component of well-being we capture is on how the Graduation program effects people's social worth in figure 14. Our measure of social-worth is a standardised index calculated from the female spouse's self-efficacy and social standing indices. What we see is that regardless of treatment arm, all female spouses see an increase in their index of social-worth by between 0.24 to 0.34 SD (figure 14).

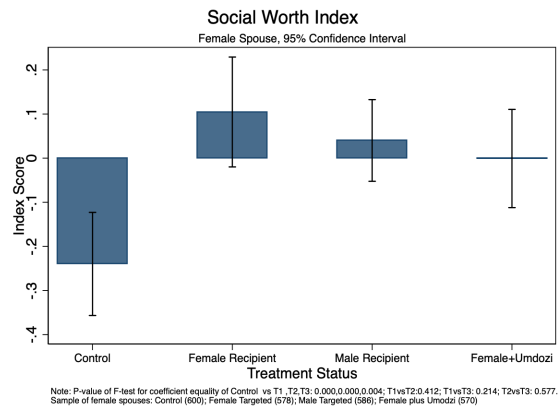


Figure 14: Social Worth Index

We deconstruct the components of this index in figure 15 to create a clearer understanding on what is driving this result. For women in the female and male targeted arms, this increase is driven by increases in their self-efficacy and their social standings. On the other hand, for women in the female plus Umodzi arm, this increase is driven only by an increase in their social standing. Again though, we find no significant differences between the different treatment arms.

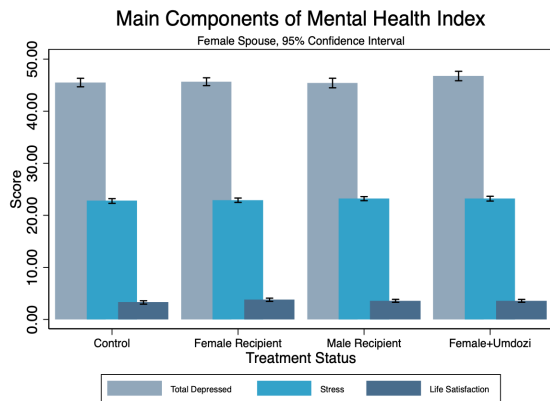


Figure 13: Raw Score of Mental Well-Being Index Components

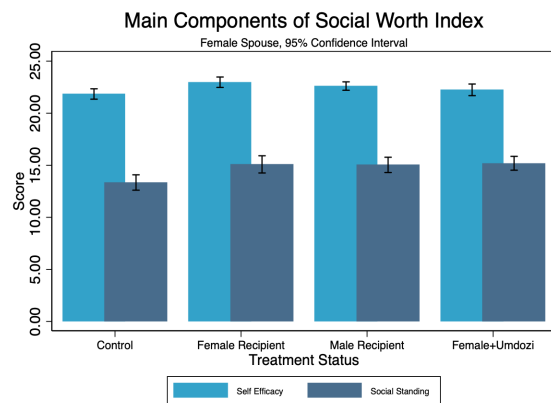


Figure 15: Components of the Social Worth Index

One of the main effects the QuIP found from the Graduation and Umodzi training was improved well-being. Most respondents claimed that their physical, emotional, and spiritual well-being had improved overall. The QuIP found that female

spouses in all treatment arms experienced improved relationships, sharing of roles, and more collaborate decision-making. Referring back to figure 3, we see that these changes led directly to improved well-being and indirectly via fewer disagreements and improved conflict resolution to improved well-being.

5 Conclusion

In this policy note we report on initial findings from a mixed method evaluation of a gender focused multifaceted anti-poverty, "graduation", programme. We find that women in the female plus Umodzi treatment arm saw higher increases of empowerment compared to women in the control and the other two treatment arms, with this increase in empowerment driven by a higher increase in their productive agency. In addition, these women were also the only ones who saw an increase in the male spouse sharing roles that were in the women's domain.

The qualitative maps confirmed that treated households experienced an improved sharing of chores and reduced disagreements. These maps also helped identify how these changes led to improved household relationships and well-being. From the causal map (figure 3) in our qualitative analysis we find evidence that a certain level of gender messaging was rolled out across all three treatment arms, which impacted empowerment and couples' relationship quality. The messages delivered via the overall Graduation program, and separately by Umodzi, drove changes within the couple's relationship, including improved household relationships, sharing of roles and greater collaborative decision making. These changes led to improved conflict resolution, fewer disagreements and greater control over money for the female spouse. Overall, all these changes led to improved well-being.

The inclusion of the qualitative research helped create deeper understanding on participants perceptions of change, the mechanisms through which these changes occurred and also helped interpret the qualitative findings. As a result of combining the qualitative and quantitative approaches, we were able to verify the participants' perspective of their own theory of change.