

Cash Transfers Conditional on Schooling Reduce IPV among Young Women in South Africa

Cash Transfer and Intimate Partner Violence Research Collaborative

Estimates indicate that one in three ever-partnered women aged 15 years and older has experienced physical or sexual intimate partner violence (IPV) in her lifetime, with regional rates ranging from 16.3 percent in East Asia to 65.6 percent in Central Africa.¹ Significant resources have been invested in understanding what works to prevent IPV, with relatively little evidence of successful interventions that are also cost-effective and scalable. A growing evidence base demonstrates that cash transfer programs, primarily meant to address poverty and vulnerability, are promising interventions to reduce IPV. However, knowledge gaps remain on whether findings generalize across regions and program designs, as well as what mechanisms underlie impacts. In this series of briefs, case studies highlight the potential of cash transfers to affect IPV in diverse contexts.

What does the global evidence say?

*In a mixed-methods review of rigorous studies from low- and middle-income countries, 11 of 14 quantitative studies (79 percent) and 5 of 8 qualitative studies (63 percent) showed that cash transfers decrease IPV.² In explaining these impacts, studies generally hypothesized three pathways through which cash could affect IPV: 1) increases in **economic security and emotional well-being**; 2) changes in **intra-household conflict**; and 3) increases in **women's empowerment**.*

The South Africa study draws on a randomized controlled trial conducted over three years (2011–2015) in Mpumalanga Province to evaluate the HIV Prevention Trials Network (HPTN) 068 conditional cash transfer program. Study participants comprised 2,448 young women enrolled in grades 8 to 11 who were between 13 and 20 years old at baseline and who had never been married or pregnant. This target group is particularly relevant for IPV prevention, as violence starts early in relationships,

This case study summarizes the impact from a conditional cash transfer program targeted to girls of secondary school age in South Africa. The program led to a 34 percent reduction in intimate partner physical violence by allowing girls to avoid potential violent partnerships, as transfers delayed sexual debut and lowered their number of sexual partners.

The Cash Transfer and Intimate Partner Violence Research Collaborative

brings together an interdisciplinary group of researchers from IFPRI (the host institution), the University of North Carolina, the London School of Hygiene and Tropical Medicine, the UNICEF Office of Research–Innocenti, and the Johns Hopkins School of Public Health. The Collaborative has dual goals of expanding the evidence base around the impacts of cash transfers on intimate partner violence and disseminating research to global stakeholders.



and the quality of partners and relationships formed during adolescence often predicts the likelihood of violence in future relationships. At baseline, 17 percent of girls reported having experienced physical IPV from an intimate (dating) partner, while 11 percent reported experiencing physical IPV in the 12 months preceding the evaluation.

HPTN 068

The Medical Research Council and Rural Public Health and Health Transitions Research Unit of the University of Witwatersrand and the University of North Carolina ran HPTN 068, with the main objective of testing whether cash transfers could reduce risk of HIV. Each month, the program paid transfer benefits equivalent to US\$10 directly to young women and US\$20 to their guardians. The cash transfer was conditional—to receive the benefit, girls had to attend school at least 80 percent of the expected time.

Results showed that cash transfers reduced the annual risk of physical IPV by 34 percent.

What were the mechanisms? Analysis shows that cash transfers reduced young women's exposure to potential violent partners, as transfers delayed their sexual debut and lowered their number of sexual partners.

This study adds to the literature by showing that cash transfers can reduce IPV among adolescent girls and young women. While most evidence to date is on adult women, reducing IPV during the transition to adulthood may have additional benefits, setting positive trajectories for their future relationships.

From a policy perspective, cash transfers and other social safety nets are attractive instruments for addressing violence, as they are rapidly expanding in resource-poor settings (social safety nets reach approximately 1.9 billion people in 136 low- and middle-income countries³) and often reach women and the most vulnerable segments of society directly. However, policymakers focused on social protection often do not have IPV on their agendas, nor are they necessarily aware of the growing evidence linking cash transfers to IPV. Building linkages among these stakeholders and expanding the evidence base around what works, where, and for whom will help in designing more gender-transformative programs—including programs that, even if aimed at other objectives, can reduce the risk of violence against women sustainably and at scale.

The study authors are Kelly N. Kilburn, Audrey Pettifor, Jessie K. Edwards, Amanda Selin, Rhian Twine, Catherine MacPhail, Ryan Wagner, James P. Hughes, Jing Wang, and Kathleen Kahn. For more information, including author affiliations, study acknowledgments, and funders, see the peer-reviewed articles on which this note is based: K.N. Kilburn et al., "The Effect of a Conditional Cash Transfer for HIV Prevention on the Experience of Partner Violence for Young Women: Evidence from a Randomized Experiment in South Africa HPTN 068," *Journal of the International AIDS Society* 21, no. s1 (2018): e25043; and A. Pettifor et al., "The Effect of a Conditional Cash Transfer on HIV Incidence in Young Women in Rural South Africa (HPTN 068): A Phase 3, Randomised Controlled Trial," *Lancet Global Health* 4, no. 12 (2016): e978-e988. HPTN 068 was funded by the US National Institute of Allergy and Infectious Diseases, the National Institute of Mental Health and the National Institute on Drug Abuse of the National Institutes of Health.

¹K.M. Devries et al., 2013, "The Global Prevalence of Intimate Partner Violence Against Women," *Science* 340, no. 28 (2013): 1527-1528.

²A.M. Buller et al., "Intimate Partner Violence and Cash Transfers in Low- and Middle-Income Countries: A Mixed-Method Review," *World Bank Research Observer* 33, no. 2 (2018): 218-258.

³M. Honorati, U. Gentilini, and R.G. Yemtsov, *The State of Social Safety Nets 2015* (Washington, DC: World Bank Group, 2015).

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