INTIMATE PARTNER RELATIONSHIPS AND GENDER NORMS IN MALI: THE SCOPE OF CASH TRANSFERS TARGETED TO MEN TO REDUCE INTIMATE PARTNER VIOLENCE

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KEY WORDS

Mali, Cash Transfers, Gender Norms, IPV
ABSTRACT

Mali has implemented the Filets Sociaux (Jigisémèjiri) program that aims to reduce poverty through cash transfers (CTs) to predominantly male heads of household with accompanying measures. This paper reports on a qualitative study of the effects of the program on intimate partner relationships. In-depth interviews were conducted with men and women in monogamous and polygamous households. Findings revealed that the positive aspects of intimate partner relationships were communication and shared values. However, discussions around decision-making revealed male authority with limited influence by women. Physical violence was reported to be caused by tensions and disputes. Whereas sexual violence was contested, some women described sexual force as violence but men and women asserted that compliance in sexual matters by women was expected. Men also asserted control through preventing women from working outside the home. The CTs were managed by the husband, with some involvement of wives in decision-making about the use of CTs. CTs were reported to reduce household poverty and improve wellbeing, especially for men. There were reports of the effects of the program on IPV, especially in the reduction of physical violence, its effects on sexual violence and controlling behaviour were reported to be limited. Since women are not the primary recipients of the CT, there is limited effect on women’s agency to challenge male authority and control around sexual and financial matters. CTs may be more effective if targeted to women, alongside skill and knowledge strengthening to utilize cash transfers to assert their rights to equality and prevent violence.
BACKGROUND

Violence against women is both a driver and a consequence of gender inequality (García-Moreno et al. 2005). Defined as physical, sexual, or psychological harm by a current or former partner or spouse, intimate partner violence (IPV) is the most common form of violence against women worldwide (Garcia-Moreno et al. 2006; Devries et al. 2013). Recent global estimates indicate that nearly a third of women will experience physical or sexual violence from an intimate partner during their lifetimes (Devries et al. 2013). Owing to its effect on women’s physical, mental, and emotional health, IPV is also a serious public health concern (Jewkes et al. 2010; Dunkle et al. 2006; Devries et al. 2013; Stöckl et al. 2013; Maman et al. 2000).

While consequences of IPV are well documented, evidence of programs and policies that are effective at reducing IPV in low-income settings is more limited. Emerging evidence shows that cash transfer (CT) programs – which reach approximately 750 million to one billion people across Latin America, sub-Saharan Africa, and East Asia (DFID, 2011) – hold promise as a tool for reducing IPV. Studies of several cash transfer programs in Latin America and East Africa have found that the programs decreased physical violence by 5-11 percent, although some subgroups were found at risk for an increase in IPV (Angelucci 2008; Bobonis et al., 2013; Hidrobo and Fernald 2013; Perova and Vakis 2013; Haushofer et al. 2016; Hidrobo, Peterman, and Heise 2016). However, little is known about the ways in which cash transfers lead to decreases in IPV. A recent mixed method review found three main pathways through which cash transfer programs lead to decreased IPV: improved economic and emotional wellbeing; decreased conflict within the household; and increased women’s empowerment if transfers are targeted to women (Buller et al., 2018). However, much of the
evidence comes from studies in Latin America and programs that target women as the main recipient. There remain questions of how context-driven such findings are, whether they differ for diverse household structures such as polygamous versus monogamous households, and whether such impacts depend on the gender of the main beneficiaries.

This paper aims to provide an in-depth qualitative exploration of intimate partner relationships in Mali, as well as the effects on these relationships from a cash transfer program provided to heads of household – primarily male – in both polygamous and monogamous households. The study setting is a compelling one for exploring these issues. Reports of IPV are high in Mali, with nearly 40% of women over age 15 having experienced physical violence in their lifetimes and 25% of women physically injured as a result of violence in the last 12 months (Cellule de Planification et de Statistique, Institut National de la Statistique, Centre D’Etudes et d’Information Statistiques, & ICF International, 2014). As in much of West Africa, polygamy is common, especially in rural areas. Approximately 40% of all married women in Mali are in a polygamous relationship, rising to 55% among women over 45 years (Samaké et al., 2007). Furthermore, there is evidence that women in polygamous relationships are at a higher risk of intimate partner violence (Jewkes, Levin, and Penn-Kekana 2002; Karamagi et al. 2006; Uthman, Lawoko, and Moradi 2010).

The specific context for the study is Mali’s national cash transfer program called “Filets Sociaux (Jigisémèjiri)”, further described below. As part of an impact evaluation of Jigisémèjiri commissioned by the Government of Mali, quantitative analysis revealed that, after approximately two years of implementation, the program led to significant decreases in physical IPV, but impacts were concentrated amongst polygamous households (Heath,
Hidrobo, & Roy, 2018). The quantitative work also suggested potential pathways for the decreases in IPV, including decreases in men’s stress and anxiety and reduced disputes between spouses due to the program.

As a complement to the quantitative data collection on IPV, the present add-on qualitative study was developed. Whereas the quantitative study aimed to identify the magnitude of the Jigisémèjiri program’s impacts on IPV and indicate suggestive mechanisms for these, the role of the qualitative study was to delve more deeply into understanding the relationship dynamics within different types of households and how these were affected by the program. Specifically, motivated by the gaps in the literature and findings from the quantitative analysis, the qualitative study had the following main objectives: a) to understand intra-household relationships in the study area, b) to understand how these relationships are affected by polygamy, c) to study several concrete factors within households that the program might change – such as resource management, household stress, personal well-being, and disputes – which the literature and quantitative analysis suggest could have implications for intimate partner relationships, and d) to examine how study participants in monogamous and polygamous households actually reported that the program changed their relationships.
PROGRAM BACKGROUND

The Jigisémèjiri Program: Implementation and Evaluation

In 2014 the Government of Mali began implementing the “Filets Sociaux (Jigisémèjiri)” program that aims at reducing inter-generational poverty and improving human capital accumulation through targeted cash transfers (CT), accompanying measures (training) (AM), and preventive nutrition packages. The cash transfers are unconditional transfers of 10,000 FCFA/month (or USD 16.75/month) paid every three months over a 3-year period to heads of household, who are mostly male. The accompanying measures include trainings that occur at the same time as the cash transfer payments and cover topics on infant and young child feeding, income generating activities, prenatal and post-natal care, and child rights. The program operates in six regions (Sikasso, Segou, Mopti, Koulikoro, Kayes, Gao) and the District of Bamako, with the cash transfer component reaching approximately 62,000 poor households of about 400,000 (around 15%) (Hidrobo et al. 2015).

An impact evaluation of Jigisémèjiri was commissioned by the Government of Mali that incorporated two main elements: a cluster randomised controlled trial (RCT) to estimate the impact of the program across a wide range of outcomes, as well as a process evaluation to understand barriers and facilitators of program uptake and behaviour change. Although the primary focus of the impact evaluation is to understand program impacts on household food security and child nutrition, the data collection for the RCT also included quantitative information on IPV, as well as a range of indicators related to mechanisms for potential effects of the program on IPV. Treatment households began receiving the cash transfer programme in 2014/2015 after the baseline survey and control households were rolled into
the program in 2016/2017 after the midline survey. The midline survey findings were used to conduct the quantitative analysis on IPV described above (Heath et al, 2018).

METHODS

Study Setting

The region of Sikasso was purposively selected for the qualitative study. Several factors influenced the decision to purposively select Sikasso. First, program implementation was well-established and running in the region; beneficiaries reported receiving 6 cash transfers (CTs) on average, and 30 AM sessions had been scheduled (Hidrobo et al., 2018). Second, amongst the five regions included in the quantitative data collection, Sikasso had the highest rates of polygamy, a focus of the qualitative study (Hidrobo et al., 2015). Finally, in Sikasso there were limited security-related concerns for data collection staff, compared to the other study regions.

Households in Sikasso are larger than those in the other study regions, with an average of 11.75 household members and a higher proportion of polygamous households (44%) (Hidrobo et al., 2015). The majority of household members in Sikasso are Muslim and speak Bambara as their first language. Most households (92%) are headed by a man (average age 51) and rely on agriculture on household-cultivated land. Very few household heads (8%) have attended formal school. Households’ main sources of drinking water are public wells, and the majority of households have access to pit latrines. Few have access to electricity, and most cook using firewood (Hidrobo et al. 2015).
**Sampling and Data Collection**

The qualitative study was conducted between April 17, 2017 and May 16, 2017 in two circles, Kouthiala and Kolondieba. Kouthiala, which is composed of 5 intervention communes and one former control commune, was initially selected for the qualitative study. Due to language issues in Kouthiala’s former control commune, a former control commune from the circle of Kolondieba was added to the study. All intervention households had received between 4-8 cash transfers by the midline quantitative data collection in August–November 2016. Former control households had not received any transfers by the midline quantitative data collection but had since been enrolled into the program and likely received at least one transfer by the time of the qualitative data collection.

The qualitative sample came from the midline quantitative sample, and thus included only households that met eligibility criteria for the Jigisémèjiri program. Female-headed households were excluded from the sample. Households were stratified by marriage type (polygamy or monogamy) of the household head and intervention type (intervention or former control). We aimed to interview 44 individuals, with approximately 40% from polygamous households to reflect the percentage of polygamous-headed households in the overall quantitative study sample. In intervention communes, we aimed to interview 12 male household heads, 12 first wives, and 5 second wives. In the former control commune, we aimed to interview 6 male household heads, 6 first wives, and 3 second wives. While male

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1 Circles are the next administrative level below regions.
2 Household eligibility for the program was poverty-based and used a combination of geographical- and community-based targeting mechanisms. The criteria included measures of food insecurity, agricultural capacity, household size and composition, and labor and employment (Hidrobo et al, 2018).
household heads and their wives were not sampled from the same household to ensure women were not put at risk for disclosing violence, first and second wives were sampled from the same household. We planned this number of interviews because, based on prior experience, we expected that we would likely reach theoretical saturation (Patton, 2002), or the point at which the same themes and similar responses would emerge from the data and further interviewing would not result in new themes or more variability in responses.

Within each strata of marriage type and intervention type, the households were listed in random order and households were approached for interviews in that order until the number of desired interviews were reached. During the initial interviews, we received feedback from the field that the quality of interviews with husbands and wives older than 50 years seemed poor in terms of discussing sexual relationships, household dynamics, and violence. Thus, a decision was made early in the field work, after interviewing six women over 50, to limit interviews to individuals less than 50 years old. In total, 18 men were interviewed (10 from monogamous households and 8 from polygamous households), 18 first wives (10 from monogamous households and 8 from polygamous households), and 8 second wives (see Table 1). The age ranges are also presented.
Table 1: Participants by Gender, Age and Household Type

<table>
<thead>
<tr>
<th>Participants</th>
<th>Number of interviews in monogamous headed households</th>
<th>Number of interviews in polygamous headed households</th>
<th>Age range (Mean)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household heads (men)</td>
<td>10</td>
<td>8</td>
<td>35-77 (57.4) years</td>
<td>18</td>
</tr>
<tr>
<td>First (or only) wife of household head</td>
<td>10</td>
<td>8</td>
<td>24-65 (42.7) years</td>
<td>18</td>
</tr>
<tr>
<td>Second wife of household head</td>
<td>0</td>
<td>8</td>
<td>23-48 (34.8) years</td>
<td>8</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>20</strong></td>
<td><strong>24</strong></td>
<td></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

Using a semi-structured tool, individual in-depth interviews were conducted, which explored topics including household dynamics, marital relations, and decision-making before and after the programme, experiences of conflict and violence in the household, and perceived triggers of violence identified by the literature and quantitative work. It also explored children’s exposure to conflict and violence and associated triggers, although these topics are not the focus of the present analysis. Interviews were conducted in Bambara and audio-recorded using a digital recorder. Gender-matched interviews were conducted by four field researchers (two females who interviewed wives, and two males who interviewed husbands) who had participated in intensive training on the study’s research and ethics protocol and procedures, as well as specific training on gender and intimate partner violence using practical tools detailed in SASA! – a community mobilisation intervention designed to prevent violence against women and HIV (Michau, 2008). There were also two other field researchers trained specifically to monitor and ensure data quality.
Analysis

Completed interviews were transcribed verbatim from Bambara to French using a single-stage transcription process (McLellan, MacQueen, & Neidig, 2003). Data were analysed using framework analysis. In preparation for coding, a draft analytical framework was developed, which included concepts that were developed a priori from the review of the literature and the study tool. Transcribed interviews were read intensively in order to maximise familiarity with the data after which the analytical framework was further refined in order to incorporate themes that emerged from the data. For the purpose of the analysis that supports this paper, themes were also further refined by the findings of the quantitative data to enable triangulation between the quantitative and qualitative evaluations. Data matrices were then developed in French to systematically reduce the data further through charting it by cases (individuals) and codes. In this way, each row of a matrix was reserved for a different individual and each column was reserved for a different code (as developed under the analytical framework) with cells summarising the data by case and code (Gale, Heath, Cameron, Rashid, & Redwood, 2013). Data matrices were then translated into English for further analysis. These data categories were further compared to distil the key themes present in the data as reflected in the structure of the findings below. Finally, a Malian translator was recruited to check consistency of meaning between the French and English.

Ethics

The study received ethical approval from the Universite des Sciences, des Techniques et des Technologies de Bamako (USTTB), the International Food Policy Research Institute, and the London School of Hygiene and Tropical Medicine. All participants were aged over 18 years.
Those who were able to, provided written informed consent to participate, including permission for the interview to be audio-recorded and for anonymised quotes to be used. Verbal informed consent, confirmed with a thumbprint, was obtained from individuals who were unable to provide written consent. Interviews were conducted in private in a safe location of participants’ choice. Provision was made for counselling and practical support referrals to specialist partner organisations for any participants who disclosed violence and accepted a referral. In practice, no referrals were made.3

**FINDINGS**

The themes reported here focus on two main areas: dynamics of intimate partner relationships and the impact of the cash transfer programme on these relationships.

**Dynamics of Intimate Partner Relationships**

*Gendered Expectations of a Healthy Relationship*

Women and men were asked what constituted a healthy relationship. This was mostly described as one with good communication within the family with shared values and goals: *If you hear of a healthy relationship, it involves having the same purposes, the same ideas, and the same rules. With this set up, your goal will be a legitimate purpose. It can be called a healthy relationship* (Husband, Polygamous Aged 56). In both monogamous and polygamous relationships, having children is a fulfilment of a healthy relationship.

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3 In all but one instance, violence perceived by field researchers was not perceived as violence by women themselves, who viewed it as part of a normal relationship; in one instance, a woman recognized that she had been physically abused but was reluctant to go to the NGO recommended by the field researcher, saying it would be difficult for her to justify her travel there and that these kinds of situations could be settled internally with the intervention of the family.
When we can’t have children, we can’t build a happy relationship. When the couple have a child, the husband can play with the child. When they don’t have children, can they just sit down and look at each other? (First Wife, Polygamous, Aged 54)

An important aspect of many of the relationships was financial matters. Men often described their responsibility to ensure that the household was financially stable. Relationships that were described by women as unhappy focused on the lack of financial support by their husbands. Often this was seen as the sole responsibility of the men, but in some relationships a healthy relationship was described where men and women supported each other financially.

This is a great advantage in the healthy relationship. It may be that the woman has a problem, but she has no money while I have a bit, so I can help her also (Husband, Polygamous Aged 56)

When I ask him money, he says he doesn't have any, but he does have some. He doesn't want to give me any. (Wife, Monogamous, Aged 30)

Whilst communication and shared values were important aspects of a healthy relationship, authority in relationships was a more contentious aspect of relationships. In particular, there were conflicting ideas as to whether decision-making should be shared equally between husbands and wives (and co-wives) or the ultimate responsibility of the husband. In most interviews, women reported that men dominate decision-making but argued that women should not be excluded from the decision-making process. A number of men disagreed with women’s involvement in decisions, especially on financial matters, whilst others argued that women’s involvement in decisions is essential.
There are no decisions made together when the woman does not give its approval. The woman brings her ideas and discuss it with you, it is an [important] decision-making process. (Husband, Polygamous Aged 55)

Where men described involving women in decision-making the narratives focused on men seeking the opinion of their wives or co-wives once ideas had been developed by the husband and other male members of the household. Thus, in most households there is a hierarchy of involvement with decision-making, with men first, and then in order of wives.

When I want to make decisions currently, the first persons to contact are with my younger brothers. The second phase of the decision-making involves the first wife, and she then involves the second wife. (Husband, Polygamous Aged 35)

Whilst there were many arguments that men cannot and do not make decisions without consulting their wives, a number of women reported that their husbands do not take their opinions into account at all. As one women said: No, my points of view do not affect my husband’s decisions (Wife, Monogamous, Aged 24)

From men’s perspective, women cannot be equal to men in matters of the household: God gave the responsibility of the household to men; therefore, women should submit to men. This is what I understood, they can’t be equal (Husband, Monogamous, Aged 62). Instead, men make most of the decisions on financial matters, especially household expenditure and income generation, including women’s income generation.
He is the one who makes the decisions, he kept the little money I earned, and this money was used in order for us to flourish with our children. (First Wife, Polygamous, Aged 54)

Expectations that men dominate decision-making in intimate partner and family relationships related to expectations of male authority and respect. Respect was tightly linked to men’s sense of masculinity.

You’ll find that in a couple, if the husband tells the wife to do something and she doesn’t do it, the husband will feel humiliated. You have to do everything you can not to humiliate the husband. If the husband is humiliated, so is the wife. (Wife, Monogamous, Aged 35)

Thus, respect means accepting men’s decisions, whether involved in the decision-making process, or being liable to consequences.

Yes, there is respect if they do what I tell them to do, otherwise there is no respect. I would say that there is respect between us because if there wasn't any, I wouldn't have children with them (wives), and I would instantly liberate them. (Husband, Polygamous Aged 55)

For men, respect by his wife or co-wives is shown through acceptance of unequal power and this should be displayed by fear.

Oh, it's mandatory to have fear. Is it not money you're spending on them? Spending your money for them when they're not afraid of you? We can't all be equal. (Husband, Polygamous Aged 67)
Women are afraid of their husbands because of the respect and equality. (Second Wife, Polygamous, Aged 25)

If the woman is afraid of her husband this is good, she assumes the duty of woman. (Husband, Monogamous, Aged 42)

Respect and associated fear are enacted through cultural practices, such as kneeling before a husband on greeting him.

Yes! If you think about it, every day she kneeled to greet you. If she's not afraid of you she won't approach you! (Husband, Polygamous Aged 67)

However, women noted that this fear was also related to financial dependence on husbands and men’s potential for violence.

Because the household belongs to the man, so the women have their reasons to be afraid of their husbands. (First Wife, Polygamous Aged 27)

Yes, some are afraid that men will hit them, and others that they will divorce them. (Wife, Monogamous, Aged 28)

**Power and Polygamous Relationships**

Differences between monogamous and polygamous relationships were rarely described except for narratives that focused on the management of relationships between two wives. Polygamous relationships maintained the same expectations that men hold authority and expect respect from their wives. In such relationships there is usually a hierarchy of power between the wives, with the first wife maintaining authority over the second wife and a closer relationship with the husband.
I trust the first wife more...Because I married her first, regardless of her age. This is why I told you that in my office, the first wife is in charge of the finances, my first son deals with the receipts of purchases, and my second wife verifies things. No amount of love can make me trust the second wife more than the first one. (Husband, Polygamous Aged 69)

However, this can be reversed when the first wife becomes older, and her power is diminished, or she feels the need to hand over the burden of responsibility to the younger wife. As one man in a polygamous marriage said: …the first wife gave all responsibility to the second wife. She deals with everything (Husband, Polygamous Aged 46). Co-wives’ position of authority is also dependent on having her own children.

When a wife doesn't have children, it precludes her from disputes because her main task is cooking. (Husband, Polygamous Aged 55)

Some husbands described being drawn into conflicts between wives. As one husband said: If you’re not on the side of the second, you'll get it on the side of the first (Husband, Polygamous Aged 55). In such situations men are asked to resolve conflicts between co-wives.

When someone notices a bad behaviour in the household, the person informs me, and we set up a meeting in the evening. For instance, I told my husband that my co-wife spoke to me harshly, then our husband settles the disagreement and we move on. (First Wife, Polygamous, Aged 54)
There were indications in the narratives about greater tensions between husbands and their younger wives.

Frankly, women weren't attentive enough when they were younger but now they are... When they became attentive, they understood that we are linked. So instead of giving each other a hard time, we have to get along and have good relationships for the sake of our children (Husband, Polygamous Aged 56)

Given the authority and the longer relationship with the husband, first wives are expected to teach their co-wives how to show respect to the husband, in the ways described above.

I haven't lost trust in my first wife, if the second wife finds things she doesn't like in the marriage, the first wife already accepted those things. Therefore, the second wife has to submit to those things. The first wife creates harmony in the household, so if she submits the second wife will imitate her. (Husband, Polygamous Aged 69)

In general, almost all women said that they have good relationship with co-wives and that their husbands treated the wives at the same way. However, whilst tensions around financial matters dominated both types of marriage, disputes between co-wives bring extra tensions into polygamous relationships.

Do you understand that if you have two wives, you'll do your best to be fair with them? However, one will think that you are not fair. If you do not hear complaints from one side, you'll hear them from the other. (Husband, Polygamous Aged 55)

When the head of the household gets along with his wife and her children, the communication will be efficient, and peace will prevail. However, when the head of
the household decides to get another wife and all the children aren’t hers, then problems and disputes will arise. (Husband, Monogamous, Aged 42)

Where there were tensions between co-wives these focused on disputes between women about their children, especially the disciplining of children.

Yes, [we only argue] about children. If one of my co-wife's child does something wrong, I tell her to beat the child up. (First Wife, Polygamous, Aged 54)

However, most narratives that suggest a more co-operative relationship between wives, and, in some situations this co-operation is used to challenge the husband.

When my husband gives me something, I call the co-wife and present it to her. My husband shares an information with me and I inform the co-wife of it. We all exchange opinions to have a [final] point of view. (First Wife, Polygamous, Aged 54)

Each of us [wives] say what we think. Decisions can't be made by only one of us (First Wife, Polygamous, Aged 41)

If we manage to find a consensus, this is good. But if he says incorrect things, we contradict him by telling him that we can’t proceed on this basis. I then tell him that I’ll discuss with my co-wife to know what she thinks, and if we find a sensible consensus, we go for it. (First Wife, Polygamous, Aged 54)

**Intimate Partner Violence**
There was a recognition amongst both men and women that violence occurs in intimate partner relationships. A number of women talked about their own experiences of violence, including verbal abuse and physical violence.

He was in a discussion with one of his sons that he didn't like, I intervened in their discussion, and he said, “why had you intervened”. He then beat me. (Wife, Monogamous, Aged 30)

For many women and men, physical violence is a consequence of disputes and tensions in relationships.

Whatever the relationship is between a man with his wife, there will eventually be a case of violence one day. It happened once. Is it possible that you live together without getting angry with each other? (Husband, Monogamous, Aged 77)

Whilst there was an agreement of what constitutes physical violence, descriptions of sexual violence were more contested between women and men. Women described forcing a wife to have sex as sexual violence: "When one partner of the couple wants to have sex and the other does not, forcing her to do so is violence." (First Wife, Polygamous, Aged 54). The consequences for women of forced sex was also described.

He forces me to have sex, which much affects a relationship. (Second Wife, Polygamous, Aged 25)

However, from the male perspective forcing a woman to have sex was acceptable to fulfil men’s sexual desire.
If he calls the wife and she happens to be sick, he has to let her rest. But if she is not sick and it is her not caring due to boredom of routine, which is usual with women, you'll force her to do what she is told as every day is different. Some days, she will refuse to do what the man says, and he will accept it. But some days... [laughter] are more complicated for you, so you'll have to force her. (Husband, Polygamous, Aged 56)

Forcing a woman to have sex was explained in terms of men’s authority and ultimately about control over women’s sexuality, sanctioned by gender norms.

When I'm in my husband's house, everything my husband makes me do I'll accept, you're not at your home. Well if my father gave me in marriage, even if my husband violent to me, I couldn't blame him, this is not him, it's my father who gave me in marriage (Wife, Monogamous, Aged 35)

I'm forced to have sex with him because it is the law of marriage (Wife, Monogamous, Aged 30)

The right of men to control women’s behaviour using force was ardently stated by many men. As one man said: If the woman poses an unacceptable act the man can humiliate her for that (Husband, Monogamous, Aged 47). Such control of women’s behaviour by men extends beyond sexuality and respectful behaviour as described above, to concerns about women’s actions outside the household. In particular, men argued that they should prevent women from involvement in income generation.

Uh, I keep her from going to work and she also accepts it. (Husband, Monogamous, Aged 77)
Men argued that controlling women in this way was justified when there was no financial need or that the type of income generation is not appropriate for women.

If you prevent your wife from going to work and you can bear its expenses, of course you do! But if you can't afford it, it is violence (Husband, Monogamous, Aged 67)

Ah! What I can tell you is that preventing his wife to go to work to earn money is wrong if you know that this is a noble job and worthy. But if you do not know what she does, or you hear bad news from her work, that can bring a lot of inconveniences. (Husband, Polygamous Aged 64)

Whilst preventing women working indicates men’s control over financial matters, it also reveals suspicions that women’s intention to work outside the home belies other intentions such as challenging men’s authority or being unfaithful.

When the husband prevents women from work outside, once that his wife disobeys him in work, this shows that the wife wants to go out with another man. (Wife, Monogamous, Aged 24)

**Effects (Or Not) Of Jigisémèjiri Cash Transfers**

Discussions around the effects of the cash transfer programme focused on resource management, household stress, personal well-being and intimate partner relationships.

**Better Resource Management**
The cash transfer had little effect on how finances were managed in the household. Drawing on the narratives around men’s authority most participants said that in their household men made decisions on how to use the cash transfer, and thus continued to maintain authority over the use of the cash.

This is the head of household who makes the decision on how to spend money from the program, he buys food, meat with that money...He explains how to spend the money (Second Wife, Polygamous, Aged 33)

There were very few narratives on sharing the cash between husband and wives or sharing decision-making on the use of the cash, rather most men argued that using the money for household expenses or health care was a way of sharing.

No, I have never shared the money with anyone else. The way I spend the money is my way to share the money. Not only my children are looked after with the program’s money, but every child in the family is. When someone falls sick or when we have a credit, we also sort it out [with the money] (Husband, Polygamous, Aged 69)

Frankly, he gets money from the program, he shares all the money with his children and I don't get a dime. I disagree with him on this point.

(Wife, Monogamous, Aged 30)

There were, however, some households where women were closely involved in decisions about the use of the cash transfer and, in some situations, this was formalised.

I have an office for the Jigisémèjiri money which I am the Chairman, my first wife is the Treasurer, my second wife is the Commissioner for the account. We have this office because of money from Jigisémèjiri. (Husband, Polygamous, Aged 69)
Much of the discussion around the cash transfers focused on personal and household stress due to poverty. As one woman said: I was uncomfortable, I was frustrated and stressed, I saw only poverty. (Second Wife, Polygamous, Aged 33). For some men the stress was exacerbated by their inability to fulfil the needs of the family.

I was not comfortable; my mind was not quiet. (Husband, Polygamous, Aged 46)

Thus, for most households the cash had a direct impact on the household in terms of increased resources and reduced stress.

Our resources were not sufficient. The arrival of Jigisémèjiri allowed me to facilitate the treatment of children, their schooling as well as their nutrition. (Husband, Polygamous, Aged 56)

These extra resources reduced stress in a number of ways. Women felt some of the burden of care was lifted from men who were now able to support the household, and women were able to rely on their husbands to provide resources. This reduced tensions between wives and husbands as well as between co-wives, especially for men who felt able to fulfil their role as the head of the household.

It brought me a great thing. It is not at all a matter of clothes! It is either a bicycle or motorcycle! It gave me courage in support of my family problems. I don't concern or worry about it. Anyone who was coughing I immediately take him to the health centre. (Husband, Monogamous, Aged 63)
However, a number of women interviewed said there was no change in resource management and that tensions still existed in the household.

**Improved Personal Well-Being**

Many of the men and women talked about being happier. As one man said: *It made me happy, it gave me peace and laughter* (*Husband, Monogamous, Aged 77*). This happiness was attributed to improved access to resources, especially food.

> I think is happiness in our household…everyone will know that the money has arrived, we eat meat and fish. We eat well, I swear (*First Wife, Polygamous, Aged 41*)

The cash transfer program also impacted trust amongst people in the community

> If you have a problem of ten thousand to fifteen thousand, you can see a neighbour explain to him hoping to get money. The reason the person gives you [money] is because you must have Jegisémèjiri.. So, it's because of the program that the person helped you, and that is the project who did this. (*Husband, Polygamous, Aged 64*)

For some women and men, the cash transfers impacted their feelings of respect in their community, especially as parents who were able to fulfil their responsibility.

> The positive changes I noticed in my life compared to the Jegisémèjiri program are respect and joy, it allowed me to know a good way to feed my children and their attending school (*Second Wife, Polygamous, Aged 25*)

**Improved Intimate Partner Relationships**
A number of women and men reported that the programme had positively impacted their intimate partner relationships

    It planted the joy between me and my wife because there are moments where we think too much so if we can earn a little it is joy. (Husband, Monogamous, Aged 42)

However, there were a few women and men who said that the cash transfer had no impact on their relationship. When asked one women said that even with the cash transfer she and her husband continued to have disputes about money and this created more arguments around financial matters: I would say that there [continues to be] no harmony between my husband and I, we don't get along due to our money problems (Wife, Monogamous, Aged 30).

Where there were improvements in relationships, this was attributed to the reduced household stress as described above. However, the cash also improved men’s self-esteem, and their ability to maintain their status as head of the household, as well as reducing disputes between husband and wives.

    I like it, I praise God that it will always give me the means to meet the responsibility toward my family. Because a happy relationship between two spouses depends on the ability of the man to ensure the family's expenses. When the woman observes the inability of the man to provide it will greatly affect the happy relationship. (Husband, Monogamous, Aged 63)

This self-esteem was enhanced by the respect they gained from their wives and other family members.
With Jigisémèjiri the respect between members of my household has increased, the harmony has strengthened, it has also strengthened the respect and the harmony between my wives and myself. (Husband, Polygamous Aged 56)

Some women also talked about gaining respect from their husbands, although this was not the case for all women.

There's been more respect... With Jigisémèjiri, my husband can call when he is absent to ask me to buy something with the [cash transfer] money (Second Wife, Polygamous, Aged 25)

For a few women, there were reports of new opportunities for equality and joint-decision making engendered by the cash transfer.

I noticed changes in terms of equality in my relationship with my husband is the fact that we become equal by doing the same activities: my husband can, for example, give us a part of the cash and he keeps some in case of problems. We can also use our money to buy cattle, for this reason we can say that we are all equal (Second Wife, Polygamous, Aged 25)

This change is that before, money came directly from our income. We sell our goods to respond to our needs, but when we take the money from Jigisémèjiri everyone is informed when we receive it and together we make decisions. Communication has increased because before I was doing a lot of things without the approval of my wife, but now we decide together (Husband, Polygamous Aged 35)
By these changes we exchange more ideas, we take our decision together, whenever our husband wants to do anything he asks our approval. I think that this can only bring happiness into our relationship (Second Wife, Polygamous, Aged 48)

Whilst a few women talked about improved relationship with their co-wives, most of the women in polygamous relationships reported no impact on their relationship with their co-wives.

There were very few discussions about the impact of the cash transfers on intimate partner violence. Where there were discussions, the decreased levels of violence were attributed to reductions in household stress and disputes, which were described above as triggering anger and violence. When asked about why violence has reduced one man said: Yes, because anger has decreased. If you're angry, it means that there's something wrong. It [cash programme] has really decreased disputes a lot. (Husband, Polygamous, Aged 69). However, the few reports of sexual violence by women indicated little impact on women’s experience of sexual violence.

DISCUSSION

Power Relations in Monogamous and Polygamous Marriages

The interviews with husbands and wives reveal norms and practices in marriage, where men are expected to assert their authority and expect respect and, in some relationships, fear. Whilst there are some expectations that marriage is strengthened by good communication between husband and wives, decision-making is communicated to wives rather than in co-operation with wives.
Whilst we did not find any significant differences between relationship dynamics in polygamous and monogamous households, discussions with husbands and wives in polygamous relationships revealed greater tensions around responsibility and authority between husbands and wives and between co-wives. As in other contexts in West Africa, the needs of each woman's children are her primary concern and thus conflicts arise over inequalities in the distribution of resources to wives and to their children (Jankowiak, Sudakor, & Wilreker, 2005). Conflicts between husbands and wives are heightened when the husband does not consult the first wife about bringing in a second wife into the home. Despite this threat though, the first wife maintains a position of authority over younger co-wives, although this is either challenged or handed over when the first wife becomes older (see also Jankowiak, Sudakor, and Wilreker 2005).

There was some discussion around co-operation between co-wives, which has also been noted in other contexts. For example, Jankowiak et al (2005) reviewed ethnographic literature of polygamy and found numerous examples of co-wife co-operation and in some cases deep friendship. In Mali, ethnographic research has revealed how co-wives negotiate their relative statuses through collaboration and competition (Madhavan, 2002). Whether conflicted or not, polygamy in Mali requires cooperation between co-wives in production (domestic and other work) and reproduction (child-rearing), whilst competing for resources from the husband, who holds the ultimate authority (Bove, Vala-Haynes, & Valeggia, 2014; Madhavan, 2002).

**Intimate Partner Violence: Enacting Masculinity Through Assertion Of Violence**
Discussions around intimate partner violence focus on the assertion of male authority in the household. Physical violence against women is a result of tensions and disputes, especially about money, where men assert authority through physical violence. Forcing wives to have sex is a way to assert male authority through controlling women’s sexuality. Finally, controlling women’s access to work is a way for men to assert authority over financial matters as well as women’s behaviour outside the home.

In gender-based violence research, gender roles are often invoked to explain tensions between men and women, with a focus on the division of labour. However, it may be more useful to see gender not as a fixed attribute in a person but instead a fluid variable that can shift and change in different contexts and times (Butler, 1990). Being a gender is then an effect of acts based on cultural norms of being a “woman” and being a “man”, which are contingent and open to negotiation in the determination of sexual meanings and sexual rights (Butler, 1990; Donnan & Magowan, 2010). This research has revealed that, in these households in Mali, sexual violence and controlling behaviour against women are ways to enact masculinity. Physical violence, which is primarily the result of tensions, disputes, stress, and low self-esteem, is also a way to enact masculinity (Fleming, Gruskin, Rojo, & Dworkin, 2015; Umberson, Anderson, Williams, & Chen, 2011). Here, men have constructed ideas of masculinity that are bound to their status as heads of households and their right to assert power, especially in financial and sexual matters.

**Cash Transfer and Intimate Partner Relationships**

Although one of the wives interviewed noted increased tensions in the household, the cash transfer in most households was highly appreciated. They were used to address household
needs, especially to pay for food, health care and education. Thus, the cash transfers reduced stress in the household. However, they did not alter interpersonal relationships e.g. decision making. For example, although some wives were included in decision-making around the cash, these extra resources were generally controlled by the husband. The increased resources in the household reduced tensions and disputes between husband and wives, as well as increasing a sense of personal well-being, self-esteem, and status in the community. For men, the cash allowed men to enact masculinity through being the household provider (Beynon & Allan, 2001). Given that such tensions are higher in polygamous relationships due to the extra strain on household finances and that the enactment of masculinity is crucial to men with more than one wife, these qualitative findings thus provide some explanation as to how the program led to significant decreases in physical IPV as measured in the quantitative component, and why this was concentrated amongst polygamous households as reported in the introduction (Heath et al, 2018).

Limitations of The Study

One of the major limitations of this paper relates to the timing of implementation relative to the timing of data collection. Treatment households had been receiving cash transfers for at least 2 years before the interview and thus may not clearly recall household dynamics before the cash transfer programme. For those sampled from control households, there was a shorter time of receiving the cash transfer and thus changes such as reductions in household stress may not have yet occurred. A second limitation is that the interviews were conducted in Bambara, and some of the meaning may have been lost between Bambara and French and then French and English. To mitigate against this, Bambara speakers were asked to check the meanings in French and a French Malian speaker to check the meanings in English. Finally,
limiting interviews to individuals less than 50 years old might have had implications for the representativeness of the sample in relation to their experiences of violence given the evidence that younger women in sub-Saharan Africa have a higher risk of intimate partner violence (Decker et al 2015)

CONCLUSION

This study has provided an in-depth understanding of intimate relationships in polygamous and monogamous households in Mali, as well as revealed potential pathways through which the Jigisémêjiri programme affected intimate partner relations. While positive aspects of intimate partner relationships focused on communication and shared values, negative aspects narrated male authority and limited power for women to influence decisions. Male authority is maintained in polygamous relationships where first wives are awarded higher status and, in some households, teach second wives how to respect and respond to male authority. Intimate partner violence was described as physical violence, which was caused by tensions and disputes. However, sexual force was only sometimes seen as violence, and in fact compliance in sexual matters was a rightful expectation. Beyond the household, men asserted their control through preventing women from working outside the home.

The cash transfers were, in all households, managed by the husband, although there was involvement of wives in decision-making about the use of the cash in some households. Generally, the cash transfer reduced household poverty and improved personal wellbeing, especially for men. Whilst there were few discussions around the effects of the cash transfers on intimate partner violence, there were clear narratives on the reduction of tensions and disputes that lead to physical violence. The effect of this may have been greater in
polygamous households, where there were more tensions and disputes around responsibilities and fairness between husband and each wife and between co-wives. Given that such tensions are higher in polygamous relationships, these findings shed light on those reported in Heath et al (2018), wherein the CT program was found to reduce IPV among polygamous households through reductions in men’s anxiety and stress and disputes in the household.

However, since women are not the primary recipients of the cash transfer, there is little effect on women’s agency to challenge gender norms, such as decision making and control around sexual and financial matters. The cash transfers, targeted to men, may have in fact increased men’s authority and control of women. In light of this, if future cash transfer programmes in Mali aim to challenge gender dynamics, they may be more effective if they target women, alongside activities that provide women with skills and knowledge to utilise cash transfers to both strengthen household finances and assert their rights to equality within and beyond the household. Before implementation, further research would be required to understand whether an approach that would challenge male authority over financial matters would lead to increased violence against women.

REFERENCES


**Biographical Statements**

Shelley Lees is a medical anthropologist. Over the past 20 years much of the focus of her research has been on gender and health in Tanzania. Her doctorate studies explored sexuality from the perspective of women who participated in an HIV prevention trial to test a microbicide gel (MDP301). Since then much of her focus has been on the anthropology of infectious diseases, including HIV and HPV. She is currently conducting anthropological research on violence against women and children with a number of different projects in Tanzania, one of which looks at the intersection between the prevention of HIV and the prevention of violence. Her research as part of an intimate partner violence study in Tanzania, for which she is co-principal investigator (Maisha), focuses on the political economy and feminist perspectives. Drawing on her experience of conducting anthropological research in the HIV prevention trial, she is leading on anthropological research alongside two Ebola vaccine trials (EBOVAC and PREVAC) in Sierra Leone. She is also principal investigator on a study taking anthropological perspectives on vaccine deployment during epidemics, with a focus on emerging infections (AviD). Using a case study approach the project covers Sierra Leone, India, Brazil, Uganda and DRC. She is also work package lead for the ALERRRT consortium, focusing on social science and community engagement for research and response to epidemics, and the EBOVAC3 consortium where she is leading research on community preparedness and acceptability of vaccine deployment for future epidemics in Sierra Leone.
Guinea and DRC. Overall, she has an interest in the engagement of social scientists in disease outbreaks and is conducting research to understand how this engagement can be effectively utilised and how best to engage with local communities about clinical trials and outbreaks. Given her experience in the field of gender-based violence (GBV) she is also developing research around GBV in the medical humanitarian sector.

Nambusi Kyegombe is an interdisciplinary social scientist with 16 years of experience working in global health and development. She is affiliated to the Gender Violence and Health Centre of the department of Global Health and Development. Her research focuses on the evaluation of interventions to prevent violence, and formative research to better understand the causes and contexts in which violence occurs. She has led the qualitative evaluation of a number of trials and interventions including a randomised controlled trial of the Good School Toolkit in Uganda, the qualitative evaluation of SASA! a community mobilisation intervention designed to prevent violence against women and reduce HIV risk-related behaviours and the Jigiséméjiri cash transfer programme in Mali. She has also led multi-site formative research on transactional sex and sexual abuse and exploitation of young people in Uganda as part of the Learning Initiative on Norms Exploitation and Abuse. She is an associate scientist at the Medical Research Council/Uganda Virus Research Institute (MRC/UVRI), a fellow of the Higher Education Academy (FHEA) and a Board Member of the ge2p2 Global Foundation which strives to advance scientific rigour and ethical resilience in research and evidence generation.

Ampa Diatta is a Research Analyst in the Poverty Health and Nutrition Division of the International Food Policy Research Institute (IFPRI). He joined IFPRI in 2014. Ampa is a nutritionist whose work focuses on processes evaluation studies and gender-based qualitative research. He is currently also supporting implementation of qualitative and quantitative surveys in Africa. Before joining IFPRI, he worked for Senegalese government in the National Cell Against Malnutrition (Cellule de Lutte Contre la Malnutrition, CLM) where he was coordinating community nutrition programs. Ampa holds a Master degree in Human Food and Nutrition from the Cheikh Anta Diop University, Senegal.

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Shalini Roy is a Research Fellow in the Poverty, Health, and Nutrition Division (PHND) of the International Food Policy Research Institute (IFPRI). Her research focuses on households’ economic behavior related to social protection, nutrition, agriculture, gender, and early childhood development. Much of her work is based on impact evaluations of development programming in these areas, with a particular interest in how programs both affect and are affected by intrahousehold dynamics. Her work spans South Asia (with a
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Melissa Hidrobo is a senior research fellow in the Poverty Health and Nutrition Division of the International Food Policy Research Institute (IFPRI). She is an applied microeconomist working at the intersection of gender, early childhood development, agriculture, and social protection. Her gender research focuses on how social protection programs affect intrahousehold dynamics, and how intrahousehold dynamics affect agriculture production. She has investigated the impacts of cash transfers programs and food assistance programs through her work with the Bono de Desarrollo Humano Program and the World Food Program in Ecuador, and the Jigisemejiri program in Mali. Her current works involves impact evaluations of nutrition-sensitive agricultural and social protection programs in Mali, Ghana, and Senegal. Melissa holds a Ph.D. in Agricultural and Resource Economics from the University of California, Berkeley.