

ZINDAGII SHOISTA

LIVING WITH DIGNITY

Mixed-methods evaluation of intervention to prevent violence against women in Tajikistan



WhatWorks
TO PREVENT VIOLENCE
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Violence Against Women and Girls



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Conflict of interest

The authors have no conflict of interest.

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Tajik terms and abbreviations

Tajik terms

Hashar	Communally organised voluntary work
Kelin	Daughter-in-law
Mahalla	Local council
Nikoh	Traditional, Islamic marriage (often unregistered)

Abbreviations

DFID	UK Department for International Development
DV	Domestic violence
FGD	Focus group discussion
IDI	In-depth interview
IGA	Income-generating activities
IPV	Intimate partner violence
M&E	Monitoring and evaluation
NGO	Non-governmental organisation
SAMRC	South African Medical Research Council
SES	Socio-economic status
WHO	World Health Organization
VAWG	Violence against women and girls

Executive summary

The Zindagii Shoista (Living with Dignity) project was implemented by International Alert, Cesvi and three local partners – ATO, Farodis and Zaroni Sharq – in four villages in Tajikistan with 80 families. It aimed to reduce violence against women and girls (VAWG) through a combination of gender norm, behavioural change and income-generating activities (IGA) over a period of 15 months. Following a formative research phase, the intervention combined gendered relationship-strengthening activities, adapted from the Stepping Stones and Creating Futures interventions to the Tajik context, and a new curriculum to teach income-generating skills.

The evaluation found:

VAWG reduced by approximately half. There was also greatly improved mental and physical health, family relations and socio-economic status.

Methods

The evaluation used a mixed-methods approach, combining quantitative and qualitative data collection in a modified interrupted time series design involving three data points, at baseline (pre-intervention), eight months and 15 months. The research was conducted in four villages in two districts of Tajikistan, and 20 families were recruited from each village. Interviews were conducted with a standard questionnaire with 236 participants at baseline (134 women and 102 men), 242 at midline (153 women and 89 men) and 249 at end-line (156 women and 93 men).

Following an initial qualitative formative research phase, with an extensive literature review and qualitative interviews (16 focus group discussions (FGDs) and 24 in-depth interviews (IDIs)), a framework was developed for qualitative baseline, midline and end-line studies to complement the quantitative research. This consisted of 21 IDIs and eight FGDs with participants, as well as two FGDs with facilitators for the baseline; 25 IDIs and eight FGDs with participants at the eight-month midline; and 25 IDIs and eight FGDs with participants, as well as two FGDs with facilitators at the 15-month end-line.

The study also had an additional component with women living with disabilities and captured their experiences of VAWG through 14 interviews. As part of the qualitative research, participants were asked to develop their own indicators for change in the project, and these were used as a further research tool. Cesvi and International Alert also conducted close to a hundred monitoring visits to the sites over the course of the project.

Results

Participants' ages ranged from 18 to 65 years old. At baseline, 68.6% of women and 76.5% of men were currently married. Of the respondents at baseline, 48.5% of women reported having ever experienced and 32.3% of men had ever perpetrated physical or sexual intimate partner violence (IPV), 47.7% of women reported having experienced and 33.3% of men had perpetrated physical or sexual IPV in the past 12 months. In terms of experience of emotional violence, at baseline, 64.5% of women reported having experienced and 44.8% of men had perpetrated emotional IPV in the past 12 months. Women and men reported frequent quarrelling with their spouses (41.8% and 21.6% respectively) at baseline. Younger women in particular reported highly controlling behaviour and violence from

their mother-in-law, in addition to their husband. At baseline, 42.1% of women reported experiencing and 28.7% of men reported perpetrating severe, repeated physical or sexual IPV.

These comparatively high figures should be viewed in the context of the scope of the research: this is not a population-based, representative sample. Rather, it is a comparatively small and purposefully selected group of respondents, specifically chosen by local implementing partners because they were families known to be facing socio-economic challenges and/or known to face issues around domestic violence (DV).

In response to the intervention, significant positive changes were found in all indicators of violence, relationship dynamics, mental health and socio-economic status (SES). A statistically significant reduction was found in all forms of IPV reported by men (perpetration) and women (experience). Overall, the number of women reporting emotional, physical or sexual IPV over the past 12 months halved – although it still remained at 33.1%. Severe emotional, sexual or physical IPV was reported by 64.5% of women at baseline. This fell to 12.2% of women at end-line.

Economically, the families were mostly living in precarious conditions. Only 17.9% of women and 44.1% of men had earned money in the month prior to the baseline interview, and 6.7% of women and 14.7% of men had saved money in that month. In the four weeks prior to the interview, 61.9% of women and 57.8% of men had borrowed money for food and there was considerable food insecurity, in particular for women. Post-intervention, the proportion of women earning money increased approximately four-fold to 78.9%. Food and financial insecurity dropped, with the percentage of people reporting borrowing food or money in the past month reducing by 60% for women and 18% for men respectively.

Mental health was poor at baseline, with a mean depression score (CES-D) of 28.5 for women and 17.9 for men (the normal cut point 21+ is depressed and 16+ moderately depressed). About 12.5% of women and 4.9% of men had thought of suicide in the month prior to the interview. By end-line, women and men showed a significant change for the better in all health measures, for example, the depression score at end-line had roughly halved (to 15.1 for women and 6.0 for men). All measures for relationships in the family improved for women, including gender attitudes, perceived social norms on gender, women's relationship with their husband and mother-in-law, women's involvement in decision-making, and quarrelling. The same changes were reported by men, except for their alcohol use and perception of women's involvement in decision-making, where changes were not significant.

The findings are, to our knowledge, unique for both Tajikistan and the Central Asia region. This is the first study in this region in which research has examined how combining social norm change and economic empowerment can influence the complex dynamics that lead to various forms of DV and IPV against women and girls. The findings are highly promising for both reducing VAWG and improving mental health and economic security.

1. Introduction

Zindagii Shoista (Living with Dignity) was developed to prevent VAWG in Tajikistan. It combined attitudinal and gender norm change components with life skills and IGAs. The intervention was implemented over 15 months in four villages – two in the north (Penjikent district) and two in the south of the country (Jomi district) by International Alert, Cesvi and three local partner organisations: ATO, Farodis and Zaroni Sharq. The project and study were part of the global DFID-funded ‘What Works to Prevent VAWG?’ consortium coordinated by the South African Medical Research Council (SAMRC), Social Development Direct (SDD) and the London School of Hygiene and Tropical Medicine (LSHTM).

Country-wide figures for the levels of VAWG in Tajikistan are absent, but available research has shown that levels of physical, sexual, emotional and economic violence are high. In 1999, the World Health Organization (WHO) conducted a survey, with data collected in four districts. It found that half of women (50%) had experienced physical DV from their husband and/or in-laws, and almost half (47%) had experienced sexual violence from their husband.¹ A 2009 household survey in Khatlon region, where two of the project villages are located, which used the WHO Multi-Country Study of Domestic Violence methodology, found that 40.5% of women had ever experienced physical violence and 9.8% had done so in the previous year.² Emotional abuse had been experienced by 37.3% in the previous year and 40.3% of women had ever experienced marital rape.³ Other cited figures from the 2012 Tajikistan Demographic and Health Survey include the prevalence levels for lifetime physical violence only experienced by women at “about one in five”, but as with other figures this may reflect underreporting.⁴

In Tajikistan, as in many countries in Central and South Asia, the family unit is not a husband/wife dyad but includes a more complex grouping of in-laws who often exploit, and are violent towards, younger daughters-in-law. Young married women are especially vulnerable to violence from their intimate partner, but also from other members of their husband’s family, whose home they usually move into, such as their parents and siblings-in-law.⁵

Tajikistan is a land-locked Central Asian country of approximately 8.7 million inhabitants, who are overwhelmingly (98%) Muslim, 85% of whom are Sunni. Ethnically, the population is 79.9% Tajik and 15.3% Uzbek as well as other minorities.⁶ From 1885, Tajikistan was part of the Russian Empire, and between 1921 and 1991 it was part of the Union of Soviet Socialist Republics (USSR), a historical legacy that is still influential decades later. Soon after Tajikistan gained independence, political and regional tensions boiled over into a civil war, which lasted from 1992 to 1997. This has had long-term impacts, in particular in the south of the country, where two of the project villages in Jomi district are located. Women who were of school age at the time were often unable to attend school due

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1. WHO, Violence Against Women. Report on the 1999 WHO Pilot Survey in Tajikistan, EUR/00/5019784, Copenhagen: WHO Regional Office for Europe, 2000
 2. Two of the Zindagii Shoista project’s villages were in Khatlon region to which Jomi district belongs, but these two villages were not covered by the PDV study: PDV, End-of-Phase Appraisal. Final Report, PDV: Bad Homburg/Dushanbe, unpublished, 2011.
 3. PDV, Op. cit., 2011, cited in A. Erich, From ‘programme transplants’ to ‘local approaches’: The prevention of domestic violence against women in Tajikistan, unpublished PhD thesis, Universität Hamburg, 2015
 4. TjDHS, Tajikistan Demographic and Health Survey 2012, Dushanbe/Calverton: Statistical Agency under the President of the Republic of Tajikistan/ Ministry of Health/Measure DHS, 2013, p.13
 5. A. Erich, Op. cit., 2015; R. Haarr, Wife abuse in Tajikistan, *Feminist Criminology*, 2(3), 2007, pp.254–70; R. Haarr, Suicidality among battered women in Tajikistan, *Violence Against Women*, 16(7), 2010, pp.764–88; C. Harris, Control and subversion: Gender relations in Tajikistan, London: Pluto Press, 2004; C. Harris, Muslim youth – Tensions and transitions in Tajikistan, Boulder: Westview Press, 2006; S. Mastonshoeva, U. Ibragimov and H. Myrntinen, *Zindagii Shoista: Living with dignity – Research findings of the formative research*, Dushanbe: International Alert and Cesvi/Pretoria: MRC, 2016, <https://www.international-alert.org/publications/zindagii-shoista-living-dignity>
 6. US Library of Congress, Library of Congress Federal Research Division, Country Profile: Tajikistan 2007, Washington DC: US Library of Congress, 2007

to security concerns, leading to high levels of illiteracy and innumeracy. In addition, some families married off underage girls during this period in an attempt to protect them, often ending in abusive relationships.⁷ Tajikistan's economy is highly dependent on remittances, mostly from male labour migrants working in Russia. On the basis of per capita income, Tajikistan is a low-income country and poverty is particularly entrenched in rural areas.⁸

Gender norms, roles, expectations and performances, as much as gendered power dynamics, are not static. In Tajikistan, the historical background, cultural influences and socio-economic realities have shaped and continue to shape these factors. While there are important regional and individual differences overall within the country, Tajik society tends to be marked by patriarchal norms and the primacy of older people over younger ones. Particularly in rural areas, families are not dyadic. Several families often live in one compound, most commonly the sons with their wives and families, under the tutelage of the sons' parents. While gender roles were more egalitarian under Soviet rule, for example in terms of women's participation in the labour force, dominant gender norms were not necessarily as progressive as they are sometimes cast in retrospect in Tajik discourse. Resistance to the official Soviet project of promoting partial gender equality was at times portrayed as a form of nationalist resistance.⁹ Nonetheless, at least one study does show lower rates for women ever having experienced VAWG and IPV among those who were adults in the Soviet era compared to those who became adults post-independence.¹⁰ As in other post-Soviet countries, Tajikistan has seen a move towards neo-patriarchal norms post-independence, in part fuelled by outside influences, such as more conservative readings of Islam.¹¹

The Constitution of the Republic of Tajikistan grants equal rights to citizens, both men and women. This was strengthened in 2005 by a law on state guarantees of equal rights for men and women and equal opportunities and the development of a state gender policy.¹² As a result of international pressure and advocacy of Tajik civil society, the Tajik government adopted the Law on Prevention of Domestic Violence in 2013 and developed an Action Plan for the implementation of the law for 2014–2023.

Following adoption of the law, two additional articles were introduced to the Code on Administrative Offences, punishing violations pertaining to the Domestic Violence law and the conditions established by restraining orders, and provisions were put in place requiring the police to undertake measures for the prevention of DV.¹³ In May 2016, in connection with the reporting process of the Tajik government at the UN Human Rights Council, Tajik authorities initiated the establishment of a working group to review insertion of a specific provision related to DV in the Criminal Code, thus taking an important step in its criminalisation.

The majority of the new legislation and policy development on DV prevention has been focused only on spousal abuse, and not on other potential perpetrators in the extended family. However, the law on prevention of DV does cover couples living in unregistered marriages by specifically referring to joint households and the fact of living together, but the law does not safeguard potential victims living in polygamous relationships – which are

7. S. Roche, *Domesticating youth: The youth bulge in post-civil war Tajikistan*, Doctor of Philosophy, Martin Luther University, 2010; WHO, *Violence against women, Report on the 1999 WHO Pilot Survey in Tajikistan*, 2000

8. F. Bliss and S. Neumann, *Entwicklungsplanung und Bevölkerungsbeteiligung in Zentralasien. Die Beispiele Kirgisische Republik und Tadschikistan, Beiträge zur Partizipationsdiskussion, Bd. 2*, Institut für Entwicklung und Frieden (INEF), Universität Duisburg-Essen, Institut für Entwicklungsethnologie und angewandte Sozialforschung e.V., Bonn PAS Verlag, 2014, p.40

9. R. Haarr, *Op. cit.*, 2007; C. Harris, *Op. cit.*, 2004; C. Harris, *Op. cit.*, 2006

10. A. Erich, *Op. cit.*, 2015

11. *Ibid.*

12. Constitution (Basic Law) of the Republic of Tajikistan, <http://www.president.tj/en/taxonomy/term/5/28>

13. Code on Administrative Offences – addition of Articles 93.1 (Violation of the legislative provisions of the Republic of Tajikistan on the prevention of violence in the family) and 93.2 (violation of the terms of a restraining order)

de jure illegal but de facto common.¹⁴ Notwithstanding positive developments in law-making, the pre-marital mandatory medical check-ups implemented since 2015 have also exacerbated VAWG. These include tests of the bride's virginity, which is traditionally of high importance in Tajik society.¹⁵ Such testing has torn families apart in the country, and in some cases has also resulted in suicide. According to the official data, 400 women committed suicide between 2011 and 2013. These figures are probably an underestimate, but research points to young women being the most vulnerable group in this respect.¹⁶ These findings were echoed in the formative research conducted within the Zindagii Shoista project,¹⁷ which formed the basis for our intervention on VAWG.

Despite the positive developments in policy and legislative processes, domestic abuse and VAWG remain an acute problem in the country. Acceptance of violence and controlling behaviour remains high, often linked to norms and expectations held by many men and women alike around protecting family honour that is linked to younger women's behaviour.¹⁸ Women in early, polygamous and unregistered marriages are particularly vulnerable to DV. The official legal marriage age in Tajikistan is 18.¹⁹ However, in special cases, adolescents may marry at 17, and families may also marry off underage daughters in unregistered marriages through religious ceremonies (*nikoh*). These marriages bypass the official registration processes and make the girls more vulnerable to violence.²⁰ UNICEF reports that, in 2017, 12% of girls were married by 18 years of age in Tajikistan.²¹ Divorces are relatively common, and, while they carry little stigma for the man, divorced women are often socially stigmatised, extremely vulnerable and regarded as a burden, even by their own natal families. Sometimes divorced women are forced into unregistered or polygamous marriages, which increases their risk of becoming victims of DV.²² After marriage, many women cohabit with their husband's family, and if he is a migrant worker, a common phenomenon in Tajikistan, he may send remittances to his mother rather than his wife. Research shows that women who are financially dependent on their in-laws are at a significantly higher risk of abuse.²³

In response to these dynamics and drawing on the findings of the formative research, Zindagii Shoista focused on extended families rather than only married couples, and combined gender norm change approaches with IGAs. The project is novel in many ways for both Tajikistan and the greater Central Asia region, due to its family-centred approach, its combination of economic and social norm/behaviour change elements, and its focus not only on IPV but also on in-law violence.

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14. UN CEDAW, Concluding observations on the combined fourth and fifth periodic reports of Tajikistan, 29 October 2013, 17b *"the lack of a specific definition of family in the existing legislation . . . may leave out of its scope women in de facto polygamous relations, which are quite widespread, in particular in rural and remote areas"*, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fJK%2fCO%2f4-5&Lang=en
 15. Tajikistan marriage laws: 'Virginity' tests, medical exams proposed to reduce birth defects, AIDS and other illnesses, International Business Times, 14 May 2015, <http://www.ibtimes.com/tajikistan-marriage-laws-virginity-tests-medical-exams-proposed-reduce-birth-defects-1922989>
 16. UNICEF, Study of prevalence and dynamics of suicide among children and young people (12–24 years of age) in Sughd Region, Tajikistan, Dushanbe: United Nations Children's Fund, 2013
 17. S. Mastonshoeva et al, Op. cit., 2016
 18. A. Erich, Op. cit., 2015; S. Mastonshoeva et al, Op. cit., 2016
 19. Tajikistan raises legal age for women to marry, Radio Free Europe/Radio Liberty, 26 July 2010, https://www.rferl.org/a/Tajikistan_Raises_Legal_Age_For_Women_To_Marry/2110273.html
 20. Nota Bene, International Partnership for Human Rights, Helsinki Foundation for Human Rights, 'He left his footprint on my life' – Domestic violence in Tajikistan: Time to right the wrongs, March 2017
 21. Child marriage around the world: Tajikistan, Girls Not Brides, <https://www.girlsnotbrides.org/child-marriage/tajikistan/#stats-references>. Child marriage prevalence is the percentage of women aged 20–24 who were married or in union before they were 18 years old (UNICEF, State of the World's Children, 2017).
 22. Nota Bene et al, Op. cit., 2017
 23. A. Erich, Op. cit., 2015

2. Methods

Setting

The evaluation of the Zindagii Shoista intervention was undertaken in the four target villages, two of which are in the northern district of Penjikent and two are in the southern district of Jomi. In both districts, one village is situated close to the district capital and one further away. The logic for choosing the four villages was to allow for a comparison between two areas with different regional dynamics (northern mountainous region vs. southern plains region), as well as different ethnic compositions (predominantly ethnic Uzbek and Tajik respectively), and by comparing for proximity to an urban centre.

The selected villages have a comparatively low standard of living and limited economic opportunities with a high level of external migration, and they consist of different nationalities or ethnic groups. In addition, there is a high level of divorce and withdrawal of girls from school and early marriage.

Participants

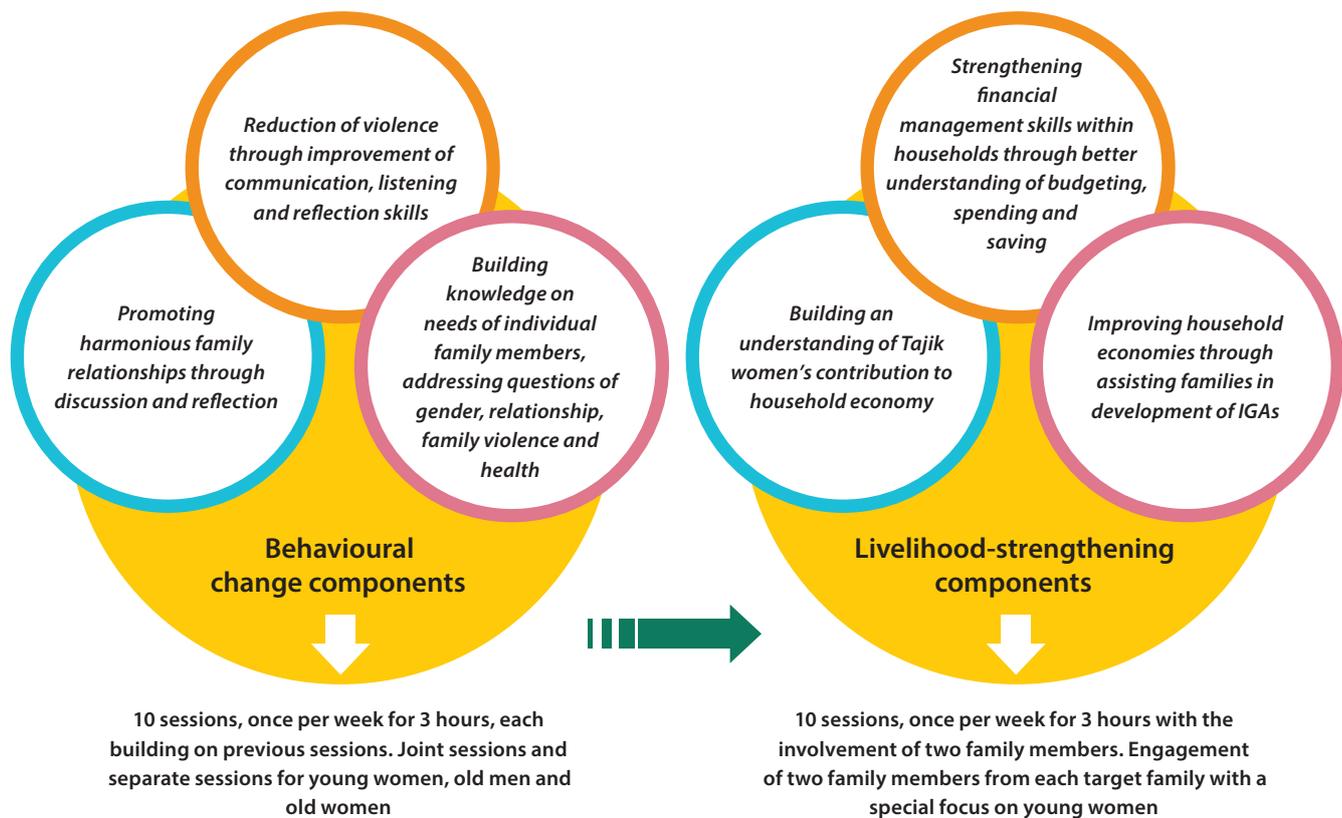
In total, 80 families (20 in each village) were selected with an intention to involve 40 men and 40 women in chosen families per village, amounting to 320 in total. The study population included younger and older women and younger and older men from project target families participating in the intervention. One of the main selection criteria for involving families in the intervention was that they should have been known locally to have difficulties. In particular, many of those selected were families where it was known that there were women, particularly young daughters-in-law, facing IPV as well as violence from in-laws.

The Zindagii Shoista intervention and its implementation

The intervention was based on previous evidence that has highlighted the effectiveness of combining gender-transformative norms with economic empowerment and changes in gender relations and behaviour in target families as a potentially successful violence-prevention approach.²⁴ (See Figure 1.) The approach used Tajik adaptations of the Stepping Stones²⁵ and Creating Futures²⁶ programmes. While such approaches have been evaluated with respect to working with women, and to a degree with men, the broader approach chosen for Tajikistan that is based on the extended family rather than a husband/wife dyad²⁷ had not been tested previously.

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24. E. Fulu and A. Kerr-Wilson, What works to prevent violence against women and girls evidence reviews, Paper 2: Interventions to prevent violence against women and girls, Pretoria: SAMRC, 2015; R. Jewkes et al, Stepping Stones and Creating Futures intervention: Shortened interrupted time series evaluation of a behavioural and structural health promotion and violence prevention intervention for young people in informal settlements in Durban, South Africa, *BMC Public Health*, 14(1325), 2014; A. Gibbs et al, A global comprehensive review of economic interventions to prevent intimate partner violence and HIV risk behaviours, *Global Health Action*, 10(Suppl 2), 2017, e1290427-e1290427
 25. <http://www.steppingstonesfeedback.org/>
 26. What Works to Prevent Violence, Creating Futures – Facilitator Manual, <https://www.whatworks.co.za/resources/item/487-creating-futures-facilitator-manual>. The manuals were translated into both Tajik and Uzbek.
 27. J. Falkingham and A. Baschieri, Gender and poverty: How misleading is the unitary model of household resources? An illustration from Tajikistan, *Global Social Policy*, 9(1), 2009, pp.43–62

Figure 1: Zindagii Shoista project components



The gender empowerment intervention promoted critical reflection on gender relations, the impact and origins of violence, the social value of men and women in the home, and communication skills, and drew on these skill sets to enhance family relationships. Combining economic and social components, the Zindagii Shoista methodology is fully described in an intervention manual.²⁸

Following the Zindagii Shoista gender workshops, the focus of the economic empowerment activities was on the creation of small family-led enterprises, where young women (i.e. young wives/daughters-in-law) of families have an active role and involvement in the operative structure of the family IGAs. In the economic empowerment component of the project, the target families were supported in improving their economic situation through a package that consists of four components:

1. provision of knowledge on small business development through a structured training programme;
2. distribution of resources (such as construction materials for a greenhouse, animals such as cows or hens, equipment and tools for a bakery, sewing machines) as incentives to start family-led IGAs, individually or in networks/groups of common interest;
3. provision of expertise in economic/business establishment and development, and household money management through business assistants; and
4. provision of specific technical assistance for the various IGAs.

28. Zindagii Shoista: Living with dignity – Workshop manual, <https://www.international-alert.org/publications/zindagii-shoista-living-dignity-workshop-manual>

The Zindagii Shoista workshops were based on participatory learning approaches in which participants have their knowledge affirmed and are able to discuss and decide things for themselves, rather than just receiving lectures. Each session was designed to build on previous sessions. The workshops were conducted by trained facilitators who were drawn from the local non-governmental organisation (NGO) partners. Selection of facilitators, business assistants and technical assistants was conducted together with local NGO partners. Facilitators were selected based on a set of criteria including previous experience with interventions on DV prevention or similar initiatives, understanding of the local context and language, and having good facilitation skills. In addition, the project staff were chosen as individuals who were trusted locally by the target communities, which would enable them to gain access to families and facilitate discussions on sensitive topics. Business and technical assistants were chosen as individuals with previous experience of establishing IGAs, household money management, marketing and promotion, some form of technical specialisation (agriculture, tailoring, etc.), as well as an understanding of the business environment (legislation, business concepts, etc.) and having good facilitation skills.

Members of the participant families were divided into four groups for the intervention: older men, older women, younger men and younger women, with approximately 15–20 people in a group. The female facilitators ran the women’s groups and the male facilitators the men’s groups. All groups came together periodically for joint discussions to share what they had been learning and discussing. All sessions were approximately three hours long and were conducted over 20 weeks in the houses of target families.²⁹

Box 1: Outline of Zindagii Shoista

Phase one:

Ten sessions that aim to help promote better communication within families and reduce violence through addressing questions of gender, relationships, family conflict, violence, communication and relationship skills in target villages.

The social sessions covered:

- development of skills of listening and analysis of communication and cooperation;
- exploring images and realities of the ideal man and woman – how these are shaped by the actions of all of us and the implications for the individuals concerned;
- marriage and relationships;
- health and changes that occur in our bodies as we go through life;
- violence in relationships and sources of support and help; and
- exploring new skills to change the ways in which we behave.

Phase two:

Three sessions on ‘livelihood strengthening’ covering:

- Tajik women’s contribution to household economics through paid and unpaid activities;
- strengthening financial management skills within households: budgeting, spending, saving;
- preparedness to face crises; and
- how to have a more fulfilled life.

Seven IGA sessions covering:

- introduction to IGAs;
- how to start an IGA;
- market assessment;
- IGA’s viability evaluation;
- planning activities and budgeting;
- drafting and review of business plans; and
- additional tips about marketing, networking, contracting.

29. Running the workshops in participants’ homes is not always going to be a possible or even recommended option, but in this case it allowed for participants to feel literally more at home and relaxed than they would have in more official settings, e.g. schools or public administration buildings, and participants were eager to invite the other session participants to their homes.

Training facilitators

All facilitators of the gender empowerment sessions were first given a chance to experience the sessions as participants. Following this, they went through the sessions again, teaching them to their colleagues to build their expertise. In order to train facilitators for the IGA intervention, a two-day gender-sensitisation training was conducted, mainly to build the capacity of male facilitators implementing the Stepping Stones-based part of the intervention, as well as business assistants implementing the IGA sections. The training aimed to ensure that facilitators and business assistants fully understood the gender-transformative aims of the intervention and how to implement this in a gender-sensitive manner.

Following this, a further 10-day training was conducted on livelihoods, economic empowerment and business development training for facilitators and business assistants. Facilitators and business assistants went through the economic empowerment sessions as if they were participants and tested the respective parts of the adapted methodology.

Implementation of the IGA

Business assistants supported target families in their daily activities in relation to IGA management, providing technical support to the families in business planning and budgeting, while facilitators monitored the effects of the new IGAs on the domestic dynamics within the family. Two facilitators (one male and one female) and one business assistant worked with families in each of the target areas. In order to support and assist business assistants in their daily tasks, weekly meetings were organised and the sessions were observed by Cesvi staff.

Facilitators and business assistants assessed in-depth the economic situation of the families, focusing on women's contribution in the household, identifying their needs and potential; they analysed the families' management of income and expenditure, and any productive activities in which the families were involved. The facilitators/business assistants then introduced participants to the main results of the socio-economic and market surveys of the village/district that were conducted during the inception phase and presented the more promising business ideas. The choice of IGA was also influenced by participants' preferences and matched with the talents, skills and individual interests of family members. It was tested when participants did the practical exercise of market assessment in order to find out the viability of running their IGAs and to help them make decisions about them. During the planning process to start an IGA, they also learned skills to adequately budget for it, and understand the costs and pricing of the products.

Using a participatory approach, the target families chose the economic activity they wanted to establish. The strategy chosen by the project was, first, to distribute grants not in cash, but as resources (such as raw materials, small machinery and tools) in order to effectively allocate available financial resources and avoid inappropriate or uncontrolled use of cash grants by target families. Secondly, the project aimed to involve the target families in all stages of the IGA through a cost-sharing approach, requiring them to make their own contribution (regardless of the size of this contribution, which could be labour, local construction materials, and the like) to start and implement their IGA in order to reinforce their engagement with the new activity and their sense of ownership. The importance of this contribution did not lie in its size, as these contributions were not often very large in financial terms, but in its meaning, which indicated family investment in the IGA.

The families in the target areas established 80 IGAs: two bakeries; seven tailoring activities; three beekeeping; 45 cattle breeding; seven renting of plastic tables/kitchen utensils; five poultry; and 11 greenhouses. Families ran

their IGAs for an average 9.7 months with monthly revenue of US\$56. In less than one year, 14 families who bred animals increased the number of their animals due to a new-born calf (others had cows in calf that had not yet delivered) and four families purchased additional animals; one of the target families who owned a greenhouse expanded their business by building a second greenhouse; a networking in groups of common interest (dairy products) within the same economic sector was established in one of the target areas.

Monitoring

During the implementation of the IGAs, the work was closely monitored by staff from Cesvi in Dushanbe, who visited the villages every week. During the visits, Cesvi staff monitored the family dynamics, through physical observation, and the management of IGAs by family members in order to identify needs and provide necessary support. Cesvi staff had almost weekly meetings with local partners' facilitators and business and technical assistants to identify needs, plan the coming activities and work on difficult cases.

Table 1 indicates the types of small enterprises, number of families, average monthly revenue and duration of activity. The average revenue of each family differed depending on how the IGA was managed.

Some families faced difficulties in running an IGA. There was a sharp fall of revenue due to new government regulation restricting the holding of ceremonies (such as funerals, circumcisions, celebration of birthdays and some types of wedding ceremonies), which were events that provided the potential for income from renting plastic tables/chairs and kitchen utensils. Poultry farming and egg production was challenging. Several animals died due to inadequate care and in one case revenue was low because the young woman did not have time to run the IGA due to being overloaded by household tasks. Families had been warned by the business assistants of the difficulties of poultry farming but some had insisted on this as their IGA.

Table 1: Families' choice of IGAs, their earnings and duration

	Bakery	Tailoring	Beekeeping	Cattle breeding	Renting of plastic tables/ kitchen utensils	Poultry	Greenhouse
Number of families	2 families	7 families	3 families	45 families	7 families	5 families	11 families
Average monthly income	218 USD	56 USD	26 USD	25 USD	24 USD	23 USD	18 USD
Average duration	9.5 months	10 months	9 months	11 months	10 months	8 months	10 months

Evaluation design and data collection

The evaluation used both qualitative and quantitative methods to obtain a deeper understanding of VAWG and economic conditions in the four target villages, as well as to assess the effectiveness of the intervention. A summary of the number of interviews conducted at each stage in the research is presented in Table 2. All data was collected in the four target villages where the project was implemented.

Table 2: Research and monitoring accompanying Zindagii Shoista

	Formative research (prior to intervention)	Baseline (Immediately prior to intervention)	Midline (eight months after beginning of intervention)	End-line (15 months after beginning of intervention)	Ongoing monitoring	Disabilities research (12 months after beginning of intervention)
Qualitative data collection	<ul style="list-style-type: none"> • 16 FGDs • 24 IDIs 	<ul style="list-style-type: none"> • 24 participant IDIs • eight participant FGDs • two FGDs with facilitators 	<ul style="list-style-type: none"> • 24 participant IDIs • eight participant FGDs 	<ul style="list-style-type: none"> • 27 participant IDIs • eight participant FGDs • two FGDs with facilitators 	<ul style="list-style-type: none"> • Everyday change indicators developed with participants • Approx. 100 monitoring visits 	14 IDIs (eight in first round, six follow-up interviews in second round)
Quantitative data collection	N/A	236 surveyed participants, 134 women and 102 men	242 surveyed participants, 153 women and 89 men	249 surveyed participants, 156 women and 93 men	N/A	N/A

Quantitative research

The quantitative study was a modified interrupted time series with three data points: baseline pre-intervention, eight months and 15 months. There was no external comparison arm. Data collection was conducted through the administration of questionnaires used during the baseline, midline and end-line evaluations. The data was collected in September 2016, May 2017 and December 2017. The sample size was 236 participants at baseline (134 women and 102 men), 242 at midline (153 women and 89 men) and 249 at end-line (156 women and 93 men).

The participants in the research were interviewed using a standard questionnaire administered by an interviewer. The questions covered the socio-economic situation of respondents, family relations, gender attitudes, experiences of violence, physical and mental health, as well as hopes for the future. (See Table 3.) It was based on similar questionnaires used across the 'What Works' Programme, and tested for the Tajik context. The standardised questionnaire allows for the collected data to be compared across the various contexts in which the 'What Works' projects have been implemented. Separate questionnaires were used for women and men, with the differences between the two referring to experiences of violence (including perpetration for men) and gender attitudes to controlling the behaviour of women. The questionnaires were translated into Tajik and Uzbek languages.

Table 3: Content of the questionnaire

Construct	Measure	Typical items	Origin
Severe food insecurity	Household members experiencing a lack of food in the previous four weeks (3 items)	In the past 4 weeks, how often was there no food to eat of any kind in your house because of a lack of money? Severely food insecure was defined as replying 'often' to 1 or more of the three questions	Coates et al (2007) Household Food Insecurity Access Scale (HFIAS)
Income-seeking effort scale	Effort trying to get a job or earn money by selling or making things in the last 3 months (7 items)	Typical item: how often have you... Searched newspapers for jobs	Barker G, et al (2011) IMAGES study questionnaire.
Stress due to not having work or enough money	4 item scale with questions about stress related to current work situation	'I am frequently stressed or depressed because of not having enough work or enough income;	Barker G, et al (2011) IMAGES study
Unemployment shame	4 item measure of shame and despondency	Typical item: I sometimes feel ashamed to face my family because I am out of work	Barker G, et al (2011) IMAGES study
Depression	CES-D scale (used as a continuous variable)	Typical item: During the past week I felt I could not cheer myself up even with the help of family and friends scored high = more depression	Radloff 1977
Hope	Scale of 6 items	Typical item: I can think of many ways to get out of a difficult situation	
Disability	Disability due to a health problem or injury (6 items)	Typical item: Do you have difficulty walking or climbing steps?	Washington Group Scale
Suicidal thoughts	Single item on suicidality in last 4 weeks	In the past four weeks, has the thought of ending your life been in your mind?	
Self-rated health	Single item with five responses categories	In general, would you describe your overall health as excellent, good, fair, poor or very poor	
Individual gender attitudes	22 items with Likert responses: strongly agree, agree, disagree and strongly disagree	Typical item: I think that the daughters-in-law in my family must always obey their mother-in-law	Jewkes et al (2003) lightly adapted for the Tajik context after formative research
Community gender attitudes (social norms)	22 items with Likert responses: strongly agree, agree, disagree and strongly	Typical item: In this community many people think that if a wife does something wrong her husband has the right to punish her	Jewkes et al (2003) lightly adapted for the Tajik context after formative research
Wife's relationship with her husband	4 items, statements with Likert responses	Typical item: My husband is a kind person	
Man's relationship with his wife	5 items summed: statements with Likert responses	Typical item: My wife does everything she can do to support me	
Women's mother-in-law cruelty	3 items summed: statements with Likert responses	Typical item: My mother-in-law is very strict and controlling	
Woman's mother-in-law kind	3 items summed: statements with Likert responses	Typical item: My mother-in-law is a kind person	Based on Jewkes et al (2011) adapted for the Tajik context after formative research
Man's assessment of his mother's cruelty	2 items summed: high = more cruel	Typical item: My mother can frighten me.	
Man's assessment of his mother's kindness	3 items summed: high = more kind	Typical item: My mother does everything she can to support me	
Woman's involvement in decision-making	5 items scored high = more involvement	In the last 3 months, how often have your views been listened to on problems which your	
Relationship control measure	8 items, statements with Likert responses	A typical item is: He won't let me spend money on things for myself	Jewkes et al (2008), adapted for Tajikistan
Frequency of quarrelling	Single item	In your relationship with your husband, how often would you say that you quarrelled?	Based on Jewkes (2008)
Physical IPV	5 items (exposure = experience of any act 1 or more times)	Typical item for men: In the past 12 months how many times have you hit her with a fist or with something else which could hurt her?	Garcia-Moreno et al (2006)
Sexual IPV	3 items (exposure = experience of any act 1 or more times)	Typical item for women: In the past 12 months, how many times has your husband used threats or intimidation to get you to have sex when you did not want to?	Garcia-Moreno et al (2006)
Emotional IPV	11 items (exposure = experience of any act 1 or more times)	Typical item for women: In the past 12 months, how many times has your husband insulted you or made you feel bad about yourself?	Garcia-Moreno et al (2006)

Qualitative research

Qualitative data at baseline was collected through 21 IDIs (two (and, in one case, three) men and three women interviewed in each village) and eight FGDs (one per gender per village) with between 9 and 13 participants. In addition, two FGDs were conducted with facilitators at each of the target districts involving four facilitators per district. During the midline data collection, 25 IDIs (mostly six per village with an even gender split) and eight FGDs (one per gender per village) were conducted. During the final data collection, again 25 IDIs and eight FGDs were held with participants and two FGDs with facilitators. Selection of participants for IDIs and FGDs was conducted in consultation with local NGO partners, who were provided with the criteria for potential participants for FGDs. Research participants were required to be involved in the project, be over 18 years of age, have no cognitive impairment and give their verbal and written consent. Local NGO partners provided the research team with double the number of participants necessary for the FGDs (around 40 participants each, half of them women and half men of different ages) and from this the research team randomly selected 10–15 people.

After the FGDs, the research team informed participants of the opportunity for participating in subsequent individual interviews. Participants in FGDs who volunteered to be interviewed were approached by the research team to schedule the interviews. In addition, the research team conducted participant observation during the time of the FGDs and made a list of potential interview participants. The research team approached these potential participants and explained the interview goals and modality in more detail for them to make a voluntary decision. These were often participants who overall did not feel comfortable discussing sensitive issues during FGDs but were willing to share their life stories and perspectives when interviewed alone. Other potential participants were those who were actively engaged in the FGDs during general discussions but were reluctant to share their views on personal experiences or provide any input for the everyday change indicators based on their individual experiences. Lastly, NGO partners also provided the research team with names of potential interview participants who were not part of the FGDs but who were willing to be interviewed.

The IDIs were semi-structured, and at the baseline stage participants were asked about their life experiences, including of violence, of their gender norms and expectations for both genders, as well as their general life situation at the outset of the project. During the midline and end-line data collection, IDIs were conducted with the same cohort, and the research team explored experiences of and changes since the intervention. The FGDs and IDIs were conducted by the field research assistants with men approaching male participants and women approaching female participants. The research team included one male research assistant who was facilitating the FGDs with men and conducting the interviews. During the baseline research, one of the female research assistants took notes from the FGDs with men, and the male research assistant took notes during interviews himself. However, the participant observation process showed that men were not openly engaged in the FGDs in the presence of the female research assistant. At the midline and end-line stages, the project team decided to allow the male research assistant to facilitate FGDs and take notes himself. The FGDs and interviews with women were conducted by female research assistants in pairs, who alternated in facilitation, interviewing and note taking. The data was collected only through note taking in original language (Tajik) and with Uzbek female participants through an interpreter. This was translated back into English and transcribed.

Everyday change indicators

During the FGDs, participants were also asked to develop suitable ‘everyday change indicators’ within their villages and families and track how these change over the course of the project. This approach is based on the

'everyday peace indicators' developed by Roger MacGinty.³⁰ The FGD members were asked to develop their own indicators that would reflect improved economic conditions, better community relations, better family relations, less violence in the family and changed gender norms. During the baseline FGD, participants jointly agreed upon a set of indicators for the four categories mentioned above. These included families having more savings, fewer loans taken out by families, men spending more time helping their wives with children, less gossiping and improved women's mobility, and, as a result, more invitations to family functions for women. Participants were asked to track changes to these indicators over the course of the project and were asked by the research team during the midline and end-line evaluation how these indicators had changed and what this might imply.

Due to their format, these indicators were not used in the same way as the questionnaires, FGDs and IDIs for rigorous monitoring and evaluation (M&E), but were in a sense an additional participatory research tool, which gave the research team further insights into how beneficiaries viewed the project and what their – rather than our – hoped-for outcomes were. The methodology also spurred discussions among beneficiaries around change and allowed them to become, and feel, involved in the research and M&E processes.

The local partners ATO, Farodis and Zanoni Sharq were responsible for the implementation of the social and economic components of the intervention at the target villages. The local partners also assisted the research team with the initial recruitment of respondents, securing approval from local formal and informal leaders, supporting administrative arrangements in terms of renting proper venues for the survey, and offering light refreshments to the respondents. The researchers ensured cohort retention for the baseline, midline and end-line interviews. The careful identification of competent local implementation partners and introduction of the project to local authorities were key factors in the success of the project.

Methodological limitations

One of the key weaknesses of the research was the small sample size. While the purposeful sampling of participant families enabled targeting of the intervention to those most in need, it also meant that certain findings, such as around overall prevalence of violence or economic precarity, are not representative of Tajikistan families. This does not detract from the intervention's impact and consistent positive changes among the participants and their families.

A limitation of the evaluation was the lack of a control arm. This prevented comparison with families who had not received the intervention. However, by having three data points and triangulating all the findings by very extensive qualitative data collection, we are able to have a good degree of confidence in the findings. Only a very small part of the qualitative data and individual change stories have been presented in this report.

In terms of both the research and the intervention, labour migration posed a major challenge as it meant that a key demographic – young men – was only partially or intermittently present during the intervention. Labour migrants among the targeted project population were covered partially by the research. They were interviewed and surveyed if they were present during baseline, midline or end-line research phases, but their participation in all the phases was not ensured through administration of additional surveys and interviews geared towards their return periods. As for the intervention, additional sessions of the adapted Stepping Stones curriculum were

30. R. MacGinty, Indicators +: A proposal for everyday peace indicators, *Evaluation and Program Planning*, 36(1), 2013, pp.56–63

conducted for returning migrants from project target families to enable their participation in the intervention together with other family members. They also received individual support from business assistants during development of family enterprises.

Given that the research relied on access facilitated by and, in part, data collected by local partners not accustomed to conducting social sciences research, practical challenges arose intermittently, requiring the research team to explain the purpose of particular research arrangements and methods to partners. The didactic pedagogical style to which at least one of the implementing partners was accustomed also required repeated interventions, as it ran against the purpose of the intervention.

In terms of the IGAs, in a few cases, it was not the intended primary participant of the intervention, i.e. the daughter-in-law, who was in control of the IGA, but rather their husband or mother-in-law. In some of the target families, the internal dynamics were also too complicated for the intervention to resolve and would require ongoing support from social services.

The degree to which the implementing partners were involved in supporting the participants can be seen both as a strength and a potential weakness. On the positive side, this allowed for tailored approaches and support, but on the other hand this degree of support would require adaptation for larger-scale roll-outs of the intervention as it involves significant investment in time and resources.

Ethics

The research protocol was reviewed and approved by the SAMRC Human Research Ethics Committee, and written informed consent was obtained from the study participants for the survey and qualitative research in all target villages. Access to villages and written permission to work in the villages was obtained from the local government of the targeted districts. Prior to gaining written permission, local NGO partners conducted several meetings with relevant local governmental officials to secure permission and to explain the details of the project and the research. The research was informed by the WHO guidelines on research on violence against women. Interviews were conducted by trained interviewers in private and were interrupted if participants expressed distress. Counselling was available from the NGO partners after the interviews for any participants requesting it.

Analysis of the data

Quantitative data analysis

Analysis was by intention to treat (ITT), thus all participants enrolled into the intervention at baseline were included irrespective of their attendance. Descriptive statistics such as frequencies, percentages, means and standard deviations were used to summarise socio-demographic characteristics of participants, and proportions were used to summarise categorical or dichotomous outcomes. For scales such as gender attitudes and decision-making scales, an additive score was derived from the item responses and mean scores were presented as summary statistics at each time point. Multiple imputation was used to address data that was missing for the study outcomes.

Generalised random effects regression models were used to assess the trend in proportions or mean score over time, with each participant as a random component (cluster) in the model. Study time points were entered as the main exposure and were used to determine trends in each outcome measure over time. All random effects models were adjusted for the age of the participants and all analyses were done in Stata 14. The data for male and female participants was analysed separately.

Qualitative data analysis

The qualitative data was analysed by the primary researchers and research assistants together with support from International Alert and Cesvi staff. The data analysis was carried out using standard qualitative research methods with a thematic analysis approach. Emerging data was coded and categorised using QSR NVivo 10 as a qualitative analysis tool. After the finalisation of the analysis phase, the first draft of the findings was shared with all project partners. Based on the input, a second draft was written and submitted for a validation meeting of stakeholders before finalisation.

3. Results

The baseline study covered a total of 236 participants (134 women and 102 men), the midline 242 (89 men and 153 women) and the end-line 249 participants (156 women and 93 men). At end-line, 35 men were outside of the location, mainly in labour migration in Russia, and could not be interviewed. The average attendance rate in both economic and social sessions was approximately 72% in all four groups.

Social and demographic characteristics

The age of the respondents ranged from 18 to 65 years old. Among those, the largest age group was 25–45 (53.0% of women and 42.6% of men) and the proportion of men aged over 55 was more than women (29.0% of men vs. 14.5% of women) (see Table 4). The numbers of ethnic Tajiks and Uzbeks among respondents were almost equal. The proportion of men who studied beyond secondary school was significantly higher than women respondents (62.6% vs. 29.1%). A majority of the respondents were currently married in both groups. In all, 39.0% of women and 5.9% of men reported that they are living with their spouse's family, and 32.2% of women and 24.7% of men were living in a nuclear family (spouse and children). More women were reported to be in a polygamous marriage than men (14.9% vs. 4.9%), which might be explained by the absence of some of the women's husbands during the survey, as they were labour migrants. Labour migration patterns were heavily gendered with 49.0% of men and only 8.2% of women having ever migrated for work. More women reported having experienced physical or sexual IPV in their lifetime than men reported its perpetration (48.5% vs. 32.4%).

IPV perpetration or experience

The proportion of women reporting experience of physical IPV in the past year decreased from 44.9% to 16.5% and of sexual IPV from 29.0% to 3.9% (see Table 5 and Figure 2). Men reported a significant drop in perpetration from 28.7% to 0% for physical IPV and from 21.8% to 0% for sexual IPV. At the same time, physical or sexual IPV in the past year reduced from 47.7% to 18.1% for women, and men also reported a significant reduction (from 33% to 0%). In addition, the prevalence of reported experience of emotional IPV fell two-fold: from 64.5% to 32.3% for women. Men also reported significantly decreasing their perpetration of emotional IPV (44.8% to 4.6%). Lastly, severe sexual or physical IPV has dropped roughly more than 2.5 times (from 42.1% for women to 14.3%, and 28.7% to 0% reported perpetration for the men).

The relative consistency in reports between women's experiences of violence and men's reports of perpetration, as well as the overall reduction on all measures of violence gives us strong confidence in the findings, even in the absence of a control arm. The 'no perpetration' reported by men at the end-line should be regarded with caution, and as a much less reliable indicator than women's reports of exposure, but it does fit in with the overall trend in violence reduction. It may also be an indication that men are more aware of the social unacceptability of these various forms of violence at the end-line compared to the situation prior to the intervention where men at times openly stated that violent and controlling behaviour was their 'right'.³¹

31. S. Mastonshoeva et al., Op. cit., 2016

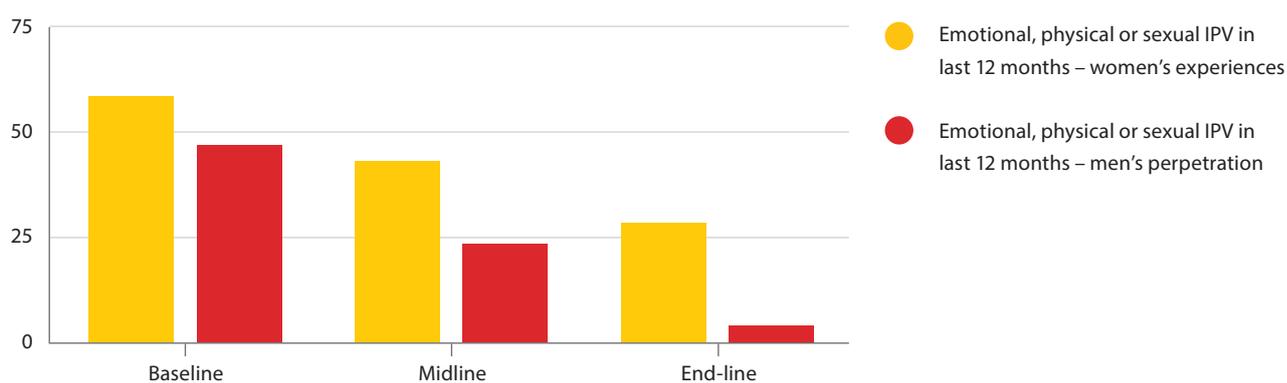
Table 4: Social and demographic characteristics of the research participants

Age group (women: n = 131; men: n = 100)	Women (n = 134)		Men (n = 102)	
	n	%	n	%
18 - 24 yrs	22	16.8	13	13.0
25 - 34 yrs	47	35.9	30	30.0
35 - 44 yrs	25	19.1	18	18.0
45 - 54 yrs	18	13.7	10	10.0
> = 55 yrs	19	14.5	29	29.0
Ethnicity				
Tajik	67	50.0	46	45.1
Uzbek	62	46.3	50	49.0
Other	5	3.7	6	5.9
Education level (men n = 99)				
None	6	4.5	2	2.0
Primary	11	8.2	5	5.1
Secondary	78	58.2	30	30.3
Above secondary	39	29.1	62	62.6
Currently married	92	68.66	78	76.47
Married to a relative	29	21.64	10	9.8
Living arrangements				
Lives with husband/wife and children	38	32.2	21	24.7
With husband's family (women) or wife's family (men)	46	39.0	5	5.9
With husband/wife and own family	6	5.1	39	45.9
Living with their children without a spouse	13	11.0	14	16.5
Living with own family (no spouse or children)	12	10.2	6	7.1
Living alone	3	2.5	0	0
In polygamy	20	14.93	5	4.9
Migrated for work	11	8.21	50	49.02
Average number of children	4	1.9	5	4.9
Lifetime sexual or physical IPV	65	48.5	33	32.35

Table 5: Trends in IPV perpetration or experience of currently married men and women

	Women				Men			
	Baseline (n = 107)	Midline (n = 131)	End-line (n = 133)	P value	Baseline (n = 87) ‡	Midline (n = 85)	End-line (n = 87)	P value
Physical IPV in past 12 months	44.9	20.6	16.5	<0.001	28.7	9.4	0	0.001
Sexual IPV in past 12 months	29.0	15.3	3.8	<0.001	21.8	10.6	0	0.001
Physical or sexual IPV in past 12 months	47.7	29.8	18.1	<0.001	33.3	15.3	0	<0.001
Emotional IPV in past 12 months	64.5	43.5	32.3	<0.001	44.8	21.2	4.6	<0.001
Severe sexual or physical IPV (more than two acts) in past 12 months	42.1	22.9	14.3	<0.001	28.7	9.4	0	0.001
Emotional, sexual or physical IPV in past 12 months	66.4	49.6	33.1	<0.001	48.3	24.7	4.6	<0.001

Figure 2: Reduction in DV/IPV between base-, mid- and end-line data collection points



Based on the quantitative data, the overall level of violence in the targeted families had thus decreased significantly by approximately half. The qualitative responses by women participants also support this. As one of the older women shared:

“I have only daughters and my husband married for the second time. He brought his second wife to our house. It was really difficult for me to live under one roof with his second wife. All this depression led to problems with my heart and problems with blood pressure. My husband did not take care of me and my daughters. The project sessions on violence had a good impact on my husband. His attitude and behaviour towards me and my daughters has changed. Now he pays attention to family problems. He asks what we need while previously he never did. Now he asks for my opinion about family issues and now when he speaks to me he uses the word zanak (wife) which is pleasing to hear. I am trying to forgive him; otherwise it is difficult to live with hate in heart. Now my husband wants me to teach my daughters sewing; he says that they will need this skill in the future. My husband has a son from his second marriage. Now his attitude towards his daughters and son is the same, there are no differences. My husband's second wife lives at her parents' house now. Me and my husband are constructing a house for our family and after its completion I want to bring her back with her son, so that my husband can see his son every day.”

Socio-economic status (SES)

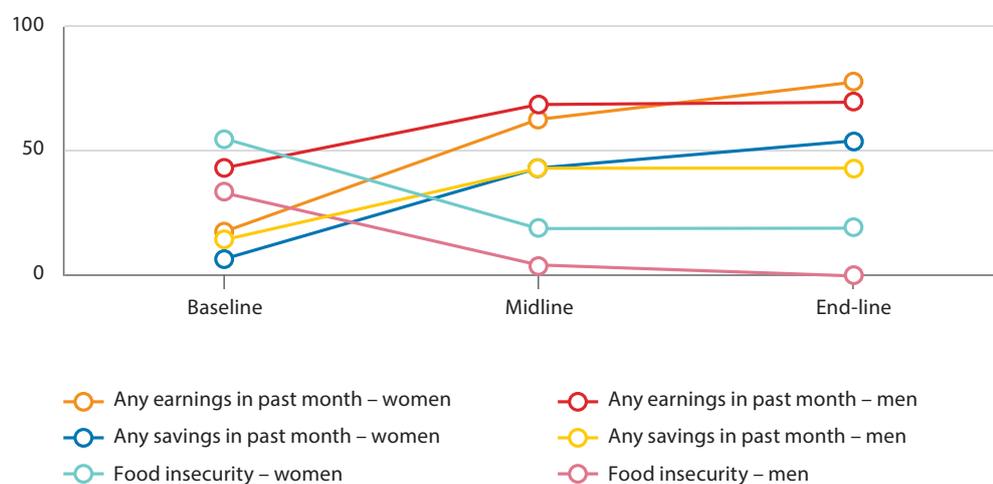
At baseline, the SES of the participating families was low. The great majority of women and most men had not earned money in the past month, and among those earning most had not saved anything. Only 6.7% of women and 22.6% of men had any savings. Over the past three months prior to the survey, less than a quarter of women (23.9%) and just over half of men (54.9%) had earned money. When asked how easy it would be to raise 500 Somonis (at the time, US\$63.5) in an emergency, 87% of women and men said it would be difficult. A majority of women and men said they had borrowed money or food in the previous month due to not having enough (61.9% women and 57.8% men). More than half of women (55.7%) and 33.8% of men disclosed severe food insecurity. Considerable stress and shame due to not having enough money and work was reported by both men and women.

The findings of the end-line evaluation pointed to significant positive changes in the economic situation of the families over the subsequent data points (see Table 6 and Figure 3). Substantial increases were seen in earnings and savings in the past month, and the proportion with overall savings, both for men and women. By the end-line, only a minority were not earning and most women were saving. The proportion of women who reported that they would find it difficult to borrow money in an emergency dropped from 87.3% to 10.9%, but there was much less of a change for men (from 87.3% to 85.0%). While the proportion of women and men still borrowing food or money dropped significantly for both groups, it nearly halved for women (to 35.9%) and dropped five times for men (to 10.75%). Similarly, severe food insecurity was reported by 19.4% of women and none of the men at end-line, from a very high starting point. The level of unemployment stress decreased for both groups, and shame associated with having little work also reduced.

Table 6: Trends in SES of participants

	Women				Men			
	Baseline (n = 134)	Midline (n = 153)	End-line (n = 153)	P value	Baseline (n = 102)	Midline (n = 89)	End-line (n = 93)	P value
Any earnings in past month	17.91	63.4	78.85	<0.001	44.12	69.66	70.97	<0.001
Any savings in past month	6.72	43.79	55.13	<0.001	14.71	43.82	44.09	<0.001
Any overall savings	6.72	59.48	62.18	<0.001	22.55	69.66	66.67	<0.001
Done something to earn money in past three months	23.9	66.01	79.49	<0.001	54.9	68.54	77.42	0.009
Difficult to find 500 Somonis in an emergency	87.31	13.73	10.9	<0.001	87.25	86.52	84.95	0.066
Borrowed food or money in past month because there was not enough	61.94	39.87	35.9	<0.001	57.84	33.71	10.75	<0.001
Severely food insecure	55.7	19.7	19.4	<0.001	33.8	4.6	0	<0.001
Effort to get a job or earning money by selling or making things score (mean) (high = more effort)	10.6	9.9	11.5	<0.001	8.4	8.5	9.6	0.062
Stress due to not having work or enough money (mean) (high = more stress)	10.9	10.8	9.4	<0.001	10.9	10	8.7	<0.001
Shame and despondency due to lack of work (mean) (high = more shame)	10.7	8.4	7.5	<0.001	11.5	9.3	8.1	<0.001

Figure 3: Changes in SES between base-, mid- and end-line data collection points



The economic improvement of participating families overall has been an extremely positive outcome for the participants, for whom often even seemingly small increases have had substantial impact. However, the special effect of the IGAs in raising the status of *kelin* (daughters-in-law) within families and subsequently improvement in more equal treatment and relationships should be noted. Participants of an FGD comprised of young women from one of the villages, for instance, mentioned that indicators of economic improvement for themselves had been changes in clothing style, having a more confident voice and more open smiles. Further, they mentioned that they are able to contribute to the family budget, for instance, in some cases they paid for electricity or purchased groceries for preparing various dishes for the family. One of the younger women noted that:

“I was treated like a cow in this family before engagement in the project. If, for instance, my son would break a cup, my mother-in-law would start shouting at us. Now, my mother-in-law supports me and does not allow others to interfere in my business. If my son breaks a cup, she says that it’s OK, he is just a kid. My mother and father-in-law even borrow money [from the extra funds gained through the IGA] from me sometimes. The wives of my brothers-in-law call me the family accountant, we joke about it and laugh.”

Another young woman from the same village mentioned that she was able to buy small things for all the children in the family as presents, which helps in building better relationships with her in-laws. Older women in another village mentioned during the FGDs that the economic empowerment of their daughters-in-law has had a positive impact. According to them, the men now did not carry the burden of financial responsibility for the family alone and this also helped family relationships to be more positive.

Mental health outcomes

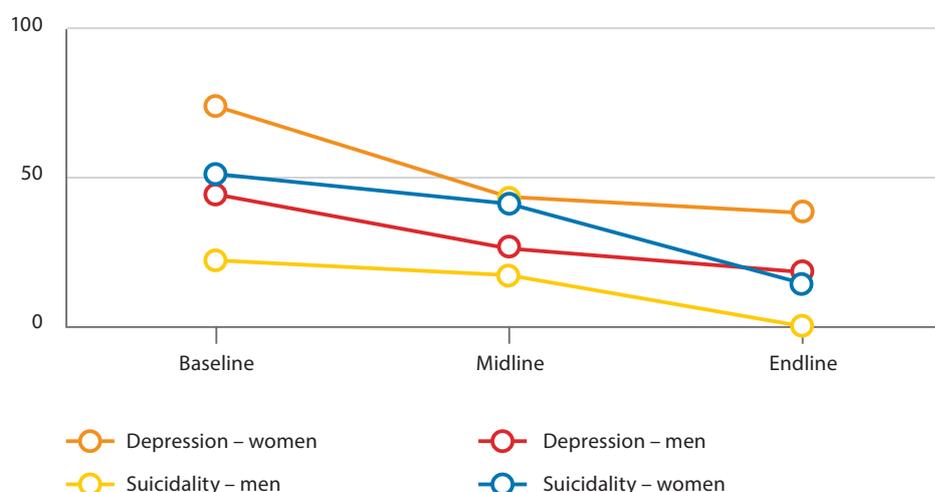
At baseline, mental health in the participant families was poor. The mean score of the CES-D depression scale for women was 28.5 and for men was 17.9. Both were above the cut points for depression (16+). In the previous four weeks, 12.5% of women and 4.9% of men had had suicidal thoughts. A disability due to a health problem was reported by 9.5% of women and 8.4% of men. Less than three-quarters of women and men (73.9% and 68.6%) described their health as fair, good or excellent at baseline, the others perceiving it to be poor or very poor. (See Table 7 and Figure 4.)

The findings suggest a considerable decrease in depression, among both women and men, over the course of the intervention and a significant positive change in terms of hope. The end-line mean depression scores were well within the non-depressed range for both women and men (15.1 and 6.9). Importantly, the evaluation revealed the high suicidality at baseline was significantly reduced with 0.6% of women and no men reporting suicidal thoughts in the past month at end-line. The disability scores for men and women also significantly reduced, most likely due to less over-working of women and better food security, which affects factors considered in the Washington Group criteria for disability, such as ability to concentrate. Self-rated health also improved, with 93.6% of women and 97.9% of men rating themselves as being in fairly good or excellent health at end-line.

Table 7: Trends in mental health outcomes

	Women				Men			
	Baseline (n = 134)	Midline (n = 153)	End-line (n = 153)	P value	Baseline (n = 102)	Midline (n = 89)	End-line (n = 93)	P value
Depression score (low = good)	28.5	17.4	15.1	<0.001	17.9	10.5	6.9	<0.001
Hope scale (high = more hopeful)	17.1	18.8	18.3	0.001	16.9	18	18.4	<0.001
Disability score (high = more disability)	9.5	7	7.9	<0.001	8.4	6.9	6.8	<0.001
Suicidality thoughts in last four weeks (%)	12.5	1.3	0.6	<0.001	4.9	1.1	0	0.106
Good or excellent general health (%)	26.9	30.7	25.6	0.73	38.2	64.0	53.8	0.026
Fair, good or excellent general health (%)	73.9	91.5	93.6	<0.001	68.6	96.6	97.9	<0.001

Figure 4: Changes in mental health indicators between base-, mid- and end-line data collection points



Improvement in mental health indicators of project participants was also evident from the qualitative data. A 44-year-old woman told her story during the end-line interviews. She said,

“I lost my daughter and I thought it is the end of my life. I always thought about suicide myself too in order to join her. A boy from this village wanted to get married to my daughter but his parents were against since she was from poor family and her parents did not even have a house – we live in rented house. All these thoughts might have pushed her to put an end to her life. Both sessions of the project had a big impact on my life. My life has totally changed after these sessions, I am encouraged and motivated again, I have never ever thought that, after I lost my daughter and all the difficulties I had in my life, I would be able to enjoy life again.”

Another young woman participant shared that:

“When I see educated people I regret that my parents could not educate me. After the project sessions the way my husband and mother-in-law relate to me has changed. I found a job in a bathhouse as a cleaner. My husband and my mother-in-law are not against my work, although before they were opposed to this idea. My mother-in-law says that I can work and she will look after my kids. My mother-in-law now supports me; whenever I go to work, she takes care of my children, helps with daily chores. My husband supports me too. My behaviour has changed too. I have heard it from my mother, husband and mother-in-law. I became more brave and lively and have a vision for my future.”

Younger women indicated during FGDs that their hopes and dreams were revived after being engaged in the project. This, as they mentioned, helped them to be emotionally and mentally more stable, as well as to have the energy and willingness to spend more time with their children. They are more willing to spend time on cooking for pleasure, preparing something special for the whole family.

Gender attitudes and relationships

Across the three time points, women’s and men’s gender attitudes became more equitable. Women and men also perceived that social norms in the community were becoming increasingly equitable. Women perceived that their mother-in-law was becoming kinder.

Women reported that they were increasingly involved in decision-making. Men’s reports of women’s involvement in decision-making reflected improvement from baseline to end-line, but this improvement was not consistent across the three time points, or statistically significant. Overall, women and men both reported a reduction in men’s controlling behaviour ($p < 0.0001$). Women’s reports of this at end-line were a little higher than at midline, but the overall trend was of a significant reduction.

Women reported an initial reduction in quarrelling with their husband. The proportion who reported quarrelling ‘sometimes’ fell from 29.1% at baseline to 21.5% at midline, and the proportion reporting this ‘often’ fell from 12.7% to 4.6% over this time period (see Table 8). However, there was a rise in ‘sometimes’ quarrelling at end-line to 37.2%, although ‘often’ quarrelling remained low at 4.5%. This may be due in some families and couples to a shift in power dynamics, as was evidenced through some of the qualitative interviews. Men reported a consistent decrease in quarrelling across the three time points from 15.7% reporting ‘sometimes’ quarrelling at baseline to 5.4% reporting it at end-line, and ‘often’ quarrelling reduced from 5.9% to none reported at end-line. Women reported a significant reduction in alcohol use by their husband across the time points. Men’s self-reports were inconsistent and the trend was not statistically significant, but baseline was higher than end-line (34.1% vs. 23.7%).

There was one inconsistent finding and that was of women’s reports of their relationship with their spouse. This was measured on a scale and the score at end-line was poorer than at baseline. This dynamic was not supported by any of the qualitative research.

Table 8: Trends in gender attitudes and relationships

	Women				Men			
	Baseline (n=134)	Midline (n=153)	End-line (n=153)		Baseline (n=102)	Midline (n=89)	End-line (n=93)	
	%/mean	%/mean	%/mean	P value	%/mean	%/mean	%/mean	P value
Individual gender attitudes (high = patriarchal)	49.8	49.0	46.1	<0.001	52.8	46.3	41.2	<0.001
Community attitudes (high = patriarchal)	53.6	52.1	48.0	<0.001	53.7	52.7	46.5	<0.001
Woman's relationship with husband (high = better relationship) (4 items)	10.4	9.8	9.4	<0.001				
Man's relationship with wife (high = better relationship) (5 items)					15.3	16.1	16.9	<0.001
Woman's mother-in-law cruel (high = more cruel) (4 items)*	9.9	8.7	8.0	<0.001				
Man's mother cruel (high = more cruel) (2 items)*					4.4	3.4	2.5	<0.001
Woman's mother-in-law kind (high = more kind) (3 items)*	7.4	8.3	8.8	<0.001				
Man's mother kind (high = more kind) 3 items*					9.7	9.5	9.6	0.900
Woman's involvement in decision-making (high = more involvement)	7.3	9.0	10.0	<0.001	8.1	7.6	8.7	0.077
Woman controlled by husband (high = more control)	20.8	18.6	19.3	<0.001	19.5	17.8	16.3	<0.001
Quarrelling frequently (%)	12.7	4.6	4.5	0.012	5.88	3.37	0	0.044
Husband drinks alcohol (%)	27.6	17.7	12.2	<0.001				
Alcohol use in past year (%)					34.31	41.57	23.66	0.072

*Analysis of married women and men aged <40 years

Making a significant positive change in gender attitudes is especially difficult in communities where patriarchal norms are strong and have a long legacy. During the qualitative data collection, the life stories indicated a considerable change in behaviour of individuals and families, and to an extent the communities. Thus, while respondents may state that they adhere to patriarchal norms and practices considered to be traditional, their actual behaviour may have changed.

One of these changes was in the division of roles within families over the course of the intervention, where child rearing was regarded as solely being (young) women's responsibility. According to the data from FGDs, young women in all four villages stated that men were now helping them with caring for their children and with work in the fields. In one of the villages, young women said that they are now allowed to have mobile phones, which appeared to be a significant concern during formative and baseline research in this village due to fears that these might lead young women to 'immoral behaviour'.³² Furthermore, young women reported being able to purchase groceries for the family now, even in markets outside of the village, which traditionally is regarded as men's duty. This can be indicative of both individual behaviour changes and change in communal attitudes towards gender roles pertaining to spending of earnings and women's mobility and connectivity. Young women in two target villages also reported that their husband sends money directly to them now, while previously the recipients of remittances were usually the parents-in-law or another male in-law.

Everyday change indicators

As discussed in the Methods section, a further method used was that of 'everyday change indicators'. These were not used as a traditional M&E tool per se in this project, but rather as a participatory research tool. For developing these indicators, the participants were divided into groups based on age (older/younger) and gender (women/men), as these characteristics had important implications for their views on what would be important indicators of change. Over the course of the project, some of the participants changed these indicators from ones that initially were more in support of the gendered status quo to more equitable ones, for example, around allowing women to have mobile phones or husbands caring for pregnant wives. (See Table 9.)

Better family relations and reduction in violence

The indicators developed by the participants for better family relations were reflective of dominant gender norms as well as of the different positions of power in which the older and younger women and men found themselves. Common across all groups, however, was the wish for improved mutual understanding.

One of the central figures in Tajik families is the mother-in-law; therefore, it is not surprising that indicators of better family relations developed by the project participants explicitly mentioned positive relationships between daughter-in-law and mother-in-law. This indicator was mentioned by older men, older women and younger women. Younger men did not specify this but underlined a desire for a respectful attitude of children towards their parents as an indicator, which also includes the relationships of the daughter-in-law towards the mother- and father-in-law. There was no explicit indication of relationships between daughter-in-law and father-in-law or with other in-laws as a measurement of better family relations. This underscores the centrality of the mother-in-law in Tajik families and the prevalence of intergenerational women-to-women violence.

At the baseline stage, older women focused on the behaviour of daughters-in-law, which they stated should be positive towards all family members. They demanded that daughters-in-law should respect their husband and the older in-laws, which in turn would contribute to harmonious family relationships. The responses of younger women were often shaped by their desire to be welcomed by their in-laws and appreciated for their efforts in the household.

32. S. Mastonshoeva et al, Op. cit., 2016

Table 9: Everyday change indicators of better and less violent family relations

Indicators developed by men	
Older men	Younger men
Work in the household is equally distributed among family members	Parents are respected by children
Family members respect each other	Men help women with some household chores, i.e. take care of children when women are working in the field
Men and women respect each other	Mutual understanding between family members
Mutual understanding between mothers-in-law and daughters-in-law	
Indicators developed by women	
Older women	Younger women
Husband travels abroad with spouse	Mothers-in-law forgive their daughters-in-law's mistakes
Husband does not take second wife	Daughters-in-law respect their mothers-in-law
Husband is kind to wife and takes care of her	Household chores are equally divided between family members
Wife and husband are kind to each other	Young women are allowed to have mobile phones
Young people become more caring for elderly	Mutual understanding between wife and husband
Family decisions are made through joint consultations	Husband sends remittances to his wife
There is no dispute among husband and wife, children and parents	No physical violence and verbal abuse; everything is resolved through communication and consultation
Husband has pleasant attitude towards his wife, gives presents	Family members and husbands are more caring and supportive of pregnant women/wives
Family members start talking to each other after long time avoidance and ignorance	Men are more caring and loving
Less alcohol consumption among men	Gratitude from husband and his family for his wife's efforts
Mutual understanding between husband and wife and other family members	Mothers-in-law are wiser and women look to them as a role model
	Young women are allowed to choose their outfits
	Young women are travelling abroad with their husbands

At the baseline stage, the majority of young women supported the idea of obedience to their husband and in-laws as a prerequisite for harmonious family relationships. At the midline and end-line stage, both young and older women in all four villages mentioned that family relationships have positively improved because of mutual understanding, equal attitudes towards young women in the families and mutual respect among family members. Obedience was not mentioned at all within the framework of these discussions, and instead respect and understanding were dominant words used when describing family relations.

According to the observations of the facilitators, at the baseline stage, when discussing family relationships, younger women in all four villages had the tendency to criticise dominant gender norms and mother-in-law/daughter-in-law relationships when speaking in a smaller circle without older women present. However, in the larger group discussions, older women's views tended to be dominant and younger women generally did not question these views, the majority of which were not favourable to daughters-in-law. At the midline and especially end-line, facilitators observed that larger group discussions involved more younger women putting forward their views and questioning dominant gender norms. At the same time, older women at times encouraged younger participants to speak and generally were more attentive and respectful of their comments. Responses also questioned the traditional division of responsibilities between husbands and wives. The younger women desired a fairer division of labour, with men helping their wives around the house and with children.

Problematically, however, help-seeking behaviour and revealing violence in the family to outside third parties was still criticised by both men and women of all age groups at the end-line stage. The dominant preferred option was to attempt to resolve issues within the family with the participation of all family members and seeking advice only from a close circle of family members, rather than engaging outsiders.

Another aspect of Tajik family life reflected in the indicators of better family relations is labour migration. Women of both age groups stated that women joining their husbands abroad during labour migration would be an indicator of better family relations. According to the project participants, this would decrease the frequency of polygamy among Tajik men, especially labour migrants, as it is not uncommon for men to establish second families in Russia. Another indicator was young wives' access to their husband's remittances in cases where the wives remain in Tajikistan. Traditionally, remittances are sent to older members of the family, usually the mother- and father-in-law. By the end-line, increased trust in their daughter-in-law's ability to manage family funds wisely and spending with consideration of the needs of all family members had resulted in mothers-in-law transferring some of the remittances to the daughters-in-law. Younger women also mentioned their increased access to mobile phones for having regular communication with their husband and other family members as a result of better family relations.

Improved economic situation

Developing the indicators for an improved economic situation was among the most challenging tasks for the project participants. (See Table 10.) At the baseline stage, project participants did not fully understand the type of IGAs that they might be undertaking. Therefore, some of the indicators developed at the baseline stage, for instance creation of services that the villages lacked, including a barber shop, gym and playgrounds for children, were not addressed during the midline as they were not relevant to the goals of the project.

Overall, the responses from both men and women of various ages were often linked with less reliance on taking loans and increases in savings. During the FGDs at the end-line, the majority of both men and women participants in all four villages stressed that their families have indeed stopped taking loans and that they could save some money to pay their debts and manage to run their household without taking loans in future. This illustrates the overall success of the IGAs as well as improved knowledge of family budgeting, improved family relationships, communication and trust building among family members resulting in better planning and consideration of family needs.

Table 10: Everyday change indicators of improved economic conditions

Indicators developed by men	
Older men	Younger men
Family budget is sufficient for consideration of everyone's needs	Families are not taking loans
Household land is used effectively	Villagers have the financial opportunity to invest in more small businesses
Families are financially capable of organising their children's weddings	Men are not leaving the village for labour migration
Indicators developed by women	
Older women	Younger women
Money is available for eye and dental treatment	Contribution to family budget and assisting with payments, for instance paying for utilities
We can afford to go to health resorts	Money is available to purchase clothes, cosmetics and perfume to look good, and clothes for our children
Having stable financial situation to marry off our children	No loans from neighbours, small shops and banks; current loans paid off
Houses and yards are being renovated and improved, more houses have indoor kitchens and bathrooms	To have your own earnings
Ability to economically support disabled and vulnerable people	Allocating money on a monthly basis for savings
New household items are bought, such as refrigerator, washing machine, sewing machine	More houses are renovated, more houses have indoor bathrooms
No need to take loans	
Savings are in place through proper family budgeting	
Meat, fruit and eggs are available weekly	
We can allocate money for improvement of our health conditions	

Women in all four villages indicated that their family's diet had improved significantly, as they are able to prepare more nutritious food. According to the women, they can now afford to serve their family eggs, fruit, meat and dairy products on a weekly basis, as well as preparing special treats for their children more frequently. Economic improvements were also mentioned by both older and younger men in all villages, stressing that families can now afford to renovate their houses, including building restrooms and bathrooms.

Both older men and women highlighted their parental responsibilities to organise the weddings of their children. Traditionally, this is considered a principal responsibility and families anticipate their children's weddings from early childhood. It is a matter of pride and family honour to organise weddings, which also are the main social events in the villages. In the absence of financial resources and adequate savings, a common practice is taking loans to fund them. Thus, for target families, the availability of the family funds for organising weddings was an important indicator of improved economic conditions.

The changes recorded based on these indicators demonstrated an increased role of women in decision-making and contributions to the family budget. As an example, older women mentioned during the end-line that they are able to go to a spa or health resort of the type that they or their parents had enjoyed during Soviet times. They had previously been unable to spend money on this due to the difficult financial situation of their families or because their concerns were not taken into consideration when financial decisions were being made in the family.

Other indicators mentioned by women, such as the purchase of sewing and washing machines, and the availability of an indoor kitchen and bathroom with running water, were indicative of a more gender-sensitive family budgeting. These household items and the renovation of their houses contributed to reducing the work burden of women and allowing them to have more time to spend with children or spouses, or to have some leisure time for themselves.

As an indicator of improved economic conditions, the younger women respondents from two of the villages mentioned the ability to take their small children to entertainment places such as parks or cinemas, to buy desired clothes for themselves and their children, and to prepare nutritious meals for the entire family. Positive changes in these indicators demonstrated both economic improvements and an improvement of younger women's status in the family, allowing them to voice their concerns and those of their children when planning family finances. This was further enhanced by the increased financial contribution of young women to the family budget, which has led to improved status in the family.

The improved status of younger women was also remarked upon by facilitators, who noted that they had become more confident in articulating their arguments. They were now fully engaged in discussions on the economic situation, giving valuable insights and being listened to by the older women. Younger women demonstrated an improved knowledge of family budgeting, and to some extent the village-level market reflected the positive impact of the IGA sessions.

Better community relations

Older women in particular focused on overall community relations, mentioning an increase in mutual support and help for resolving issues, such as accessing drinking water, irrigation and other infrastructure by the end-line evaluation. Younger women were more concerned with changing community attitudes towards them, as they are often the target of gossip and stigmatisation, which serve as tools of social control and policing. For them, an indication of better community relations at the midline and end-line stages was a reduced level of gossiping, a more supportive attitude towards women's employment outside the household and increased physical mobility. (See Table 11.)

During the baseline stage, younger women mentioned that their mobility is limited and it is difficult for them to travel alone outside of the village. Larger markets, higher education institutions, secondary schools (in the case of one village), hospitals and reproductive centres are all located outside of the target villages in the administrative centres. Only two of the target villages were close to the local administrative centres. In all four villages, young women experienced challenges with free movement between their villages, the administrative centre and other places. Young women were not allowed by their male, and sometimes older female, relatives to travel alone to visit markets, any administrative branches or even hospital because of concerns about gossiping and honour. However, at the end-line stage, younger women in all four villages emphasised that they were now allowed to go to the local markets to purchase groceries, which indicates a change in perception both at family and community level.

Table 11: Everyday change indicators for better community relations

Indicators developed by men	
Older men	Younger men
Vulnerable families in the village are receiving support	Neighbours support each other in difficult times
Existing problems in the community are resolved jointly (i.e. water, irrigation, harvest, etc.)	People treat each other well
All members of the community are participating in the village-level events (wedding, funeral, <i>hashar</i>) ³³	People are kind to each other
Everybody is invited to <i>mahalla</i> meetings both men and women	People respect each other
Neighbours have good relationships	
Indicators developed by women	
Older women	Younger women
Men do not consume alcohol and drugs	The relation between neighbours is improved
Level of gossiping is reduced	Families maintain a good relationship with families of their daughters- and sons-in-law
Good relationship with neighbours	No ethnic division into Tajik and Uzbek
No division between rich and poor families in the community	Neighbours support each other and treat each other well
People in the community better understand each other's needs	Gossiping is reduced
Positive attitude in the community towards disabled people	Less judgements that ruin people's reputations
Mutual understanding among neighbours, less revelation of secrets	
Women are allowed to attend community meetings	People have positively changed their opinion about girls' education
	People do not ruin other people's reputations by gossiping

Changed gender norms

Changed gender norms were primarily noticeable in terms of women's engagement in economic activities both inside and outside of the household. (See Table 12.) Both older and younger women reported positive changes in this respect and their financial contribution to the family budget. The majority of young women in the target families had had their first exposure to economic activities through the project, enabling them to earn and contribute to their family budget. This affected their status in the family positively, along with their self-esteem, empowering them to explore other ways of engaging in economic activities beyond the scope of the project. The

33. *Hashar* refers to a voluntary collective gathering to do a large-scale work as a charity, which is guided by cultural traditions. The types of work conducted through *hashar* can involve construction of a house, cleaning of streets, construction of irrigation structures, renovating mosques, schools, sport fields, etc.

project allowed families to build trust, improve communication and express their needs and concerns. Younger women reported having more liberal views in the family towards their employment and IGAs beyond the project. Furthermore, both younger and older women in all four villages reported that they were attending community meetings more often now beyond just weddings and other traditional gatherings. In one of the villages, both women and men of different ages were discussing renovation of the roads in their neighbourhood together and voluntarily carried out the work, with men working and women preparing food for them.

Table 12: Everyday change indicators of changed gender norms

Indicators developed by men	
Older men	Younger men
Marriage rate of girls under 18 years old is reduced	Women are no longer doing men's jobs, which has changed due to male migration
Men are participating in bringing up children	
Indicators developed by women	
Older women	Younger women
Husband takes part in bringing up children	Husbands help their wives with work in the field
Men carry out field work	Husband/man participates in bringing up children
Husband spends more time with wife, encourages and compliments her	Wife has a say on how family money is spent
Girls and women work outside the home	Both husband and wife are involved in making family decisions
	Men help women with some housework
Mother's consent is considered during marriage of daughter	Women are allowed to have formal jobs and make contribution to family budget
Women are allowed to go to markets to purchase groceries and other household items	Men are also taking care of the children, doing homework with them
Both men and women know their responsibilities	Compliments (gratitude) from the side of men and other family members
	Both men and women work outside the house (inside the house) and generate income
Daughters-in-law are working outside of the house and contributing to family budget	Pregnancy and child bearing is a private issue, only to be decided between husband and wife (i.e. not due to pressure from in-laws or community)
Husband and wife have mutual agreements in the house regarding household chores	Women are allowed to go to markets to purchase groceries and other household items
Husbands are spending more time with children	

Another significant shift related to men demonstrating greater engagement with their children, which traditionally is considered a woman's task. As families were engaged in the project and implementation of IGAs together, each family member had to fulfil certain responsibilities in order for the economic activities to continue generating income. As a result, men were more eager to ease the burden on women, for instance by becoming more involved with childcare and allowing women to fulfil their responsibilities within the IGA, as well as participation in other project sessions. Based on the change indicators, the project also improved men's understanding of women's needs and their everyday burden. The social component of the project provided the necessary venue for the entire family to talk and listen to each other in order to reconsider their behaviour and perceptions, which was a new development for the villages. In addition, young women were more engaged in family decision-making and in the purchasing of household items in the market.

4. Discussion

The Zindagii Shoista intervention and attendant research is one of the first rigorously evaluated interventions to prevent violence against women in Tajikistan and the broader Central Asia region. It is the first, to our knowledge, to address the overlapping problems of poverty, patriarchy and violence against women through an extended family focus. The research findings have deepened our understanding of different forms of violence experienced by women and girls in Tajikistan, whether from their intimate partners or in-laws, and the underlying dynamics. The intervention provides an easily adaptable, thoroughly tested and ultimately successful approach to reducing and preventing DV and IPV, while simultaneously improving livelihoods, family dynamics and emotional wellbeing.

The results corroborate the premises upon which the intervention was designed, i.e. that DV/IPV prevention needs to involve not only the persons at most risk of victimisation but also those more likely to be perpetrating different forms of physical, sexual, but also emotional and economic violence; that in many cases focusing only on couples or nuclear families is not enough; and that tackling VAWG requires addressing a combination of gender norms, harmful behaviours, economic stress factors – including food insecurity – and mental wellbeing.

This combined intervention tackling harmful social norms and promoting economic empowerment resulted in a decrease in women's experience of and men's perpetration of sexual, physical and emotional violence, and improved livelihoods, mental health and family relations. The quantitative evaluation showed that physical, sexual and emotional IPV reported by women in the past year halved. Men reported a very large drop in perpetration of physical, sexual and emotional IPV, though this was likely to have been underreported at end-line.

The findings also suggest a very significant decrease in depression among both women and men. Furthermore, suicidality was very much reduced. Nonetheless, it should be noted that psycho-social support systems in the target villages, as in most of rural Tajikistan, are either inadequate or wholly lacking, and speaking openly about mental health issues is still heavily stigmatised. In addition, findings showed that, across the three time points, women's and men's gender attitudes became more equitable and perceived social norms in the community improved. In all respects, the qualitative research findings supported the quantitative findings. The qualitative findings pointed to more substantial changes in gendered practices than were captured by the attitude scales. Overall, women and men both reported a large reduction in men's controlling behaviour and, based on qualitative findings, improved family relations.

The findings of the evaluation also demonstrate positive changes in the economic situation of the target families. Significant increases were seen in past month earnings and savings, and overall savings, both for men and women. The number of respondents who reported that they have earned money in the past month is considerably higher compared to the baseline data for both men and women. The level of unemployment stress decreased for both groups, which might be explained by self-employment through establishment of a small family-led enterprise. Shame associated with having little work has also reduced.

The main strengths of the intervention lie in its design, which drew on an established model of combining gender and economic empowerment. Importantly, the final design of the intervention was informed by initial and quite extensive formative research. This intervention is among very few in the country and region that have incorporated rigorous research during the project conceptualisation phase. The formative research identified the need for a family-centred approach rather than focusing on the husband/wife dyad. It also helped to design a tailored intervention with consideration of the specific cultural and socio-economic context, potential safe entry points for discussion of violence, power dynamics in the village and within families, potential project allies and gatekeepers.

In addition, an adaptation workshop was held in Dushanbe, Tajikistan, bringing together implementing partners and the What Works team to brainstorm and draft the manual based on the contextual analysis and the main findings of the formative research. The project methodology was first tested with the local facilitators and the project staff of local partner organisations to ensure it was context-sensitive and, where needed, adjustments were made at that stage. The formative research also contributed to development of criteria for selection of project target families.

The evaluation research design included application of different methods to increase the reliability of the collected data through triangulation, and to capture a variety of relevant interconnected factors contributing to violence. The quantitative and qualitative data collection methods contributed to in-depth understanding of violence occurrence, socio-economic conditions of targeted families, and prevalent gender norms and attitudes both at individual and community level. The validity of statistical data collected through surveying each project participant was further strengthened by qualitative data collected through individual IDIs and FGDs involving randomly selected project participants. In order to further increase the validity of the data, the researchers and enumerators were selected and trained with careful consideration of the local context, sensitivity of the issue, culture, language and positionality of the researchers.

The study included baseline, midline and end-line phases, which allowed us to track trends and changes throughout the intervention cycle. This is much more robust than a pre-/post-design. The project approach and methodologies were discussed among local and international project partners and the local context was reflected in the project methodologies. Specifically, the topics in the modules, terms, language of facilitation, sequence of modules, exercises of the modules, the settings and venues for the group discussions, and the timing were analysed and adapted to the context of the targeted villages. The selected project methodologies for social norm change and livelihood improvement were previously tested. This allowed for careful adaptation of the methodologies into the context of Tajikistan and translation into languages spoken in the targeted villages (Tajik and Uzbek). Key contributing factors to the success were also the dedication of staff to the project, the careful identification and training of local implementing partners, as well as ensuring the buy-in of local authorities and other potential gatekeepers into the project.

Based on our findings, we recommend a rolling out of the manualised intervention further in the districts of this research and to other areas of Tajikistan and to other Central Asian countries. Further research to continue to build knowledge of the intervention and its effects in the context of roll-out would be invaluable. The intervention has been shown to have made a substantial difference to development of the participant families, and through our research we have shown that it has been successful not only in VAWG prevention and reduction, but also in improving mental and physical wellbeing, livelihoods and food security.



WhatWorks
TO PREVENT VIOLENCE
A Global Programme To Prevent
Violence Against Women and Girls

