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# How social norms influence processes of change related to an economic intervention in Bangladesh

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ABSTRACT

Intimate partner violence (IPV) occurs due to multiple factors at the individual, relational, community and societal levels. Previous research has shown that a cash, food and behaviour change communication programme called the Transfer Modality Research Initiative (TMRI) implemented from 2012 to 2014 in Bangladesh had sustained effects on IPV. We collected qualitative data among former TMRI participants in 2023 that allows exploring how social norms may have played a role in shaping the changes related to IPV along four pathways through which TMRI influenced IPV: 1) economic security, 2) family relationships, 3) women's empowerment, and 4) social support and community relationships. We conducted nine focus group discussions (FGDs) with 49 women TMRI participants, nine FGDs with 52 husbands of women TMRI participants, 54 in-depth interviews (IDIs) with women TMRI participants, and 10 IDIs with women who did not participate in TMRI. We find: along 1) women's economic contributions may facilitate weakening of IPV norms, however norms on gender roles and seclusion constrain change; along 2) norms related to family reputation could influence IPV condemnation, however norms on female submission and obedience to in-laws constrain change; along 3) norms on female submission constrain female empowerment but could be weakened if women display knowledge aligning with gender roles; and, along 4) linkages to reduced IPV were less clear, with female seclusion norms constraining change, highlighting the importance of group activities. Our findings draw attention to the potential for economic interventions layered with context-specific norms interventions to achieve longer-term changes in IPV and gender inequalities.

## 1. Introduction

### 1.1. Social norms and intimate partner violence (IPV)

Intimate partner violence (IPV) is the most common form of violence against women. IPV includes physical, sexual or psychological harm perpetrated by current and former spouses and partners. Globally, estimates suggest that 30 % of women may experience IPV during their lifetime (Sardinha et al., 2022), with significant impacts to health and well-being (Bacchus et al., 2018; Devries et al., 2013) and national economies (Sri et al., 2021).

Research on IPV suggests that multiple factors at the individual, relational, community and societal levels play a role in contributing to IPV, including a perpetrator's alcohol use, or both a perpetrator's and/or a survivor's experience of violence during childhood (Heise, 1998; Clare et al., 2021; Ghoshal et al., 2022). Women who believe IPV is justified in certain situations are most likely to experience IPV (Abramsky et al., 2011); such attitudes about IPV may be shaped by social norms. Social norms – defined as rules for behaviour that are supported by a combination of beliefs about what we expect others to do and beliefs about

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what others think we should do (Bicchieri, 2006) – can influence IPV at multiple levels. At the individual level, social norms about male superiority or norms about what constitutes acceptable behaviour for women can feed into attitudes that justify IPV (Jewkes, 2002). At the relational/community level, social norms that suggest violence is acceptable or that IPV is a private issue, play a role in influencing the perpetration of IPV (McCarthy et al., 2018). Additionally, beliefs and social norms influencing IPV can also operate at a societal level; for example, patriarchal systems that organise family and community structures can reinforce how women are treated by men (Kovacs, 2018).

Considerable research and programmatic work have been done to explore how to reduce IPV (Kerr-Wilson et al., 2020). Guided by the idea that IPV is influenced by drivers at multiple levels, research emphasises the importance of multi-level interventions either simultaneously or over time (Sabri et al., 2023; DeHond et al., 2023; Jewkes et al., 2021). Evidence also shows that engaging with the specific drivers relevant to a particular context can be effective – for example, poverty reduction interventions that address economic drivers of IPV (Eggers del Campo & Steinert, 2022; WHO, 2019). At the same time, there is recognition that norms influence the effects of economic interventions; for example, if there are strong norms against women traveling alone, it may influence how an intervention promoting women's livelihoods affects their ability to work. There is thus increasingly an emphasis of tackling unequal social norms that sustain violence alongside economic interventions (Jewkes et al., 2015; DeHond et al., 2023).

Research has shown that cash transfer programmes that reduce poverty are effective for reducing IPV in low- and middle-income countries (Buller et al., 2018; Baranov et al., 2020). Evidence also indicates that the effects of cash transfer programmes – and the pathways through which effects occur – can vary by context and be influenced by norms (Buller et al., 2018). Yet there is relatively limited evidence on how gender norms relate to different pathways through which cash transfers affect IPV (Lees et al., 2020), and on how norms may influence the processes of change from these interventions.

### 1.2. IPV and social norms in Bangladesh

In Bangladesh, IPV is a pervasive issue, with data indicating that 72.6 % of currently married women had experienced some form of violence from their current partner (Bangladesh Bureau of Statistics, 2016). Recent intersectional analysis among married women in Bangladesh highlights how being both younger in age and having lower education level is associated with increased chance of experiencing IPV (Rahman, Du Mont, O'Campo, & Einstein, 2019).

IPV in Bangladesh is also driven and sustained by multiple factors at the relational, community and societal levels, including economic insecurity, unequal power dynamics between women and men that position women as subordinate, and norms that suggest violence is acceptable (Fattah & Camellia, 2017; Mahmood, 2020; Van der Putten; Nur-E-Jannat, 2020). In the Bangladesh Demographic and Health Survey, 28.3 % of women felt that violence was justified for at least one of the following reasons: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, or if she refuses to have sex with him (NIPORT & ICF International, 2020). Women living in rural areas, women with lower economic security and women with lower education were more likely to find violence acceptable for one of these reasons (Hossain et al., 2022).

Studies on women's experiences of IPV in Bangladesh highlight how norms prescribing how women ought to behave can sustain violence, and that these norms persist even if women have employment opportunities (Akhter et al., 2022). Other gender and social norms limit women's mobility, workforce participation and decision-making in Bangladesh; however, research highlights that these norms are not fixed (Kabeer et al., 2021; Bellani et al., 2023; Kabeer, 2024). There are indications that some aspects of social norms are shifting in Bangladesh to create more space for expanding women's roles beyond the household, and that these shifts may be influenced by the need for improved economic security (Chandramohan et al., 2023).

### 1.3. Transfer Modality Research Initiative (TMRI) background

TMRI was a programme running from 2012 to 2014 for mothers of young children in poor rural households in Bangladesh. TMRI consisted of monthly cash (cash transfers of 1500 taka) or food transfers (rice, lentils, and oil worth 1500 taka) for mothers, with or without complementary nutrition behaviour change communication (BCC), which was shared through weekly group meetings, biweekly home visits and monthly community meetings. BCC content centered on food and nutrition practices, including gender-related content on negotiating the purchase and consumption of non-traditional foods for children; however, it did not discuss violence prevention. Further details are in Ahmed et al. (2016), Roy et al. (2019) and Roy et al. (2024).

### 1.4. Evidence on TMRI and IPV

Two quantitative papers show TMRI led to sustained reductions in physical IPV from Cash + BCC in the North and from Food + BCC in the South at 6 months post-programme (Roy et al., 2019) and persistent large reductions in physical IPV from Cash + BCC in the North but no impacts from Food + BCC in the South at 4 years post-programme (Roy et al., 2024).

A companion mixed-methods paper (Lokot et al., 2025) assesses how effects have evolved over an 11-year period, integrating qualitative and quantitative data to unpack pathways based on participants' accounts on how reductions in IPV were sustained (or not) over time. The four pathways explored are: 1. *Economic security and emotional wellbeing* (cash and complementary programming may increase economic security and reduce poverty-related stress, resulting in improved emotional well-being and reduced IPV); 2. *Family relationships* (cash and complementary programming may reduce conflict within the broader family – including with in-laws); 3. *Women's empowerment* (cash and complementary programming may increase a woman's bargaining power, self-worth, and perceived value to the household; the effects on IPV depend on men's reaction to her empowerment), and 4. *Social support and community relationships* (cash and especially complementary programming may improve social connections, and strengthen women's status at the community level). The paper finds that sustained IPV reductions depend on context and modality and are primarily driven by improved household economic security and emotional well-being. Other pathways – family dynamics (including in-laws' roles), women's empowerment, and social and community relationships – contributed to changing couples' relationships during the programme but became less salient after the programme ended.

In this paper, we build on the mixed methods (Lokot et al., 2025) paper to explore the social norms related to IPV and potential ways in which these norms facilitate and constrain the pathways through which TMRI was found to influence IPV (economic security and emotional well-being, family relationships, women's empowerment, social and community relationships). We focus solely on qualitative data collected in 2023, specifically data on social norms that were only tangentially discussed in the mixed methods paper. We discuss how gender roles, hierarchies, and IPV acceptance may shape the process of change for

TMRI's effects on IPV. This analysis has implications for the design of transfer interventions by highlighting that cash and complementary programmes should consider better linkages with social norms in the community for stronger impacts on IPV.

## 2. Methods

This paper draws on qualitative data collected in 2023, specifically focus group discussions (FGDs) with women and men and in-depth interviews (IDIs) with women, reaching a total of 113 women and 52 men. Qualitative data collection was led by a local researcher, supported by a team of four women.

### 2.1. Design

The research team developed the FGD and IDI topic guides, and the guides were further adapted during a five-day training with the data collection team. Topic guides were semi-structured and were piloted before data collection.

The FGDs incorporated vignettes that focused on identifying social and gender norms related to IPV and women's position in society. Vignettes are short, fictional stories designed to elicit responses related to community expectations for behaviour and sanctions for misbehaviour. Vignettes allow exploration of whether a norm exists and how strong/weak the norm might be, through discussing what participants think others do, what they think others expect them to do and the anticipated sanctions for contravening these expectations (CARE, 2021). Vignettes can be helpful in identifying social norms related to sensitive topics like violence, without participants feeling they have to share their personal experiences (Bukuluki et al., 2024).

The vignettes during FGDs discuss the experiences of a fictional couple, Abdullah and Sumi, in a village in Bangladesh. The vignettes explore this couple's experiences when Sumi decides to work outside the home, requiring her husband to engage in household chores, asking questions of FGD participants at key points in the story about how they feel others in the village (such as family members and relatives) might respond to Sumi and Abdullah's behaviour. In the vignette, Sumi travels to another village to attend livestock trainings and group meetings as part of building her business. Abdullah helps out with housework but feels frustrated that Sumi is not at home as much anymore and is earning more money than him. He also wants to use the money she has earned while Sumi feels they should save it. Their arguments about her being outside the home and her not giving him the money increase. Abdullah slaps Sumi in one argument after she comes home an hour later than promised and does not cook the meal on time. The next week he slaps her again after they fight about whether the money should be saved or spent. On another occasion, Abdullah sees men talking to Sumi at the market, leading to another argument and he pushes her against a wall.

The vignette helps to unpack norms related to women working outside the home, men engaging in household chores and the acceptability of IPV. However, recognising there may be a gap between vignettes and reality, other methods, specifically FGDs and IDIs were also used to triangulate norm-related vignette data (Barter & Renold, 2000). FGDs were designed to explore key issues that were later discussed in more depth within IDIs. FGDs also explored perceptions of TMRI, contextual factors, and how social and gender norms and other drivers influence IPV. IDIs explored women's views of transfers and BCC, if/how they impacted relationships before, during and after the transfers; perceptions and norms related to IPV and attitudes towards help-seeking and perceptions of contextual factors. They also enabled discussion of changes over time by asking specific questions that were about events that occurred ten years ago versus current events.

### 2.2. Sampling and recruitment

The qualitative data collection was drawn from a sub-sample of households from a 2022 quantitative survey conducted as part of follow-up into sustained impacts of TMRI. Data collection occurred in four TMRI upazilas (subdistricts): Rajarhat and Gangachara upazilas in the North, and Dacope and Bauphal upazilas in the South. These upazilas were selected to ensure ease of access and good representation of both regions. The Northern and Southern regions differ in several ways, including in terms of poverty, agroecology, and climate; the study upazilas in the South are less poor, coastal, and more susceptible to climate hazards.

In each upazila, villages were included if, in the 2022 quantitative survey, the village had more than 4 participants and at least one reported IPV. Nine villages per upazila were randomly chosen, spread across Cash, Cash + BCC, and Control in the North, and Food, Food + BCC, and Control in the South (FGD data were not collected in control villages). Women who participated in TMRI were then randomly sampled within each village and invited to participate in FGDs or IDIs. For male FGDs, husbands of women who participated in TMRI were invited to participate, with one exception of a son participating in an FGD instead of his father. All men were from different households to invited women, to avoid conflict within households.

### 2.3. Data collection

Data collection occurred from February–April 2023. In total, we conducted 9 FGDs with 49 women who participated in TMRI, 9 FGDs with 52 husbands of women who participated in TMRI, 54 IDIs with women who participated in TMRI, and 10 control group interviews with women who did not participate in TMRI. Table 1 outlines the list of participants.

**Table 1**
Outlines the list of participants.

| | | Focus group discussions | | In-depth interviews |
|---|---|---|---|---|
| Region | Modality | Women | Men | Women |
| North | Cash | 2 FGDs with 10 women | 2 FGDs with 11 men | 15 |
| | Cash + BCC | 3 FGDs with 16 women | 3 FGDs with 18 men | 12 |
| | Control | – | – | 5 |
| South | Food | 2 FGDs with 12 women | 2 FGDs with 12 men | 14 |
| | Food + BCC | 2 FGDs with 11 women | 2 FGDs with 11 men | 13 |
| | Control | – | – | 5 |
| | TOTAL | 49 | 52 | 64 |

### 2.4. Data analysis

Audio recordings were transcribed into Bangla by the research team, then translated into English. The transcripts were anonymised then analysed using Dedoose by ML, NS and MR. We used Braun & Clarke's 6-step process for reflexive thematic analysis, developing codes inductively and deductively and identifying key themes based on codes. Firstly, following their approach, we familiarised ourselves with transcripts, reviewing multiple transcripts as a small group to identify key themes and make observations on the content. Secondly, we identified a series of codes that could capture the key points covered in this initial deep review of a sample of transcripts, supplementing the inductive codes with codes based on our topic guides. We used these codes to separately code the transcripts using Dedoose software and additionally made individual memos outlining the key themes from each transcript. Thirdly, we reviewed and collated the codes into broader themes based on the entire dataset. Fourth, we reviewed and further integrated similar themes, coming up with what we found to be the key themes, where possible reflecting on differences between participants in the North and the South. Due to the small sample size of control group participants, it was challenging to compare their perceptions of norms with programme participants. We used memos to strengthen and refine the themes. Fifth, we worked more intensively on refining the themes, outlining sub-themes and discussing as a group the key names and scope of each theme. Lastly, we used the memo summaries and list of refined themes to form the narrative for our write-up, drawing additionally on a literature review that had been completed prior to data collection to analyse our findings in light of existing literature.

### 2.5. Ethics

Ethics approval for the quantitative study was obtained through Cornell University (ref: IRB0143585,May 17, 2022). Ethical approval for the qualitative research was obtained from the London School of Hygiene and Tropical Medicine (ref: 28286, January 17, 2023) and the Institute of Health Economics at the University of Dhaka (ref: IHE/IRB/DU/55/2022/Final, January 14, 2023).

Data collection followed ethical guidelines for research on IPV (WHO, 2001), including ensuring thorough training of interviewers, guaranteeing privacy during interviews/FGDs, arranging reliable referral mechanisms and interviewing only one woman per household. All participants were provided a small gift to compensate them for their time; FGD and IDI participants were given refreshments.

### 2.6. Positionality

As part of our commitment to conducting reflexive, equitable research, we recognise the power hierarchies inherent in conducting research, as well as how our individual positionality influences decisions made during the research process. We took steps to address these dynamics by ensuring power was shared between decision-makers and ensuring decisions were informed by local context and expertise from Bangladesh. Multiple authors (JH, SR, MH) worked over the last 12 years on previous quantitative studies of TMRI, and were part of efforts to examine the effectiveness of TMRI over time. NS is Bangladeshi and has extensive experience leading research in Bangladesh. She contributed important expertise, especially during the design and analysis, ensuring our findings were guided by an understanding of the context. Many authors have previous experience researching (MR, MH, DR, SR, ML) and implementing (ML) cash transfer or IPV programmes. Importantly, local staff who conducted fieldwork are not listed as co-authors, however they played a critical role in collecting data and supported analysis through field memos and daily debriefs during data collection. We sought to mitigate against bias during the research process, and took a collaborative approach to research design, analysis and writing.

## 3. Findings

In this section, we outline norms and perceptions related to IPV itself, as well as norms related to the four pathways through which TMRI was previously found to affect IPV: 1) economic security and well-being, 2) family relationships, 3) women's empowerment, and 4) social support and community relationships. We explore how these norms may have influenced changes along each pathway.

### 3.1. Norms and perceptions around IPV

#### 3.1.1. Perceived reasons for IPV

Participants indicated that IPV occurs for a range of reasons. These included economic insecurity, women not meeting expectations for their behaviour, suspicion about extra-marital affairs by the wife, the husband using alcohol and drugs, poor communication between the couple, and instigation by parents.

> *If a husband is beating up a wife … in this village … it is usually because the wife did not listen to him. I mean, if he doesn't beat up his wife in this case, what else is the alternative?!* (Woman, Interview, South, Food).

> *As I mentioned, I think if the husband doesn't have a lot of income if there is poverty in the household, if the wife keeps complaining about the things that they don't have … then it is normal for the husband to get a little mad. Plus, a husband can beat up his wife because he can be instigated by his parents* (Woman, Interview, South, Control).

> *These things happen because the husband and wife do not have a good understanding. Sometimes if the wife keeps arguing, her husband tends to hit her as well. Apart from this, some men find faults within women even if there aren't any. Sometimes they do it because they are drunk or high, and sometimes because they have extra-marital affairs* (Woman, Interview, North, Cash).

However, there was also discussion that IPV may occur without a reason:

> *When a husband doesn't earn, and the wife says something about it, then a husband might hit, beat, kick, or slap his wife. Sometimes, a few husbands beat up their wives for no reason!* (Woman, Interview, South, Control).

#### 3.1.2. Norms around acceptability and justifiability of IPV

Participant responses suggest that IPV is generally not acceptable, but is normalised and might occur if women behave poorly. Many participants expressed the view that IPV is not acceptable:

> *I feel horrid because it is not right to hit wives. I mean, we leave our father, mother, birthplace, and basically, everything to be with our husband … to make him our world. After all, if you have to get beaten up in this place you want to call home with your husband, then there is no end to this suffering and pain* (Woman, Interview, South, Control).

When asked about people's notions of IPV ten years ago compared to now, some participants felt IPV was never justified previously or now, others suggested changes over time have resulted in IPV being less acceptable:

> *There have been a lot of changes in the last ten years, Apa. Everyone's mentality is different now. Now, people are vocal about the fact that beating up your wife is a terrible thing to do* (Man, FGD, North, Cash + BCC).

> *People were more superstitious back then. Things like that are much more limited now. People understand better. This is because there is more and better education all around* (Man, FGD, South, Food + BCC).

However, during interviews and FGDs, women and men reflected more broadly on IPV being common and being women's fault,

suggesting that IPV continues to be viewed as a norm:

*Women are wrong in every step they take! Even if there isn't any, women are still blamed for everything that goes wrong (*Woman, Interview, North, Cash).

*Physical violence is nothing of importance. This is pretty usual among a couple* (Woman, FGD, South, Food).

*In some cases, if the wife isn't beaten up, then she will stop listening or go astray. So she needs to understand what appropriate behaviour is in order to reduce these kinds of incidents* (Woman, Interview, South, Food).

*Beating up someone is definitely not good. I think it's pretty bad. But if the wife has created some problems, then she will obviously get beaten up* (Woman, Interview, North, Cash).

*When a husband finds something wrong in his wife's words or actions, things like this can happen. Plus, if the wife misbehaves with the husband, then she gets beaten up. If she didn't misbehave, why would the husband beat her up without any reason?!* (Woman, Interview, South, Food + BCC).

One participant disclosed her own experiences of IPV while reflecting on the idea of violence being normal, also alluding to violence and love co-existing:

*One day, my husband tried to beat me up after eavesdropping on a conversation between my sister-in-law and me. My husband is a really angry person! (…) But at the end of the day, he is my husband. I love him and accept him the way he is* (Woman, Interview, South, Control).

During FGDs, participants were asked to respond to the vignette about the fictional husband ("Abdullah") and his wife ("Sumi"). When asked how Abdullah's family and others in the village might respond to his use of violence, reactions also tended to be mixed, alongside the idea that the husband should have discussed the issue with Sumi first – which seems to suggest the reason for IPV matters in determining whether IPV is justified:

*He at least has to try to know what is going on before jumping to conclusions*

(Man, FGD, North, Cash).

*Abdullah's parents will say that their son was wrong. I mean, Abdullah slapped and pushed Sumi without even asking her about the issues. He slapped her without listening to her. Most of the villagers will say that Abdullah was wrong. Some people in the village will say that Abdullah was right* (Man, FGD, South, Food + BCC).

*Abdullah shouldn't have raised his hands on Sumi. He should have listened to Sumi first. Now … if someone beats someone up … then it becomes necessary to know the issue or the problem that caused this violence in the first place* (Woman, FGD, South, Food + BCC).

*A lot of people will just say that Abdullah has disciplined his wife a little. So they won't think too much about it* (Man, FGD, North, Cash + BCC).

*Well, most men will think that Abdullah didn't beat Sumi before, but if he is doing it now, then the wife must have done something wrong* (Man, FGD, South, Food).

### *3.2. Norms that may influence the economic security and emotional well-being pathway*

Along the economic security and emotional well-being pathway, we find overall that women making economic contributions and working hard may weaken the strength of IPV as a norm. However, norms related to gender roles and seclusion may constrain changes along this pathway.

Although the reasons for IPV were varied, the most commonly mentioned reason for IPV was economic insecurity that led to conflicts in the household:

*If a husband doesn't have an income source, he gets angry and at that point, encouraging or anything good doesn't seem reasonable anymore. He vents this anger on his wife, and so she gets beaten up. Or, for instance, maybe the wife gets angry because the husband doesn't give her proper household expenses, so she gets beaten up yet again* (Woman, Interview, North, Cash).

*I think when there is poverty in the family, or in a poverty-stricken family when the wife asks her husband to bring her something, he gets angry. I think that's when a husband might hit, beat, kick, or slap his wife* (Woman, Interview, South, Food).

We found that there was some willingness to consider women's economic activity as a reason *not* to engage in IPV. Participants expressed that violence was not acceptable because the wife is working hard to earn for the family, contrasting women's hard work with their experiences of IPV and suggesting the norm of IPV may be weakened if women are contributing economically:

*My neighbour beats up his wife a lot. The wife is a nice person and does all the chores, yet she gets beaten up. It is a really terrible thing to do* (Woman, Interview, South, Food + BCC).

In response to the vignette, which explores norms more directly, Sumi working was also mentioned as a reason Abdullah should not beat her:

*Everyone will say that it was the wrong thing to do. They will say the girl worked so hard, and when she came back home, she just got beaten up by her husband!* (Woman, FGD, North, Cash).

*She will be hurt because she is working hard, yet her husband slapped and pushed her* (Woman, FGD, North, Cash).

*Most men would think Abdullah beating up Sumi was wrong to do. He is just sitting at home while his wife works outside, and yet she is still getting beaten up!* (Man, FGD, South, Food).

However, it is not always the case that women's involvement in economic activities may challenge the norm of IPV. After the vignette where Abdullah uses violence against Sumi, when FGD participants were asked how "most men" would respond to the use of IPV against Sumi, their responses reflect that female seclusion norms remain common in this setting and women working outside the home is less typical. They also reflected some FGD participants' broader resistance to challenging gender roles - such as a wife working outside the home and a husband helping with household chores in her absence:

*Most of the men will think that it was good that she was beaten up since she goes outside for work. However, I don't think beating her was right* (Woman, FGD, North, Cash + BCC).

*Everyone will not think the same way. Everyone has a different thinking process. Some would think it was right and some would say it was wrong*

(Woman, FGD, North, Cash + BCC).

*Some people will say negative things about them. If the wife is going outside for work, these people will say bad things and judge the family by saying she wasn't disciplined enough [by her husband] to keep her inside the house* (Woman, FGD, South, Food).

*A woman working outside? If a woman works pathar bari ['outside' – the use of this term has a negative connotation that this is not a good practice], then neighbours will obviously talk about her* (Woman, FGD, North, Cash).

*[T]he people in the village will say, 'Abdullah is holding his wife's saree like a child, he washes her dishes and even eats from his wife's income'* (Woman, FGD, South, Food).

However, the m\ajority of men in FGDs felt that "most men" would

find it acceptable if a husband helped a wife with chores, recognising the importance of this support to enable women to work outside the home:

> *Sumi asking for help is pretty normal. I think any man in place of Abdullah should think he should be helping Sumi with the household chores. It will be for the betterment of their family* (Man, FGD, North, Cash + BCC).

> *[H]is wife is out working for the family. So … he needs to help out with the chores* (Man, FGD, South, Food + BCC).

When asked about how people reacted to a man doing chores and a wife travelling for work 10 years ago compared to now, participant reactions were very mixed, suggesting that perceptions varied around whether each of these were norms. Some indicated that views would be positive (and were previously), others said the opposite, and still others suggested views have changed over time to allow women more freedom to leave the home and men more freedom to undertake tasks traditionally seen as women's responsibility:

> *If the daughter-in-law can lessen the poverty of the family, her in-laws would appreciate her … villagers would have also appreciated them. This is because if poverty is eradicated with the help of both the husband and the wife, then the parents should be happy about it. Their mentality would have still been the same ten years ago. They would have thought the same as now. Ten years ago isn't that long ago* (Woman, FGD, South, Food).

> *Ten years ago, most people would have really disliked and thought negatively of Abdullah doing more housework, and Sumi traveling by herself. But now the perception is a lot better. Ten years ago, women working outside were not looked at positively by other people. That is not the case anymore"* (Man, FGD, North, Cash + BCC).

### 3.3. Norms that may influence the family relationships pathway

Along the family relationships pathway, we find overall that in some cases, norms related to pressure to maintain family reputation could lead to IPV condemnation. However, change along this pathway may also be constrained by patriarchal norms related to female submission and obedience to elders (such as in-laws).

During interviews, when women were asked a general question about how a man's family might respond if they heard he was using IPV, participants expressed stronger views that IPV would be condemned, suggesting family norms against IPV are in place. There were also a few examples suggesting such condemnation was because of how IPV affected the family's status – also pointing to broader societal norms shaping IPV condemnation:

> *They will support the wife. Otherwise, the wife might leave. They will say that what the husband did was wrong* (Woman, Interview, North, Cash + BCC).

> *They will say that this kind of behaviour is wrong. They will think they failed to make their child a proper human being. Plus, their reputation will also be tarnished* (Woman, Interview, South, Food).

Several participants discussed the "instigation" of in-laws as a contributor to IPV. In particular, they suggested the mother-in-law might provoke the couple, resulting in the wife experiencing IPV from her husband.

> *I have been beaten up before. I have been beaten up so much. This is because my mother-in-law and my father-in-law were not good people. My husband would listen to his parents and beat me up. Once we separated from them, he stopped raising his hands at me* (Woman, Interview, South, Control).

> *[S]ometimes the mother-in-law usually instigates her son to do something like this. That's when the husband beats up his wife. My mother-in-law used to do this when she was alive (Woman, Interview, North, Cash).*

> *"When my father-in-law, mother-in-law, brother-in-law, or sister-in-law raised their hands on me, my husband would never protect me. Instead, he would beat me up as well. Everyone has beat me up"* (Woman, Interview, South, Food).

Participant accounts seemed to reflect that these interactions with in-laws were normative rather than being unusual, for example describing conflicts with in-laws as *"pretty normal"* (Woman, Interview, South, Food) and *"just like any other family*" (Woman, Interview, North, Cash). The acceptability of this practice suggests that despite IPV being condemned as it negatively impacted family status, it can also be reinforced by family dynamics. IPV may take expanded forms (for example, with mothers-in-law playing a role) in settings like Bangladesh, outside of the husband-wife relationship.

This suggests that norms around in-laws' behaviour might shape family dynamics negatively, but they could also have a positive impact. For instance, participants discussed how to tackle/respond to IPV, which included engaging in-laws of the woman, elderly relatives and if needed, community leaders, who would help mediate disputes between the husband and wife:

> *The elders in the family, like the elder brother-in-law or brothers. They moderate the situation. Sometimes other members of the family or the villagers come forward to help as well* (Woman, Interview, North, Cash).

> *The family's elders can tell the couple how to manage their house and how to moderate this situation* (Woman, Interview, South, Food + BCC).

### 3.4. Norms that may influence the women's empowerment pathway

Along the women's empowerment pathway, overall, norms that constrain empowerment are that women should obey their husbands or be submissive (and not speak or learn). However, this constraining norm may be weakened if empowerment is within domains that are traditionally considered women's roles.

Participants described norms that could influence women's empowerment. This included social norms that results in a power dynamic between women and men in which it was expected that women should listen to their husbands. If women did not listen to their husbands, this was perceived as a justifiable reason for IPV:

> *If a husband is beating up a wife … in this village … it is usually because the wife did not listen to him. I mean, if he doesn't beat up his wife in this case, what else is the alternative?!* (Woman, Interview, South, Food).

> *If the wife goes somewhere without taking her husband's permission, then he beats her up. I mean, if she goes somewhere without asking her husband, then obviously, she will get beaten up by her husband* (Woman, Interview, South, Food).

> *[I]f he wants to be more physically intimate, but the wife doesn't want to* (Woman, Interview, North, Cash).

While the norm of a wife obeying her husband can limit her empowerment, this may not be the case if a woman's empowerment is within domains traditionally viewed as hers. For example, several women discussed how the BCC activities empowered women with knowledge to improve their family's health and advise others during TMRI. This empowerment was generally accepted within the community, possibly because the BCC's health and nutrition topics fell within women's traditional domain of caring for children and the family, and possibly because the intervention sensitised influential household and community members:

> *My wife learned to know how to clean the house and surroundings. Now, she is able to raise our kids in a better way. I think this is really good* (Man, FGD, North, Cash + BCC)

*I liked it because I could also learn which food has what kind of nutrients in it from my wife. My wife would learn things like we have to keep soap near the toilet and tell me all about it when she returned. I liked hearing these things from my wife* (Man, FGD, South, Food + BCC).

However, there also appeared to be negative attitudes pertaining to norms around how women should behave in public settings, particularly for women learning and speaking up in the community, which participants in the North observed and which some men reflected in their reactions to BCC activities:

*They don't like that their daughter-in-law is learning too much* (Woman, Interview, North, Cash + BCC).

*There are a lot of women who talk too much, and it is mostly nonsense* (Man, FGD, North, Cash + BCC).

*The family would say we shouldn't take the group meeting. There is no necessity for it … They thought whatever I was learning was nonsense, and I will start spouting it out to others in the family (*Woman, Interview, North, Cash + BCC*).*

### 3.5. Norms that may influence the social support and community relationships pathway

Along the social support and community relationships pathway, while the linkages between related norms and reduced IPV were not made by participants, it may be that women's heavy workloads in the home or female seclusion norms may have constrained changes along the pathway. However, participants did highlight the importance of group-based activities, and to some extent financial status, in facilitating social support and community relationships.

Participants described norms related to social support and community relationships, though they did not directly link these to IPV. Reflections about norms along this pathway were limited compared to the other pathways. Participants reflected the norm that respect and support from the community is tied to financial status, indicating that improved financial status resulted in them being treated better by others in the village:

*If people start doing well financially, then other people start asking about their well-being more, Apa. When we aren't doing well financially, no one asks about us. Now, people ask us where we are and what we eat. People value us now* (Woman, Interview, North, Cash + BCC).

*Poor people are treated as if they are lesser than or inferior to the other villagers in this area. Since we are doing better financially now, they treat us with much more respect* (Woman, Interview, North, Cash + BCC).

Women also reflected that women's busy schedules and staying within the home typically limited their ability to socialise with other women in the community.

*Usually, because of work, we aren't able to meet much (*Woman, Interview, North, Cash + BCC).

*When we were at home, no one would come and sit next to us and ask, 'What are you doing' or just basic chatting about the highs and lows of life* (Woman, Interview, South, Food + BCC).

*Even if we all knew each other's faces, we didn't really talk before (*Woman, FGD, North, Cash + BCC).

They also reflected that group trainings organised by the TMRI programme allowed opportunities for socialisation with other women in the community, indicating these structured gatherings were more accepted.

*I also got to meet everyone. A lot of acquaintances would come to the meeting, especially neighbouring women … I liked meeting them there (*Woman, Interview, North, Cash + BCC).

## 4. Discussion

This paper contributes qualitative insights from TMRI participants on social norms related to IPV, as well as norms related to the pathways through which TMRI was found to influence IPV (Lokot et al., 2025): economic security, family relationships, women's empowerment, social and community relationships. Drawing on qualitative data from the TMRI programme nine years after it concluded in Bangladesh, we specifically explore norms related to: IPV, women's roles as advisors in the family, women's work outside the home, men's engagement in household chores, in-law interactions and social status and connections. Through the use of vignettes in particular we draw attention to the strengths/weaknesses of particular norms in supporting the pathways. Recognising that data solely from vignettes may not provide the full picture (Barter & Renold, 2000), we draw on data from other parts of the FGDs and interviews as well, to indicate the presence of varying norms that differ in strength. Our study highlights the importance of understanding the existence and strength of norms, as well as opportunities to challenge norms, when designing programmes to prevent IPV.

Our findings speak to how norms might limit or expand the impact of transfer programmes on IPV, as well as how IPV norms may be weakened through transfer programmes. While significant quantitative data has been collected longitudinally to understand the impacts of TMRI over time (Roy et al., 2019, Roy et al., 2024), this study represents the first effort to collect qualitative data on how processes of change may be influenced by social norms. In this paper, we contribute new knowledge on the embeddedness of social norms across the four pathways that influence changes in IPV: 1) economic security and emotional well-being, 2) family relationships, 3) women's empowerment, and 4) community relationships and social support, and reflect on how these norms may have influenced processes of change.

Whereas Lokot et al. (2025) assessed whether a transfer programme sustained reductions in conflict, we identify how IPV norms may constrain or support the processes through which transfer programmes influence IPV. First, we identify a tension between two dominating narratives about IPV in Bangladesh: that IPV is not acceptable, yet is normalised and may be seen as justified due to perceived misbehaviour by women. Although participants repeatedly stressed that violence was not right, the norm condemning IPV had limits, and this limit was tied to the competing narrative that women should behave in a certain way: failing to adhere to expectations for behaviour meant that violence would be used. The fact that participants repeatedly emphasised the importance of identifying the *reason* for IPV suggests that expected norms for women's behaviour are deeply entrenched.

Second, our findings on the economic security and emotional well-being pathway highlight that economic insecurity is perceived as a key driver of IPV, and that poverty can also be blamed as a means of normalising IPV. When participants were presented with a hypothetical situation in which a woman in their village could help relieve her household's economic pressures by working outside the home, their accounts indicated some openness to women working outside and men helping with chores, consistent with Chandramohan (2023). Recognising that norms related to household division of labour are difficult to shift (Stern et al., 2018) and that safe, decent work options outside the home may be limited for poorer rural women (Roy et al., 2015), future interventions could engage with norms related to men and women's roles inside and outside the home to take advantage of opportunities to improve household economic security. This may include going beyond the TMRI messaging about negotiation of issues at the household level to more explicitly tackling norms related to 'purdah' (veiling) and seclusion, including with other family members, as these norms continue to limit women's mobility (Lata et al., 2021). While Lokot et al. (2025) show that TMRI improved economic security – and in some cases led to sustained post-programme improvements in economic security due to investments in agricultural livelihoods on the homestead (including home production of healthy foods and livestock-rearing) – many

participants also shared that they returned to their original financial state after TMRI. Supporting avenues for women to invest the transfers toward working outside the home during and after the programme ended may have helped to sustain improved economic status for more participants. For transfer programmes that include training content (such as through group sessions, or through sensitisation with household and community members), it may be promising to embed content on gender roles and the role that women can play in partnering with men to both relieve economic pressures and manage household responsibilities, in order to support stronger and more sustained impacts on the economic security pathway without overburdening women (Hunt & Samman, 2016). These approaches would align with research in other settings suggesting that group-based activities designed to shift norms on IPV alongside economic interventions can be effective in reducing IPV when both women and men participate in the curriculum (Buller et al., 2023; Dunkle et al., 2020; WHO, 2019), and that multi-level interventions can be more effective in reducing violence (Fulu et al., 2014; Sabri et al., 2023; DeHond et al., 2023; WHO, 2019) because IPV is influenced by multiple factors and is not solely driven by economic insecurity (Heise, 1998). However, efforts to shift norms within large-scale transfer programmes should be undertaken only if they can be designed by experts on the local gender context, implemented with sufficient resources and capacity, and carefully monitored, to ensure programme quality and minimise risk of backlash (Cullen et al., 2025; Peterman & Roy, 2022). More research is needed to identify the impacts of cash/food transfers in combination with a targeted curriculum designed to shift IPV norms, recognising that investment in capacity, resources and expertise is needed to facilitate this (Peterman & Roy, 2022).

Third, along the family relationships pathway we find that norms related to in-laws may both constrain and facilitate changes in IPV related to transfer programmes. Condemnation of IPV was at times tied to the idea that using IPV created reputational risks for the broader family and might reflect poorly on the husband's parents. The few examples linking condemnation of IPV to reputation suggests this may be an emerging "positive" norm that could be leveraged in interventions designed to prevent IPV (Schultz, 2022). This positive norm is supported by the idea of in-laws, relatives and others in the community being seen as actors who can mediate conflicts between the husband and the wife. However, family dynamics might also reinforce IPV norms, expanding IPV perpetration to in-laws. Future interventions, particularly in South Asia, could consider more strongly the role of the family - especially in-laws - in condemning violence and advising couples. While specific to this setting, engaging in-laws aligns with global analysis of the role of in-laws as influential actors in preventing IPV (Semagehn et al., 2019). Tackling the instigation of in-laws as a contributor to IPV could also be part of enhancing the role of in-laws in future interventions.

Fourth, norms around women's empowerment indicated that listening to men was the behaviour expected of women, thus not doing so was considered misbehaviour. Our findings echo recent data in Bangladesh about IPV being sustained by women's subordinate position and norms that IPV is acceptable (Fattah & Camellia, 2017; Mahmood, 2020; Van der Putten; Nur-E-Jannat, 2020). However, despite the strong hold of the IPV narratives, Lokot et al. (2025) find some increases in women's empowerment as a result of TMRI, specifically related to women's roles in providing advice in the family and community based on the knowledge they obtained from BCC group activities. We suggest that women taking on new roles to advise others on health and nutrition, in a context where women's knowledge is not always valued and women are typically not expected to influence others (Kabeer et al., 2021), represents an important change along the empowerment pathway. The expansion in women's roles is possibly made more feasible by health and nutrition topics falling within women's traditional domain of caring for children and the family (Chandramohan, 2023; Kabeer, 2024) and by the intervention sensitising household and community members to give value to this knowledge. Despite entrenched norms, women's increased influence may represent a first step towards supporting women's empowerment. However, prior findings that improvements in women's empowerment due to TMRI's BCC faded out over time suggests that norms may limit longer-term sustainability of improvements in empowerment and IPV (Lokot et al., 2025). Prevailing norms limiting women's mobility, work responsibilities, and ability to gather with other women outside of programme activities may have constrained the sustainability of these roles after TMRI. Drawing on the lessons here, future programmes in settings like Bangladesh could consider both strengthening opportunities for women's increased role in advising and influencing others, and also working to shift gender norms (including around women's ability to interact with others outside the home) that may limit how long these roles persist after the intervention ends.

Finally, along the social support and community relationships pathway, although findings are less concrete than other pathways, we find that there may be norms connecting community support and financial status that emphasise the broader role of transfer programmes in increasing household status. We also find that norms around women's domestic chores and movement outside the home normally prevent women from socialising. The BCC activities created opportunities for women to socialise, within these norms, since sensitisation influenced household members to value the training and give women permission to attend. Future transfer programmes in settings like Bangladesh, where there is a long history of group-based behaviour change programming, could prioritise building more sustainable group-based activities to support women's socialisation beyond the programme.

This study faced a few limitations. Firstly, data collection was impacted by challenges accessing remote sites, short timeframes for data collection, participants having competing responsibilities and lack of private spaces to conduct interviews and FGDs. We managed these challenges by occasionally shortening topic guides to accommodate participant availability and changing locations to ensure privacy during data collection. Secondly, since TMRI had ended in 2014, some participants found it difficult to recall details about changes over time, affecting the data quality of some interviews/FGDs. The topic guides provided some reminders to prompt participants, and for FGD participants in particular, it is possible the group environment and particularly the use of vignettes to elicit normative views on violence helped mitigate recall bias to obtain richer data. The fact that many participants had been re-visited multiple times to discuss the programmes since 2014 may have also helped with overall recall.

## 5. Conclusion

Our paper draws on qualitative data to describe social norms related to IPV and explore how social norms may have played a role in shaping some processes of change related to sustained impacts of the TMRI programme on IPV in Bangladesh, 11 years after the programme concluded. Economic interventions, especially cash transfers, have shown strong impacts on reducing IPV (Buller et al., 2018, Baranov et al., 2020) but the sustainability of IPV impacts from these interventions and longer-term shifts in gender inequalities could potentially be strengthened if complementary norm change activities were integrated. This is because the impacts of these programmes on IPV play out through multiple pathways, and the extent to which these pathways are influenced and sustained is shaped by social norms. Efforts to layer large-scale transfer programmes with norms-change interventions should be carefully piloted and tested, to inform more sustainable prevention of IPV in settings like Bangladesh.

## CRediT authorship contribution statement

**Michelle Lokot:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Formal analysis, Data curation, Conceptualization. **Nasrin Sultana:** Writing – review & editing, Project administration, Methodology, Formal analysis, Data curation,

Conceptualization. **Melissa Hidrobo:** Writing – review & editing, Methodology, Conceptualization. **John Hoddinott:** Writing – review & editing, Conceptualization. **Shalini Roy:** Writing – review & editing, Methodology, Funding acquisition, Conceptualization. **Meghna Ranganathan:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Funding acquisition, Formal analysis, Conceptualization.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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