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*Experiences of Household Food Insecurity and Intimate Partner Violence in Rural Colombia:
Qualitative Analysis of Female Smallholder Farmers*

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Abstract

Experiences of Household Food Insecurity and Intimate Partner Violence in Rural Colombia: Qualitative Analysis of Female Smallholder Farmers

By Britni Burkhardtsmeier

Introduction: Globally, 793 million people experience food insecurity and one third of women who have ever had a partner, experience physical and/or sexual forms of violence perpetrated by a partner. In Colombia, food insecurity is experienced by 42.7% of households. Similarly, 26% of women experienced verbal abuse by a husband or partner, 35% were threatened by a husband or partner, and 37% experienced physical violence at the hand of their husband or partner. With large proportions of the Colombian population experiencing household food insecurity and intimate partner violence, it is important to understand ways in which the two phenomena might be associated. Consequently, the purpose of this thesis is to understand Colombian women's experiences with household food insecurity and intimate partner violence. Additionally, it aims to identify ways in which household FI and IPV lead to and/or exacerbate each other.

Methods: A cross-sectional qualitative study was conducted. 22 in-depth semi-structured interviews were conducted with Colombian women from smallholder farmer's associations. To participate, the women had to be between 18 and 60 years old, an active member of an association participating in WFP's market intervention, and currently married or living with a partner. Interviews took place in two Colombian departments, Cauca and Caquetá, and were conducted in Spanish. Six interviews were transcribed verbatim, translated into English, and analyzed using a grounded theory approach.

Results: All women reported experiencing food insecurity and discussed coping strategies and the effects it has on their households. Three women reported past experiences of intimate partner violence. All the women discussed additional stressors their households experience, communication with their partners, and household decision making practices. A cross-comparative analysis looked at how past experiences of intimate partner violence impacted the women's experiences of food insecurity, communication with their current partners, and their inclusion in household decision making.

Conclusions: The findings provide the Colombian perspective of female smallholder farmers experiences of intimate partner violence and food insecurity, coping mechanisms for food insecurity, and additional household stressors. Additionally, they suggest a potential relationship between food insecurity and intimate partner violence, with women experiencing more severe forms of food insecurity during times of abuse. Similarly, past experiences of intimate partner violence influence women's communication style, particularly during arguments, with new partners. The findings also provide evidence of a nutrition transition from undernutrition to overnutrition related health concerns (i.e. obesity, non-communicable chronic diseases).

Key words: Food security, intimate partner violence, nutrition, Colombia, qualitative research,

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Chapter 1: Introduction

Introduction and Rationale

Food insecurity and intimate partner violence are significant global health problems that both have harmful physical and mental health consequences. Food security is defined as a state “when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food which meets their dietary needs and food preferences for an active and healthy life” (UN Food and Agriculture Organization). Over the past 26 years, the number of people experiencing food insecurity (FIS) has decreased (UN Food and Agriculture Organization, 2015). That said, roughly 793 million people around the world continue to experience food insecurity (UN Food and Agriculture Organization, 2015). Intimate partner violence (IPV) is defined as “physical, sexual, or psychological harm by a current or former partner or spouse” (Ribeiro-Silva Rde et al., 2016). This harm also includes “assaultive and coercive behaviors” (Holden, 2003). Globally, 30% of women ever partnered, experience physical and/or sexual forms of violence perpetrated by their partner (World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, & South African Medical Research Council, 2013).

Colombia has a population of 47.2 million people (CIA, 2017). For the past 50 years, the country has been plagued by conflict between the government and antigovernment groups, especially the Revolutionary Armed Forces of Colombia (FARC) (CIA, 2017). Throughout that time, roughly 5.7 million people have been internally displaced (UNHCR, 2015). In addition to issues surrounding the long running conflict, Colombia also has a high prevalence of both FIS and IPV. In 2010, “42.7% of households experienced some level of food insecurity” (Cuesta, 2014). Similarly, 26% of women experienced verbal abuse by a husband or partner, 35% were threatened

by a husband or partner, and 37% experienced physical violence at the hand of their husband or partner (Ochoa, 2011).

Recently, organizations like the UN World Food Programme (WFP) have started incorporating gender and women's empowerment into their programming. The rationale is that cash transfer, microfinancing, and skill building programs improve women's empowerment. However, there are conflicting theories about whether women's economic empowerment increase or decreases women's risk of experiencing IPV. Consequently, WFP has started conducting research to determine whether there is a positive or negative association between women's economic empowerment and IPV. There is limited research on this association, particularly in conflict and post-conflict environments. WFP chose Colombia as a study site due to the considerable number of internally displaced people (IDPs); particularly since displaced populations are known to have high rates of IPV. Consequently, WFP is working with smallholder farmers in Colombia to determine if an intervention to increase farmers' access to markets alone or couples with gender rights trainings, has an impact on women's empowerment and risk of IPV. This thesis is a sub-study of WFP's marketing intervention study.

Purpose

The purpose of this thesis is to understand Colombian women's experiences with household food insecurity and intimate partner violence. Additionally, it aims to identify ways in which household FIS and IPV lead to and/or exacerbate each other.

Objectives

The objectives of this study include:

1. Understanding how women in Colombia experience household FIS and IPV
2. Understanding how household FIS affects stress in the home and women's risk of exposure to IPV.
3. Understanding how IPV influences the food security status of the household.

Significance

With large proportions of the Colombian population experiencing household food insecurity and intimate partner violence, it is important to better understand how these two phenomena are associated; particularly since the presence of one may exacerbate the other. Such findings will assist with programmatic development, particularly in Colombia. Findings from this thesis will assist in expanding existing research on pathways between household FIS and IPV. Additionally, it will add to the regional diversity of the research, as limited research on this topic has been previously conducted in Latin America.

Definition of Terms

FGD	Focus group discussions
FIS	Food insecurity
IDI	In-depth interview
IDP	Internally displaced people
IPV	Intimate partner violence
NCCD	Non-communicable chronic disease
RCT	Randomized control trial
SES	Socio-economic Status
WFP	UN World Food Programme

Chapter 2: Comprehensive Review of the Literature

Introduction

Food insecurity and intimate partner violence are significant global health problems. Roughly 793 million people around the world experience FIS (UN Food and Agriculture Organization, 2015). Globally, 30% of women ever partnered, experience physical and/or sexual forms of violence at the hands of a partner (World Health Organization et al., 2013).

Colombia is no exception, with “42.7% of households [in 2010] experience[ing] some level of food insecurity” (Cuesta, 2014). Colombia also has the second highest rate of IPV in Latin America (Friedemann-Sánchez & Lovatón, 2012). In Colombia, 26% of women experienced verbal abuse by a husband or partner, 35% were threatened by a husband or partner, and 37% experienced physical violence at the hand of their husband or partner (Ochoa, 2011).

Extensive research exists on household FIS and IPV. However, it is only recently that researchers looked at how these phenomena are associated. For starters, they have similar risk factors, like socio-economic status. Additionally, it appears that pathways, allowing them to influence each other, exist. Household FIS leads to and/or exacerbates IPV through increased household stress or a perceived failure of women to complete their domestic roles. Similarly, IPV leads to and/or increases the severity of household FIS through economic abuse, the presence of mental health issues, or the act of a woman leaving an abusive relationship. Despite extensive research conducted on the individual causes and consequences of both household FIS and IPV, limited research has been conducted on these potential pathways between the two phenomena.

This literature review will first define food insecurity and intimate partner violence while briefly reviewing their risk factors and consequences. It will further review the literature that explores the

nuanced ways in which FIS and IPV impact each other. Finally, it will address gaps, both in terms of weaknesses in the existing literature and areas that have not yet been researched, and therefore, the relevance of this study.

Defining Food Insecurity and Intimate Partner Violence While Reviewing Risk Factors and Consequences of Each

Food Insecurity

The Food and Agriculture Organization of the United Nations (FAO) defines food security as a state “when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food which meets their dietary needs and food preferences for an active and healthy life” (UN Food and Agriculture Organization). Then by definition, the state of having limited or no access to nutritious foods constitutes food insecurity. As the FAO definition suggests, there are various ways in which households may experience FIS, particularly since household FIS lies on a continuum that ranged from food secure to severely food insecure (Coates, Swindale, & Bilinsky, 2007). One of the first indicators of FIS, is a household’s anxiety and worry over food, particularly around its procurement. Other household experiences of FIS include the worry of not having sufficient food and/or quality food (i.e. dietary diversity, fruits and vegetables, etc.) and having to reduce the amount of food and/or number of meals that household members consume (Coates et al., 2007; Coleman-Jensen, 2010).

Food security consists of four pillars and when any of the pillars are missing or not functioning properly then populations are at risk of experiencing food insecurity. These pillars include availability, access, stability, and utilization (MDG Achievement Fund, United Nations Albania, Ministry of Health, & Ministry of Food Agriculture and Consumer Protection). Availability refers

to the availability of sufficient food for the population and its needs (CIRAD; MDG Achievement Fund et al.). Access refers to the physical and economic access that individuals and households have for procuring food (CIRAD; MDG Achievement Fund et al.). Stability refers to a stable supply of food and the population's access to it (MDG Achievement Fund et al.). Reasons why stability might be affected include weather events that affect crop production or economic or political factors that affect prices of foods and/or household incomes (CIRAD; MDG Achievement Fund et al.). Utilization refers to the quality of the food, both from a hygiene and safety perspective (especially during production and manufacturing) and a nutrition perspective (i.e. macro and micronutrients, energy, dietary diversity) (CIRAD; MDG Achievement Fund et al.). Consequently, factors that could impede any of these pillars, like low SES, puts individuals and households at risk for experiencing FIS.

Household FIS negatively impacts the health and overall well-being of all those who experience it (Coleman-Jensen, 2010). Food insecurity has been linked to poor health outcomes for both children and adults. These include increased risk of obesity, chronic diseases, and child growth development (Coleman-Jensen, 2010). These health outcomes are due to the consumption of poor diets which impact energy and nutrient intake (Coleman-Jensen, 2010; Cook & Frank, 2008; Hackett, Melgar-Quinonez, & Alvarez, 2009; Heflin, Siefert, & Williams, 2005). Due to a lack of dietary diversity and nutrient deficiency, FIS has also been shown to impair mental health (Coleman-Jensen, 2010; Heflin et al., 2005). Mental health is affected by inadequate nutrient intake coupled with the persistent stress created by FIS (Heflin et al., 2005). Consequently, a strong association between FIS and depression has been reported (Coleman-Jensen, 2010; Heflin et al., 2005). It is important to note that directionality of the association between food insecurity and impaired mental health is not well known; impaired mental health could be both a consequence

and a cause of FIS (Heflin et al., 2005). Household food insecurity has also been shown to impact children's behaviors, development, and academic performance (Ashiabi & O'Neal, 2008; Whitaker, Phillips, & Orzol, 2006). These are only some of the more well established effects of FIS on household members.

Intimate Partner Violence

The Centers for Disease Control and Prevention (CDC) defines intimate partner violence as “physical, sexual, or psychological harm by a current or former partner or spouse” (Ribeiro-Silva Rde et al., 2016). Similarly, Holden (2003) defines it as “assaultive and coercive behaviors that adults use against their intimate partners.” Economic abuse is yet another form of IPV but is not included in the CDC definition. “Economic abuse refers to the denial of adequate access to financial resources, which typically refers to one partner in a relationship controlling and restricting access to finances by the other partner” (Ricks, Cochran, Arah, Williams, & Seeman, 2016).

There are various risk factors for intimate partner violence at the individual, relationship, community, and societal levels (Centers for Disease Control and Prevention, 2016). Most of the risk factors fall within the individual level. Some of them include: low income, young age, stress, depression, low education level, substance abuse, and unemployment (Anderson, 2002; Centers for Disease Control and Prevention, 2016). Additionally, the exposure of violence during childhood is a risk factor for future IPV perpetration (Brokaw et al., 2002). Risk factors at the relationship level include: conflicts and fights between couples, “economic stress, and unhealthy family relationships and interactions” (Centers for Disease Control and Prevention, 2016). At the

community and societal levels, risk factors include: low SES, normalization of IPV, and traditional gender norms (Centers for Disease Control and Prevention, 2016).

Intimate partner violence has negative mental and physical health consequences for those who experience it. Mental health consequences include depression, low self-esteem, suicidal thoughts or attempts, fear, anxiety, nightmares and sleeping problems (Anderson, 2002; Ansara & Hindin, 2011; Brokaw et al., 2002; Hernandez, Marshall, & Mineo, 2014; World Health Organization et al., 2013; Yount & Li, 2011). These mental health problems impact women's ability to carry out daily tasks and to care for their families. In addition to psychological consequences, there are also numerous physical effects of IPV. Short- and long-term pain and discomfort along with gynecological symptoms are consequences directly due to physical and sexual abuse (Campbell et al., 2002; World Health Organization et al., 2013). Chronic stress and anxiety caused by abuse lead to increases in illness and risk of obesity. They also lead to changes in behaviors, like physical activity and eating patterns (Campbell et al., 2002; Yount & Li, 2011).

Pathways Between Food Insecurity and Intimate Partner Violence

Cross-sectional studies, like that conducted by Ribeiro-Silva and colleagues in Brazil (2016), show that an association between household FIS and IPV exists. This remains true when income and education level are controlled for. With evidence that an association between household FIS and IPV exists, there is growing interest in understanding the pathways between the two phenomena. There are various pathways believed to link FIS and IPV. They include: (1) FIS creates household stress that decreases a family's sense of well-being and happiness, and increases conflicts that escalate between partners (Buller, Hidrobo, Peterman, & Heise, 2016; Power, 2006; Ricks et al., 2016; Schwab-Reese, Peek-Asa, & Parker, 2016); (2) men perceive food insecurity to be a

woman's failure of her role, putting her at risk for IPV (Power, 2006); (3) men control household funds and do not provide women with sufficient resources for purchasing food (Power, 2006; Ricks et al., 2016); (4) women are financially unstable after leaving an abusive relationship, increasing their risk for FIS (Power, 2006; Ricks et al., 2016); (5) women lose interest in food procurement and cooking due to mental health problems caused by IPV (Hernandez et al., 2014; Melchior et al., 2009); and (6) FIS and IPV have the same risk factors (i.e. socio-economic status) (Friedemann-Sánchez & Lovatón, 2012; Power, 2006; Ricks et al., 2016). Figure one depicts a conceptual framework that portrays these pathways between household FIS and IPV.

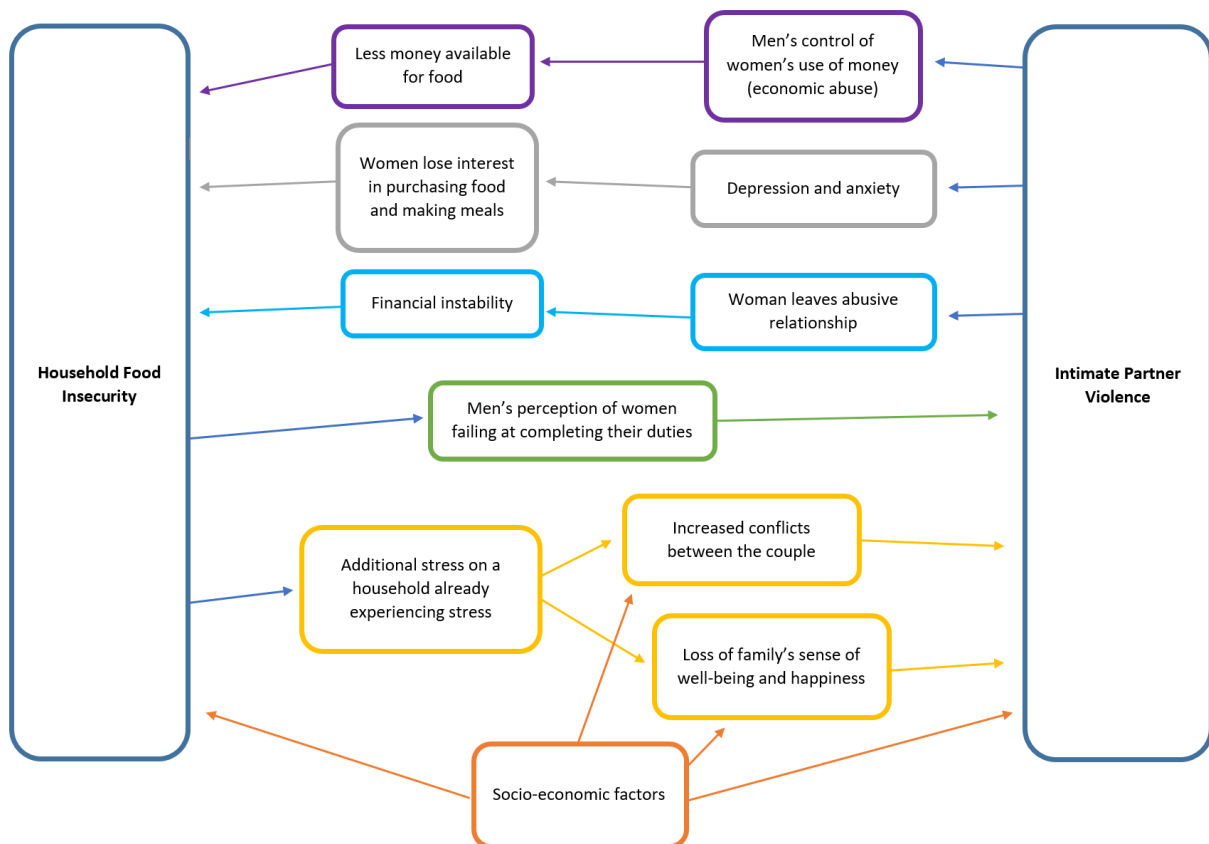


Figure 1. Conceptual framework for the relationship between household FIS and IPV

Stress

Household food insecurity often indicates severe economic and financial difficulties within a household. Financial constraints cause immense stress on household members, particularly on relationships between couples. Family stress theory, a theoretical framework, helps to understand and guide analysis on how stress impacts IPV. The framework proposes that crisis situations (IPV) arise from the combination of stressors (FIS), lack of resources to address the stressors, and a person's perception of the situation (Fox, Benson, DeMaris, & Van Wyk, 2002). Family stress theory is often used when analyzing how insufficient income and unemployment lead to violence between partners. It is equally applicable for understanding how stress caused by household FIS, an indicator of insufficient income, increases the risk of IPV. In addition to these theoretical frameworks, the following three studies showed how economic difficulties within households, including not paying bills and FIS, were “associated with increased odds of each form of physical IPV” (Schwab-Reese et al., 2016).

One such study explored whether there was an association between financial stressors and perpetration of physical forms of IPV (Schwab-Reese et al., 2016). For the study, the researchers conducted a secondary analysis of data collected in 2008 for the fourth and final wave of the U.S. based National Longitudinal Study of Adolescent to Adult Health. The participants ranged in ages between 24 and 32. This study only looked at data for participants who had been in a relationship in the 12 months prior to the survey. To assess IPV, the researchers focused on three forms of physical IPV: “making threats of physical IPV/minor physical IPV; severe physical IPV; and physical IPV resulting in injury” (Schwab-Reese et al., 2016). The survey asked participants to report the frequency with which they perpetrated each type of IPV. The scale of frequency ranged from “never” to “more than twenty times in the last year” (Schwab-Reese et al., 2016). To assess

financial stressors, it asked participants which of six types of financial stressors they had experienced in the past year. The six financial stressors included: “nonpayment of utilities for financial reasons, nonpayment of housing for financial reasons, fears of food unavailability [i.e. food insecurity], phone disconnected due to financial reasons, utilities turned-off due to nonpayment, and eviction from housing” (Schwab-Reese et al., 2016). The researcher’s analysis found that more women (27.7%) than men (22.9%) experienced at least one financial stressor, with more women (14.0% vs. 9.9%) reporting FIS (Schwab-Reese et al., 2016). Similarly, more women (20.2% vs. 10.1%) reported perpetrating minor and severe forms of IPV, however, more men (32.0% vs. 21.0%) reported causing injury to their partner (Schwab-Reese et al., 2016). During the analysis, the researchers adjusted “for gender, race, perceived health, neuroticism, alcohol use, and drug use” and still found a strong connection between financial stressors and physical IPV (Schwab-Reese et al., 2016). The odds of perpetration of physical IPV increased with each additional financial stressor that was experienced. Finally, “in the adjusted analysis, only food insecurity remained significantly associated with perpetration of only threats/minor physical IPV compared to perpetrating no IPV” (Schwab-Reese et al., 2016).

This second study expanded existing research by studying racial and ethnic differences in FIS and IPV and the association between them. Additionally, the study aimed to understand moderators of the association (Ricks et al., 2016). For their study, researchers utilized a sub-sample of data from women interviewed for the 1999-2001 and 2003-2005 California Women’s Health Survey (CWHS). To assess FIS, the CWHS used the 6-item USDA Household Food Security Module that measured food security, low food security, and very low food security. Similarly, the CWHS measured IPV using questions from the Conflict Tactics Scale. The questions measured participant’s experiences of any, minor, and severe physical IPV. The analysis showed that 14.14%

of women reported low food security and 7.46% reported very low food security (Ricks et al., 2016). Additionally, 3.7% of women reported any IPV, 3.0% reported minor IPV, and 0.8% reported severe IPV (Ricks et al., 2016). Roughly half of the women reported FIS for each level of IPV (any, minor, and severe). Among the women who reported severe IPV, 53% reported food insecurity with 31.5% of that being very low food insecurity (Ricks et al., 2016). Consequently, an association between FIS and IPV was found. This association remained when adjusted for common causes of FIS and IPV, including: age, race, education, employment, survey year, and poverty. The odds of experiencing IPV among women who reported low FIS were 2.01 times higher than the odds of experiencing IPV among women reporting food security. These odds were 4.93 times higher for women reporting very low FIS. The results suggested a dose response between household FIS and IPV; where women's risk of experiencing IPV increased with the severity of the FIS they experienced.

A third study used mixed methods to evaluate how different kinds of transfers (cash, food, and food vouchers) impacted "household dynamics and IPV risk of women" (Buller et al., 2016). The study took place in northern Ecuador, where the study population consisted of Ecuadorians and Colombian refugees. The researchers aimed "to investigate potential pathways through which the transfer programme had an impact on IPV" (Buller et al., 2016). The study, a six-month intervention program, consisted of a randomized control trial (RCT) and utilized in-depth interviews (IDIs) with women and focus group discussions (FGDs) with men and women. The RCT consisted of four groups: cash transfers, food transfers, food vouchers, and a control. Participants in the three intervention groups received monthly transfers contingent on their attendance at the nutrition workshops each month. The workshops covered "diet diversity and child and family nutrition" (Buller et al., 2016). The researchers conducted baseline and end line

face-to-face surveys with randomly selected households and “collected information on household characteristics, demographics, food security, education, and health” (Buller et al., 2016). The surveys also collected experiences of IPV from one women in each household. They assessed IPV using the WHO Violence Against Women Instrument and the Conflict Tactics Scale. The IPV questions focused on a woman’s IPV experience throughout her life as well as during the six months of the intervention. In conjunction with the quantitative component, a qualitative evaluation was conducted 21 months after the intervention. The qualitative evaluation consisted of 48 IDIs with women and eight FGDs with men and women. The study found that cash and in-kind food transfers created financial stability and increased food security within households. The financial stability and increased food security (1) decreased the couple’s need to negotiate daily money and (2) increased the family’s sense of well-being and happiness. Women noted that many conflicts with their partners arose due to insufficient household funds to “fulfill basic needs such as food” (Buller et al., 2016). Consequently, by increasing financial stability and food security, transfers reduced stress within the household and conflicts regarding money between partners. Similarly, the transfers allowed households to pay other bills and debts and to purchase needed goods and services. Alleviating the pressures of financial instability (i.e. paying bills and having sufficient food) decreased the sense of negativity and hostility between partners, ultimately improving the family’s sense of well-being and happiness and decreasing conflicts between them (Conger et al., 1990).

As family stress theory and these studies suggest, the stress created from household FIS leads to not only an increase in conflicts between partners but also an increase in the intensity of the conflicts, resulting in violence between the couple.

Perceived Failure of Role

Another potential pathway between household FIS and women's risk of IPV occurs in cultures with rigged gender roles and expectations, particularly when related to domestic work. In these cultures, purchasing sufficient food for the family is often seen as the woman's role. Consequently, men may view the absence of food in the household as the woman failing to meet her responsibilities. This perceived failure can lead to the perpetration of violence by her partner toward her (Power, 2006). More research is required to better understand how men's perception of a woman's failure in her role (i.e. household FIS), puts her at risk for IPV.

Economic Abuse

Economic abuse is one way in which IPV can increase the risk of household FIS. Economic abuse is a form of intimate partner violence, where a man controls the household finances and limits the woman's access to money. Consequently, she lacks sufficient resources to purchase adequate amounts of or high quality food; causing or perpetuating FIS (Power, 2006; Ricks et al., 2016).

The Power (2006) case report provided an example of this pathway through the experience of one Canadian woman. While conducting a qualitative study to look at "the experience of single mothers living on social assistance" (Power, 2006), one of the author's participants spontaneously reported experiences of physical, sexual, emotional, and economic abuse from her former partner. The woman shared how her husband controlled the household finances and did not allow her to work. He allocated \$400 per month for her, however, she required \$600 per month to run their household. Consequently, she had various coping strategies to stretch the money. She purchased foods with coupons and bought items in bulk to ensure food lasted. She cooked meals at home and changed recipes so they lasted. Additionally, she would "serve herself and her kids meals of lesser

quality and quantity” (Power, 2006). She noted that her husband did not feel the effects of FIS like she and her children did. As demonstrated in the case report, this pathway suggests that IPV may, in fact, be a risk factor for household FIS.

Leaving an Abusive Relationship

Leaving an abusive relationship can increase women’s risk of FIS. After leaving abusive relationships, women often lack financial resources. This lack of resources forces them to rely heavily on assistance from family, friends, and social programs. Such financial instability puts them at risk for FIS (Power, 2006; Ricks et al., 2016). Limited research on this pathway exists.

Mental Health

Another way IPV may create and/or exacerbate household FIS is through mental health problems. IPV causes psychological disorders, including anxiety and depression, that negatively impact women’s ability and motivation to purchase and prepare foods for the household. This puts them and the household at increased risk for FIS. The following studies have looked at ways in which mental health disorders mediate the association between IPV and household FIS.

One study aimed to explore the role maternal depression plays on the relationship between IPV and FIS (Hernandez et al., 2014). In this study, the researchers conducted a secondary analysis on data from the Fragile Families and Child Well-being (FFCW) study and In-Home Longitudinal Study of Preschool Age Children (a subsample of families from the FFCW study). Unmarried parents from 20 cities in the U.S. who had a child born between 1998 and 2000 participated in these studies. The researchers interviewed parents, separately, shortly after the birth of their child and again when the child was one, three, and five years old. Hernandez et. al. (2014) analyzed data from mothers in the FFCW study who had also completed the In-Home survey when their child

was three and five years old. The survey measured food security using the USDA 18-item scale to look at quantity and quality of food over the past year. It measured depression using the Composite International Diagnostic Interview Short Form (CIDI-SF), Version 1.0 (Hernandez et al., 2014). To measure IPV, the survey asked mothers if they had “experienced physical abuse, sexual abuse, or restrictive and controlling behaviors from either the child’s father or their current partner” in the past 12 months (Hernandez et al., 2014). The researchers found 16% of women experienced IPV, 19% of women experienced depression, and FIS in 14% of households (Hernandez et al., 2014). Of food insecure households, 24% of women experienced IPV and 36% experienced depression. Similarly, of those who experienced IPV, 21% reported FIS and 31% experienced depression. The researchers used longitudinal multivariate logistic regression models to look at the association between (1) IPV and FIS, (2) IPV and depression, and (3) FIS and depression. In all three models, maternal and household characteristic data were controlled for. These data included “mothers’ age, race/ethnicity, education level, employment status, relationship status, household income, and number of children in the household” (Hernandez et al., 2014). They found that women experiencing IPV were 1.22 times more likely to experience FIS and 1.44 times more likely to experience depression compared to those not experiencing IPV. They also found that women suffering from depression were twice as likely to experience FIS compared to those not experiencing depression. In addition to the association between IPV and FIS, the study found that women experiencing IPV or FIS were more likely to experience depression. Thus, the study suggests that depression is a mediating factor in the relationship between IPV and food security. IPV may cause women to experience depression, impacting their ability to procure and prepare foods, resulting in household food insecurity (Hernandez et al., 2014).

The second study explored the role of maternal mental health in household food insecurity (Melchior et al., 2009). For this study, researchers conducted secondary data analysis from the Environmental Risk (E-Risk) study. British families who had twins born between 1994 and 1995 participated in the E-Risk study with baseline surveys administered in 1999-2000. Follow up interviews took place in 2001-2002 and 2005-2006. To evaluate maternal mental health, the researchers looked at women's experiences of depression, psychosis spectrum disorders, alcohol and drug related problems, and IPV. The study assessed depression and psychosis spectrum disorders using the Diagnostic Interview Schedule. The Short Michigan Alcoholism Screening Test and the Drug Abuse Screening Test assessed alcohol and drug related problems. The Conflict Tactics Scale assessed IPV and the USDA 7-item scale assessed FIS. The researchers recognized a correlation between families from lower socio-economic status (SES) and an increased likelihood to experience FIS. They controlled for this by only looking at low-SES families and comparing those who were food insecure with those who were food secure. They found that among families of low SES status, mothers who experienced depression, a psychosis spectrum disorder, or IPV were more likely to head food insecure households. In fact, "more than two thirds of mothers from persistently food-insecure families experienced a mental health problem or domestic violence, and 29% experienced 3 or 4 such problems" (Melchior et al., 2009). By controlling for income, researchers established an association between maternal mental health and FIS, independent of SES. In their discussion, the researchers theorized that maternal mental health, primarily depression and psychotic disorders, may impact household FIS. These disorders impact women's drive and motivation to carry out routine tasks like grocery shopping and cooking, affecting the household's food security status. Similarly, IPV causes a woman to "lose [her] sense

of control over the household and [become] preoccupied by intense fear,” impacting her ability to procure and prepare food (Melchior et al., 2009).

Both studies researched how maternal mental health mitigates the association between IPV and FIS. IPV may lead to or exacerbate mental health problems, such as anxiety and depression, in women. This affects their ability to manage household financial resources and/or undermines their motivation and desire to complete tasks such as purchasing and preparing food, therefore, increasing the risk for household FIS (Hernandez et al., 2014; Melchior et al., 2009; Ribeiro-Silva Rde et al., 2016).

Socioeconomic Status

Low SES, a risk factor for both household FIS and IPV, makes it difficult to study the relationship between the two phenomena (Power, 2006; Ribeiro-Silva Rde et al., 2016; Ricks et al., 2016). Additionally, mediating factors in the association of these two phenomena, like depression, are more commonly experienced among families of low SES (Casey et al., 2004). Studies show that poverty increases the risk for FIS and IPV, particularly physical violence (Friedemann-Sánchez & Lovatón, 2012; Ricks et al., 2016). Like household FIS, low SES can amplify conflicts between partners and decrease a family’s sense of well-being, leading to IPV. Consequently, one pathway causing the association between FIS and IPV may be that there is a higher prevalence of both phenomena among lower income households.

Gaps in Research

To date, the association between household FIS and IPV has limited documented research. This literature review discovered six publications that examined how IPV and household FIS impact each other. Half focused on how FIS leads to increased risk of IPV while the other half looked at

ways in which IPV leads to FIS. There were no studies that specifically explored how perceived role of failure impacts IPV risk or how leaving an abusive relationship impacts risk of household FIS. Consequently, additional research on each pathway is required for clear understanding of the association between household FIS and IPV. Additionally, the researched lacked regional diversity. Four of the studies were conducted in North America, one in Britain, and one in South America (Ecuador). One study was conducted in Brazil, but this study only looked at the association between FIS and IPV, not the potential pathways between them. Of the studies found, three were secondary analysis of longitudinal quantitative studies, one a secondary analysis of a cross-sectional study, one a case study from a qualitative interview, and another a mixed-methods RCT. This, too, showed a lack of diversity in the types of studies conducted on the topic. While quantitative studies can assist in determining the prevalence of household FIS and IPV and their association, qualitative studies help to best understand the interrelationship between the two phenomena; answering how and why they influence each other.

Colombia has high prevalence of both household food insecurity (42.7%) (Cuesta, 2014) and intimate partner violence (26% verbal, 37% physical) (Ochoa, 2011). Such high prevalence warrants a better understanding of the ways in which these two phenomena may be affecting each other, particularly when the same populations are at risk for experiencing both household FIS and IPV. Increased knowledge of the relationship between the two phenomena, allows for more effective programming aimed at reducing the prevalence of both.

Chapter 3: Methodology

Study Design

This cross-sectional qualitative research study sought to understand the perspectives of women from smallholder farmers' associations on their empowerment within their household, household food security situation, stresses that they and their partners experience, and perspectives on intimate partner violence. In-depth interviews (IDI) were used to explore women's individual perspectives, while focus group discussions (FGD) were used to understand community level perspectives on women's roles and leadership positions within the associations. The study was conducted in the context of a larger randomized control trial that was a collaboration between WFP, Emory, UN Women, and the Colombia National University. The RCT aimed to evaluate the effectiveness of a market intervention and a market intervention plus nutrition and gender trainings, in increasing women's economic empowerment, household food security and reducing women's risk to IPV. The research presented here reflects the findings from a purposive sample of six in-depth interviews.

Data Collection Sites

Cauca and Caquetá were chosen as data collection sites in collaboration with local partners because these departments would ensure racial/ethnic diversity within the study population, and did not pose major security concerns for travel or accessibility. Cauca has a primarily indigenous and Afro-Colombian population, whereas Caquetá has a primarily 'mestizo' (mixed) population. It was important to capture the various racial/ethnic diversities present in Colombia since women of different racial/ethnic backgrounds may have different experiences with IPV, food security, and stress.

Participant Selection and Recruitment

In-depth interviews were conducted with one to two women per association. Associations were selected after consultation with coordinators and supervisors from WFP's field team. The segmentation of associations based on intervention type, gender composition, and geographic department, was chosen to ensure that all possible perspectives, both individual and community-level, were captured in IDIs and FGDs. Association characteristics and travel logistics, in addition to the segmentation criteria, guided the selection of associations for qualitative data collection. Characteristics considered included: (1) ease of communication between WFP and association leaders and (2) association location. The selection of 14 associations allowed for potential nonparticipation and no-shows while still obtaining adequate participant heterogeneity. Once associations were selected, WFP's sub-offices contacted the legal representatives or presidents of each association and explained the purpose of the work that was to be conducted with the association, the eligibility criteria for the women, and proposed a date and time for the meeting to take place. Inclusion criteria for women included being between 18 and 60 years old, an active member of an association participating in the marketing intervention, and currently married or living with a partner. Women were recruited from 14 associations. The legal representative or president contacted women who met eligibility criteria and asked them to attend the meeting with WFP and interviewers. Consequently, all women were recruited the week prior to data collection. Once all women were present at the meeting and introductions had taken place, data collectors explained the research study and procedures and invited women to participate in either a focus group discussion or an in-depth interview.

Sample Sizes and Stratification

To ensure saturation, a total of 22 women were interviewed and 14 FGDs were conducted. In addition, the researcher took notes on topics covered in each interview at the end of the day to ensure that saturation was occurring. IDIs were stratified by intervention arm. Stratifying by intervention arm will allow the research team to understand differences, if any, between the marketing intervention only and the marketing intervention combined with gender rights and nutrition trainings when compared to end line interviews. To address the study aims, the research team also sought to purposively include women based on food security status to analyze potential differences in perceptions and experiences of IPV. However, due to logistical time constraints, preselection of women by household food security status (i.e. secure, mildly insecure, moderately insecure, and severely insecure) did not take place. Rather, FIS status was assessed during interviews.

Data Collection Tools and Piloting

IDIs allowed for the exploration of women's individual views on their inclusion in household decision making practices, the food security status of their household, stressors that they and their partner experience, and their experiences with IPV. Drafts of the data collection instrument were reviewed by local partners to ensure that essential topics were included and adequately probed and that questions were relevant in the study context. After the guide was finalized in English, it was translated into Spanish. The Spanish version of the guide was reviewed by WFP's bilingual gender specialist to ensure grammatical and cultural appropriateness and meaning.

Piloting of the IDI guide took place in Nariño. The department of Nariño was selected by WFP since female members of farmers' associations within Nariño share similar experiences with those

in Cauca and Caquetá, where data collection occurred. WFP's sub-office in Pasto selected three associations to participate in the pilot. A total of three individual in-depth interviews were conducted in Spanish, providing adequate piloting of each guide. Revisions to the guide, in the form of rewording and consolidating questions and the addition of probes, were made based on confusion with questions that women had during piloting. Women were asked at the end of each interview: *"How did you feel about the questions that I asked?"*, *"Were the questions respectful?"*, *"Did I ask about topics that were important to you?"* Overall, major revisions were not needed as women reported that the questions asked were appropriate and that there were no topics of major importance missing.

Conducting In-Depth Interviews

One interviewer trained in qualitative research methods and fluent in English and Spanish collected qualitative data. All IDIs were conducted in Spanish and digitally recorded with the participants' express permission. Interviews took place in a private location selected by the associations and approved by the interviewer. Often, the location was an association's regular meeting space or an association member's house. At either location, a private room or section of a patio, away from other people, was used to conduct IDIs. Prior to beginning the interview, each participant was asked if they were comfortable with the location that was chosen. A new location was found if a participant did not feel comfortable or did not feel that the space was private enough; only one participant asked to move into a different room that she felt was more private. If interruptions occurred, the conversation was paused until the interrupter left the space. At the beginning of each interview, the interviewer explained the purpose for the interview, verified participant eligibility, explained the benefits, risks, participants' confidentiality, voluntary participation, and answered any questions from participants. Consent to participate in the study and to be recorded was gained

from each participant. Once each participant consented, additional explanation on the protocols for the interview was provided and the recording was started. To ensure proper documentation, consent to record and participate was taken once more from each participant upon starting the audio recording. Each IDI was scheduled to take an hour. After IDIs were completed, participants were asked additional questions about the foods that were consumed within their household during the previous seven days to estimate a diet diversity score for their household using WFP's Food Consumption Tool. These additional questions took approximately 20 minutes to administer. Once interviews were finished, each participant was given a referral list for IPV services in Colombia. To ensure women's privacy and safety and to mitigate potential stigma associated with IPV, this list was designed such that anyone not participating in the study who saw the list would assume it was for general women's and family health services.

Observations

The interviewer made extensive observations of body language during the interview and noted these in field notes after each IDI. Examples of observations include: "*when asked if she had seen physical violence occur in the community, she became very quiet and began talking very softly*" and "*lowered her head and talked softer when describing the difficulties, she encounters when providing food for her family.*" These types of observations allowed for the recording of important visual cues that occurred during an interview but that would be missed in the recording. These cues added additional context to the responses that women provided.

Ethics and Informed Consent

All protocols, tools and informed consent procedures were reviewed and approved by review boards at Emory University. Women's information was anonymous, has been kept confidential,

and has been de-identified within transcriptions. Women's participation was completely voluntary. Women had the ability to terminate the interview at any time, refuse to answer questions, and take breaks, which was particularly important due to the sensitive nature of the interview topics. Less sensitive closing questions about foods consumed within their households were asked at the end of each interview and allowed women to refocus after discussing sensitive topics and sharing deeply personal information. When interruptions occurred during the interviews, the conversation was paused and the data collector asked the person to leave.

Transcription / Translation

Verbatim transcriptions of audio recordings were completed using Express Scribe Transcription Software. Interviews were transcribed verbatim into Spanish and then translated into English. The interviewer and two research assistants transcribed and translated a total of six IDIs. Participant information was deidentified in transcripts to ensure participant confidentiality.

Iterative Process

In qualitative research, the iterative process is the process by which one repeatedly reviews their existing data and, based on that data, modifies their research tools or approach to enrich the quality of future data that they will collect. The iterative process is essential to qualitative research because it promotes the saturation of research themes.

Reflections on IDIs from the first round of data collection led to additional questions and probes around other forms of food insecurity that women and their households may experience (such as *“tell me about a time when there wasn't enough money to purchase food”*, *“tell me about a time when there wasn't sufficient food in the household”*). This allowed the interviewer to better understand nuances and obtain depth of the experiences of FIS that women and their households

were sharing. Preliminary themes were assessed by reviewing notes taken throughout data collection and re-listening to recordings of interviews.

Data Analysis

Due to time constraints, six interviews were selected for transcription, translation, and analysis. To analyze differences between IPV and FIS, three interviews with women who had experienced IPV and three who had not experienced IPV were selected. Interviews were primarily selected from the second wave of data collection since those interviews contained richer FIS data. After transcription and translation of IDIs, English transcripts were annotated. This allowed for initial observations, analysis, and potential codes to be noted. After reviewing the English transcripts, a codebook containing both inductive and deductive codes was developed. The codebook continued to evolve throughout the coding process. All English transcripts were coded in MAXQDA software. Descriptions on experiences around participant's worries, worries of participant's partners, FIS, and IPV were written. Experiences with IPV were cross analyzed with experiences of FIS, household decision making, and communication between partners.

Chapter 4: Results

Introduction

The purpose of this study was to (1) understand rural Colombian women's experiences with household FIS and IPV and (2) identify ways in which household FIS may increase household stress and put women at risk for IPV. Recognizing that household FIS may not be the only stressor for the household, participants were also asked what worried them and what they believed worried their partner. A total of six English transcripts were analyzed. Descriptions of the women's experiences were created for: worry (hers), worry (his), food insecurity, intimate partner violence, communication between partners, and household decision making. Afterward, a cross-comparative analysis was conducted looking at FIS, communication, and decision making based on whether women had experiences of IPV. A cross-comparative analysis based on experiences of FIS was not conducted because all participants experienced food insecurity, either with their former partner, current partner or both. Below are the descriptions for the six types of experiences and the results from the cross-comparative analysis.

Experiences of Worry, Food Insecurity, Intimate Partner Violence, Communication between Partners, and Household Decision Making

Worry (Hers)

To understand stressors that might cause tension in the household, the women were asked about their worries. Below are their worries, how they affect them, and their coping strategies.

Experiences of Worry

The participants reported worrying about various topics. Two women worry about how FIS affects their children. One woman said that adults have tougher spirits than children, especially when it

comes to enduring hardships like FIS. The other woman worries about how not providing a balanced diet affects her sons since they are studying and require more food: *“but to me that they’re studying, that affects them more”* (45-year-old woman, experienced IPV). One woman worried about losing the rights to her land. She worried that she would either be forced to sell her land or that it would be taken away. *“And that is my worry...to know that one day I could be left with nothing”* (36-year-old woman, experienced IPV). Another participant reported worrying about her family’s lack of financial resources. *“The money isn’t enough or because [the] money is tied to debts...we always have a debt to pay”* (24-year-old woman, did not experience IPV). *“One has an indefinite amount of [debt]”* (32-year-old woman, did not experience IPV). Two women reported worrying about the country’s current healthcare situation and its impact on their families. One woman has a daughter with severe health issues. She talked about how their insurance is often delayed. She worries about not receiving doctor authorizations and medications in a timely manner and the impact of this on her daughter. The other woman worries about the country’s healthcare situation in relation to her husband’s health. Fighting with the healthcare system about supplying her husband’s medications occupies a great deal of her time. She too worries of the impact of healthcare system delays on her husband’s health. Two participants worry about their children’s education. One woman worries about her son falling behind in his studies and losing a year. She partially blames herself for prioritizing work and neglecting her boys’ studies. The other woman reported worrying that she *“can’t fulfill [her children’s] needs to continue studying”* (45-year-old woman, experienced IPV). Additionally, she worries about what will happen to them if they don’t finish their schooling. *“I’ve seen a lot of people here that they’ve stopped studying and they’re... (participant snuffles) they’ve taken paths that they shouldn’t have picked”* (45-year-old woman, experienced IPV).

Consequences

There are many ways in which the women's worries affect their lives. One woman mentioned that she is unable to relax because of her worries. Similarly, another participant has anxiety that causes her to *"eat a lot and not eat good things"* (42-year-old woman, did not experience IPV). Three women mentioned that their worries cause them stress, making them feel powerless and drained. *"One feels like powerless like that I'm not capable"* (45-year-old woman, experienced IPV). Another participant reported her worry causing her reactions toward others to escalate. She told a story about how she yelled at her son while trying to help him with his studies. *"I started to like yell at him and no, I saw that I made a mistake and that wasn't the way"* (32-year-old woman, did not experience IPV).

Coping Strategies

Women had different coping strategies for managing the effects of their worries. One woman said she does not lose hope and that she *"continue[s] moving forward, I don't I don't pay too much attention to this"* (36-year-old woman, experienced IPV). Religion is a coping mechanism for three participants. Their faith in God provides them hope. *"God does not abandon us"* (24-year-old woman, did not experience IPV). *"I believe, I trust in God"* (45-year-old woman, experienced IPV). Another woman reported changing and becoming more involved with her boys' studies to help them succeed. One participant discussed how she manages her stress and anxiety by keeping her *"head busy"* (42-year-old woman, did not experience IPV) through physically activity. When asked what she does when she is worried, one participant said, *"well the truth, one does nothing because what can you do? Nothing"* (24-year-old woman, did not experience IPV).

Worry (His)

To understand other stressors that might be causing tension within the household, the women were asked about their partners' worries. Below are the worries their partners have, how these affect them, and how they cope with them.

Experiences of Worry

Four women reported that their partners worry about economic issues. One partner worries about investing in his partner's land and losing it since he does not co-own the land with her. Another partner worries about losing his job due to the physical limitations that he suffers because of an accident he had. Two partners worry about the lack of financial resources available for their households. One worries about not having enough money to support his dependents: his current partner and her two daughters, his sister, and his children from his previous partner. The other worries about not being able to purchase items that the family needs, especially those for his daughter. One participant did not know what worried her partner *"because he's like this [quiet], we don't share much so no...I don't know"* (45-year-old woman, experienced IPV).

Coping Strategies

Four women said that their partners become quiet and want to be alone when they are worried. They do not discuss their worries with the women. *"He's worried about something and he's like quiet and sometimes he shows anger or things like that"* (32-year-old woman, did not experience IPV). *"He finds it difficult to express his feelings. He's a person who is very very...he guards everything"* (42-year-old woman, did not experience IPV). *"Normally he gets in a bad mood...and doesn't want to talk"* (24-year-old woman, did not experience IPV). Another woman reported that her partner feels better when he can assist her with work and be supportive.

Food Insecurity

All participants reported worrying about FIS and reported experiences of it in some capacity. Five women currently experience it. One woman experienced it with her former partner, but is not currently experiencing FIS. Below are the ways in which the participants experience FIS, cope with it, and the effects that it has on them and their households.

Experiences of Food Insecurity

The women reported experiencing food insecurity in diverse ways. All six women reported times of not having sufficient money to purchase the food that they wanted. They noted that money would run out at the end of the month. *“Sometimes the end of the month comes and they don’t pay him [her partner]”* (32-year-old woman, did not experience IPV). The other women discussed how they always have food to eat but it is not always what is preferred *“While we never go without, it’s not what we want”* (42-year-old woman, did not experience IPV). *“Having a full stomach is one thing and another thing is to nourish oneself...we eat what is necessary because there is not enough [money] for more”* (24-year-old woman, did not experience IPV). The women discussed how preferred and healthy foods, like fruits and vegetables, are expensive. *“Well, one goes to the market and has to try to look for the cheapest thing because food is very expensive”* (45-year-old woman, experienced IPV). *“There isn’t enough money to buy what is enough...one buys what is necessary...we don’t have the money to buy fruit, to buy vegetables”* (24-year-old woman, did not experience IPV). One participant discussed how her husband requires a healthy diet due to his bad cholesterol but they cannot afford such a diet. Only one woman reported experiencing hunger. This took place during a *“more critical”* (45-year-old woman, experienced IPV) time when she was living with her former partner.

Coping Strategies

Women reported various strategies for coping with FIS. Four women reported seeking assistance from family, friends, neighbors, and community members. One woman sought help from her mother when she was “*economically squeezed*” (33-year-old woman, experienced IPV) and had difficulty accessing food. Another woman sought assistance from her aunt to ensure that her children do not go to bed hungry. Two other women reported borrowing money from relatives or neighbors to purchase food. As one participant said, “*we ask relatives that have more immediate opportunities, a neighbor that has more resources and so they do you the favor...they collaborate*” (24-year-old woman, did not experience IPV). One participant receives assistance from her church when her family is going through a difficult period. Another coping strategy the women utilize is consuming foods produced on their farms. For example, consuming crops such as yucca, plantains, and tomatoes, eggs from hens, and hens for meat. One woman said, “*and if one doesn't have meat, I have the hen so one...well I I kill one and well I make it for the meal*” (32-year-old woman, did not experience IPV). Another woman said, “*well if there's no money for the market well the farm gives us food...there's hen, bananas, yucca*” (36-year-old woman, experienced IPV). Another coping strategy reported, was purchasing items, particularly grains, in bulk. This helps to ensure that they have food until the end of the month. One woman reported rationing food until they have enough money to purchase more. Another participant reported inventing soups with the ingredients that she has -- “*so when there's not, well enough to prepare a meal, the typical thing that one always prepares...ah well, one invents a soup*” (32-year-old woman, did not experience IPV). She said that while the invented soup is not the best meal, it does mean that her children do not go to bed hungry.

Effects

Three participants reported ways FIS affects them and their families. One participant said, “*well it always produces a lot of stress*” (33-year-old woman, experienced IPV). Another woman said that her ten-year-old son’s “*weight is very high...it’s that the food, there’s no balanced diet, I mean he’s always eating the same thing*” (45-year-old woman, experienced IPV). She discussed how she knows that her sons require a balanced diet. She wants to provide this for them but she’s unable to due to limited financial resources and the cost of healthy foods. She also mentioned that having to borrow money for food and getting assistance from the church makes her feel powerless and it upsets her. A third participant discusses how it makes her uncomfortable when she cannot afford certain foods:

“No, well it is difficult because the task is on me to buy groceries because my husband gives me the money and says you go and buy with what there is. It is difficult because one says let’s buy this and there isn’t enough and it is extremely uncomfortable because one says there wasn’t enough for more” (24-year-old woman, did not experience IPV).

Intimate Partner Violence

All the women were asked about their opinions of intimate partner violence. They were then asked if they had personally experienced forms of IPV. Below are the women’s general thoughts on IPV, including why it happens, the concept of intervening / meddling, victim blaming, and firsthand experiences of IPV by three of the participants. The three women who experienced IPV discussed how they left the abusive relationship they were in, the consequences the experience has had on them, and why they believe their partners perpetrated violence toward them.

General Thoughts about IPV

All participants were asked how they felt when forms of IPV occurred to couples within their community. One woman said *“we [women] work a lot and we’re the main laborer of the house and it’s not right that they hit us”* (36-year-old woman, experienced IPV). The women discussed reasons why abuse happens and what they do when they witness it.

Causes

All women had ideas about why abuse happens within a relationship. One woman believed that men abuse their partners because they feel that they are in charge and can do whatever they want to women, especially behind closed doors. Another woman said that abuse occurred when men were proud and sexist. Another participant believed that men perpetrated economic abuse to manipulate their partner. A fourth participant noted that abusive men likely grew up in an environment where violence was acceptable. She noted that it could also be due to the *‘machista’* culture. One participant discussed how *‘machista’* men tend to *“think they are above us and that they are worth more and so we are less so they can do whatever they want with us”* (24-year-old woman, did not experience IPV). She also discussed how a lack of communication between a couple could lead to abuse. She also noted that abusive behavior can occur when men are drunk and neglect their familial responsibilities. She was the only participant who mentioned that women could also be perpetrators of abuse. She said that abusive women were stubborn and wanted things their way and only their way.

Intervening / Meddling

Four participants discussed the topic of intervening / meddling when they witness or know of an abusive relationship. One participant discussed how she calls the police if she witnesses abuse

occurring, but only if she feels safe and anonymous. If someone could see her meddling or if it would cause problems, then she will not make the call. This is because the community views intervening as being nosy. *“That’s [intervening] seen as nosy so one stays quiet and doesn’t say anything because well...they aren’t heard”* (36-year-old woman, experienced IPV). Another participant discusses how she should not get involved in personal affairs but will if an abused family member confides in her. A third participant said she wants to intervene when she sees abuse happening but she does not. She explains why:

“On one occasion, I heard that the neighbor was hitting his wife one or multiple times...so I...I never even called the police...and the [next] day they left holding hands...and I decided...why is this? Why would I get into trouble if the next day they go about like nothing happened? So...I said no, I won’t do that. When they ask for help this is a different thing...but...but no, I’ve never meddled” (42-year-old woman, did not experience IPV).

A fourth participant had similar thoughts saying that when one sees *“a man is yelling at a woman and one tries not to pass by, or not to get involved”* (24-year-old woman, did not experience IPV). She believes that if a couple can communicate then they *“will avoid reaching an extreme of hitting or something like it”* (24-year-old woman, did not experience IPV).

Victim Blaming

While sharing their opinions on why abuse occurs, some participants blamed the victims. One participant, who previously experienced IPV, talked about a family member who had an abusive partner. *“I don’t know why she doesn’t leave him”* (33-year-old woman, experienced IPV). She reported that she tries to help *“but what is it going to help for more people to get involved if she’s the one who has the solution?”* (33-year-old woman, experienced IPV). She goes on to say:

“...but the solution is in her, she has to value herself like, I mean, value herself as a woman, value herself as a person, value her son because she has a child, that’s not an example for her child and she is a hard-working person and she can live by herself, they don’t need him [the partner] for that but no...she likes being here [the relationship], now it’s her problem. It makes one angry with her as well for not leaving these things [the situation] behind” (33-year-old woman, experienced IPV).

Another participant believes abuse happens because women allow it to. This insinuates that if the victim had not allowed the abuse to occur then it would not have happened. Similarly, another participant discussed how a woman who stays with an abusive partner is allowing the abuse to continue. *“I don’t understand how a woman...lets herself get hit”* (42-year-old woman, did not experience IPV). This same participant also discusses how her mother taught her to never allow a man to hit her. She was taught that if she allowed it to happen once then it would continue. Instead, her mother taught her that if a man hit her, she should defend herself and respond in the same way. While this participant discusses how a woman allows abuse to happen, she also states: *“many times...they stay there...not because they like it but because they see the necessity to stay. There are women who don’t have another option”* (42-year-old woman, did not experience IPV).

Firsthand Experiences of IPV

Three women reported experiencing one or more forms of IPV with former partners. All three women reported experiencing physical and verbal forms of IPV; one of them also reported economic abuse. One women, experienced and perpetrated IPV against her partner.

One participant shared that her former partner hit and verbally abused her. *“He treated me badly and hit me and made me feel the worst”* (36-year-old woman, experienced IPV). Here she describes the verbal abuse that she endured:

“[One’s] partner starts in on one that he’s the boss of one, that one is this, that one...that you’re ugly, that you’re that that you...that you already have children that you already have...you already have spider veins, you already have a blemished face, who will want you and with children...I mean like the self-esteem to you like they take it from you and you feel...you feel ugly because of the words he tells you” (36-year-old woman, experienced IPV).

In addition to physical and verbal abuse, she also reported experiencing economic abuse. *“He didn’t let me work he didn’t let me study so I didn’t have...money”* (36-year-old woman, experienced IPV). He managed the house. She also could not go to the store in case the shop woman said something about the evidence of abuse. Since he had not allowed her to work or to study, she did not have any money when she left him.

A second woman discussed how a fight escalated into her ex-husband kicking her shoes, causing her to fall. Two years after this incident, the couple had another fight that escalated into abuse, however, this time she was the perpetrator. She explained how during the fight she insulted and hit her husband. *“Everything stacked up...I mean I was so enraged that my only way to react was that [hitting and insulting him]”* (33-year-old woman, experienced IPV). During the fight, her ex-husband threatened to hit her if she came back. They no longer live together, but they still interact because of their two daughters. She reported that they continue to have a tumultuous relationship, particularly when he is upset. For example, he will tell their oldest daughter that her mother (the

participant) has abandoned her. Similarly, he threatens to take their daughters away when he is angry.

The third participant briefly talked about her experiences with IPV. She said that her former partner used to hit her: *“he would find anything to hit me”* (45-year-old woman, experienced IPV). She discussed how when she was with him she felt like she could not move. *“He would look for a way for us to fight so I couldn’t tell him anything”* (45-year-old woman, experienced IPV). When she left the relationship, he pursued her and threatened that she had to come back and that she would not find anyone else.

Leaving an Abusive Relationship

The participants have since left their abusive partners and are with new partners. The participants shared the story of how they left the abusive relationship. They all discussed reaching a point where they had enough and decided to leave.

One woman discussed how she did not leave earlier because she did not want to take her son away from his father. She also felt trapped since she did not have a way to call her family. Due to the abuse, she lacked financial resources and did not think her neighbors would help, saying *“no one is going to loan me anything”* (36-year-old woman, experienced IPV). Ultimately, she reached a point where she feared for her life *“because he told me that he’s going to kill me”* (36-year-old woman, experienced IPV). She decided to leave while her partner was away on a trip. She made a complaint to an agency and said that she did not want to live with him anymore. She co-owned the farm with him and fought to keep the part of the farm that included the house. Her ex-husband gave her the house and part of the land, but not all that she was entitled to. She did not fight for the rest because *“the fear didn’t allow me to claim what belonged to me”* (36-year-old woman,

experienced IPV). She noted that the difficulty in leaving an abusive relationship is that one thinks that *“if you leave that man that you’re going to die...you’re going to die because you won’t find work because no one will love you or that you’re not going to find another man...that your children will abandon you, all these things”* (36-year-old woman, experienced IPV).

A second participant reported that she and her ex-husband once had a serious altercation. She stayed for an additional two years after this because she depended on him, especially since they have a daughter with health issues. During those years, she felt more like a friend than a wife. She became tired of living that way. She tried to leave twice before but he would not let her. She left after they had another serious altercation. This time she was the perpetrator. *“I insulted him, I hit him, I mean I was so enraged that my only way to react was that”* (33-year-old woman, experienced IPV). She explained that the situation could have been avoided if she had left the relationship earlier. She stayed because she did not have anyone to support and advise her on leaving the relationship.

A third participant moved to a new city with her sons to escape an abusive relationship. They lived with her cousin. She discussed how her ex found them and called and threatened her to come back. He eventually left them alone. Five years later she returned to the town with her two boys.

Consequences

One participant talked in detail about the consequences of the IPV she experienced. To this day, she remains fearful. She becomes particularly afraid when a man, any man, becomes upset. She’s scared that the man’s anger will escalate and he will hit her. *“I always have the fear...I mean I’m left with the fear”* (36-year-old woman, experienced IPV). She discussed how she felt trapped in the house because she could not leave after she had been beaten. *“I was always left beaten and I*

was always trapped for several days in the house crying...without eating...and and well I made the food, did the house chores” (36-year-old woman, experienced IPV). Another woman mentioned that the insults she endured from her former partner lowered her self-esteem.

Causes

Two participants provided a few reasons for why their former partners were abusive. One woman noted her husband’s lack of education and *“purely rural life”* (36-year-old woman, experienced IPV) as reasons for his abusive actions toward her. She also noted that he was an aggressive and macho man and that *“there is no order in his life”* (36-year-old woman, experienced IPV). Another participant noted that her husband was a very jealous man and this caused a lot of problems. *“A man couldn’t openly greet me on the road because he [her partner at the time] was with me”* (45-year-old woman, experienced IPV).

Communication between Partners

Four participants discussed how they valued communication and that they resolved disagreements with their current partners by talking. Three participants noted that during arguments with their current partners they would become quiet or leave, to allow them or their partners to calm down. Once everyone was calm, they would return and talk to their partner about what occurred and find a solution. One participant gave an example of one of the couple’s most intense arguments and said that she remained quiet during this time. *“Well I didn’t say anything to him...I stayed quiet”* (32-year-old woman, did not experience IPV). The next day, when her current partner was in a better mood, they discussed what had happened. One participant noted that communication is a key skill to make any relationship last and that fighting does not solve anything but makes the issue worse. She also said that her current partner is never one to raise his voice or to roll his eyes

at anyone. If there is something he does not like or agree with he will tell you. Consequently, they have not had any arguments and this makes her happy.

Two participants do not have effective communication with their current partners. One woman noted that they do not share with each other. *“It’s difficult to talk to him because he doesn’t respond”* (45-year-old woman, experienced IPV). Another woman said that the problems she and her husband experience *“are always around communication, with not saying things”* (42-year-old woman, did not experience IPV). She shared how this lack of communication is difficult because it makes her feel like she does not know who her partner is. She does not like that they do not communicate. Additionally, she is unable to talk to her husband regarding financial matters because the topic causes familial conflicts in the past. The impacts of this and her coping strategies for it can be found in box 1. She believes that talking things out allows one to find solutions and *“provides the opportunity to see it from another side”* (42-year-old woman, did not experience IPV). She said that she and her current partner have had few confrontations but when they do occur, *“rarely do I do something to improve it”* (42-year-old woman, did not experience IPV).

Household Decision Making

All the participants discussed how they are involved in the decision-making process within their household; some more so than others. The participants talk about how household decisions are made as an agreement between them and their partners. *“In general, we always make decisions together”* (32-year-old woman, did not experience IPV). *“I never make a decision if we [her and her partner] aren’t in agreement”* (24-year-old woman, did not experience IPV). The women discuss how they like being included in the decision-making process. One woman discussed how while she and her partner make decisions together, her partner will defer to her on farm related

decisions. She said this was because she has more experience with farming than her partner. When it comes to other decisions, the two consult each other before they make decisions. She said that she likes that they consult each other because she does not like to make decisions by herself; she likes the input from others. *“I don’t like...I don’t like to make decisions alone, I always like to have like like the third person point of view”* (36-year-old woman, experienced IPV). One woman mentioned that there are times when her partner will make a decision by himself. She explained how her husband recently bought a motorcycle without consulting her but that was because he knows more about motorcycles than she does. *“Well he decided [to buy a motorcycle] because well he’s the one that knows the topic, not me”* (32-year-old woman, did not experience IPV).

Another woman discussed how her husband used to not include her and their daughter in the decision-making process. Before his accident, he did not ask for their opinions before deciding something. However, since the accident he will ask for her input. She said that she acts as the bridge between her husband and their daughter in that she will ask what her daughter thinks about something and then relay it back to her husband. She discussed how her husband has started asking their daughter what she thinks about certain things. While she is happy that he has started asking for their opinion, she discussed how he does not always value her opinion. She told of an incident where they were deciding what type of house to buy. She gave him her opinion, but then he went and talked to a male friend about the situation. The friend provided the same input that she had provided but ultimately, her husband *“decided based on what someone else told him and not based on what I said”* (42-year-old woman, did not experience IPV). She discussed how it bothers her that her husband will make a decision based on what others say and not on her input.

Another participant talked about how she makes most of the decisions in her household. Her partner does not help her make decisions. *“I mean, everything is on me”* (45-year-old woman, experienced IPV). She tries to get her partner to help but he won’t. She explains that this is because *“he talks infrequently...he’s like very closed off”* (45-year-old woman, experienced IPV). She mentions that sometimes he will let her know when he does not agree with a decision she has made but he does not say anything else. She discusses how if the children need something, they will go to her and not to her partner. That she said, she mentioned that if she provides an answer the children do not like, they will go to her partner and *“he ends up saying the opposite of the decisions that I’ve already made”* (45-year-old woman, experienced IPV). She discussed how there are times when she wishes he would assist with decisions. For example, she talks about how she tells him that she wants to get married *“because I want like, the decision...and he doesn’t respond to me”* (45-year-old woman, experienced IPV). She talks about how she does not feel good being with a person so distant. So, when she asks if he wants to separate, *“he told me no, that we won’t do it, not to think about it”* (45-year-old woman, experienced IPV). Even though her current partner does not help her make decisions, when asked how her current relationship is different than her former one, she says *“in this one I feel like, free...that I can make my own decisions, that I can decide what I can do”* (45-year-old woman, experienced IPV).

Cross-Comparative Analysis

A cross-comparative analysis was conducted looking at experiences of FIS, communication between partners, and household decision making based on experiences of IPV. This analysis was done to understand ways in which past experiences of IPV may influence FIS coping strategies, how women communicate with their partners, or their engagement in the household decision-making process. Below are the results.

Food Insecurity

While no differences in FIS coping strategies based on past IPV experience were noted, two of the participants briefly mentioned that they had experienced more severe forms of FIS with their former partners.

One woman talked about how when she was living with her ex-partner, the situation was more critical. When probed on the ways in which the situation was critical she explained *“that we were hungry...we’ve already had to withstand hunger”* (45-year-old woman, experienced IPV). This participant had experienced physical and verbal abuse perpetrated by her ex-partner. *“He would find anything to hit me. He would look for a way for us to fight so I couldn’t tell him anything”* (45-year-old woman, experienced IPV). The woman does not experience IPV with her current partner and while she does experience FIS, she did not report experiences of hunger.

Another participant discussed how she does not currently have difficulty accessing food; however, she did when she was living with her ex-partner. *“I was, I mean economically I was squeezed so my mom and I collaborated a lot”* (33-year-old woman, experienced IPV). She did experience verbal abuse with her former partner; at one point, she perpetrated verbal abuse toward him. She does not experience IPV with her current partner.

Communication between partners

Based on their past experienced of IPV, two women have adapted their ways of communicating with their current partners, particularly when there are disagreements between them.

One woman, who had experienced physical and verbal abuse perpetrated by her ex, discussed how since leaving her abusive ex-husband, she has been left with fear. She mentioned that this is

particularly true when she sees a man becoming angry, even her current partner. Her current partner has never hit her and is very supportive, and yet when they begin to argue she becomes fearful that his anger may escalate to a point where he will hit her. Consequently, when they are arguing she becomes quiet and will sometimes leave, allowing time for both to calm down. *“when I see that we’re going to have a disagreement, I keep quiet or I leave...leave until I calm down and then I return, ask and look for the way to resolve”* (36-year-old woman, experienced IPV). Due to her past experience of IPV, she is less inclined to engage in conflict with her current partner.

Another woman has adapted her communication technique with her current partner in a different way. This participant experienced verbal abuse from her ex-partner; she even perpetrated verbal abuse against him during an intense argument that they had. Consequently, with her current partner, she makes sure that when they disagree, they talk through the disagreement. She tells her partner that they should not argue *“because I already had that experience and you don’t arrive at anything by arguing”* (33-year-old woman, experienced IPV).

Decision Making

Two of the participants discussed how they are involved in the household decision-making process with their current partners. When one woman was asked how her current relationship is different from her past abusive one, she said, *“in this [relationship] I feel like, free...that I can make my own decisions, that I can decide what I can do”* (45-year-old woman, experienced IPV). She experienced verbal and physical abuse in her past relationship. Now, in her current relationship, she makes most of the decisions for the household. Similarly, another participant also discussed how involved she is in decision making with her current partner. She discussed how her current partner consults her when he has a decision to make and they make the decisions together. In her

past relationship, her partner made all the decisions for the household and managed the household. She was unable to leave their house after she had been beaten and her ex-partner did not allow her to work or study. *“He didn’t let me work he didn’t let me study so I didn’t have...money”* (36-year-old woman, experienced IPV).

Summary

The results indicate the various ways in which female smallholder farmers in Colombia experience stress, household food insecurity, intimate partner violence, communication between partners, and household decision making. Additionally, there are nuances in the ways that women experience household food insecurity, communicate with their partners, and assist in making household decisions, based on previous experiences of IPV.

Box 1: Case Study

One participant, a 42-year-old woman who did not experience IPV, discussed how her husband manages the money for the household since his salary sufficiently covers the household expenses. Consequently, he provides her with an amount of money, that he deems adequate, to purchase food for the household. She discussed how he is unaware if the money provided to her is sufficient or not. This is because she chooses not to discuss financial issues with him to avoid arguments. *“Sometimes I prefer to put myself into debt before asking him...ehh I won’t do something I want to do in order to supplement the necessities so that I don’t...don’t have to ask him [for more money].”* The participant explained how when her daughter was younger, her sole responsibility was to take care of the house and her daughter. This meant that even though she was busy working, she was not earning a salary. This caused tension in the family because her mother-in-law accused her of being lazy since she did not have an income. *“This upset me because it wasn’t true. The fact that I didn’t make a...salary doesn’t mean that I didn’t work because I was the one that did always did chores about the house.”* Therefore, she does not discuss financial topics with her husband to avoid such arguments. She currently has a job outside of the house that provides her with a small salary. She uses her income to pay for personal items for her daughter and herself and to supplement for food purchasing. *“Better to put in [her own money] or put myself in debt or do other things to to not have to...to...talk about this subject.”*

Chapter 5: Discussion, Conclusions, and Recommendations

Discussion

Key Findings

The findings from this study show that Colombian female smallholder farmers have a range of experiences of food insecurity and various coping mechanisms to combat the phenomenon. The experiences, coping mechanisms, and effects of FIS that the women reported are consistent with existing FIS literature (Hamelin, Beaudry, & Habicht, 2002; Radimer, Olson, Greene, Campbell, & Habicht, 1992). For example, the lack of dietary diversity that the women expressed is similar to the concept of monotony of diet presented in Hamelin et al. (2002). The authors discussed how a lack of economic resources leads to a monotonous diet made of inexpensive foods that help to avoid hunger (Hamelin et al., 2002). They also discussed the negative consequences such a diet had, both physically and psychologically, on participants. The women in this study reported dealing with FIS by going into debt with stores and not purchasing certain foods, usually those most expensive like fruits and vegetables. Similar coping strategies were found amongst Ecuadorian women (Weigel & Armijos, 2015). Similar to FIS, the experiences of IPV and its effects that the women reported are consistent with the existing literature. Like many women who experience IPV, the women in this study reported feelings of low self-esteem, inability to leave their house due to the evidence of physical abuse, and fear that arguments would escalate into physical abuse (Ansara & Hindin, 2011; Loke, Wan, & Hayter, 2012). One participant discussed how her past abusive relationship left her with a lot of fear, particularly when men become upset. Fear is a common psychosocial consequence of IPV (Ansara & Hindin, 2011).

This thesis also found that women who experienced IPV in past relationships adapted the way they communicated with their current partner, especially during arguments. One participant reported

that she would keep quiet and sometimes walk away when her current partner became upset. She discussed how while her current partner had never abused her, she was always fearful of arguments escalating into physical abuse because of the IPV she endured at the hands of her ex-partner. Another participant discussed how she valued communication, particularly when she and her partner disagreed. She told her current partner that arguing would only make the situation worse and therefore, they needed to talk about the disagreement. Research shows that women will keep quiet or remain compliant to mitigate violence (Downs, Rindels, & Atkinson, 2007; Goodman, Smyth, Borges, & Singer, 2009). However, we could not find research that looks at how women might change their communication styles with new partners based on their past experiences of IPV. Instead, the literature focuses on the physical and mental health consequences that IPV survivors endure.

The findings also suggest that there is a dose-response between FIS and IPV. Two of the women who experienced IPV experienced more severe forms of FIS during that time than they do with their current partners. This finding may support the findings from Ricks et al. (2016) in that there may be a dose response between household FIS and IPV. This finding could also potentially support the idea that household FIS created more stress within the household that put the women at an increased risk of experiencing IPV. Limited research on FIS and IPV exists, however, more extensive research on poverty and IPV exists. The literature has found a dose-response between income level and IPV in that “the lower the income, the more likely there will be violence” (Goodman et al., 2009). Like food insecurity, poverty can be both a cause and a consequence of IPV (Goodman et al., 2009).

Contributions

The findings from this study present experiences of IPV and FIS, coping mechanisms for FIS, and household stressors in the context of Colombia. While there is extensive research on each of these items, such research has not been extensively conducted in Colombia. Consequently, this study adds to the overall existing literature on IPV, FIS, and household stressors while also adding to the Colombia specific literature. Similarly, this information can help inform intervention programs for Colombia that aim to impact household food insecurity and intimate partner violence amongst female smallholder farmers. This thesis also reveals the other stressors and worries that women and their partners deal with. While it is important to provide interventions that assist in combating food insecurity, it is equally important to acknowledge that there are likely other stressors (i.e. land loss, job security, family members' health, children's education, debt) that each member of the household is dealing with and that FIS may not be their primary worry.

The findings from this thesis also present evidence of the nutrition transition that has begun in Latin America. This means that diet-related non-communicable chronic diseases (NCCD) are more becoming more prevalent than undernutrition (Rivera, Barquera, Gonzalez-Cossio, Olaiz, & Sepulveda, 2004). Between 1986 and 1999, the prevalence of stunting (“length-for-age < -2 SD of the WHO/NCHS/CDC reference population”) in Colombia decreased by 13 percentage points (25.5% to 12.5%) (Rivera et al., 2004). Rivera et al. (2004) points out that the prevalence of wasting and stunting, indicators for undernutrition, have declined in Latin America between 1988 and 1999, and that diets have shifted toward more energy dense processed foods. With these dietary changes comes an increase in overweight and obesity and subsequently, non-communicable chronic diseases. A common misconception is that only high income populations suffer from overweight, obesity, and NCCDs (Rivera et al., 2004). The belief is that those who

struggle to procure food cannot suffer from overnutrition. While wealthier populations do suffer from overnutrition, they also have the education and resources to change their behaviors and consume healthier diets (Rivera et al., 2004). Lower income populations also suffer from overweight, obesity, and NCCDs, however they do not have access to behavior change resources and often cannot afford healthier diets nor a diversity of foods (Rivera et al., 2004).

This phenomenon of a nutrition transition is present in the findings of this thesis in the discussion on consequences of FIS reported by the participants. One woman noted that one of her sons is overweight because she is unable to provide him with a balanced diet. Another woman discussed how she is unable to provide her husband with the diet required for his high cholesterol. Consequently, these findings support the idea that FIS increases the risk for overweight, obesity, and NCCDs. They also add to the existing literature on the nutrition transition both globally and for Latin America.

Conclusions

Qualitative studies like this one, allow for a richer understanding of participants' experiences with household FIS, IPV, and household dynamics. Consequently, this study provides a unique insight into the ways in which these women experience and cope with household FIS and IPV. It also provides insight into additional stressors that women deal with and their coping mechanisms for their stress and worry.

Limitations

There are a few limitations that are important to note. Due to time constraints, only six interviews were transcribed, translated, and analyzed for this thesis. While six IDIs provides a range of experiences and coping mechanisms for FIS and IPV, the analysis of additional interviews could

have provided richer insight into the impacts of experiences of IPV on FIS coping strategies, communication between partners, and household decision making practices.

As part of the iterative process in qualitative research, the IDI guide was adapted based on the first round of data collection. Additional questions and probes regarding food insecurity were added to the guide after the first eleven interviews. Consequently, interviews from the second round of data collection contain richer data on FIS experiences. To capitalize on this, five of the six IDIs analyzed for this thesis came from the second round of data collection. The IDI from the first round of data collection that was analyzed, had a brief mention of FIS, however, due to insufficient questions and probing, additional information around the woman's experience of FIS was not gathered. This likely led to a missed opportunity for analyzing a connection between FIS and IPV.

The purpose of this thesis was to explore ways in which FIS created stress within a household that led to an increased risk of IPV. To build rapport with participants prior to asking sensitive questions around individual experiences of abuse, IPV questions were not asked until later in the interview. Consequently, if a participant experienced IPV, it was unknown prior to the start of the interview, whether the participant experienced that violence in a past relationship or in their current relationship. This impacted the data in that information on FIS, communication between couples, and household decision making were in relation to the participant's current relationship, while experiences of IPV were in relation to a previous partner. This made it difficult to analyze how FIS might increase risk of IPV or how IPV may impact FIS coping mechanisms, communication between couples, and household decision making practices.

There were also a few limitations in the study methodology. One such limitation included a delay in data collection. This ultimately impacted the ability to segment participants by food security

status and the number of IDIs that were conducted. The segmentation by food security status (food secure, low FIS, moderate FIS, severe FIS) would have allowed for analysis of experiences of IPV by severity of food insecurity. Additionally, a total of 28 interviews, two per association, were originally anticipated; however, two interviews per association were not always feasible due to time available with each association and women's availability and eligibility. Consequently, a total of 22 IDIs were conducted. Ultimately, 20 IDIs were available for transcription and translation due to one participant's refusal to record the interview and the loss of one audio recording.

Public Health Implications

While additional research should be conducted to further explore specific pathways between FIS and IPV, this thesis does show the importance of the two phenomena, especially in Colombia, and their potential interconnectedness. This is evidenced in the experiences of FIS and IPV that the women reported. The women's experiences also suggest a potential dose response between the phenomena. Consequently, this indicates the importance for IPV interventions to address FIS as it may be a contributor to the violence being experienced. Similarly, interventions addressing FIS should be aware of ways in which FIS may increase risk of IPV and provide IPV services if needed.

Recommendations

Additional interviews from this study should be transcribed verbatim in Spanish, translated into English, and included in the analysis presented in this thesis. The inclusion of additional transcripts will allow for further cross-comparative analysis of experiences of FIS, communication between partners, and household decision making based on firsthand experiences of IPV. Incorporating more nuances from other participant's experiences will strengthen identified connections between

past experiences of IPV and current FIS coping strategies, methods of communication with current partners, and involvement in the household decision making process. Similarly, it might provide additional insight into the emerging link between FIS and overnutrition in Latin America.

Future research should continue to explore FIS as a household stressor and its impact on IPV. To accomplish this, women should be asked about their experiences of household FIS at the time when they experienced IPV. Consequently, if women have past experiences of IPV, like the participants in this study, then questions about FIS (experiences and coping strategies) should relate to the period when the women experienced IPV. They should also be asked about the differences in their FIS experiences between their past partner who perpetrated IPV and the current part who does not perpetrate IPV (assuming that is the case).

Displaced populations have higher rates of IPV due to “high levels of community violence and the breakdown of social support systems” (Hynes et al., 2016). Consequently, future research should look at the impact on Colombia’s 50-year armed conflict on the relationship between household FIS and IPV. This can be achieved by sampling from a displaced population. While, participants in this study may have been displaced by the conflict, this thesis did not focus on the impact of the conflict on FIS and IPV and therefore did not require displacement as an inclusion criteria for participation.

Five of the participants discussed how their partners do not communicate with them about their worries and stresses. The women noted how this made them upset because they felt like they could not support their partners when they were stressed. Future research should explore how men’s lack of communication around worries and stresses impacts the couple’s ability to have difficult conversations, like the management of household FIS. It should also explore how a lack of

communication between the couple impacts women's FIS coping mechanisms; particularly if their partners are not interested in discussing stressors directly related to FIS, such as the lack of economic resources available to the household.

Finally, as evident through the women's discussion on consequences of household FIS on the health of household members, Latin American has begun to shift from problems of undernutrition to those of overnutrition. Consequently, additional research should look at the impact of FIS on overnutrition and chronic diseases in Latin American countries like Colombia.

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Appendices

Appendix 1: Spanish In-Depth Interview Guide

Introducción

Hola, mi nombre es Britni Burkhardtsmeier. Estoy realizando una investigación para el Programa Mundial de Alimentos. La asociación de productores en la que usted participa hace parte de nuestra investigación, por eso al azar hemos seleccionado a algunas mujeres para conocer sus opiniones sobre la participación en la asociación, los alimentos que consumen en el hogar, sus actividades diarias y la relación con su familia.

Esta entrevista se demorará aproximadamente una hora y quizás en algunos meses regresemos para hablar nuevamente con usted y con las otras mujeres a quienes vamos a entrevistar.

Sus opiniones son muy valiosas para mí, por eso no existen respuestas correctas o incorrectas, es importante que usted se sienta cómoda y libre de expresar sus opiniones y sentimientos. La participación en este estudio es voluntaria, por eso usted puede decidir si quiere o no hablar conmigo, y responder a las preguntas que usted desee. Una vez finalizada la entrevista puede decidir si quiere o no que las opiniones que comparta conmigo hagan parte de la investigación.

La información será de carácter confidencial y las respuestas serán anónimas por lo cual su nombre no será compartido con otras personas, ni aparecerá dentro de nuestros reportes o documentos de investigación. Si yo no soy clara con alguna pregunta o si quiere que se la repita por favor dígamelo.

¿Antes de empezar me gustaría saber si usted quiere participar de este ejercicio y si tienen alguna pregunta al respecto?

Para no perder la información, ¿me gustaría confirmar si puedo grabar la discusión?

COMENZAR A GRABAR

I. Preguntas de Apertura

Primero me gustaría preguntarle sobre sus actividades diarias.

1. ¿Usted, que hace diariamente?

Nota: ¿Cuál es su fuente de ingresos? actividades agrícolas y pecuarias?

2. ¿Qué hace su pareja diariamente?

Nota: ¿Cuál es la fuente de ingresos de su pareja? actividades agrícolas y pecuarias?

II. Meta 1: Relación entre el empoderamiento económico de las mujeres y las dinámicas en el hogar.

Ahora, me gustaría hacerle algunas preguntas sobre las decisiones y los gastos del hogar.

A. Decisiones

3. ¿Cuál fue la **última decisión importante** que se tomaron en el **hogar**?

Nota: ¿cómo se tomaron esa decisión? si sea la pareja quien decida - ¿por qué es él quien decide? ¿usted que piensa sobre las decisiones que toma su pareja? ¿usted, qué hace si no está de acuerdo?

4. ¿Cuál fue la **última decisión importante** que se tomó para mejorar la producción agrícola o pecuaria **de la finca**?

Nota: ¿cómo se tomaron esa decisión? si sea la pareja quien decida - ¿por qué es él quien decide? ¿usted que piensa sobre las decisiones que toma su pareja? ¿usted, qué hace si no está de acuerdo?

5. ¿Quién decidió que usted sea **parte de la asociación**?

Nota: ¿por qué? ¿cómo se siente sobre la decisión?

B. Control de recursos del hogar

6. ¿Cuáles son los **principales gastos** en el hogar?

Nota: ¿cuáles son los más importantes para el hogar? ¿por qué? ¿cuáles son los principales gastos en actividades agropecuarias?

7. ¿Quién **decide sobre la administración** de los ingresos en el hogar?

Nota: profundizar sobre: tipo de gasto, hijos, vivienda, etc. Si sea la pareja quien decida - ¿por qué es él quien decide? ¿cómo se siente usted que su pareja toma esas decisiones? ¿por qué usted no toma decisiones sobre sus propios ingresos? ¿esto afecta a la relación con su pareja? ¿cómo?

III. Meta 2: La relación entre seguridad alimentaria del hogar e IPV

Ahora me gustaría preguntarle sobre los alimentos en su hogar y como estrés afecta a su vida y a su hogar.

A. Seguridad alimentaria del hogar

8. ¿Cómo deciden cuáles alimentos compran para el hogar?

Nota: ¿cómo se siente sobre como toman la decisión? ¿cuáles alimentos usted quiere comprar, pero no pueden?

9. ¿Qué **dificultades** tienen en el hogar para acceder a los alimentos?

Nota: ¿Hay algunos alimentos que usted tiene más dificultad para acceder? ¿por qué? ¿cómo se siente sobre estas dificultades?

10. ¿Cuáles son sus preocupaciones sobre la alimentación?

Nota: ¿por qué usted tiene esas preocupaciones? ¿cómo afectan al hogar? ¿qué pasa?

11. ¿Usted, que cree que son las preocupaciones sobre la alimentación que tiene su pareja?

Nota: las preocupaciones, ¿cómo afecta a su relación con él?

12. Cuéntame una vez cuando no había mucha comida en el hogar.

Nota: ¿qué paso? ¿por qué no había mucha comida? ¿usted qué hizo? ¿cómo afectó al hogar?

13. ¿Cuántas veces en un mes usted tiene que reducir la cantidad de dinero que gastas en comida?

Nota: ¿por qué? ¿usted qué hace cuando esto ocurra? ¿cómo afecta los tipos de alimentos que usted compra? ¿cómo afecta la cantidad de comida que usted compra? ¿cómo se siente usted cuando eso pasa?

B. Estrés

14. ¿Cuáles son las preocupaciones que usted tiene?

Nota: ¿qué es lo que más la preocupa a usted? ¿por qué? ¿usted qué hace cuando se siente preocupada? ¿cómo se afecta a su vida esas preocupaciones?

15. ¿Usted, que cree qué es lo que más **le preocupa a su pareja**?

Nota: ¿por qué? ¿qué hace él cuando se siente preocupada? ¿cómo le afecta a él?

16. ¿Cómo le afectan las preocupaciones e dificultades que ustedes encuentran a la relación entre ustedes?

TOMA UN DESCANSO, SI LO NECESITA

C. Relación con pareja

Ahora le voy a hacer algunas preguntas sobre la relación con su pareja y la relación entre parejas en la comunidad. En caso que alguien llegó voy a cambiar la tema porque entiendo que ese tema es privado y no queremos que otras personas nos escuchen. También me gustaría recordarle que las respuestas son de carácter confidencial y que las preguntas no son obligatorias, usted no necesita responder a cualquier pregunta si no quiere. Sus respuestas son muy importantes para mí y usted me puede decir lo que piensa y siente. ¿Puedo continuar?

17. Cuando hay **disgustos** entre usted y su pareja ¿cómo resuelven este tipo de situación?

Nota: ¿usted, que se siente?

18. ¿Usted, qué hace para evitar que se presentan disgustos?

19. Cuéntame cuando su pareja ha hecho algo recientemente que **le ha gustado** mucho.

Nota: ¿usted, que se siente?

20. Cuéntame cuando su pareja ha hecho algo recientemente que **no** le ha gustado.

Nota: ¿usted, que se siente?

21. ¿Cuándo usted ve a un hombre **golpeando** a una mujer, usted que siente?

Nota: ¿por qué se siente así? ¿usted ha vivido esta situación recientemente? ¿cómo se ha sentido?

22. ¿Cuándo usted ve a un hombre **amenazando, menospreciando, o insultando** a una mujer, usted que siente?

Nota: ¿por qué se siente así? ¿usted ha vivido esta situación recientemente? ¿cómo se ha sentido?

23. ¿Usted qué se siente cuando alguna de las mujeres de su familia, amigas, o vecinas le ha contado que la pareja la está **obligando a tener relaciones sexuales**?

Nota: ¿por qué se siente así? ¿usted ha vivido esta situación recientemente? ¿cómo se ha sentido?

24. ¿Usted qué se siente cuando alguna de las mujeres de su familia, amigas, o vecinas le ha contado que la pareja **la ha amenazado con quitarle el apoyo económico**, con quitarle su dinero, las tierras o instrumentos de trabajo?

Nota: ¿por qué se siente así? ¿usted ha vivido esta situación recientemente? ¿cómo se ha sentido?

25. ¿Usted qué hace para prevenir que este tipo de situaciones se presenten en su hogar?

IV. Preguntas de cierre

Gracias por compartir sus experiencias, son muy valiosas para nosotros. Durante nuestra conversación, hablamos sobre (**recapitular los temas discutidos**) y usted me dijo sobre sus experiencias.

26. ¿Hay algo más quisiera decirme?

Antes de que terminamos esta entrevista, me gustaría preguntarse más sobre la alimentación de su hogar. Estas preguntas duran como 20 minutos.

ADMINISTRAR EL 'FOOD CONSUMPTION' HERRAMIENTA

Conclusión

Muchas gracias por su tiempo y sus respuestas. Si usted tiene algunas preguntas, por favor póngase en contacto con el equipo de investigación en_____.

Appendix 2: English In-Depth Interview Guide

Introduction

Hello, my name is Britni Burkhardtsmeier. I am doing research with the World Food Programme (WFP). We have come to your farmer's association to invite you to be in a new study. In this study, we would like to learn about your experience taking part in the association, such as the crops you sell through the association. Also, we would like to ask you questions about your activities, your household, and your relationship with your family. We would like to talk with you for about 1 hour. We may come back another time to ask you to talk with us again. About 30 women from different associations will be asked similar questions.

During today's discussion, I am most interested in hearing about your personal experiences, perspectives, and opinions on the issues that we discuss. Your views are very valuable and I'm here to learn from you. There are no right or wrong answers.

Taking part in this study is voluntary. You can choose not to be interviewed at all, and if you do agree to be interviewed, you can stop the interview at any time if you wish, or skip any questions that you don't want to answer. Also, after finishing the interview, you can refuse to have your answers included in the study.

Sometimes people are worried about the privacy of the information they provide. I want to assure you that all of your answers and your name and address will be kept private to the extent allowed by law. We will not share your answers with anyone you know or government officials. We will use a study number, your initials, or a made-up name instead of your name on study forms, where we can. Your name and other facts that might identify you will not appear when we present this study or publish its results. Any information that might identify you will be kept separate from your answers, and your answers will be kept in a locked room or cabinet for use only by the study team. The actual name and addresses will be used only to reach you in follow up studies. You will be included in those studies only with your agreement. While I have a plan to keep your responses secret, there is a small risk that confidentiality and anonymity won't be able to be kept.

Since your responses are very valuable and I don't want to miss any information, I would like to tape-record our conversation. No one outside of the research team will hear what you say. All information you share during our conversation will not include your name.

Do I have your permission to tape-record our conversation?

Do I have your permission to continue with this interview?

Do you have any questions for me before we get started?

BEGIN RECORDING

I. Opening Questions

First, I'd like to start by asking you about what you do each day.

1. What do you do on a daily basis?

Probe: what is your source of income? Ask about agricultural and livestock activities

2. What does your partner do on a daily basis?

Probe: what is his source of income? Ask about agricultural and livestock activities

II. GOAL 1: Relationship Between Women's Economic Empowerment & Household Dynamics

Now, I'd like to ask you some questions about the sources of income and the administration of money

A. Decision-Making

3. What was the last important decision that was made for the **household**?

- a. Who made this decision?

Probe: if the partner made the decision – why does he make the decisions? What do you think about the decisions that your husband makes? What do you do if you don't agree with his decisions? Why? What decisions regarding the household do you make? Do you consult anyone before making these decisions?

4. What was the last important decision that was made to better the **agricultural and livestock production**?

- a. Who made this decision?

Probe: if the partner made the decision – why does he make the decisions? What do you think about the decisions that your husband makes? What do you do if you don't agree with his decisions? Why? What decisions regarding the household do you make? Do you consult anyone before making these decisions?

5. Who decided that you would become a **member of the association**?

- a. Why?

Probe: which association activities do you partake in? if partner made the decision: how do you feel that he decided for you?

B. Control over Income

6. What are the main household costs?

Probe: Why are these the main expenses? Please rank these expenses from most important to least. Agricultural / livestock costs?

7. Who decides how to spend the household income?

Probe: if the partner made the decision – why does he make the decision? How do you feel about your partner making these decisions? How does this affect your relationship with your partner?

III. GOAL 2: Relationship Between Household Food Security & Intimate Partner Violence

Now, I'd like to ask you some questions about the food in your household and how stress impacts you and your household.

A. Household Food Security

8. How does the household decide which foods to purchase?

Probe: how do you feel about how the decision is made?

9. What **difficulties** do you have around accessing food for your household?

Probe: Are there some foods that you have more difficulty accessing that you want your family to have? Why are they more difficult to access? Please list the difficulties you encounter from most challenging to least. Please list the foods that you would like to buy but don't/can't. How do these difficulties make you feel?

10. What do you do when these difficulties occur?

11. What do you do to prevent these difficulties from occurring?

12. How worried are you about food?

Probe: What are the worries that you have about food? Why do these worry you? Does food cause stress in your household? Why?

13. What worries does your partner have about food?

Probe: How do these worries affect your relationship with your partner?

14. How do these worries and difficulties affect how the household is fed?

15. What do you do if there isn't a lot of food in the household?

Probe: Who is most affected? How do you make food last before you can buy more?

16. How often do you lower the amount of money you spend on food?

Probe: How does this affect the types of foods you buy? How does this affect how much you buy? How does this make you feel?

B. Stress

17. Please list the top worries/concerns that you have.

18. What worries you the most?

Probe: why does this worry you the most? What do you do when you feel worried? How do these worries affect your life? How do these difficulties impact your life? How do these worries impact your household?

19. What do you think your partner worries about the most?

Probe: How do these worries affect his life? What does he do when he feels worried?

20. How do the worries you both have affect your relationship with your partner?

TAKE A BREAK IF NEEDED

21. Relationship with Partner

Now I'm going to ask some questions about your relationship with your partner. If someone interrupts us, I will change the topic. I'd also like to remind you that the answers will be kept private and that you don't have to answer my questions, if you do not wish to. Your answers are very important to me and there are no right or wrong answers, so you can tell me what you think and feel. If you do not understand some questions or need clarifications, please tell me. May I continue?

22. When you have a disagreement with your partner, how do you resolve it?

Probe: How do you feel when there are problems with your partner?

23. What do you do to prevent a disagreement from happening?

Probe: Why/when do disagreements usually occur?

24. Tell me about when your husband recently did something that you liked?

Probe: What did he do? How did it make you feel when this happened?

25. Tell me about when your husband recently did something that you **didn't** like?

Probe: What did he do that you didn't like? How did you feel when this happened?

26. How do you feel when you see a man **hitting** a woman?

Probe: why do you feel this way? Why do you think this happens? Have you personally experienced this situation recently? How did it make you feel?

27. How do you feel when you see a man **threaten, belittle, or insult** a woman?

Probe: why do you feel this way? Why do you think this happens? Have you personally experienced this situation recently? How did it make you feel?

28. How did you feel when a woman from your family, a friend, or a neighbor told you about how her partner forced her to have sex with him?

Probe: why do you feel this way? Why do you think this happens? Have you personally experienced this situation recently? How did it make you feel?

29. How did you feel when a woman from your family, a friend, or a neighbor told you that her partner has threatened to take away her economic support, like her money, land, or working instruments?

Probe: why do you feel this way? Why do you think this happens? Have you personally experienced this situation recently? How did it make you feel?

30. What do you do to prevent these types of situations from happening within your home?

31. When something like this happens to you, what do you do? Why?

IV. Closing Questions

Thank you for sharing your experiences, they are very valuable to us. During our conversation, we talked about **(re-cap topics discussed)** and you told me about your experiences.

32. Is there anything else that you would like to add that we did not talk about?

Before we end this interview, I'd like to ask you a few more questions about the types of foods that your household eats. These questions should only take about 20 minutes.

ADMINISTER DIET DIVERSITY TOOL

Conclusion: Thank you so much for your time and responses. If you have any questions, please contact the research team at_____.