Chapter VIII
To Conclude: Contextualizing Women’s Empowerment
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The present study attempts to do a case study of a CBFI named Shramik Bharti, based in Kanpur. This organization had started working almost two decades back in this region. It started off with working for urban labourers and people living in urban slums of Kanpur. The microfinance programme, as per the convenor of SB, was first introduced in these slums with an objective to build the capacities of the poor to deal with the odd situations of their life. Encouraged with the success of the programme, it was extended to the rural parts of Kanpur—first in the Kalyanpur block. Currently many other blocks are being covered under the organization’s operations and there are several programmes being implemented.

The study was initiated through reviewing the available literature on two main areas—one which helped in understanding women’s empowerment as a concept in theory and that, which has been applied. Secondly, the literature dealing with concepts and theories of microfinance and most importantly with it is dynamics and linkages with women’s empowerment has been reviewed. This has been an ongoing activity during the entire research period. To gain understanding about the field, first a pilot fieldwork was undertaken. After the pilot fieldwork, a much-detailed understanding of the area and type of operations of SB could be obtained. This information was used to classify the various blocks into three categories—those where only microfinance programme is being implemented, those where a mix scenario of developmental programmes with focus on health as well as these microfinancial activities were on and lastly those blocks where SB’s been implementing only the health programme. For the present study, three blocks reflecting these three different situations were selected. A short review follows of these study blocks:

Kalyanpur has been the oldest block where SB started functioning where more or less the SB has been working for microcredit. Between 1994-98, SB had also
implemented the Family Planning programme in the block through SIFPSA’s aid. However, being that old at the time of data collection for the present study the programme did not appear to have left any traces. Thus, the women covered from this block were considered as being exposed only to microcredit programme.

Other block has been Maitha block where the first entry of SB was through the Land Reclamation Programme in 1994 and did a commendable job working closely with the UPLDC to reclaim the land, that was rendered uncultivable owing to high alkalinity of the soil, through proper treatment. SB advantageously used the strong base, thus, established in formation of SHGs under the ambit of the Swa Shakti Programme. It should be noted that the Swa Shakti Programme places emphasis on women’s empowerment and all the aspects are explained and discussed extensively in BBS/SHGs’ meetings quite often. The SHG/BBS platform was then utilized to launch many successful health programmes like the Safe Motherhood Programme, Community Based Reproductive and Child Health Programme as well as rural development programme like Rural Entrepreneurship Development programme. Thus, Maitha block has been considered as an example where a base was available for forming SHGs. Once this platform became available many other developmental programmes were mounted on it. Hence, in this block one finds both kinds of programmes working together- microfinance and developmental programmes with focus on health.

In the third study block, Bidhanu, SB has been implementing the RCH programme. Till the time of the fieldwork in the block no microcredit activity has been undertaken by SB in this area. Though for one or two years other NGOs as well as the Government have initiated the work of forming SHGs for microcredit in the block, this activity has not been on a large scale. Infact these groups have not even started conducting monthly group meetings properly till the time of data collection for the present study. Hence, the scenario in this block has been considered as one
where mainly the health programmes have been implemented and only later the microcredit activity was starting off.

**Selection of villages and respondents**

Around two villages per study block were selected; thus, a total of around six villages were covered under the present study. The study was initially conceptualised and even carried out as a purely qualitative study as the issues were to be explored and an in-depth understanding of all the relevant issues, emerging in a cyclic fashion, was to be developed. However, later when it was realized that the emerging findings required more numbers as base to enable larger generalizations, a detailed quantitative phase of the study was undertaken.

In both phases the data was collected from SHG members (those that were holding posts of group's president, secretary or treasurer as well as ordinary members) of randomly selected SHGs in Maitha and Kalyanpur whereas from Bidhanu women being covered under the RCH programme of SB were randomly selected. In addition, interviews with the non-members women as well as the family members / community members in the selected study areas were conducted. Being a case study, in both qualitative and quantitative phases of the study, the functionaries of SB including it is founding members were interviewed.

The most basic question in the entire study has been considered to be to identify the meaning of women's empowerment. The findings in this respect are discussed under the following sub-head.

**CONTEXTUAL INTERPRETATION OF EMPOWERMENT**

The study clearly provides the evidence in support of the theorists who have been stressing on the importance of contexuality while defining the concept of women empowerment. Actually the present study raises concerns on the methodology
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employed to capture the interpretations of women empowerment as perceived by the women members. As discussed in Chapter VI, the researcher had to explain the question to almost all women using alternative terms closest in meaning to the literal Hindi term for women empowerment - 'aurat ka sashaktikaran' for asking the basic question- 'what according to you is women empowerment?'. After much explanation it was found that most women could appreciate and relate to the term 'women development' - Hindi 'aurat ka vikaas'. It was only in Maitha block that a few of the women could understand the exact term of women empowerment which gets explained due to the fact that in this block focussed discussions on interpretations of women empowerment and it is various aspects are undertaken under the Swa Shakti project.

The analysis reveals that women, across all base variables as age, years of group's membership, type of supporting agency and education, mostly find characteristics as increased physical mobility out of home, ability to speak up in meetings and in the household matters and their little financial contributions in their family's economic needs as implying their empowerment or development. Only a few of the women could include equal participation as their husbands in all matters or the political participation in their definitions of women empowerment.

While attempting to find probable explanations for this kind of, actually a bit narrow, definitions given by the respondents, one recalls the subtler forms of subjugations as explained by Kabeer, Sarah, Srilatha, Rowlands and others. It is when the powered would create an environment where the powerless would not even question the power relations and rather accept the existing conditions as legitimate and ideal. Now here one may argue that if we are stressing on importance of contexuality and on defining women's empowerment as the women themselves would perceive it. In response, we can take support of several empirical works available on gender relations in the country, which are indicative of such understanding of women empowerment to be narrow. Moreover, the researcher herself is a woman and comes
from a similar patriarchal background. Hence, she definitely has had the advantage of having an insider's perspective while we call this definition as narrow.

The point, which this discussion is trying to make, is we are talking about the empowerment of those women who have not reached a stage where they can question the existing gender power relations. There is definitely a 'dharmsankat' or dilemma in whether one accepts the definition as being given by the women themselves to take care of women's own perceived interpretations or whether we should attempt to define the women's empowerment as it should be, though definitely in a given context. Also this experience cannot be a new experience. Though researchers and scholars have continued to stress on contextuality and women's perspectives while defining and measuring women's empowerment, there have been only a few of the studies that shared this kind of experience. Detailing to this level, however, has been found missing even in these few studies.

Yet another major methodological problem experienced by the researcher in the present study has been regarding the way the perceived changes in various aspects of their life as an impact of the SHG's membership should be asked and probed from the women respondents. The best method which could be adopted has been to frame some appropriate statements for each aspect at each level of the women empowerment under study and capture the responses on a four point scale along with the recording of detailed verbatims almost at all places. We think that these kind of methodological problems inherent in this nature of research would need much more consideration and prudence at the part of the theorists and researchers as well as much greater detailing while explaining and discussing such issues.

The present study also analysed the women's empowerment at various levels and by types of empowerment. We will be discussing about this analysis in the following sections.
WOMEN EMPOWERMENT AT DIFFERENT LEVELS

Individual Level

The indicators used to reflect the individual level of empowerment were participation in group meetings, mathematical calculation skills, self-confidence level, self respect, self grooming and self-care, impact on the mobility of women and negotiation skills.

The findings on all these indictors do establish the much-enhanced individual level of women’s empowerment. Almost all women have been actively participating in the group’s meetings. While not all and not always, most can and always do put forth their points during the various discussions at these meetings. This well placed reason to attend group’s meetings has been quite instrumental in increasing the physical mobility of the women. The cohort analysis done among groups of women with varying period of group membership does clearly reflect the group’s contribution in increasing the circle as well as the frequency of independent visit is. The women could almost for the first time step out of the home without the umbrella of their male family members. Another positive dimension to this whole issue has been revelation of the fact by the women that while previously they were required to seek permission from their husbands or in laws for going out of home, now they actually quite independently take these decisions. A few women infact revealed that some earlier apprehensions among the male members are no longer seen; the taunts have turned into appreciations.

However, a closer scrutiny of this very positive aspect highlights that the greatest flexibility with respect to the physical mobility is observed among the women in Maitha. This is because the women in this block SB has been working among these women under the ambit of Swa Shakti Project of the GoI where groups after having achieved a minimum level of savings, are linked to the rural banks. Owing to this SHG- bank linkage model the women are required to travel from their villages till the
rural bank branch, which thus ensures a greater mobility. Further across all groups in either of the study blocks, the greatest mobility was found among the post bearers of the group – the president or the secretary, as these are the people who will most often go to attend the out of village meetings. Therefore, while a greater mobility across all women members is not being ruled out, the differential mobility from factors as type of the model of microfinance programme as well as the post bearing in the group is highlighted. Also, as noted in Chapter VI, mobility for discussions and negotiation with government officials on getting contracts, seed procurement and other specific issues relating to individual women in distress has not increased much.

Women have also reported improvements in their calculation and mathematical skills. In-depth analysis, however, revealed education and prior experience of the women in handling their household expenditures (at least those related to petty cash for everyday household’s needs) contributing more to their enhanced skills in these areas. The supporting agency’s role in improving this aspect was most visible only in Maitha, the block where as per the operational guidelines given to the implementing agencies as SB under the Swa Shakti Programme functionaries of SB do focus on this aspect of women’s empowerment. Observations further indicated that almost all women had the overall quite accurate approximations about their savings account’s balance with interest. Also while coming to pay their due installments on loan most women were observed to bring almost exactly the same amount as required. Women could remember the basic financial information like loan outstanding, interest rates, savings amounts etc within a period of 6-12 month. However, the sophisticated calculation of interest rate, penalty amount, methods of EMI calculation were clear only to a small proportion of the members and in this context they did need full help of the functionary of the supporting agency.

The membership of the SHGs has also, time and again, been demonstrated enhancing the self-confidence, self-respect and self-worth among the women
members. The present study’s findings also completely endorse these claims. We do agree that this new found platform, where women are the participants, decision makers and the beneficiaries as well, is one arena, which previously was not even conceptualized by these women. The women have been able to overcome their hesitations to a large extent to speak out their point, ask clarifications for doubts or apprehensions, interact with the people outside their community particularly the males. They are delighted about the fact that even they can now contribute little to the financial resources of their household; atleast now they can support their husbands to some extent. Upon probing into greater depth, attempting to find the impact on various components or aspects of self-confidence, it was revealed that women felt lesser confidence in starting up a new activity or a new employment or work; handling family’s financial matter; or speaking in family’s matters. Comparatively least confidence was felt for leading a group and maintaining eye contact during interactions.

These findings indicate that self-confidence among women has definitely increased to a considerable extent. However, it’s also revealed that certain aspects of self-confidence were not as improved as others. Self-grooming, self care and self feeding were comparatively still not so much of important considerations. Another pertinent issue to be noted in this respect is to appreciate that the increased self-confidence among women from Bidhanu block to a large extent should be credited to their new role as CBD workers under the RCH programme of SB, which not only increases their mobility and self confidence but also instills the feeling of self-worth from helping fellow women and their families. Hence, the present findings raises yet another concern- when the researches stress on increased self-confidence among women members of SHGs and use this parameter to exemplify women empowerment, they should be assessing the impact on various components of this issue as well as the impact of any other developmental programme running alongside; it calls for following a more holistic approach to assessments and explorations.
Thus, while even the present study does accept most claims by many authors and researchers in favour of positive impact of SHG's membership on the individual level of women's empowerment, it highlights the need for much detailed analysis of the various indicators chosen to base these claims.

**Relationship Level**

With respect to relationships, the most important relationship of a married woman in a patriarchal society is with her husband. Analysis in the present study did show that overall women have gained much respect in their husband's eyes. Their economic contribution, though small, is acknowledged by the husbands and at least now their husbands would lend ears to their say in almost all important household matters. However, the supreme authority continues to lie with the husbands and this in fact was not observed to be challenged by most of the women members.

When analyzed by various dimensions individually, with respect to sexual relationships a greater understanding between the wife and the husband was reflected, though the data cannot be regarded as sufficient to make an affirmative claim in this respect. Many women did assert that they would be in a position to say no to sexual intercourse in cases when their personal health may not be good or they may fear contracting some STI from him or if he would be maintaining sexual relationship with some other woman as well. Interestingly some of the women, particularly from Maitha, kept stressing that their husbands have never had nor will have such characteristics and hence this kind of a query does not apply for them. With respect to the women's capability of negotiating with their husbands to use some family planning method instead of them bearing the entire responsibility, most women in Bidhanu and Kalyanpur blocks confirmed feeling much confident now after joining the group in making such an assertion while the women in Maitha informed that it has always been a joint decision.
Women in Maitha and Bidhanu reported changes related to marriage of daughter, daughter and son’s education and the distribution of food between them to a great or some extent, while in Kalyanpur almost no change was reported. An increased emphasis on children’s education was clarified to be a reflection of generally changing surroundings and not being specific to the group-membership’s impact. However, the availability of credit did atleast helped the women to arrange for the children’s school fees thereby ensuring that the child’s education does not suffer due to paucity of funds.

The load of domestic work emerged, as per the long traditional convention, the prime responsibility of only women; some women did report their husbands being co-operative enough to not raise alarm if they would get late in the meetings. Infact many women stressed that they are cautious enough to complete the household work before they come for these monthly meetings and this adjustment is not so difficult to manage as of now. In matters of various forms of abuse by husbands, only some reduction in physical abuse could be felt but verbal abuse was found unaltered – particularly in Bidhanu and Kalyanpur.

All these changes when compared with the feedback received from non-members on similar issues, does support these changes as being quite positive. Hence, the study hints and accepts at positive changes happening as an impact of group’s membership in husband-wife’s relationships. However, before we get enthusiastic we have to remember that the gender relations, as the patriarchal system’s supporters would wish to define, are more or less unaltered. Infact, if one would see-through a bit carefully, all changes in woman’s life that could be permissible in a patriarchal structure or in other words which do not appear to be challenging the existing power relations are visible as an impact of group’s membership.

Further except for some women reporting their relationships with their in-laws to have become more cordial, most of the women across the three blocks did not report much change. Overall many women did mention that there had been a
realization in the family that the access to credit among woman has been instrumental for either well being of the family or for crisis management at tough times. Particularly the women in Bidhanu informed that their new role as CBD workers was earning them as well as their family members much respect from relatives and community.

Thus, overall we find not much changes happening at the relational level. Moreover, for women from Bidhanu their role as CBD workers appears to be more pronounced than their SHG group’s membership.

**Group & Community Level**

The visibility of the SHG women members among the community people was quite evident; women felt that increasingly the community people would value their decisions and suggestions. This was more so the case among the women with longer period of group’s membership. However, their collective strength was not observed to have taken the shape of a collective force; these women were not acknowledged as women leaders for the village or the role models of the village. They have not exercised their strength to protect and promote the interest of the women or did they organize a single programme for collective empowerment of the women in their villages. A few cases here and there in the villages cannot be regarded as women’s agency being collectively operational at the community level.

At the political front also, women’s visibility has not increased to a large extent. However, with respect to health particularly in Bidhanu cases of women’s collective strength ensuring and supporting the public health system in giving health services could be cited. We will be discussing these in greater detail and depth in the following sections along with the discussion on the types of women’s empowerment.
WOMEN EMPOWERMENT BY TYPES

The various types of women's empowerment analyzed in the present study have been economic, social, political and health. It should be pointed out here that the psychological changes are getting covered more or less under the individual level changes and therefore, have not been discussed separately in the thesis.

Economic empowerment

This is the most obvious and almost automatically happening type of empowerment of women SHGs members. The basic feature of ability to get credit on comparatively much cheaper rates of interest for women is said to be an empowering feature in itself. Minimalists would opine credit from group to be productively used by women to become entrepreneurs; they will be using it for productive purposes and it is assumed that this will cause economic betterment of the women. Also their economic contributions are seen to earn them a greater say in the household matters including those pertaining to the money control. It is also argued that economic empowerment spills over to other aspects of the women’s lives as social, political, health. The results from the present study make a case against this proponent and have raised several issues that should be considered before one can safely make such inferences.

First revealing finding in the present study has been that a large proportion of women members (overall 40%) had not availed of the credit facility from group. While in Bidhanu the reason for this trend could be attributed to groups’ formation being quite a recent activity in the area, similar observation even in Kalyanpur block, where the groups are supposedly running for the longest time period, actually surprises. The picture appeared grimmer when number of times a woman would have availed the group loan was analyzed- inspite of being oldest, women in
Kalyanpur had availed loan up to a maximum of three times. The most satisfactory picture has been shown in the Maitha Block.

The whole positive aura around the group's credit facility with respect to helping poor women becomes utterly weak on cross-tabulating the loan details by the women's household's monthly income. Almost half of the lowest income group category (up to Rs. 2000 per month) women had availed group loan only once and mostly up to three times. On the other hand, almost all women from comparative highest income group category (above Rs. 4000 per month) had taken group loan more than once and a very large proportion reported having taken group loan up to four times. Even the minimum and maximum loan amounts were comparatively much higher among the highest income category of women than those in the lower income categories.

The difficulty in availing loan by low-income category of women was revealed to be dependent on the repayment factor of the loan amount. Infact many of the lowest income group women had not availed loan fearing that from their household's meager daily wages they will not be able to repay the loan and will then have to bear the peer pressure. Moreover, it will reflect negatively on their capacities to repay the next time they would wish to request for a group loan. The probability of this fear coming true was confirmed when a few of the women shared their experiences- they dared to take group loan for productive purposes but ended up spending it on some illness or basic consumption needs of their households. Also when the reasons for not joining the SHGs were explored among the non-members, the fear of inability to make compulsory savings and to pay back regular loan installments did emerge as a major factor. Studies that have considered repayment factor as an important indicator of well performing groups and to be reflecting women's better managing capabilities, thus, appear to be lacking in further in-depth analysis by the basic variable of income category of the household.
The data further indicated that more of the lowest income group categories women would spend the loan amount in meeting the daily consumption needs of their households, almost a fourth would spend it on illness (many of the cases have been pregnancy complications or deliveries). Thus, while the low-income categories households have not been able to make use of the group loan for some productive purpose, many of the higher income group women had used the loan money to invest in their households existing businesses. Only in a few cases successful examples of women for starting up some small business of their own could be cited.

The only positive picture of the entire group loaning is that the poor families do get atleast meager amounts for their daily consumption needs, which also previously was very difficult for them. Moreover, the group loan is a big support for the women in case of emergencies at delivery time and many of the women members or some other woman in their family could be saved just because the group loan money was available to arrange for transportation to a better health facility or buying the required medicines. Thus, group loan does appear to be quite beneficial for the poor women but the enlarged dimensions been given to it actually fade when a deeper yet a simple analysis is made.

*Social & Political empowerment*

The automatic spill over of the economically empowering feature of the SHGs has been stated to positively impact the social and political aspects as well. The present study could not find much supporting evidence for this assumption. On social level, as was stated earlier, the women have started to get more respect among the community people and the relatives but their role or the status is unaltered and remains confined within the much acceptable norms of the patriarchal system of society.
The increased participation of the women in the politics was also not so visible. Yes, we are stressing on the participation in local level politics only and so we do imply the participation in local panchayat elections when we explore women’s political participation. Only a few cases of women members contesting the panchayat election and coming on the post of Village Sarpanch or Pradhan were cited. The women’s collective strength was hardly visible where they would have worked to stand a candidate amongst themselves for this post and/or would have worked to gather support for her. The maximum comparative impact could be observed in Maitha block where all aspects of women’s empowerment have been explicitly focused on and explained to women members under the Swa Shakti project and where the SHG-bank linkage model has been followed for microfinance programme. In fact it is in this block that the first experiment to form federations of SHGs from some villages at the block was being undertaken to slowly make the community completely own up and also manage the entire SHGs operations.

**Impact on Women’s Health**

While the relevant literature on impact of SHG membership on the health of the women and their families was searched and reviewed it has been realized that exploration of this issue has not been undertaken extensively and in-depth except for some isolated attempts been made. Microcredit through SHGs has been increasingly advocated as a potential tool for poverty reduction and women’s empowerment but to what extent and how would it impact women’s health has not been much researched. UNFPA, UNDP, SEWA and some other organizations have briefly attempted to utilize the SHG platform to implement health programmes like for HIV/AIDS, RCH training, health insurance etc. These examples have been documented as successful attempts but they do not explain and clarify several important basic questions like:
If one wishes to undertake a health programme in a community should they implement the health programme first and then mount on it the microcredit or should it be the other way round?

Since we have been mainly considering SHGs formed for the main purpose of microcredit as the basic structure, lets assume that it should be the health programmes being introduced into a running SHG. The question then would be 'Can the health programme be successfully introduced and implemented in all SHGs, i.e., can these scattered examples of successful introduction of a health programme be generalized for all groups?

Suppose one finds that this could be treated as a generalized finding then we need to understand that at what stage of the running of the SHG can any health programme be introduced and what factors can ensure it is successful implementation. Basically we need to understand why would the women members of these SHGs be more receptive and participative in the health programmes when introduced from the microfinance platform.

Another vital questions would be to find explanations for the financial and operational feasibility of running these health programmes in SHGs constituted for the prime function of microcredit. Basically we need to find answer to why an agency which has been running / supporting a SHG for microfinance should also attempt to utilise the group's platform for mounting on health programmes. Will this not demand a huge investment of both time and money from them? Suppose one is able to motivate them enough on philanthropic grounds to at least take up awareness generation programmes and information giving programmes among the group members then also the question of how they should meet their operational cost of undertaking these additional activities remains. Even if such activities get initiated, we must be able to seek answers to how will these activities be undertaken on a long-term basis. Also another issue, which should be considered in this respect, will be to understand the competency and appropriateness of the project staff, who
would have been trained mainly for handling the microcredit functions of the
group, to feature in rendering services in health programmes.

The present study has made a modest attempt to explore all these issues. As
discussed in detail in the methodology adopted for this research, the very selection of
the three study blocks has been done so as to study the first issue—what is more
successful - health programme mounted on microcredit platform through
SHGs or the microcredit programme through formation of self-help groups
started among beneficiaries of a health programme.

The findings indicate quite successful scenarios of health programmes both in Maitha
and Bidhanu-Maitha where we find a mix situation of health programmes and
microfinance programme working in a more or less symbiotic and a cyclic
relationship; Bidhanu where RCH programme has trained many a women as CBD
workers and many of them have recently joined the SHGs being formed by agencies
other than Shramik Bharti. The Dais and women who received trainings under
Sanjeevani Project in Maitha for providing Home Based Care to pregnant women in
case of complications or to the woman delivering before a qualified medical help
becomes available has certainly in many cases been helpful in saving lives. Other
aspects of maternal and child health care also appeared to be covered. The Village
Health Guides recruited and trained under the project have been instrumental in
providing awareness to women on maternal and child health issues; enabling them to
recognize complications during pregnancy or at delivery time that requires immediate
qualified medical attention; promoting exclusive breast feeding and safe delivery
practices, family planning etc as well as giving some basic health services like
distribution of family planning methods, providing HBLSS and also helping women
in being taken to the qualified and established public or private health institutions.
All these attempts have been documented to have contributed towards reduction in
maternal and neonatal morbidities and mortalities in the block. Similarly in Bidhanu
these new CBD workers have been working for Antenatal care, institutional delivery,
postnatal care besides creating demand for FP services through mainly providing information on services and facilities available at the state owned health centres and establishing linkages of the state and private service delivery system with target population. These efforts are also emphasized to have had much positive impact on the health of the women and their neonates.

On the other hand, in Kalyanpur block almost exclusively the microfinance programme has been operational. The women also confirmed none of the health programmes been taken up through SHGs in their area except for a few who faintly recalled the family planning programme having been operationalised in the block some five years back. No specific discussions around any health topics would generally be taken during monthly group meetings. Most of the women in this block had not appeared to be proactive in taking care of their health. Though in some cases the loan money was used for treatment of self or some family member illnesses and a few women did use the money to spend on transportation or paying the fees in order to take qualified medical help during pregnancy complication or delivery.

Thus, it becomes quite clear that simple pure microfinancial activities do not automatically also create positive impact on the health of the women, though the group money has been evidenced in providing the much needed buffer by the poor women to tide over financial crunches during illnesses to some extent. However, extending these few cases and a little help to assume that microfinance alone can bring about positive changes in the other aspects, as health, of women members would be quite a far-fetched inference.

Regarding the issue of how to use the platform of microfinance, evidence from Maitha and Bidhanu appear to lend support to both views implying that it would be immaterial which type of programme is introduced first. One can start a developmental programme first and then mount the microfinancial activity or it could be done in the other way round. As per the key functionaries of SB working
mainly for the health programmes, the main point to launch any intervention in a
given community is how to gain an entry into the community. Gaining entry basically
implies that how should the community members be taken into confidence, how
does an outside implementing agency become the communities trusted partners in
their own development and how does one builds up the communities capabilities to
participated in the programme. In this respect they opined, based on their extensive
field experiences, that in this respect any health programme or even some other
developmental programme like the sodic land reclamation programme based on the
prioritised felt need of the community is a good entry point.

Microfinance was definitely opined as a good enough entry point. Once a base is
established, other programmes can be mounted on this base. SHG were explained as
a much better platform since it easily and almost universally appeals to the poor
people across all communities. The economic reason has a lot more potential to seek
women’s participation from village communities owing to the known fact of these
groups regarding enabling credit facility at comparatively much cheaper rates of
interest (as compared to the moneylenders) and that too which is preferably or
sometimes exclusively made available only to women. Moreover, since this economic
base will continue to apply for a long time, the microfinancial activities have a greater
probability of being sustainable. However, the experience of SB till now does not
support independent SHGs being fully independent and the formation of federations
for this very purpose is yet to prove the operationability of the concept.

The other developmental programmes like the health programmes are easier to be
launched using SHGs as the platform for firstly, women are easier to be assembled in
groups; in fact the monthly group meetings can be used as an access point to initially
meet these women. Secondly, the comparatively more participative women owing to
increased confidence in interacting with outsiders are more likely to lend ears to any
other discussions for other aspects of their development. Thirdly, the two
programmes- microfinance and the other introduced developmental programme,
could then exist in a symbiotic cyclic manner implying that they support each other both in operationalization and sustainability.

The issue why a CBFI should function as a CBFI+ (providing not only financial functions but also that works for social intermediation through other developmental programmes), can only be justified on the fact that social intermediation is likely to improve the health and living condition of the clients and may then also increase the use of loans for productive purposes thereby ensuring more of clients who are able to pay back the instalments. This may also contribute towards financial sustainability of the CBFIs. Those NGOs and other organizations that do claim to be working for the betterment of the poor people can then be promoted on philanthropic grounds.

However, the entire study strongly would argue against the much-floated proposition that self-help could be a much feasible option for withdrawal of state from it is social responsibilities. Also it breaks the myth that women empowerment is ensured through formation of women SHGs in the poor communities. The study raises particular concerns for the interpretations of women empowerment used to make such claims. In reality the attempt to empower this universally accepted disadvantaged section of the human society in patriarchal systems in seclusion to this very fact of them being women, is not explainable.

Thus, what this study infers is that microfinance is definitely not a panacea and will have hardly any success if used in a stand-alone mode. It in no way justifies or even boast to replace the state’s role in providing development services to the citizens though it appears to have the potential to become a good support system. Much research which is both in-depth and holistic in fashion is required to provide much firmer and clearer grounds to this concept of microfinance in development. We have to be quite cautious while we blindly convert all development strategies to microfinance routes.
Implications of the Present Study

The study's implications can be mainly understood to apply at three levels:

1. Conceptual level – the multidimensionality of the concept of women's empowerment is accepted and further highlighted. The concept needs to be interpreted in a more holistic way and definitely in a given context. A strong case gets build up in favour of the proponent that over concentration on one or a few of the dimensions of the concept can be quite misleading and hence inappropriate. Therefore, the concept whenever defined and applied has to be at various levels and by types of women's empowerment. The women whose empowerment is being defined should themselves participate in the process however, while one accepts their definition the gender relations in that society have to be critically analyzed. It seriously questions the one-sided biased concepts of self-help and of economic route as leading to empowerment of the disadvantageous sections of the community as poor and women.

2. Programme level- the present study does have some definitive implications for the developmental theorists, policy makers and the implementers. The increasing emphasis on microfinance programmes for development is revealed to be a fluid reason and that which is getting imposed by the international organizations under the structural adjustment programmes to provide support to the justification of state's withdrawal from its social responsibilities. The claim of economic route as being capable of leading to an all round development of the intended beneficiaries is fluted. Thus, the study does accept and favours the possibilities of microfinance through SHG model as being a strong platform to mount on other development programmes as well as the potential of SHG's to become strong support system for the public health system through their role as facilitators as well as monitors. However, at the same time it almost completely negates the claim that
microfinancial activities will even in a stand-alone mode have a positive impact on the health of women’s members.

3. **Research level**- for getting firmer and clearer grounds to understand the concepts and their appropriate applicability in the development strategies and programmes, much in-depth research and that which adopts a holistic approach to study the relevant issues is called for. The parameters and indicators used to define and measure women empowerment and explore its linkages with the developmental programmes should be broken down into further components as relevant in a given context. Particularly the need to re-examine the tools and techniques of data collection and analysis in such studies is highlighted. The study does show that a balance should be made in providing flexibility to capture women’s own interpretations and perceptions vs. the standardization required to enable generalizations.