Chapter 9

Findings and Conclusions

“This Summit is about creating a process which will send poverty where it belongs – the museums.” Prof. Yunus at inaugural session of Micro credit Summit Campaign in 1997

In other words, because of the availability of programs such as microfinance, along with increased empowerment and access to reproductive health services for women, Bangladesh was able to improve development of its people. Considering Bangladesh as an example of microfinance’s potential on a national scale, it is not such a stretch to imagine its potential impact on global poverty. Recognition of the intimate link between poverty, poor health and inequality along with the evidence of microfinance’s broader impacts in these areas demands the expansion of microfinance services to the poor as a primary strategy for meeting the MDGs.

Earlier poverty reduction approaches have been primarily aiming at economic poverty. However, social poverty and gender discrimination are intimately connected with economic poverty, which is why development initiatives that address only economic poverty do not succeed in pulling the poor out of the poverty trap.

The indicators of poverty and empowerment that the study has used matches those that the derived through participatory processes and are reflection of their attitudes and beliefs.
Poverty has been addressed in the wider context in its economic and socio-cultural dimensions and not just seen in the economic deprivations, but deprivations of access, means and opportunities.

The study has adopted holistic understanding of the process of empowerment where empowerment of women has been conceptualized as a process and not as a goal.

Empowerment of women is largely related to an expansion of mental spaces that allows them to effect change in their lives. Mental spaces can expand when physical, economic, socio-cultural spaces expand.

Empowerment indicators cover access over resources, mobility, awareness and decision making.

Findings of the study

9.1 About Respondents

9.1.1 Age

Nearly half of those participating in SHGs are in the age group of 30-40 years, about one-third are in the age group of 20-30 years. Only a fraction of them are below 20 years or above fifty years.

The intra group comparisons of age indicate a sort of similarity in the age distribution of the respondents.

In all the groups the maximum number of women is in the age group of 30-40 years. This finding renders useful suggestion for programme personnel about the age group which is most receptive to the group activities and Microfinance.

In all the groups' minimum number of women is in the age group below 20 years. This is the age group which is likely to be either unmarried girls or newly wedded daughters in law. Normally the prejudice is found against unmarried girls, because they would get married, thus hampering the group processes and newly wedded young women fail.
to join the group processes because of their lack negotiating power within the house. Both these predisposition can be termed as gender insensitive, because this age specially unmarried girls group has the potential to render useful contribution through their energy, accounting skills, fresh ideas and better availability of time.

- The mean age of women in all groups is between 32 and 36.
- Analyzing the extremes we observe that Pratap nagar has the maximum number of women above 50 years and Sandhya Nagar has the only two women in the below twenty age group.

9.1.2 Education

- Maximum number of respondents is illiterate followed by those who have done primary education or middle level education. Only one in nine women has completed matriculation and just four women have done inter. None of the women is graduate or above.
- All the groups except Pratap nagar have more than 40% of women who are illiterate.
- Pratap Nagar has 40% of women are educated up to primary level, which is just about equivalent to making them functionally literate i.e three “R”s and simple arithmetic.
- Saboli gadda has maximum number of women who have done inter level.
- Both Sandhya Nagar and Harsh Vihar have around 18% women who are matriculate.

9.1.3 Employment

- Of the total respondents, more than three out of five are housewives, and one in five is self employed. Only one in ten is earning their livelihood through wage labor from unorganized sector. There are very few who are in service that too mainly at the lower rung. However % of self employed is also more among client groups than no client group.
Intra group comparisons with respect to employment patterns of respondents, it is found that:

- Maximum number of women in all groups are housewives except Radha Vihar
- Of the engaged women, maximum number are in unorganized sector of being self employment or on daily wage labour
- Radha vihar due to availability of home based embroidery work has maximum number of self employed
- Least number of women are in Service sector which is mostly lower levels as peon, helper, cook etc.

9.1.4 Partners Employment

Studying the employment patterns of partners following inferences can be drawn

- The lowest proportion is reported to be "unemployed".
- Maximum number are surviving on daily wages basis in all groups except Saboli Gadda
- In Saboli Gadda maximum number are self employed as this group is nearer to the main road and maximum numbers of partners are vegetable seller, venders or shop keepers where their wives help them.

9.1.5 Family background

- Most of the SHG women are in nuclear families. Comparing the two group, client group has slightly higher proportion of staying in joint families than non clients. Since most of the members have migrated for livelihood, they have left their extended families at their native place, where other families are doing the ancestral work or looking after agriculture. Second reason for many families being nuclear can also be the paucity of the place, since most of the families have 22 yards plot.
9.1.6 Number of children

The analysis with regard to the number of children clearly indicates son preference.

- For girls, the frequency in all groups except Radha Vihar peaks at the value One, while for Radha Vihar it peaks at the value zero.
- For boys, the frequency peaks at the value two in all groups without exception.
- The group mean for all the groups is more with respect to boys when compared to mean for girls.
- The disparity is least in the case of Saboli Gadda and maximum for Pratap Nagar.

9.1.7 Annual income

Most of the respondents both from client group as well as non-client group belong to the lower economic strata of society, mostly dependent on unorganized sector. For maximum number of families, monthly income ranges between Rs 1000 to Rs 3000. Proportion of families having more than Rs 3000 per month is quite low. If we compare clients and non-clients, we do not find much difference. The mean annual income for the client group is Rs 28579.60 and the mean annual income for the non-client groups is Rs 28477.35.

- Maximum families have their annual income in the range of Rs 2000-3000 per month and even the mean income of all the groups lie in that range.
- Roughly 90% of families are in the income range of Rs 1000- Rs 3000 per month.
- There are very few families earning more than four thousand per month or less than Rs 12000 per annum.
- The mean annual income of the Pratap Nagar is maximum, while it is lowest for the Sandhya Nagar.
9.1.8 Size of plot

Maximum number of families own 50 yards followed by 25 yards. Less than one fourth of families own plots greater than 50 yards, less than one tenth of families own plots greater than 100 yards and less than 2 percent own plots greater than 150 yards.

Both the client and non client group follow the same pattern and there is no significant difference through there is slight difference in the mean size of plot for the two groups. The mean size for client group is 47 yards and for the non client group is 43 yards.

The Nand Nagri area being a resettlement area has the original plot size of 22 yards and the old areas like the Saboli Gadda has the families staying on the original size but the later settlements on the peripheries have the families who have taken more than one plot and constructed bigger houses. Harsh Vihar being the most recent settlements has the highest mean for the group.

When we observe the frequencies we see that Saboli Gadda is the only group which has maximum number of families staying on the plot size smaller than fifty meter square, for all other group the maximum number of families stay on the plot which have the area between 50 and 100 sq mt.

- The proportion of women who have pucca house and own house is slightly more in the client group than the non client group.
- Majority of group members are Hindi speaking and only a few use regional language.
- In rural areas the domestication of animal is a means of livelihood, but the analysis in this study shows that it is not a priority for the urban poor.
9.1.9 Ownership of household items

- The analysis regarding ownership of household articles shows that maximum number of families owned television followed by fan, fridge and cooler. Only six % of families owned coolers and one in six families owned fridge. Television seems to be given more priority than even fan. Comparing the two groups experimental group and control group we, find the trend being same.

- The status of ownership of household items indicates pattern of acquisition and it is indicated that fan and television are the foremost priority.

- In Radha Vihar and Pratap Nagar proportion of families owning television is higher than those owning fans.

- In all other groups families owning fans are highest.

- The priority for fan and television is higher than that of cooler and fridge.

- If the combined ownership of all the four listed items is seen that Harsh Vihar fares better than all the other groups.

9.1.10 Details of credit

The eligibility conditions decides by the group through the consensus process are

- The applicant should be regularly attending the group meetings

- The applicant should be regularly saving in the group kitty for the last six months

- The applicant must convince the group about the possibility of repayment in ten to twenty months.

Amount and adequacy of credit

- The maximum number of women, i.e one out of three have taken Rs 2000 to Rs 3000 followed by 27% taking Rs 4000-5000 and 20% taking Rs 3000-4000. Only 13% have taken Rs 5000 or more.
Nearly 60% of respondents said that the amount was inadequate to the specific purpose for which the credit was taken.

Nearly fifty percent people reported taking loan from other sources to meet the gap and fifteen percent adding their own savings.

Frequency and utilization of credit

- More than eighty per cent of women have availed of the credit facilities only once. Less than one sixth of the members have taken credit twice and only one out of twenty has availed of it three times.
- Maximum number of times credit is used for the family consumptions purpose
- Second most important purpose for which micro credit has been used is to repay the loan taken from other place.
- Utilization of loan for repair is also high on priority opted by nearly 20%.
- Health gets priority only in the curative aspect and not preventive aspect. Loan is usually taken to meet the emergency need or treatment of illness.
- Education of children gets low priority.
- The use of micro credit for initiation of income generating activities has low priority opted for by only seven percent of respondents. It is third lowest in rank after education of children and improving sanitation.
- The repayment rate has been more than 95%.

Intra group comparison

In all groups maximum numbers of women opt for loan amounting to Rs 2000. Reviewing the group according to amount, Sandhya Nagar have maximum women taking Rs 1000, Saboli Gadda has maximum number of women opting for Rs 3000, Radha Vihar has maximum number of women opting for Rs 4000 and Pratap Nagar has most number of women taking Rs 4000.
Regarding utilization of microcredit, there is no uniformity in the pattern of utilization of credit among groups. It can be seen that in case of Saboli gadda, Sandhya Nagar and Harsh Vihar, frequency is maximum for consumption loans. For Radha vihar it peaks at Repayment of loan from outside and in Pratap Nagar maximum people used the microcredit for repair of house.

Observing the pattern other way round according to activities, Income generating activities and Improvement of water/electric supply finds most acceptance in Pratapnagar, treatment of illness has most acceptance for the Radha vihar group. Education of children which has only few takers has highest frequency for its segment in the Radha Vihar group for boys and Harsh vihar group for girls.

9.2 Impact of micro credit

9.2.1 Household level

Standard of living

- The desegregation of those who did notice the change shows that they did observe the changes that have taken place with regard to improving the availability of water, sanitation and electricity, on priority
- Purchase of household articles was the next option which included the utility articles like fan, television, coolers etc.
- Improvement in house, which means repair, renovation and addition to the house, became the next priority.
- Purchase of property is the lowest priority for all the groups.
- Improvement in water and sanitation is the highest priority for the Harsh Vihar group and Sandhya Nagar.
- Improvement in house which include alteration, modification or addition to house is the highest priority for Radha Vihar and Saboli Gadda
- Pratap Nagar is the only group which has added to the household articles as a result of microcredit.

9.2.2 Health

Health expenses

- An analysis of health expenses done in the last six months of these families indicates the mean expenditure on health women belonging to client group is Rs 2755.466 and those who have not taken loan is Rs 2188.081.
- There is more number of "non client "women who have spent less than Rs 1000 in last six months.
- The analysis of health expenditure which includes both routine and emergency shows that nearly three fourth of families have spent between Rs 1000- Rs 3000 on health. All groups have the highest frequency in this class except sandhya Nagar, where maximum families nearly half of families have spent less than Rs 1000
- The Saboli gadda SHG has maximum proportion of families spending higher than Rs 9000 Pratap nagar has more number of families spending in the slab of Rs 7000-Rs 9000.
- Analyzing the expenditure with respect to family member for whom the expense was done, we find maximum expenditure was done on the mother, closely followed by the father and son segment. Desegregating the data further it is again Harsh Vihar Group where we find the expenses to be more genders sensitive and favorably skewed towards the mother and daughter than father and son.
Access to health care

Maternal care is one of the fundamental indicators of families acceptance of health care and complete and comprehensive antenatal care is the first ladder for maternal health.

Ante natal check ups

- The percentage of women from "Client" group accessing ANC is nearly 71% as compared to less than 65% for the non client group.
- In both the case of accessing the antenatal care and also completeness of antenatal care, it is Harsh vihar which scores over all other groups. More than three fourth of families go to government hospital, one in ten go to private hospital.

Institutional deliveries

- The analysis of data shows that % of women accessing institutional delivery both in government hospital as well as private hospital is more among the group that have taken loan
- There is very low utilization of government facilities in Saboli gadda, Sandhya Nagar, and Pratap Nagar.
- Only in Harsh Vihar and Radha vihar have more than one third of families have gone to government dispensaries for safe delivery.
- Private hospitals are least utilized due to their unaffordability by most of the poor women in the area.

Status of Immunization and Newborn Care

- The exposure to groups activities provides women the confidence and motivation for better child care. It gives them the chance to discuss matters informally and minimize any doubts and misconceptions, Since
Immunization is mostly free of cost, the better utilization of the same cannot be related to availability of tangible resources from the group. However still the status of immunization being better among the “client” group explains the better utilization of available services.

- Colostrums feeding is reported to be maximum by Pratap Nagar, which also has highest number of women educated upto primary level.
- Saboli Gadda and Sandhya Nagar group which report least proportion of women feeding colostrums also incidentally report maximum % of illiterate, which indicates the positive correlation between education and colostrums feeding.
- However the same correlation is not highlighted in case of Complete immunization, bringing out the importance of service availability as the other variable effecting the health utilization. Harsh Vihar which has the highest proportion of children been immunized, is also the group which has highest mean annual income.

Contraceptive usage

- The analysis of contraceptive usage among the respondents shows that there is marked difference in the couple protection rate among the taken group and not taken group. This difference is quite evident in the condom usage, use of permanent method and oral pills. The difference is adoption of IUD or copper T is negligible.
- Analyzing the acceptance according to methods, it is seen that as per national prevalence female sterilization is the most accepted means in all groups. In Pratap Nagar group it is reported to be as high as 60%.
- Male sterilization was found to be zero or near to zero in all groups and hence has not been tabulated.
- Condom has been reported to be the next choice followed by Copper T (maximum in Sandhya group) and oral tablets (maximum in Radha vihar group) in that order.
9.2.3 Education

Education of respondents

- Proportion of illiterates is more among non-client group than the client group.

Partner's education

- In the first glance, it is seen that proportion of illiterate partners is higher for women belonging to non-client group and also proportion of partners who are graduate and above is lesser for women belonging to non-client group. This apparent impression indicates a sort of direct correlation, but deeper analysis of mean of both groups goes contrary to this finding. The mean of client group is 5.27; whereas mean of non-client group is marginally higher at 5.64. Though the differences are not too impressive, it suggests that no major inference can be drawn in this regard.

Education of children

- Higher proportion of children of school going age, both girls and boys of women belonging to client group is attending school, than the other group.

- The groups of Saboli Gadda and Harsh Vihar are the only group which have the higher proportion of school age girls going to school as compared to boys.

- Radha Vihar and Sandhya Nagar depict maximum gender disparity in this regard.

- Pratap Nagar has equal proportion of school age boys and girls going to school.
9.2.4 Women Empowerment

Interviews with the key informants inform that the credit received by women not only makes them active economic agents but also makes them socially important. This 'awareness' on the part of the women is reflected in the increasing number of women participating in other development activities in local context. The group processes fulfill the three essential elements of social mobilization, economic integration and political empowerment.

Control over resources

- The holding of bank account in women's name/jointly has been taken as one of the indicator because an important indicator of being practically empowered is whether the SHG member is sufficiently aware of the basic banking operations and can handle her savings account on her own.
- The data clearly indicates that the women associated with self help groups are more likely to have bank accounts either individual or joint. As for the awareness of the core purpose of a bank, on almost every point, SHG members are aware. They themselves operate their accounts frequently,
- More than one fourth of women in Harsh Vihar group have separate account, which is higher than any other group.

Mobility

- Mobility is one of the key indicators of women empowerment. It indicates the sense of independence and self confidence that the women enjoy. With this well proven evidence, the respondents were asked about common place of interest, which they felt confident to visit and the place they actually visit alone, without the company of husband or family elder family members. The analysis of responses shows that who were part of SHG and had availed of micro credit were more confident and did move alone more frequently than the other group. The least desired
place of visit was police station for obvious reasons, for both the groups. The difference among taken group and not taken group was the least in the case of “Market”, which can be understood to be an “indispensable” in the lives of women for buying the glossaries and items of daily use.

- Market place is the first option which gets acceptance and comfort ability from all groups.
- Police station is the least accessible place by women across all groups. Women across all groups expressed their inhibitions on going to police station.
- Market and health centre are the first choice in the Saboli gadda
- Market and Relative place are the first choice of Radha vihar
- Pratap Nagar has equal number of women feeling comfortable to visit Children’ school, market or relative’s place.

Decision Making

- The degree and the range of issues where women are involved both need to be decontextualized to understand the integration or marginalization that is meted to the women folk in the family. The type of matters where their opinion is sought and agreed upon reflects the seriousness with which women’s role in decision making is seen. The National Family Health survey II points out to fallacy very clearly that women decision were only taken for purchase of household articles and not for health services.

- With this context in mind the questionnaire contained the range of areas covering children’s marriage, education, health, contraception and property etc. The comparative analysis of data shows that women from client group are involved more in the decision making process than the women from non client group.

- The desegregation of data shows that maximum involvement of women in family decision is pertaining to the marriage and health. Decision
pertaining to contraception and children’s education seek minimal involvement of women.

- Decision regarding family health as well as purchase of household article has been opted as highest choice among four group.
- Decisions regarding the purchase of property find the least acceptance among women.
- Overall the women of Radha vihar group convey maximum decision making capacity.
- Pratap nagar women have conveyed equal decisiveness in all matters.

### Awareness

- The analysis does not find much difference between the client group and non-client group in case of awareness about the market, health facility and schools. But there is marked difference about the awareness about the vocational training opportunities. One may say that a large part of this increased knowledge is due to the involvement of these women with the SHGs.
- Surprising the women of Saboli Gadda have indicated complete awareness about all facilities followed by Radha Vihar
- Mean awareness is least in the Harsh Vihar group, which has otherwise indicated high utilization of services and facilities
- Among all other groups awareness of vocational training centers is least

Thus it can be concluded that the study proves the hypothesis that micro credit is the most appropriate tool for management of poverty in the most effective and efficient way. It provides maximum hope for the poverty reduction efforts by rendering holistic approaches through addressal of all the dimensions of poverty.