CHAPTER – II
WOMEN’S SELF-HELP GROUPS:
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This chapter reviews the concept, definitions, framework and perspectives on issues related to women, self-help groups, empowerment and more particularly link between women's empowerment and overall development, inequality between women and men along with social, economic and community empowerment. This chapter also discusses different ways in which empowerment has been conceptualized, and how women's empowerment affects important development outcomes such as health, education, income levels, etc. The literature reviews are based on various primary and secondary sources and comprise the work of other researchers, activists and academics.

INTRODUCTION

There have been several programmes and policy initiatives for poverty alleviation both at national as well as state level. Most such programmes and policy initiatives have focussed on reaching out to the vulnerable and marginalised sections of population such as women. The approach adopted in such programmes has generally been through empowerment of women and their enhanced participation in social and political processes. Self-help Groups (SHGs) were initially thought of as one such initiative which will empower women economically\(^1\), socially and politically. It was further assumed that these dimensions of empowerment would also get translated into greater welfare for women, particularly in terms of their health attainment. However, the extent and manner in which these groups can be involved in health related work and the kind of health spin-offs that can be expected from their (economic) activities is still not very clear. Further, the extent to which this initiative would result in women's empowerment is also not clear. Numbers of studies have shown that women may

\(^1\) This means that in a situation where women are economically stronger than men, have equal status, but study after study has disproved this. (See, Batliwala, S. 1995).
be empowered in one area while not in others (Malhotra and Mather 1997; Kishor 1995 and 2000; Hashemi et al. 1996; Beegle et al. 1998). Thus, it should not be assumed that if a development intervention promotes women’s empowerment along a particular dimension that empowerment in other areas will necessarily follow. Jejeebhoy (2000) found that, in India, decision-making, mobility, and access to resources were more closely related to each other than to child-related decision making, freedom from physical threat from husbands, and control over resources.

In the context of providing micro credit to women, there is an extensive literature debating the effectiveness (or not) of this strategy in terms of empowering women. It does appear that many women have benefited from increased access to and control over cash but evidence also indicates that “female targeting without adequate support networks and empowerment strategies will merely shift the burden of household debt and household subsistence onto women” (Mayoux 2002). The assumed economic and social empowerment of women through SHGs, through nurturing the existing and new income generating economic activities of poor households, is still a dream in many states. One of the reasons for its failure to translate it into actual empowerment for women is the way these SHGs are designed and implemented at the ground level, which in

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many cases is through Non Government Organisations (NGOs) with explicit focus on financial services rather than on empowerment of women. The primary goal of self-help groups must be to enable sustained economic security for women from low-income households. Most of the NGOs encourage access to financial services through self-managed and controlled self-help groups and use of Group Managed Revolving Loan Funds (GMRLF), because SHGs are based upon the principle of enhancing community potential for self-reliance and independence.

In development literature as well as in the planning process, the functioning of SHGs has been viewed only from an economic perspective. The existing approach emphasizes economic development of people and women in particular, in the case of women SHGs. However, how these economic benefits are getting translated into change in women’s status, particularly their heath status has not been explored in greater detail. This thesis aims to understand the non-financial aspect of SHGs, mainly its impact on women’s empowerment and its inter-linkages with health.

THE CONCEPTUAL FRAMEWORK

Gender inequities\(^9\) throughout the world are among the most pervasive, though deceptively subtle forms of inequalities. Gender equality concerns each and every member of the society and forms the very basis of a just society. For the empowerment and participation of women in every field of society, economic independence is of paramount importance. However, along with economic independence, equal emphasis must also to be laid on the total development of women, creating awareness among them about their rights and responsibilities, the recognition of their vital role, and the work they do at home. If necessary, a new social system must evolve. The society must respond and change its attitude.

\(^9\) It manifests itself in particular, rather than universal forms, being defined and elaborated by other social categories like caste, ethnicity, class, race, religion, culture, economic and political system, and geography. It is dynamic, rather than static, taking different forms in different times and regions.
Recognising the need for change, many programmes and policies have been designed at the national and international levels, to move towards a more equal society. The Preamble of the Indian Constitution refers to the promise of social justice. Right to equality has also been enshrined as a Fundamental Right under Chapter III of the Constitution, which has a provision for affirmative action in favour of women. Apart from these legal and constitutional safeguards, various policies and programmes have also been launched to ensure greater empowerment and participation of women in the social, economic and political spheres of society. However, despite these Constitutional provisions as well as affirmative actions on part of the State, the status of women continues to be a cause of concern not only in our country but also in most countries of the world.

The Head of States and Governments, gathered at the United Nations Headquarters in New York in September 2000, at the dawn of a new millennium adopted a historic Declaration, recognising that, in addition to their separate responsibilities to their individual societies, they also have a collective responsibility to uphold the principles of human dignity, equality, and equity at the global level. They recognised that they had a duty to the world’s people, especially the most vulnerable. The Millennium Declaration asserted and affirmed their commitment to making the right to development a reality for everyone and to freeing the entire human race from want without distinction of race, sex, language or religion. Specific targets had been laid down under the categories of eradication of extreme poverty and hunger, achieving universal primary education, promotion of gender equality and empowerment of women, reduction of child mortality, improvement of maternal health, combating HIV/AIDS, malaria and other diseases, environmental sustainability and a global partnership for development. All 189 United Nations member States have pledged to meet the above goals by the year 2015.

In this context, it is important to recognize the inclusion of promotion of gender equality and empowerment of women as a specific objective in the
millennium development goals. However, it is hardly recognized that even the remaining objectives set out in the millennium development goals are crucially linked to the issue of women empowerment. While this is certainly true for goals such as reduction of child mortality and improvement of maternal health, even other goals such as eradication of extreme poverty, universal primary education and combating HIV/AIDS are dependent on the level of empowerment of women in the society as well as within the household. Gender inequities throughout the world are among the most pervasive forms of inequality. It is unfortunately true that a woman is, even in her own home given a rather subordinate role to play. For the emancipation of women in every field, economic independence is of paramount importance. But along with economic independence, equal emphasis must also be laid on the total development of women, creating awareness among them about their rights and responsibilities, the recognition of their vital role and the work they do at home.

In this context, empowering women through SHG can be an effective tool for ensuring all-round development of women with regard to the targets set out in the millennium development goals. Women's involvement in SHG is not only cost effective in eliminating poverty, but also leads to women empowerment and consequently better outcomes regarding her health status. Although the links between SHGs, women's empowerment and health are always viewed as optimistic, it is evident from various studies that women have benefited to a limited degree in all the three aspects. Many women do not control the loan taken since most of them are engaged in low paid, traditionally female activities, and increases in income are small/marginal with minimal empowerment and very little impact on their health. On the other hand, the governments in developing countries are guided/influenced by the global neo-liberal agenda, which has resulted in withdrawal from investments in health and other welfare sectors, having negative impact on masses specially the poor and the marginalised.

Gender equality and women's empowerment is the third of the Millennium Development Goals (MDGs) to achieve to reduce the gender gap in education at all levels; increasing women's share of wage employment in the non-agricultural sector; and increasing the proportion of seats held by women in national parliaments.
It is often assumed that SHGs will play an important role in improving health care delivery in low and middle income countries and contribute in improving population health outcomes in the face of reducing government health expenditure (Nayar et al 2004). This is against the background of “the paradigm of health sector reforms currently undertaken at the global level, and especially in structurally adjusting countries like India and elsewhere in the developing world, which enforces a move towards privatization of medical care services”.

In fact, all the MDGs are closely linked to one another and gender empowerment is the key for the realization of most of them. For instance, the goal of eradication of extreme poverty and hunger refers to the need for reducing by half the proportion of people living on less than a dollar a day and reducing by half the proportion of people who suffer from hunger. Among the poor, women and children constitute the most vulnerable group sharing a disproportionate burden of poverty with women accounting for 70 per cent of the world’s poor [according to UNDP’s Human Development Report (1995)]. This phenomenon, which is referred to as the ‘feminization of poverty’ calls for targeted response (towards women) from governments and others. According to a study published by the Commonwealth Human Rights Initiative (CHRI) on ‘Human Rights and Poverty Eradication’, “two-thirds of illiterate people are women. Life expectancy in Africa and Asia is shorter for women than men, contrary to normal expectations elsewhere. 70 per cent of children out of school are girls; malnutrition and mortality rates are much higher among girls than boys”. Studies have shown how education of a girl child has positive impact on infant mortality, maternal mortality, health and hygiene, and productivity. However, if a real dent is to be made in the fight against poverty and hunger, targeted efforts, keeping the gender dimension and gender empowerment in view, alone cannot bear fruits.


12 However, many scholars believe that the reasons behind targeting of women with financial services are because women are easily accessible and they have been found to be much better credit risks than male. In many countries (especially low income country and developing countries), women are relatively easy to locate, as they work in the home compound. Further, they are also perceived as more vulnerable to repayment pressure, both in terms of the social network as well as the social norms in which they operate that make them easier to intimidated.
STATUS OF WOMEN

Before analysing the processes which facilitate or subvert women empowerment, it is important to understand empowerment in the broader context of a woman's existence in the society. Primarily, empowerment of women has to be defined vis-à-vis the existing power structure in the society. In other words, empowerment can also be interpreted as relative improvement in the status of women in the society. That is, empowerment is always a relative concept with its associated difficulties of quantifying or measuring. It also follows from the fact that the concept, "Status of Woman" itself is a relative term and therefore, one needs precise definition, for it to be measured. Status can be perceived in different ways, the extent of a woman’s access to social and material resources within the family, community and society (Dixon, 1978), or her authority or power within the family/community and the prestige commanded from other members (Mukerjee, 1975), or her position in the social system distinguishable from, yet related to, other positions (Committee on the Status of Women in India, 1974), or the extent to which women have access to knowledge, economic resources, and political power as well as the degree of autonomy they have in

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13 It is evident from many studies that access to basic resources has not enabled women to become equals. "If that were the case, then urban middle class women should enjoy relative equality with their middle-class husbands, brothers, and fathers, but we know this to be untrue (Batliwala, S. 1995)."

14 Extent of a woman’s access to social and material resources within the family includes discrimination in the allocation of household resources, such as food, and in access to health care and education, as well as marriage at young ages. In rural Bihar, generally, women eat after men, and even during pregnancy their diet is typically inadequate. A high proportion of women receive no treatment for illness; many use home remedies or traditional healers, while men are more likely to receive modern medical and institutional care.


18 Joke Schrijvers uses the term "autonomy" and defines it to mean, “a fundamental criticism of the existing social, economic and political order...an anti-hierarchical concept, which stimulates critical and creative thinking and action... transformation which comes from within, which springs from inner resources of one's own as an individual or a collectivity" (Schrijvers, 1991 quoted in Stromquist, N. P. (1995) The Theoretical and Practical Bases for Empowerment In
decision-making and making personal choices at crucial points in their life-cycle (United Nations, 1975). The idea of status also connotes the notion of equality (Krishnaraj, 1986). There can be self-perceived status, group-perceived status or objective status (Mukerjee, 1975), a situation which can lead to status inconsistency when a person is very high in one type of status and very low in another.

Acharya and Bennett (1981) noted that status is a function of the power attached to a given role, and because women fill a number of roles, it may be misleading to speak of "the status of women". Another early writer on the topic, Mason (1986), pointed out that the phenomenon of gender inequality is inherently complex, that men and women are typically unequal in various ways, and that the nature or extent of their inequality in different settings can vary across these different dimensions (as well by social setting and stage in the life cycle).

While there are different ways of looking at status of women, it is clear that there are wide disparities between the status of men and women. Today women constitute half of the world's population, perform nearly two thirds of work hours, receive one-tenth of the world's income and own less than one-hundredth of world's property (United Nations Report 1980). Association for

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in their bulletin ‘Women’s Right and Economic Change’²⁵ mention that globally:-

- Women earn 20 to 30 per cent less than men. (ILO)
- Women remain at the lower end of a segregated labour market and continue to be concentrated in a few occupations, to hold positions of little or no authority, and to receive less pay than men. (UN Department of Economic and Social Affairs)
- Women’s unpaid household labour accounts for about one third of the world’s economic production. (UNFPA)
- In developing countries, women’s work hours are estimated to exceed men’s by 30 per cent. (UNFPA)
- Whereas men are more likely to be hired in core and better paid positions, women are increasingly hired in peripheral, insecure, less valued jobs including home-based, casual and temporary work. (ILO)
- At times of economic crisis, women are the first to withdraw from wage and salaried work; they may be forced to enter the informal economy as a result. (ILO)

Inequality between men and women is one of the most critical disparities in India too. This is not only reflected in matters such as education and opportunities available but also in more elementary fields of nutrition, health and survival which is basic human right. This is well reflected in unbalanced sex-ratio (927 women per thousand men)²⁶ which has deteriorated over the time. Women are also vulnerable to diseases and their mortality is higher than men. Malnutrition and anaemia caused by poverty and aggravated by gender inequality, leads to problems during pregnancy and childbirth contributing more than any other factor to high maternal mortality. Further, low literacy rate (53.7 per cent)²⁷ among women has also led to ignorance about health issues.

²⁶ See, Census of India. 2001
²⁷ See, Census of India. 2001
According to Kalyani Menon Sen and A. K. Shiv Kumar (2001)\textsuperscript{28} in a recent report commissioned by the office of the United Nations Resident Coordinator in India, women in India are outnumbered by men. There are an estimated 30 million missing women. They face nutritional discrimination and have little control over their own fertility and reproductive health. They are less literate with higher dropout rates. Although they work for longer hours than men, their work is largely undervalued and unrecognised and they earn lower wages for same work. They are under-represented in government and decision making. They are legally discriminated against land and property rights, and face violence inside and outside the family throughout their lives.

In his keynote address, Justice A. S. Anand, highlighted the pathetic situation of women and pointed out the fact that internationally two-thirds of world's adult illiterates are women. Women number about half-a-billion adult population, 70 per cent of the world's poor are women, and women account for 50 per cent of those infected by HIV worldwide. In Africa that figure is now 58 per cent. Even at the national level, there are several areas of deep concerns like, sharp decline in juvenile sex ratio, continuing high maternal mortality rate and infant mortality rate, high gender gap in literacy at all levels, high rate of dropouts of girl students and increasing incidence of crime against women.\textsuperscript{29}

The ground reality is that women are not treated as equal partners in all spheres and there is vast chasm in empowerment and freedom enjoyed by a microscopic number of women and the large majority who are illiterate, ignorant and poor. The common problems faced by these women are:

1. Inequalities in power sharing with men and in particular in the decision making at all levels.


\textsuperscript{29}Keynote address by Hon' ble Dr. Justice A.S. Anand, Chairperson, NHRC on the theme “Women Empowerment - the key to achieving the Millennium Development Goals” at a function organized by the UN Information Centre at 3.30 PM on 7 March 2003.
2. Lack of awareness about their rights.
3. Insufficient machinery at all levels to promote advancement of women.
4. Inequalities in women's access to and participation in the economic structures and policies and the productive process itself; unequal access to education, health, employment, credit facilities and other means of maximising awareness of women's rights and the use of their capacities.
5. Violence against women.
6. Marginalisation in the decision making process, with women generally remaining invisible at most levels in public structures.

The National Policy for the Empowerment of Women has its impetus on their work force participation, education\(^{30}\), health and political participation at the grassroots to deal with various atrocities. The policy emphasises the need for women to be empowered to monitor the different developmental programmes especially earmarked for women's development and more particularly social and economic upliftment of women belonging to scheduled castes, scheduled tribes, economically weaker sections, minorities and other backward caste communities. Further, the society and the male members need to have a positive attitude towards empowerment of women. Studies have shown how education of a girl child has positive impact on infant mortality, maternal mortality, health, hygiene, and productivity.

Welfare initiatives, by and large have failed to achieve the desired results. The primary factor responsible for this is the near total absence of appropriate community structures and peoples' institutions at the grassroots level. These peoples' institutions generally facilitate the process of collective decision-making and put a pressure on the machinery for delivery of services thereby ensuring greater accountability on the part of the latter. Significant social reform movements, particularly focusing on women are considered to be a necessary precondition for the emergence of such institutions. Two basic principles determine the growth and spread of such movements. Firstly, the initiative and

\(^{30}\) There is considerable evidence for the claim that access to education helps to empower women. However, there are also studies that suggest that the potential of education to transform can be overstated.
leadership should come from within the community, although external change agents may have a role initially. Secondly, a majority of the members of the community should be able to perceive the immediate benefits from the movement, which should be reflected in better quality of life. Women’s empowerment must become a political force if it is to transform society at large. This is only possible through mass movement\textsuperscript{31} which challenges and transforms existing power structures\textsuperscript{32}.

WHAT IS EMPOWERMENT

The term ‘empowerment’ means many things to many people, depending on their ideological position and their preconceived notions. It is such a complex phenomenon that its measurement remains a problem for academicians and policy makers. There is no single, widely accepted definition of empowerment. Some of scholars like Oakley (2001) have defined it as, “change in existing patterns of power and its use that any meaningful change can be brought about”. On the other hand it can be said to involve “recognising the capacities of such groups (the women, marginalized and oppressed) to take action and to play an active role in development initiatives” (Oakley 2001\textsuperscript{33} quoted in Sarah 2003\textsuperscript{34}). Oakley identifies five key uses of the term empowerment. These are: empowerment as participation, empowerment as democratisation, empowerment as capacity building, empowerment through economic improvement and empowerment and the individual. Empowerment can be defined and understood from different perspective. As Batliwala notes that “the most conspicuous feature

\textsuperscript{31} Mass movements and organizations of poor women (and men) can only bring about the fulfilment of women’s needs, and change both the condition and the position of women.

\textsuperscript{32} Existing power structure (notions of power), evolved in a hierarchical, male-dominated society are based on divisive, destructive and oppressive values which encourage aggression, competition, and corruption, regardless of whether it is men or women wielding power.


of the term empowerment is that it contains within it the word ‘power’\(^\text{35}\). Empowerment is therefore concerned with power and particularly with changing the power relations\(^\text{36}\) between individuals and groups in society\(^\text{37}\)”. Batliwala further defines women’s empowerment as “process, and the outcome of the process, by which women gain greater control over material and intellectual resources, and challenge the ideology of patriarchy and the gender-based discrimination against women in all the institutions and structures of society (Batliwala, S. 1995)”. For some, “empowerment refers to increasing the political, social or economic strength of individuals or groups. It often involves the empowered developing confidence in their own capacities\(^\text{38}\) whereas others defines it as “how individuals/communities engage in learning processes in which they create, appropriate and share knowledge, tools and techniques in order to change and improve the quality of their own lives and societies. Through empowerment, individuals not only manage and adapt to change but also contribute to/generate changes in their lives and environments\(^\text{39}\)”. Others have defined empowerment as ‘the process of increasing personal, interpersonal and political power to enable individuals or collectives to improve their life situation. It requires the full participation of people in the formulation, implementation and evaluation of decisions determining the functioning and well-being of the society’\(^\text{40}\). G. Sen (1993)\(^\text{41}\) defines empowerment as “altering relations of power, which constrain women’s options and autonomy and adversely affect health and well-being.” Jejeebhoy (2000)\(^\text{42}\) considers autonomy and empowerment as more

\(^{35}\) Here power can be defined as the degree of control over material, human and intellectual resources exercised by different sections of society.

\(^{36}\) A woman’s level of empowerment varies according to her class or caste, relative wealth, age, family position etc. Nevertheless, focusing on the empowerment of women as a group requires an analysis of gender relations i.e. the ways in which power relations between the sexes are constructed and maintained.


\(^{38}\) See, en.wikipedia.org/wiki/Empowerment

\(^{39}\) See, www.unesco.org/education/educprog/lnf/doc/portfolio/definitions.htm


or less equal terms, and defines both in terms of women “gaining control of their own lives vis-à-vis family, community, society, markets.” In contrast, other authors have explicitly argued that autonomy is not equivalent to empowerment, stressing that autonomy implies independence whereas empowerment may well be achieved through interdependence (Malhotra and Mather 1997; Govindasamy and Malhotra 1996; Kabeer 1998). Batliwala’s (1994) definition is in terms of “how much influence people have over external actions that matter to their welfare.” Keller and Mbwewe (1991, as cited in Rowlands 1995) describe it as “a process whereby women become able to organize themselves to increase their own self-reliance, to assert their independent right to make choices and to control resources which will assist in challenging and eliminating their own subordination.” Kabeer (2001) offers a definition of empowerment which effectively captures what is common to these definitions and that can be applied across the range of contexts that development assistance is concerned with:

"The expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them."

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Kabeer's definition contains two elements which help distinguish empowerment from other closely related concepts, 1) the idea of process, or change from a condition of disempowerment, and 2) that of human agency and choice, which she qualifies by saying that empowerment implies "choices made from the vantage point of real alternatives" and without "punishingly high costs." Kabeer defines empowerment as "the process by which those who have been denied the ability to make strategic life choices acquire such ability" (Kabeer 1999\cite{50}). Mosedale has defined women's empowerment as 'the process by which women redefine and extend what is possible for them to be and do in situations where they have been restricted, compared to men, from being and doing (Mosedale, Sarah. 2003\cite{51}).'

The World Bank defines empowerment as 'the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives\cite{52}. The World Bank admits that empowerment, as a term, has meaning that changes with social and political context, depending on its interpretation, but its core significance always remains the same - putting people on equal footing with each other, by giving marginalized or victimized people the opportunity, voice and power to rise above their challenges. World Bank (2001)\cite{53} identifies gender equality both as development objectives in itself and as a means to promote growth, reduces poverty, and promotes better governance. A similar dual rationale for supporting women's empowerment has been reiterated in the policy statements of several international conferences in the past (e.g., the Beijing Platform for Action, the Beijing+5 declaration and resolution, the Cairo Programme of Action, the

\cite{52} See, http://www.worldbank.org/poverty/empowerment/-whatis/index.htm
Millennium Declaration, and the Convention on the Elimination of All Forms of Discrimination against Women [CEDAW]).

UNICEF uses the Women’s Empowerment Framework constructed by Sara Longwe, which encompasses welfare, access to resources, awareness-raising, participation, and control (UNICEF 1994)\(^{54}\). While resources, economic, social, and political, are often critical in ensuring that women are empowered, they are not always sufficient. The United Nations Development Fund for Women (UNIFEM) includes the following factors in its definition of women’s empowerment which includes, acquiring knowledge and understanding of gender relations and the ways in which these relations may be changed; developing a sense of self-worth, a belief in one’s ability to secure desired changes and the right to control one’s life; gaining the ability to generate choices and exercise bargaining power; and developing the ability to organise and influence the direction of social change, to create a more just social and economic order.

Although there is no consensus on the meaning of the term empowerment, it is reiterated time and again in various conferences and policy papers that empowerment of women is very important for society and its development and addressing the existing inequalities between men and women\(^{55}\). The wider question is, ‘what is empowerment’, and ‘who empowers whom?’ Is it power over resources; is it ability to create ‘effective demand; is it about the ability to make choices; or is it about access to resources and how they are controlled, politically or economically, by NGOs, by political parties, or by the State? To what extent is empowerment explicit or implicit? These are some of the questions which this section will try to understand and address\(^{56}\).


\(^{55}\) It is well accepted fact that (in Bihar) inequalities between men and women exist in all areas of development, like, human development (health and education), economic development, violence against women, participation in public life and policymaking and social attitudes and gender stereotyping.

\(^{56}\) The answers to these questions may be different in different places and at different times.
Although empowerment has become a buzz word\textsuperscript{57} after the 1990s, understanding of women’s empowerment is clouded by the inability to differentiate between sex and gender\textsuperscript{58} roles. Sex or biological roles shape the fundamental differences between women and men which are determined by social, economic, political and cultural forces. Although the boundary between these determinants is the subject of much debate, what can be said with certainty is that they vary across the world, within countries, and within castes and classes. There are a few key words that are most often used in defining empowerment like, options, choice, control, and power. Most often these words are referring to women’s ability to make decisions and control over one’s own life and over resources. Jo Rowlands (1998) has rightly pointed that “Current use of the term [empowerment] remains ill-defined, however, in the development context; its users tend to assume that the appropriate meaning will be understood without being explained\textsuperscript{59}”. Jo Rowlands also mentions that “Much use of the term has laid emphasis on economic and political empowerment and on a conception of empowerment well rooted in the ‘dominant culture’ of western capitalism”. Another line of thought in development promotes social inclusion in institutions as the key pathway to empowerment of individuals and has at times tended to combine empowerment and participation. Capitalism, top-down approaches to development, and/or poverty itself are seen as sources of disempowerment that must be challenged by bringing “lowers” - the poor and disenfranchised -(Chambers 1997)\textsuperscript{60} into the management of community and development processes.

\textsuperscript{57} “The term ‘empowerment’ has become a stock-in-trade expression wherever in the world women’s issues are being discussed. It is one of the most loosely-used terms in the development lexicon, meaning different things to different people - or, more dangerously, all things to all people”. (See, Batliwala, S. 1995: Defining Women’s Empowerment: A Conceptual Framework. Education for Women’s Empowerment)

\textsuperscript{58} While sex is the biological and physiological difference between men and women, gender is socially constructed, partly through the process of socialization, and partly through positive and negative discrimination in the various institutions and structures of society (religion, media, economic structures, law and legal systems, cultural beliefs and practices, education, health care, etc.).


As Rowlands mentions, the term empowerment can be described and understood in the development discourse and within the 'Women in Development' (WID) perspective which predominated thinking on women and development in the 1970s, which is constructed on the 'power over'61 view of power. The view is that women should somehow be 'brought into development' and become 'empowered to participate within the economic and political structure of the society'. They should be given the chance to occupy positions of 'power', in terms of political and economic decision making. This view of empowerment is consistent with the dictionary definition of the term 62, which focuses on delegation, which is power as something which can be bestowed by one person upon another. The difficulty with this view of 'empowerment' is that if it can be bestowed, it can just as easily be withdrawn. In other words, it does not involve a structural change in power relations 63. It is therefore illusory.

Robert Dahl has defined power over as if, "A has power over B to the extent that he can get B to do something that B would not otherwise do" (Dahl, 195764). In this context, it is necessary to understand and analyse 'power over' model in gender perspective. Power, in this 'power over' model, is infinite supply; if some people have more, others have less. Rowlands argues that if "power is 'power over', then it is easy to see why it is that the notion of women becoming empowered could be seen as inherently threatening, the assumption will be that there will be some kind of reversal of relationships, and people currently in position of power will face not only losing that power but also the possibility of having power wielded over them in turn. Men's fear of losing control is an obstacle to women's empowerment, but is it necessarily an outcome

61 'Power over' view of power refers to the capacity of some actors to override the agency of others through, for example, the exercise of authority or the use of violence and other forms of coercion. Agency in relation to empowerment implies not only actively exercising choice, but also doing this in ways that challenge power relations.

62 'The action of empowering; the state of being empowered' OED (1989: 192), where empower means 'Empower: 1). To invest legally or formally with power of authority; to authorize, license. 2). To impart or bestow to an end or for a purpose; to enable, permit'.

63 Power structure comes into being through differential controls over resources and continuous resistance and challenge by the less powerful and marginalised sections of society, resulting in various degrees of change in the structures and relations of power.

of women’s empowerment that men should lose power or, crucially, that a loss of power should be something to be afraid of? With a ‘power over’ view of power, it is hard to imagine otherwise65.

S. Wieringa has defined the term women’s empowerment as ‘exposing the oppressive power of the existing gender relations, critically challenging them, and creatively trying to shape different social relations’66. Shakuntala Narsimhan (2002) in her article emphasises that “Women’s Empowerment Year as a Beginning with a Bang, Ending with a Whimper”. This is the crux, till sociocultural attitudes are addressed, there can be little meaningful empowerment for gender parity67.

Empowerment as a concept has become more and more vague the longer it has been used. Syed Hashemi and Sidney Schuler (1993) have defined empowerment with specific reference to the meanings of women’s empowerment in Bangladesh as “the subordination of women is effected through the relationships that define the family and kin group (i.e., through patrilineal descent and residence) and society (i.e., Purdah practices) as well as the inequities of the legal system and inheritance laws. The process of empowerment must therefore be understood in terms of an erosion of the capacities of these structures to ensure acquiescence. While individual women may transgress specifically defined boundaries, ultimately empowerment must be conceptualised as a systematic weakening of the basis of gender subordination (Hashemi and Schuler 1993)68”.

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Although the word empowerment stands for strength or power, Ranjana Harish and Bharathi Harishankar (2003) have rightly mentioned that “in the Indian psyche, it symbolises the ideal of woman. The irony in this situation is that the power of Shakti [empowerment] has rested in her [women] powerlessness. She has been an all-sacrificing, all-giving, benevolent, de-sexualised, de-humanised female image. The so-called empowerment is a reward bestowed upon her for all her sacrifices." On the other hand, Bagchi (1999) saw it form another perspective and comments that, “the toiling (hard working and laborious) women of India are trapped by the mythic ideal of empowerment based on deprivation (Bagchi 1999).”

Justice V R Krishna Iyer has also pointed out that “Empowerment, Egalite and Dignity of women are the desiderata of contemporary womanhood, long subject to undeservedly humiliating inferiority of status, discrimination in civil and political rights and subordination in developmental opportunities, Women are human and, as of right, a radical transformation in women’s position as just, fair and necessary to put an end to the current invidiously arbitrary situation “.

The concept of women’s empowerment is the outcome of several important critiques and debates generated by the women’s movement throughout the world, and particularly by Third World feminists. Its sources can be traced to the interaction between femininity and the concept of popular education developed in Latin America in 1970s. Abha Avasthi and A K Srivastava note that “some feminists feel that during the past two decades, empowerment practice in the human services has emerged from efforts to develop more effective and responsive service for women, people of colour and other oppressed groups. The goal of this method of practice is to address the role, powerlessness plays in creating and perpetuating personal and social problems. It can be distinguished

by its focus on developing critical awareness, increasing feelings on collective and self-efficacy and developing skills for personal, interpersonal or social change. Within our increasingly diverse society, empowerment has emerged as one of perspective on practice that can be inclusive and supportive of diversity\textsuperscript{72}. They further noted that “empowerment, in its simplest form, means the manifestation of redistribution of power that challenges patriarchal ideology and the male dominance. It is both a process and the result of the process. It is transformation of the structures or institutions that reinforces and perpetuates gender discrimination. It is a process that enables women to gain access to and control of material as well as information resources”.

The review of recent literature on the attempts to measure and examine the validity of indicators of women’s empowerment by demographers and other social researchers suggests that the information collected to construct these indicators is sensitive, subjective, and varies in dimension. There is certainly a need to develop a standard and valid tool to measure the empowerment of women. There are various indicators and approaches that are collected by various large-scale surveys like the National Family Health Survey (NFHS). What should be the best approach, is it just educational attainment of women that should be included in measuring empowerment? Economic activity and independence, political participation, gender based violence or domestic violence, decision making in economic and especially reproductive health related aspects should also be an integral part of any such measure.\textsuperscript{74}


\textsuperscript{73} Patriarchy literally means ‘rule of the father’ (patriarch in Greek), but in social terms, refers to the system of male dominance, i.e., where descent is traced through the father; where the ownership, control and inheritance of all assets is in the hands of men; where males exercise the right of all major decision-making in the family, and hence maintain ultimate control over the family and its relations.

WOMEN’S EMPOWERMENT AND HEALTH

Women’s empowerment has been a central issue on the agenda of various development programmes for many years. Many people have addressed the issue in various ways taking, political, economic, and social issues and realities but little attention has been given to women’s health or it has been confined to the field of family planning, reproductive health and contraceptives only. While there have been debates to distinguish “women’s health” as a more holistic concept from “reproductive health”, the issue remains to define women’s health and to locate the discourse within a framework of rights. While decision making linked to reproduction and regulation of fertility is important, meeting health needs of women through a system which is sensitive to the different needs and access to health care also needs to be taken into account. The division of the health delivery system in terms of two structures, family welfare and health, is not very conducive to a holistic approach to women’s health. There has been no attempt to address the issue of women’s health in a comprehensive way touching multiple domains of her health so as to have an impact on her total well being. For an empowerment approach to be well integrated into health programmes, it is important that women’s participation is incorporated at each stage of the programme and issues regarding power structures are also dealt with. The entire conceptual shift from targeted family planning to reproductive health, which is based on informed choice, is to allow women to voice their preference and needs. However, for women to be able to speak out within the family and community social factors need to be addressed and create an enabling environment which would allow this to happen.

“Be it health, system after system, the story remains unchanged. Health is of course a big casualty, may be because of short sighted plans or absence of required infrastructures. But how long we let women and children continue to suffer? The UN and other donor agencies’ funding also, often do not reach the people for whom it is meant for. The basic infrastructure though minimum in number has not been effectively functioning. People in the villages are still not
active partners in developmental programmes. They remain only as occasional beneficiaries. These are the real issues to explore.

In fact there is no dearth of resources to educate and empower women and offer information about the various programmes to improve their health. However, women have always been most vulnerable to diseases and suffer discrimination in terms of education, nutrition and medical care. Therefore, access to and affordability of basic and sophisticated health services remain basic factors for medical needs. Low literacy level especially among rural women has aggravated their problems and has implications for their health. A big gap existing between available information and general awareness needs to be narrowed down.

It is necessary to understand gender specific health problems and address it at multiple levels. Women need to also be recognised as health care providers. In any family women are the providers of health care. Besides this women prepare the meals for the sick and feed the sick, care for the disabled at home, take care of children, take children for immunization and curative care. It is the woman who teaches the children personal hygiene and sanitation and lays the foundation for knowledge on health. Women bear the brunt of family planning.

Women also form the majority of professional health workers from dais to doctor. They need to be trained at various levels of supervision, management and decision making to fulfil their roles in the society. A sustained and long term commitment is essential so that women and men can work together for themselves, for their children and for the society to meet the challenges of the twenty-first century.

The National Council of Applied Economic Research (NCAER) in its Human Development Report of India (1999) reports that about 1.1 per cent women suffer from short-duration morbidity than men, and about 1 per cent

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women suffer major morbidity (primary anaemia). In 15-34 age groups, the disparity is much higher, with 1.31 per cent women reporting short-duration morbidity than men, and 1.27 per cent women reporting major morbidity.

Ill health and malnutrition among women continue to be serious problems in both rural and urban India, leading to high morbidity and mortality. Ill health related to reproductive functions remains as one of the most important obstacles to women's development. Empowerment of women has been taken up seriously over the last decade, but the approach has been linear. In this context, empowerment of women becomes even more significant as women's health and women's empowerment are closely related. A healthy woman is energetic, active, has endurance and therefore healthy women enjoy empowerment more. Less healthy women are less efficient, least productive in socioeconomic and political endeavours. On the other hand, women who are more empowered have greater access to resources and services and therefore a better health status.

Empowerment of women in different aspects has been brought in through knowledge, information, training, increased access to resources and services, constitutional amendments, legal acts and through policy interventions. Although the National Health Policy pointed at the need to establish comprehensive health service to women and children who are the vulnerable groups of society, health status of women continues to be lower than that of men.

While policies are macro level statements, the realisation of the objectives has to come from micro level changes. The gap between macro level policy and micro level receiver constitutes the major obstacle to implementation of programmes.

The major health problems of women can be categorised as:

a) General problems caused due to infections, which are common to all.


b) Reproduction related health problems like anaemia, toxaemia, uterine prolapsus, infertility, abortion and other diseases, etc.
c) Occupation and environment related health problems.
d) Nutrition related problems, and
e) Emerging problems such as STD, HIV/AIDS, etc.

Although we have a clearly formulated National Health Policy which takes into consideration some of the above mentioned problems, it did not go that far enough to meet the needs of poor, powerless, pregnant women, partly because of poor implementation. The utilisation of existing services is also discriminatory; it is lower by women than men in all States. An important factor for low utilisation is the social distance between the health care providers and the people. The quality of services offered also is matter of great concern. Causes for poor utilisation of health services by women are several. Some of these are:

1. Poverty.
2. Heavy workload and drudgery.
3. Low priority given to self.
4. Lack of awareness and confidence.
5. Poor communication and transport facilities.
6. Inadequate guidance and support from the family to approach health care services.
7. Responsibility of childcare and household.

Even though traditional Indian system has been taking care of health problems in early stages, owing to knowledge erosion and explosion of media, dependency on services available at PHC has increased. This means extra time and effort on the part of women.

From the post independence period traditional knowledge of health got eroded with development of allopathic system of medicine. In addition migration to urban areas and breaking up of joint-family system increased dependence on outside resources. Allopathic system of medicine is substituted in place of home remedies even for small and simple problems. Health services in India are a joint effort of Central and State Governments, private and non-Government sectors.
While private sector has expanded the services, it is not affordable for majority of the low and middle income in unorganised sector and agrarian families. Besides, NGOs are unable to maintain effective quality services because of several constraints, the major constraints being lack of well-trained personnel and financial support.

CONCEPT OF SELF-HELP GROUPS

The process of women’s empowerment begins when a woman herself realizes/becomes aware of her situation, the social reality and her rights. This awareness should be followed by education\(^78\), knowledge, skills and action. When women come together, they find strength and are encouraged to move towards further knowledge and awareness. This process leads towards further empowerment. Thus, the collective action through organizing for women’s empowerment, such as through Self-help Groups introduces an element of leadership, reduces risk and external threat, and enables women to overcome the oppression of patriarchy, and to realise their own true potential.

Self-help Groups (SHGs) in India represent one of the most important phenomena to surface in decades, given their scale as a platform for poor people’s development. A Self-help group is a collection of people who have common problems that cannot be solved individually, and have therefore decided to form a group and take joint action to solve these problems\(^79\). National Bank for Agriculture and Rural Development (NABARD) defines Self-help Groups (SHGs) as, ‘Self-help groups are small voluntary association of poor people, preferably from the same socio-economic background. They come together for the purpose of solving their common problems through self-help and mutual help. The SHG promotes small savings among its members. The savings are kept with

\(^78\) Education should be central to the process of empowerment which provides exposure and access to new ideas and ways of thinking, and triggers a demand for change.

\(^79\) Women’s Empowerment Camps: Course Content. New Delhi: National Commission for Women. pp. 135
a bank. This common fund is in the name of the SHG. Usually, the number of members in one SHG does not exceed twenty\(^8\).

The SHGs comprise very poor people who do not have access to formal financial institutions. They act as the forum for the members to provide space and support to each other. It also enables the members to learn, to cooperate, and work in a group environment. The SHGs provide savings mechanism, which suits the needs of the members. It also provides a cost effective delivery mechanism for small credit to its members.

An SHG can be all-women group, all-men group, or even a mixed group. However, it has been the experienced that women's groups perform better in all the important activities of SHGs. Mixed group is not preferred in many places, due to the presence of conflicting interests. Although there are no fixed criteria, NABARD has mentioned some criteria which can be considered as indicators of a good SHG. They are:

**Homogeneous membership:** As far as possible, the membership of an SHG may comprise people from comparable socio-economic background. Though difficult to define in clear terms, a major indicator of homogeneity in membership is absence of conflicting interests among members.

**No discrimination:** There should not be any discrimination among members based on caste, religion or political affiliations.

**Small membership:** Ideally, the group size may be between 15 and 20, so that the members are participative in all activities of the SHG. In a smaller group, members get opportunity to speak openly and freely. However, the membership may not be too small that its financial transactions turn out to be insignificant. 

\(^8\) [http://www.nabard.org/roles/mcid/section7.htm](http://www.nabard.org/roles/mcid/section7.htm)
**Regular Attendance:** Total participation in regular group meetings lends strength to the effectiveness of SHGs. To achieve this, the SHGs should place strong emphasis on regular attendance in the group meetings.

**Transparency in functioning:** It is important that all financial and non-financial transactions are transparent in an SHG. This promotes trust, mutual faith and confidence among its members. Maintenance of books of accounts as also other records like the minutes book, attendance register, etc., are important.

Generally SHG has an average size of about 15 people from a homogenous class. They come together for addressing their common problems. They are encouraged to make voluntary thrift on a regular basis. They use this pooled resource to make small interest bearing loans to their members. The process helps them to imbibe the essentials of financial intermediation including prioritisation of needs, setting terms and conditions, and account keeping. This gradually builds financial discipline in all of them. They also learn to handle resources of a size that is much beyond the individual capacities of any of them. The SHG members have to appreciate that resources are limited and have a cost. Once the groups show this mature financial behaviour, banks are encouraged to make loans to the SHG in certain multiples of the accumulated savings of the SHG. The bank loans are given without any collateral and at market interest rates. The groups continue to decide the terms of loans to their own members. Since the groups’ own accumulated savings are part and parcel of the aggregate loans made by the groups to their members, peer pressure ensures timely repayments.\(^81\)

Many organizations in India, including non-governmental organizations (NGOs), community-based organizations, and local and national government bodies, now recognize the enormous potential of SHGs and devote significant efforts to forming groups and building their capacities. The activity for which the SHG movement is most widely known is the rapid growth of rural bank-SHG linkages to support SHG borrowing. Such government and non-government

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support to SHGs over the past decade has emphasized progressive outreach to large numbers of poor, rural women across India. In 2004-05, the National Bank for Agriculture and Rural Development’s (NABARD) SHG-Bank Linkage Programme served approximately 24.25 million poor households. This represents only part of an expanding movement to support the exponential growth of SHGs. And, like the development of the microfinance sector globally since the Grameen Bank’s pioneering start more than 30 years ago, the movement to support SHG access to financial services has matured rapidly. There are now a significant number of training programmes offered by governmental and non-governmental agencies in all areas of rural banking and finance.

Financial linkages for SHGs have developed and organizational capacities to provide or facilitate these linkages have matured. However, the SHG movement has not seen a concurrent emphasis on capacity building by support organizations and SHGs themselves to consolidate and leverage these gains. Nor has there been a parallel emphasis on broader service needs of SHG members to address the dynamic and multifaceted nature of poverty, including the lack of skills, knowledge, and confidence to use finance to exploit opportunities, manage life-cycle events, and cope with crisis. Rural banks and the Indian Government itself have made phenomenal progress to increase poor people’s access to financial services. However, neither practice nor policy have matured to address poor people’s broader integrated livelihood needs, to create and strengthen employment opportunities and help poor people to acquire, develop and maintain savings, investments, businesses, homes, land and other assets. Likewise, neither practice nor policies have matured to prepare and motivate clients to access health, education and other development services available to them. This is not to


83 During 2004 - 05, around 42,812 bank officials, 4,246 NGO staff, 7,063 government officials and 2,07,916 self help group members trained with grant support from NABARD. In addition, about 161 faculty members of various banks’ training establishments were also trained. Cumulatively 1,016.600 persons trained through various SHG related capacity building programmes. (See, Capacity building initiatives- Highlights- 2004-05. National Bank for Agriculture and Rural Development.

84 During the period April 2004 to March 2005 - 5,39,385 new SHGs were financed by banks to a tune of Rs 29.94 billion by way of loans.
say there has not been pioneering work on the part of many organizations to design livelihood strategies that integrate finance and knowledge. However, there is not, as yet, a dynamic and multifaceted nature of poverty strategies to be cost-effective and sustainable, and make these available for broad use by SHG-support organizations.

SELF-HELP IN WOMEN'S HEALTH

Self-help in context of women’s health is not new phenomenon or initiative. For centuries, women had knowledge and control over their own bodies. It was only with the “modernization” of our medical system that our bodies become the “property” of doctors. India has made considerable progress in social and economic development in recent decades, as improvements in indicators such as life expectancy, infant mortality, and literacy demonstrate. However, improvement in women’s health, particularly in states like Bihar, has lagged behind. In rural areas women mostly rely on information gathered and shared from other women or elderly women in family or society to know about their health, changes, development and other health related problems and remedies. Although we can not say that these interactions take place in a formal SHG structure but it is a century old practice to help others. Whereas formal self-help groups consist of women of diverse sexual orientation, race, class, and age, who come together to explore various issues, mostly their economic needs and business, where they also discuss and share health related information and issues with other group members. As mentioned by a SHG member from the West, “it is very easy to begin a self-help group; we can start by discussing our gynaecological problems with friends. No problem is too trivial or 'untouchable' to be discussed openly. Discovering our common experiences with lovers, doctors and the health care

86 See, Improving Women's Health in India. 1996. World Bank.
system, and with our own bodies, is exciting. A group usually consists of five to ten women who meet regularly to examine their own and each other's bodies. We discuss changes we have noticed and learn to identify what is normal and what could signify a problem. To help with larger problems, groups often establish contact with health care providers who are familiar with and support the philosophy of self-help. It focuses on the prevention of health complications, as well as treatment.

Self-help groups are support groups whose members come together regularly to deal with a common problem. When it comes to women's health, it is assumed that members of self-help group come together to learn about their bodies and help each other to deal with common symptoms and problems. The main idea behind the self-help approach in health is to enable women to look at health in a holistic way, as something conditioned by physical, psychological, social, political and environmental situation; and help them to internalise the ethos of mutual support and sharing; and learn different ways of remaining healthy. The process also helps to enhance the self-esteem and self-confidence of the women involved in the group. The approach provides opportunities to women to share, express and experience their health and illness needs. It also helps women to know and understand how other women describe their experience of their body and health.

Although, Self-help in women’s health has been emphasised more in western society and literature now a days, traditionally and culturally self-help in women’s health is not a new phenomenon for India. One can find the practices in villages where women help each other on health and related issues on the basis of whatever knowledge they have on health and wellness. Their main source of information on these issues is based on traditional practices. Generally the information and knowledge are transferred from one generation to other. Still in villages women believe and practice traditional knowledge of health system in

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87 Author Unknown: HomeSpun - A Women’s Networking Newsletter (www.sisterzeus.com/hsp2shlp.htm)
combination of modern allopathic system of medicine. Nevertheless, with more focus on modern medical model by private and public health care system, it is also matter of concern that women’s traditional knowledge of managing their health problems appeared to be dying out.

It is also interesting to see and examine, “whether the western health care system, or for that matter any of the dominant, classical medical systems in India, really serve women. If they do, they do so in a limited way. These dominant systems are reluctant to look at the social roots of diseases. They ignore power relations that are embedded in gender, caste, class and religious identities, and their cumulative effect on people’s bodies and lives88”. In this context, SHG could be a strategy to improve women’s health and well being by empowering them. However, due to the existing poor public health care system there are doubts in success of such experiments.

Considering the fact that the present medical care has limited reach to the vast majority of Indian women, it is important to strengthen the traditional system of knowledge as well as self-help in women’s health. Present public health facilities and health care system do not have sufficient staff. It looks at women only as ‘mothers’ and targets mainly on family planning and population control programmes. Moreover, it is indifferent and sometimes even hostile attitude of the health personnel, instead of providing health care make a mockery of the health system. Therefore, in this context, self help strategy seems to be more relevant in helping women to maintain their health and well being.

In this chapter, various concept, views and perspectives on women, empowerment have been reviewed and discussed which played an important role in shaping, guiding and development of various programmes and policies related to women and empowerment. The following chapter presents and discuss the various policies and programmes of women’s empowerment.

88 Khanna, Renu. Women’s Health through Self-Help and Traditional Remedies: the Shodhini Experience, Tamil Nadu.