



BREAKTHROUGHS IN WOMEN'S EMPOWERMENT:
Decision-making power of women in microfinance and financial self-
help groups in Jharkhand and West Bengal

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Aikyatan Development Society (ADS)

Aikyatan Development Society is a nonprofit development organization engaged in the self-help group (SHG) movement, health care, and livelihoods to address the poverty of poor families in the district of Burdwan in West Bengal, India. ADS's sanitation program with the state government is the largest program of ADS, and it is well known for effective linkages with the public health system and SHG strengthening. It was conceived in 1999 with active support of CARE India and became a partner of Freedom from Hunger and Freedom from Hunger India Trust in 2014. Through this partnership, ADS has reached 2,000 SHGs (women's savings and credit groups) with health education in WASH, nutrition, and anemia prevention.

Bandhan Konnagar (Bandhan)

Bandhan Konnagar (BK) is a nonprofit entity registered under the West Bengal Societies Registration Act 1961. Its main thrust is to alleviate poverty and help bring about women's empowerment. It was founded in 2001 as a pro-poor organization, catering to more than 1 million households across 11 states. Bandhan Konnagar offers an entire suite of development programs in the areas of education, health, securing of livelihood, market linkage, skill development, and financial literacy – all focused on turning the lives of the underprivileged around. In 2007, BK started its health initiatives in collaboration with Freedom from Hunger and at present its operation spreads to 7 states. It has reached out to more than 1 million households mainly with mother and child health care issues besides water and sanitation. At present, in partnership with Freedom from Hunger India Trust, Bandhan Konnagar is implementing a project called "Safe Motherhood Initiative through Linkages and Education (SMILE)" where the study on "Prevent anemia for better health" was conducted.

Freedom from Hunger India Trust

Established in 2012, Freedom from Hunger India Trust (FFHIT) is an independent Indian nonprofit organization based in New Delhi with an office in West Bengal. The technical staff of FFHIT oversee health, nutrition, financial inclusion, vulnerable youth, and savings group methodologies, and they provide expert advice on learner-centered curriculum design. FFHIT's goal is to achieve nutrition and food security, reduce poverty, and improve economic and social status of poor and marginalized women and their families through increased integration of financial services with other essential services such as health, nutrition, and livelihood opportunities. FFHIT is also an active member of National Coalition of Food and Nutrition Security.

Grameen Foundation

Grameen Foundation is a global nonprofit organization that helps the world's poorest people achieve their full potential by providing access to essential financial services and information on health and agriculture that can transform their lives. In 2016, Grameen Foundation and the global nonprofit Freedom from Hunger decided to join forces under the banner of Grameen Foundation. The integration of the two organizations brings together Grameen Foundation's expertise in digital innovation to end poverty and Freedom from Hunger's focus on providing the world's poorest women with self-help tools to reduce hunger and poverty. Grameen Foundation is headquartered in Washington, D.C., with offices in the U.S., Asia, Africa, and Latin America. For more information, please visit www.grameenfoundation.org or follow us on Twitter: @GrameenFdn.

RESULTS Educational Fund

RESULTS Educational Fund (a US-based nonprofit 501(c)(3)) is an advocacy organization working in the United States and around the world on projects focused on three key pillars in the fight to end poverty: 1) health, 2) education, and 3) economic opportunity. RESULTS Educational Fund performs cutting-edge research and oversight in these three areas; educates and mobilizes the public, policymakers, and the media; and supports powerful citizenship by training volunteers in public speaking, generating media, and educating their communities and elected officials on issues of poverty. In May 2016, the Microcredit Summit Campaign merged its structure and operations with those of its parent organization, RESULTS Educational Fund. For more information, please see www.results.org.

Community of Practice for Health and Microfinance

The Community of Practice for Health and Microfinance (COPHAM) in India is an experiment to bring together stakeholders in the health and microfinance sectors to promote universal healthcare coverage. COPHAM members learn from each others' experience and create strategic partnerships to leverage their complementary strengths. The COPHAM is facilitated in collaboration by RESULTS Educational Fund, the ACTION global health advocacy partnership, Freedom from Hunger India Trust, and Grameen Foundation. Aikyatan Development Society (ADS) and Bandhan, whose data is presented in this report, are both active members of the COPHAM. For more information, please see <http://healthandmicrofinance.org/>.



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Abbreviations

ADS	Aikyatan Development Society
JK	Jharkhand
MASS	Maa aur Shishu Swasthya (Mother and Child Health) program
NFHS-4	National Family Health Survey 4
RNP	Rajasthan Nutrition Program
SHG	Self-help Groups
WB	West Bengal

Background

In India, traditional gender roles are the norm. Women are primarily expected to be childcare providers and rely on the decisions of their husbands. However, households in which the woman has increased decision-making power are likely to be more food secure.¹ Mothers who contribute more to household decisions are more likely to breastfeed² and have children who are significantly less likely to be stunted or wasted compared to mothers who do not participate in the decision-making process.³ Spousal cooperation on household and health issues can lead to higher utilization of maternal health services⁴ and family planning services.⁵ Women's autonomy may also result in healthier childbearing in rural India.⁶

Increased decision-making power is also related to empowerment in women. Empowerment typically has three elements: 1) agency, which is the ability for women to make decisions, pursue goals, and voice their opinions free from repercussions and violence; 2) institutional structures, which relate to social norms and practices found in a culture that influence aspects of women's lives such as agency; and 3) resources, which give women tangible power to be able to exercise their agency, such as assets, education, and social capital.⁷

This research brief will present results from a series of “Health Diaries”—or frequent surveyor-administered surveys—conducted with 45 women in West Bengal and Jharkhand, India to uncover how low-income women prepare for, cover, and recover from health costs and will focus specifically on household decision-making behaviors and gender dynamics within the household.

In 2015, Freedom from Hunger India Trust, Grameen Foundation,^a and RESULTS Educational Fund launched a collaborative effort called the *Maa aur Shishu Swasthya* (Mother and Child Health) program (*hereafter*: MASS), implemented across West Bengal and Jharkhand with two key financial service partners, Aikyatan Development Society (ADS) and Bandhan-Konnagar (Bandhan Bank's development program arm). As part of MASS, members of self-help groups served by ADS and village bank clients and community members served by Bandhan-Konnagar participated in an integrated package of financial services, health education sessions and linkages to local health services aiming to improve health outcomes of women and their families.

At ADS, self-help groups (SHGs) were also encouraged to save for health expenses utilizing a health savings methodology that mimics Grameen Foundation's *Saving for Change*^b methodology in addition to their regular savings and loan activities. With the health savings methodology, women first deposit savings into their general group “account” and then repeat the savings process earmarking savings specifically for health. By December 2017, 170,000 women were estimated to have participated in education on health topics such as

^a Freedom from Hunger, which started this program, merged with Grameen Foundation in 2017. Going forward, the combined organization will be known as Grameen Foundation.

^b *Saving for Change* is a methodology jointly developed by Freedom from Hunger, Oxfam America, and Strømme Foundation for self-managed savings and lending groups integrated with simple trainings in health, business and money management.

anemia, healthy pregnancies, menstruation, and acute respiratory infections. As of January 2018, 1,555 ADS self-help groups were noted to be saving for health in addition to their regular SHG activities (accounting for approximately 15,550 women who have access to health loans and an annual savings payout earmarked for health expenses).

Methods

Under MASS, research and evaluation activities have played a key role in helping the partners to understand changes in knowledge, attitudes, and practices associated with the health programming as well as to uncover how households planned for and experienced pregnancy and childbirth. Several pre- and post-test studies have assessed outcomes related to education sessions and health provider linkages associated with anemia, healthy pregnancy, and menstruation and learning games for girls. This research brief will focus on a research activity known as the Health Diaries and content related to decision-making power and gender norms.

Between May and December 2017, the Health Diaries, or a series of frequent household surveys, were administered by a research firm located in West Bengal, AG Consultancy, with approximately 45 women. The 45 women were purposefully selected so as to capture a range of experiences related to pregnancy. For this reason, pregnant women, women with young children, and mothers or mothers-in-law of pregnant women were selected to participate. Fifteen women were tracked among ADS members; 30 Bandhan clients were split between Jharkhand (n=15) and West Bengal (n=15).

A total of 10 surveys were conducted every three to four weeks to capture health events (tracking illnesses, accidents, etc.) experienced by the woman or others in her household, how they responded to these events with treatment, how much these events cost the household, how they covered these costs, and the perceived burden of the costs. Each of the 10 surveys also had a special theme that focused on a topic of interest that was assumed to influence how households made decisions related to health care. These topics included household demographics, health preferences, pregnancy and childbirth experiences, income generation, food security, attitudes and perception, gender and intra-household decision-making, education, financial services, and program participation experiences.

While this study relies on a small sample size and, therefore, does not allow for extrapolation or assumptions to be made about microfinance groups or self-help groups nor generalizations about women in Jharkhand or West Bengal, attempts have been made to incorporate similar data from the latest national survey to provide benchmarks, helping to set this data into the overall context.

Results

Empowerment

The women were asked to define the term “empowerment.” Table 1 outlines the various definitions they provided. Income generation, decision-making power, and more education or information were the most common definitions of empowerment. While “more income” was consistently chosen as a definition of empowerment among all the women, “more decision-making power,” was more commonly seen as a definition of empowerment in Jharkhand (50%), compared to ADS (14.3%) and Bandhan in West Bengal (WB) (18.2%). One woman from ADS defined empowerment as, *“The women who earn their own income and have good income in the family. They are not afraid of anything. She can do any work, she has a lot of power.”* A client from Bandhan in West Bengal reported, *“Empowerment means being educated. If there is no education, she can't earn money.”* In Jharkhand (JK), one woman responded that empowerment is *“the person who has the knowledge; she who has a lot of power has the ability to study. She can do a lot of things.”* Physical strength, lack of fear, power, and having family members obey her were common themes of definitions among the responses.

DEFINING EMPOWERMENT

Income generation, decision-making power, and more education or information were the most common definitions of empowerment.

Table 1: Definitions of empowerment

	ADS	Bandhan WB	Bandhan JK	Total
How “empowerment” is defined				
More financial freedom	21.4%	0%	14.3%	12.8%
More decision-making power	14.3%	18.2%	50.0%	28.2%
More knowledgeable about social/political issues	21.4%	0%	14.3%	12.8%
More income	64.3%	63.6%	71.4%	66.6%
More education/information	14.3%	18.2%	28.6%	20.5%
A cooperative husband and in-laws	7.1%	0%	0%	2.5%
I don't have any idea	7.1%	18.2%	0%	7.7%
Feel empowered	50.0%	18.2%	28.6%	33.3%

One-third of all participants felt empowered, which breaks down to 50 percent of ADS clients, 18 percent of Bandhan clients in West Bengal, and 29 percent of Bandhan clients in Jharkhand reported feeling empowered. If they felt empowered, it was often due to having their own work or income, ability to make decisions, and because of their physical strength. For example, one woman said, *“I have physical strength, so I can run my family very easily. If I have no physical strength, I couldn't raise my child or couldn't run the family.”* Another shared she was empowered due to her relationship with her husband: *“I can take all decisions and my husband is also supportive. So, I have no problem to take any kind of decisions. So, I think I'm empowered.”* For another woman, it was her earning power, *“I think of myself as an empowered woman because I earn myself. I have the power to repay if I take a loan from someone. If there is any problem, I can manage.”*

FEELING EMPOWERED

One third of women felt empowered; if they felt empowered, it was often due to having their own work or income, ability to make decisions, and because of their physical strength.

One the flip side of this coin, women who do not feel empowered note their poor health or strength, their lack of earning ability, and lack of education, such as:

“Earlier, there was a lot of power in my body. Now, after 6 children, the strength of my body has decreased, so I have no power now.”

“I'm not educated, and I don't have good income and feel weakness all time. So, I've no power.”

“No, I have no good education, no job. I can't help my family with money. So, my word in the family is of no importance.”

“I can't do lots of work in my household due to my physical illness. I do that work with lots of trouble. So, I think I'm not an empowered woman.”

Generational changes

When asked whether women today are better off compared to their mothers' generation, 80 percent of respondents felt that women today are better off. Among women who had daughters, all of them felt their daughters would fare better than they do now.

The reasons why their own lives are better than their mothers' was perceived primarily due to improved education (92 percent), better health (87 percent), and better financial situation (69 percent). Slightly over half felt their influence in the community was better than their mothers' time (56 percent). While not reporting that their life is worse than their mothers' time, many said some things have stayed the same. About half of the women felt their ability to move around freely and the dynamics of marriage have stayed the same.

However, similar to their impressions about how their lives have changed since their mothers' time, they believe there will be slow change in mobility and marriage. Income generation, education, health, and finances were all perceived to improve over time for their daughters. Community influence, mobility, and marriage were split between “staying the same” or

“improving.” Sixty-three percent actually felt mobility would stay the same. Why? They feel this is primarily due to social taboos that do not allow women to do different activities that could be beneficial for her as well as the perception that their daughters’ in-laws may not support their daughters in a career. For example, a woman in West Bengal shared, *“My daughters got married. They are in the same family, in the joint family. My daughter will not be able to live a good life, because my daughter is not allowed to do anything in her house because of her father-in-law and mother-in-law. It is unsettling.”* Another shared, *“There is still no freedom for girls. If the girl is a little older, her parents will have to give her for marriage as soon as possible.”*

CHILD MARRIAGE

“There is still no freedom for girls... [they are given in] marriage as soon as possible.”

Facing financial challenges, one mother felt her daughter could not be successful due to their inability to educate her daughter, *“To get a good life and to get a job, they have to study. Due to financial problems, I will not be able to help my daughters go out for study.”* There was also a perception of a lack of freedom: *“There is no freedom in women's life. To get a better life, it is far away.”*

Interestingly, when they were asked whether there was anything they could not do because of being a woman, only three women shared that there was something they could not do due to their gender. One woman shared that she had hopes of opening a business: *“If my in-laws were cooperative, I would open a business. I wish to open an onion-garlic business, but I could not open this business due to financial issues. If I had that business, I could more help my family with economically.”* Two others lamented their lack of education, *“I love to stitch, and I learned it. I have a certificate, but I could not continue because there was no opportunity from government or any other place. So, the dream remained. I took a lot of tests but nothing happened. If I got that job, I would have more savings. I could make jewelry for my girl's wedding. I will help my family with economically.”* The other shared, *“I had a dream to study, and I would be employed. But, my father's house did not agree because I'm a girl. The girl should be given a marriage; this is the custom of girls' family. If I were a boy, maybe I could study more.”*

Income and financial services

Given the importance of financial decisions and control over assets to women’s empowerment, the women in the diaries were asked about their contributions to household income, savings, and use of credit. The following charts, which combine ADS and Jharkhand data because the disaggregated data were not drastically different, show that despite women’s involvement in SHGs and village banks, their income and savings contributions are less than half of the total household contributions. Eighty-seven percent of the women either contribute less than half of the income or no income at all (figure 1). Eighty-four percent of the women either contribute less than half or no savings at all (figure 2). Sixty-two percent of them carry at least half of the household debt (figure 3), and less than a quarter of them are “very comfortable” with the amount of debt they are carrying (figure 4). Seventy-seven percent of them felt they had more opportunities than their husband to access credit.

HOUSEHOLD FINANCES

- 87% of the women either contribute less than half of the income or no income at all
- 84% of the women either contribute less than half or no savings at all
- 62% of them carry at least half of the household debt
- Less than 25% are very comfortable with the amount of debt they are carrying
- 77% percent of them felt they had more opportunities than their husband to access credit

One woman makes the connection between her low income and savings: *"I do not own any income, I do not do any work, so I have no savings."* If women do earn any income, they tend to spend it on their family and so have little to save: *"All the money that I earn in the beedi rolling (hand-made cigarettes) work is spent in the family. I spend some expenses in the home for the purchase of food items and the cost of girls' education such as dresses, tuition fees, books, pens, so I cannot save it."* This suggests that women may be receiving their savings from their husbands, which puts in question the assumption that women are depositing their own savings in their SHGs and village banks.

And, the reason why women have more access to credit? *"Lenders give women more because the women pay the loan on time."* *"Women get loans from any organization or from any SHG because women are given loans at all places. If the women take the loan, they pay them on time."*

Figure 1: Contributions to household income

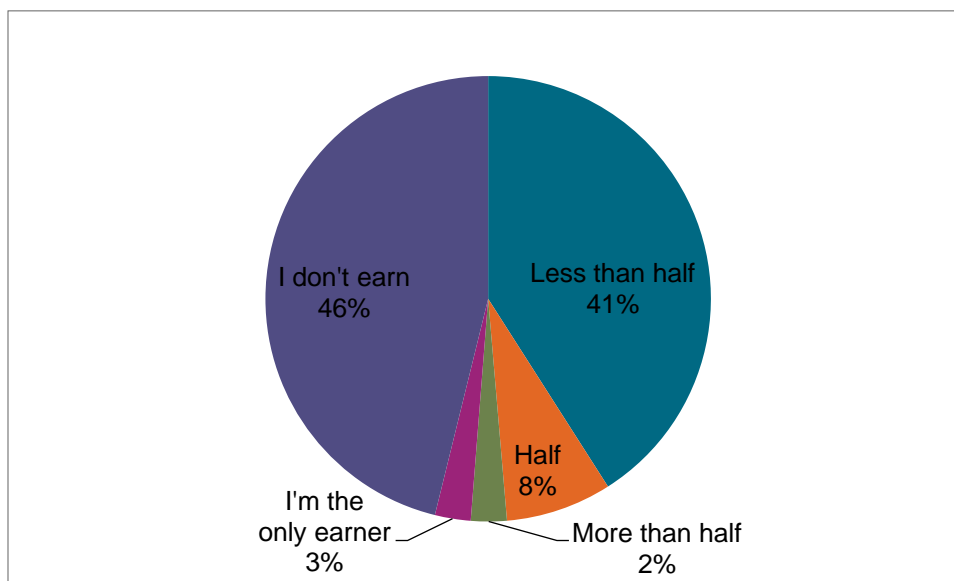


Figure 2: Contributions to household savings (inclusive of cash, livestock, in groups, in accounts)

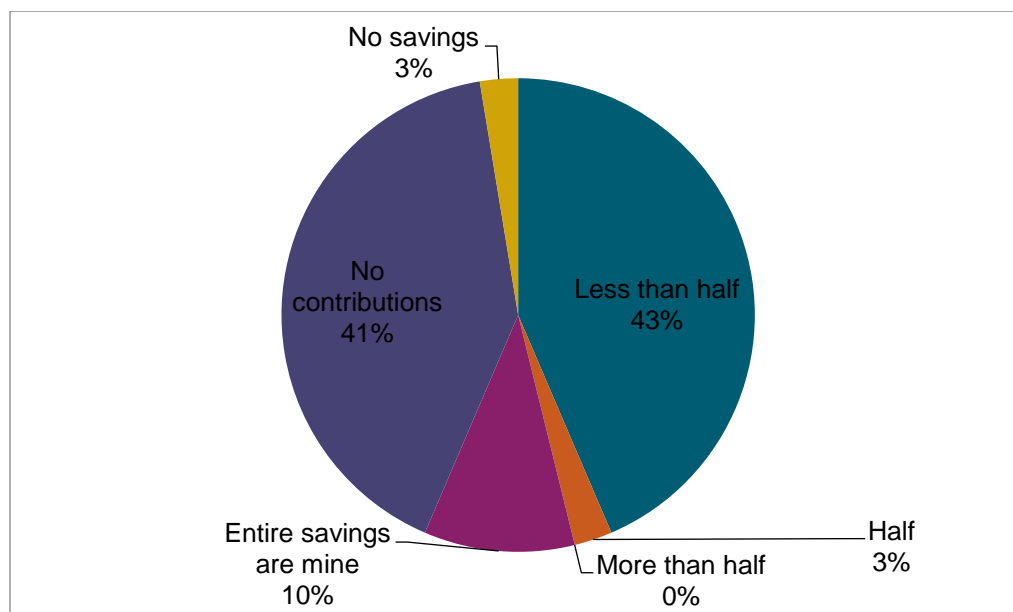


Figure 3: Household debt management

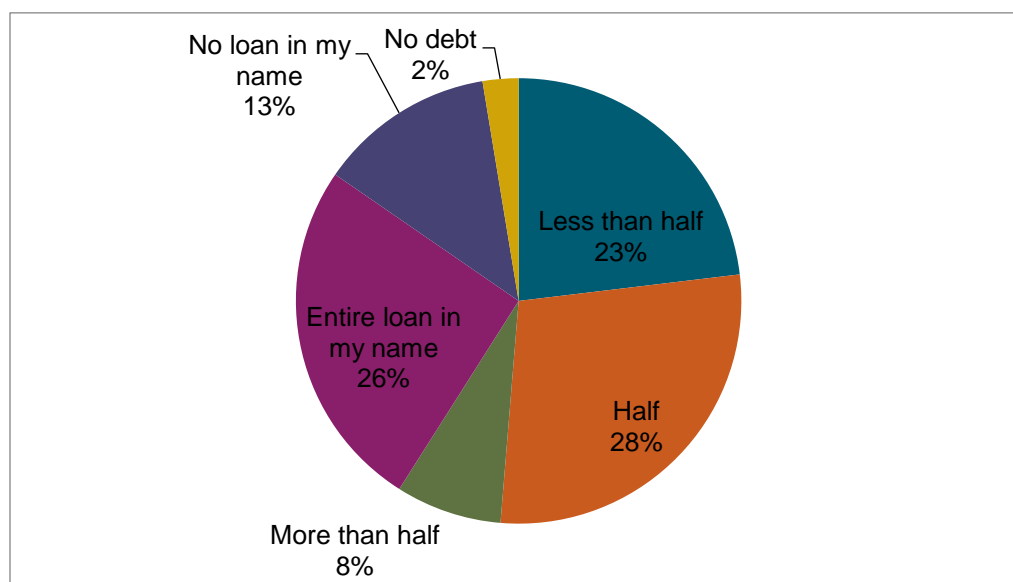
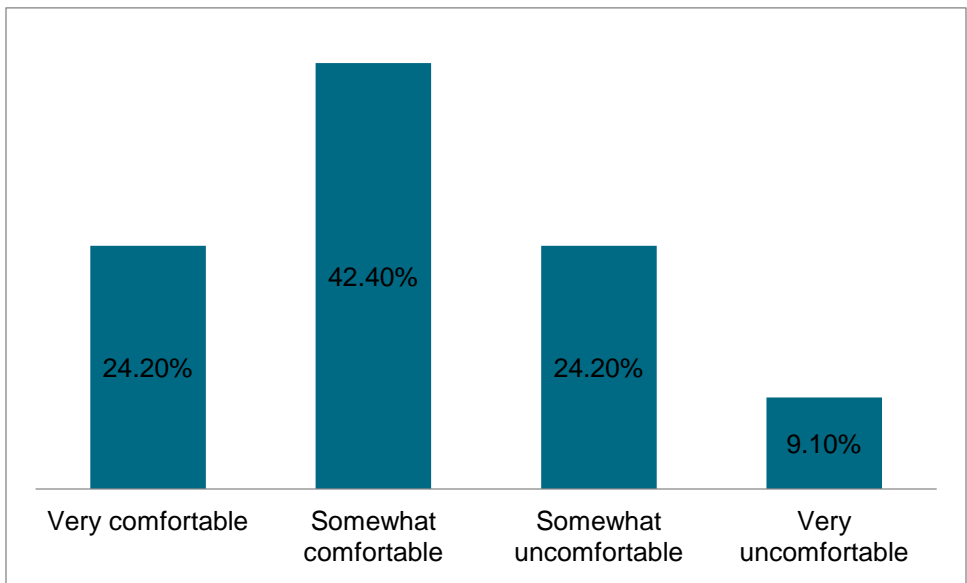


Figure 4: Comfort with level of debt personally carrying



Decision-making power

The women were asked to share the role they play in various household decisions, such as how much food to serve members of households, decisions the use of financial services, income generation, health, where to give birth, and regarding the education of their children. The women indicated whether they primarily made the decision, their husband did, whether it was a joint decision, or whether someone else in the household (such as a father or mother-in-law) made the decision.

The results show (table 2) that, overall, women see themselves as having the most influence over decisions regarding food they serve their household members and less influence over financial decisions related to financial services and income generation. Bandhan clients in Jharkhand are a slight exception where there is more distribution of these decisions between the client having more influence, her husband having more influence, and joint decision-making. For example, while 43 percent of the women in Jharkhand noted their husband has the most say in income generation decisions, 21 percent said they have the most influence and 29 percent said they made joint decisions, indicating women playing a larger role in these decisions compared to women in West Bengal.

WOMEN'S DECISIONS

Women see themselves as having the most influence over decisions regarding food they serve their household members and less influence over financial decisions related to financial services and income generation.

Decisions related to where a woman gives birth differs by organization. ADS women are more likely to say they make joint decisions; Bandhan clients in West Bengal are split between joint decisions and their husbands making this decision; Bandhan clients in Jharkhand are split between joint and her husband making the decisions, with this weighted more towards joint decision-making. But, on average, women tend to report this is a joint decision. Decisions on whether their children go to school favor joint decision-making, but husbands have more say than women on average. Women in Jharkhand tend to have more decision-making power than women in West Bengal, which is similar to other areas of decision-making noted here.

Table 2: Decision-making roles

	ADS	Bandhan (WB)	Bandhan (JK)	Total
How much food to serve family members				
I have more influence	100%	90.9%	92.9%	94.9%
We influence the decision about the same	0%	9.1%	0%	2.6%
He has more influence	0%	0%	7.1%	2.6%
Someone else (father-in-law/mother-in-law) has the most influence	0%	0%	0%	0%
Others	0%	0%	0%	0%
Financial decisions related to the financial services used (loans, saving, etc.) in the household				
I have more influence	14.3%	9.1%	42.9%	23.1%
We influence the decision about the same	21.4%	18.2%	28.6%	23.1%
He has more influence	50.0%	72.7%	28.6%	48.7%
Someone else (father-in-law/mother-in-law) has the most influence	14.3%	0%	0%	5.1%
Others	0%	0%	0%	0%
Financial decisions related to income generation				
I have more influence	7.1%	0%	21.4%	10.3%
We influence the decision about the same	14.3%	0%	28.6%	15.4%
He has more influence	64.3%	100%	42.9%	66.7%
Someone else (father-in-law/mother-in-law) has the most influence	7.1%	0%	0%	2.6%
Others	7.1%	0%	1%	5.1%
Financial decisions related to health				
I have more influence	42.9%	18.2%	28.6%	30.8%
We influence the decision about the same	42.9%	27.3%	50.0%	41.0%
He has more influence	7.1%	45.5%	21.4%	23.1%
Someone else (father-in-law/mother-in-law) has the most influence	7.1%	0%	0%	2.6%

law) has the most influence				
Others	0%	9%	0%	2.6%
Location of giving birth				
I have more influence	14.3%	0%	14.3%	10.3%
We influence the decision about the same	78.6%	45.5%	42.9%	56.4%
He has more influence	0%	45.5%	35.7%	25.6%
Someone else (father-in-law/mother-in-law) has the most influence	7.1%	9.0%	0%	5.1%
Others	0%	0%	7.1%	2.6%
Who decides whether children go to school or not				
Respondent (woman)	18.2%	0%	33.3%	17.6%
Jointly with husband	36.4%	63.6%	42.6%	47.1%
Husband	54.5%	36.4%	25.0%	38.2%
Others	0%	0%	0%	0%

Health cost decisions over time

Over the course of the 10 surveys, women were asked what health events were experienced in the household, the costs incurred, as well as who made the decision as to how the household would financially respond or cover the costs of treatment. The depiction of the health events and health costs are covered more in-depth in another brief.⁸ Overall, more than half of the households reported having some sort of health event in the prior three weeks of the survey for any of the 10 surveys.

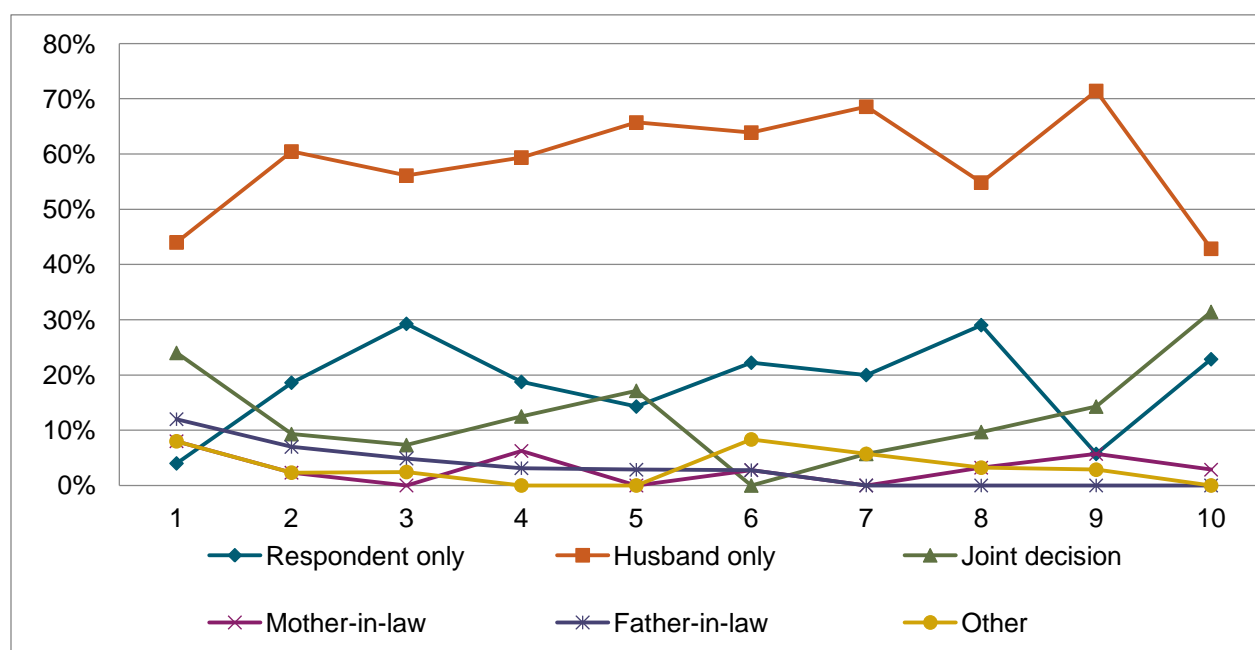
While women tend to report making many of the decisions or sharing the decision with their spouse regarding health decisions, women are more likely to report that their husband actually made the decision as to how they would financially respond to an illness. Figure 5 shows, for

each of the 10 surveys, who made the decision related to the most significant health event during the prior three weeks. This represents a slight contradiction to their response concerning the most recent health event and who made the decision, seen in table 2.

HEALTH DECISIONS

While women tend to report making many of the decisions or sharing the decision with their spouse regarding health decisions, women are more likely to report that their husband actually made the decision as to how they would financial respond to an illness.

Figure 5: Key decision-maker on health expenses



Clients from Bandhan in Jharkhand, however, had a different pattern than the groups from West Bengal: they appear more likely to take an active role in responding to health costs even though their husbands still appear to make the majority of the decisions (figure 6). Reason for this is not altogether clear and should be further explored.

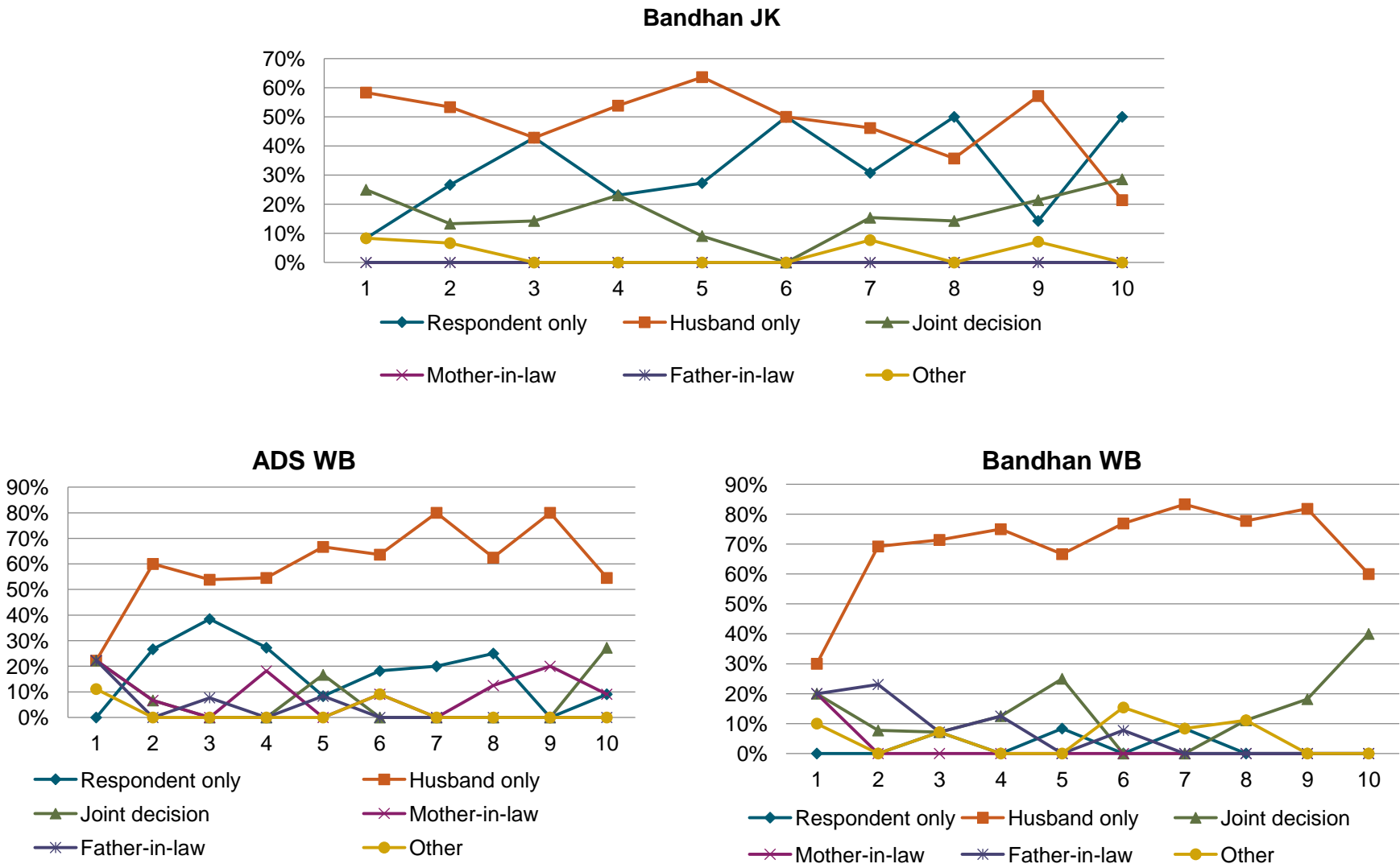
When asked whether there was any household decision-making area where they wish they had more influence, the majority of the women did not wish for any more decision-making power. One woman shared she already had to make all the decisions now for the household due to her husband's illness.

Disagreements

Most of the women reported that they have never had a disagreement with their spouse about any of their children attending school (See Table 3). In fact, 100 percent of the women in the group from Jharkhand reported that they had never had a disagreement with their spouses about any of their children attending school. Jharkhand was the group that had the highest percent reporting that the decision about their children attending school was an equal decision between husband and wife, and they also had the lowest amount of disagreement compared to women in West Bengal.

Most of the disagreements that women had with their husbands about their children attending school were related to a financial strain on the family. One woman from ADS explained, "Yes, actually we had serious financial crisis for which my husband did not want to educate our sons. I always wanted to educate my sons. I had to fight a lot for their education." Another client of ADS reported, "We had financial crisis in that time. Though I wanted to educate my children, my husband was reluctant to do so. So, there was conflict between me and my husband regarding education of our children."

Figure 6: Comparisons across organizations and states for decision-making on household expenses



A woman from Bandhan in West Bengal reported, "My children do not want to go to school if they do not get money as their tiffin^c expense. When I want to send them to school forcefully, then my husband quarrels with me. He used to say that there was no need to send them to school forcefully, but I always want to educate my children properly by sending them to school." Another mother from West Bengal responded, "When my sons were going to school, then my husband had many obligations regarding their education. He did not want to send them to school; he always wanted to send them to work for earning. Regarding this issue, we used to quarrel with each other."

Table 3: Spousal communication and disagreements

	ADS	Bandhan WB	Bandhan JK	Total
Ever had a disagreement about any of your children attending school (Yes)	18.2%	27.3%	0%	14.7%
Has argued with spouse over finances during the last week (Yes)	14.3%	23.1%	14.3%	17.1%
Level of difficulty experienced in talking to spouse about money				
Very difficult	7.1%	15.4%	15.4%	12.5%
Somewhat difficult	0%	15.4%	7.7%	7.5%
Not difficult at all	92.9%	69.2%	76.9%	80.0%
Fear of husband				
Most of the time	0%	9.1%	7.1%	5.1%
Sometimes	71.4%	90.9%	64.3%	74.4%
Never	28.6%	0%	21.4%	17.9%
No spouse	0%	0%	7.1%	2.6%

Most of the women did not have any disagreements with their spouses in the week prior to the survey. While this does not necessarily represent the percent of disagreements that spouses have about finances in general, an observation of the past week can reflect the general pattern of argumentative behavior in the family.

Many of the women did not find it difficult at all to speak to their husbands about household finances. If they reported difficulties in discussing money and household finances, it was due to the husband's lack of interest or time or, in a few cases, the husband thinking his wife is not supposed to discuss those matters with him.

Women were also asked if they had feared their husbands within the last 12 months. Most of the women (80 percent) answered that they had been afraid of their husbands at least some of the time, with 5 percent responding that they feared their husband most of the time. This question serves as a proxy for possible domestic violence (whether physical,

^c Snacks that can be purchased at school (cookies, chips, etc.)

sexual, emotional, or financial violence) occurring in the household. This prevalence of fear of their husband may explain the prior finding where women reported not finding it difficult speaking to their husbands about household finances: perhaps they don't speak to them at all. This is something to explore in future research.

Women and crisis

Given the nature of significant health events, the women were asked how women were affected differently from men by health crises, natural events such as floods or the monsoon, or a death of a spouse. The dialogue around these events revealed that the burden was often greater than that of men, or just different.

For example, when asked about major health crises, such as a major illness or death in the family, men are primarily responsible for finding money for treatment and funeral expenses. *"Men are more responsible for income-related issues. If there are a large number of illnesses, men have to think more how to get money. Who will get money?"* Women, on the other hand, are responsible for caring for the sick person as well as trying to find money for treatment. Because of her connection to her village bank or savings group, she has responsibility of seeking out a loan from her group or elsewhere:

WHEN CRISIS STRIKES

"If there is a major illness in the family and if the men do not meet the financial problems, then the woman will have to borrow from a lender. To get a loan, she has to be insulted by the lender. Or, to be physically abused."

"If there is a big illness in the family, then a lot of money is spent. If there is no money in the house, she has to suffer a lot while collecting money. They have to spend their days without eating."

"If there is a major illness in the family and if the men do not meet the financial problems, then the woman will have to borrow from a lender. To get a loan, she has to be insulted by the lender. Or to be physically abused."

"Women work in household to take care of the sick person. She has to run to collect money from the group."

"To take care of the sick person or take a loan for illness, that women work hard to repay the loan. Many women sell their jewelry, land, house to collect the treatment cost."

"If there is any big health issue in the family, then the woman has to take pressure to raise money compared to men because if a man doesn't raise money, when they see a woman, the people give money due to kindness."

When asked about natural disasters, the women shared that women would often have to go hungry as their husbands were responsible for finding food and work to compensate for their daily labor activities that might be suspended due to rain or flooding. *"At that time (flood) women had to eat less than half but the men had to eat properly because they had*

to work hard at that time.” “Women had to eat less at that time because the men were so much concerned about collecting money and food. At that time, if we gave them less food, they become angry.”

In addition to prioritizing any food they have for their children, she and her children are most affected by sanitary issues, particularly going to the latrine/toilet. *“Women cannot get out when floods or natural disasters happen. Children have to stay confined to the house. The disadvantage to cook is if the gas is not there. If flooding, it is difficult for women to go to the toilet. There is nothing to say about girls’ privacy.” “During floods, there is a problem for women to go to the bathroom. How do women cope with floods when children are flooded? How to cook?”*

BECOMING A WIDOW

“When a woman's husband dies, the woman has to hear few bad words. Many times that widow woman borrows money from others to run the family, they have to do daily labor, sewing work. During this time, she tolerates huge troubles. She can't eat properly because if the people around her say bad things, she is afraid. ‘The husband who died a few days ago, look how she is eaten food, etc.’”

Men primarily play the role of looking for work and food to care for the family. *“When floods or monsoons occur, men's work stops. If they do not have the money, they borrow money from the owner (husband's employer), then the overtime work is required to repay the money.” “When natural disasters occur, when the house breaks, the men go away.” “During floods, men go out to work outside to earn money. There is also toilet (waste) in the water.”*

Finally, when asked about what women face when a spouse dies, many revealed that women are often left destitute, fighting to cover costs for their family, borrowing money wherever they can find it, and that she has to take up the economic responsibility of caring for her household in addition to her other tasks. There seems to be a period of societal abuse that comes along with the death of her spouse. Women often used phrases such as “the woman has to hear a lot of bad words” and she has to be “insulted by everyone.” One woman shared, *“When a woman's husband dies, the woman has to hear few bad words. Many times that widow woman borrows money from others to run the family, they have to do daily labor, sewing work. During this time, she tolerates huge troubles. She can't eat properly because if the people around her say bad things, she is afraid. ‘The husband who died a few days ago, look how she is eaten food, etc.’”*

To survive, she has to find work, associate herself with a group, draw on support from family, and marry again if possible.

“If the girl is young and her husband dies or leaves her, then she must have a new family. There is no profit to grasp old memories. The girl should get married again considering her future.”

“Even if a wife's husband dies, she is mentally disturbed, but she has to take responsibility for the whole family — to find a job — she has to borrow money from others to run the family, for that she is insulted by everyone.”

“If the husband dies and the family is close, then that woman's parents help them economically or that widow woman's father-in-law runs the family. After the husband's death, she is broken up very badly. After a month or two, everyone is all right, and then it is all right. Many times she takes a loan from group to run the family and that widow women get 600 rupees per month due to government scheme.”

“If such a thing happens to a woman, then she must be strong. Must be connected to a group so that she can get help financially and mentally. She also needs to be self-reliant. There is work to earn money.”

UNBREAKABLE

“If the husband dies or leaves her, then the woman will not get saddened and will be hard to break after. She will manage the family. There is no need to run the family. Girls can do everything if they want. Do not lose confidence.”

Through this answer, women find encouragement for themselves and others:

“There is no end to the suffering if the husband dies. After that some women break very badly, they stop eating food, but again looking at the face of her child, she has to handle everything with lots of effort. Then she has to work to run the family.”

“If the husband dies or leaves her, then the woman will not get saddened and will be hard to break after. She will manage the family. There is no need to run the family. Girls can do everything if they want. Do not lose confidence.”

Discussion

In light of the results from the health diaries, women's lives appear to have improved compared to their mothers' generation, particularly as it relates to their finances, health, education, and income-generating opportunities. But social norms regarding mobility, community influence, and marriage are slow to change and women do not expect their daughters' generation to be much better than their own in these areas.

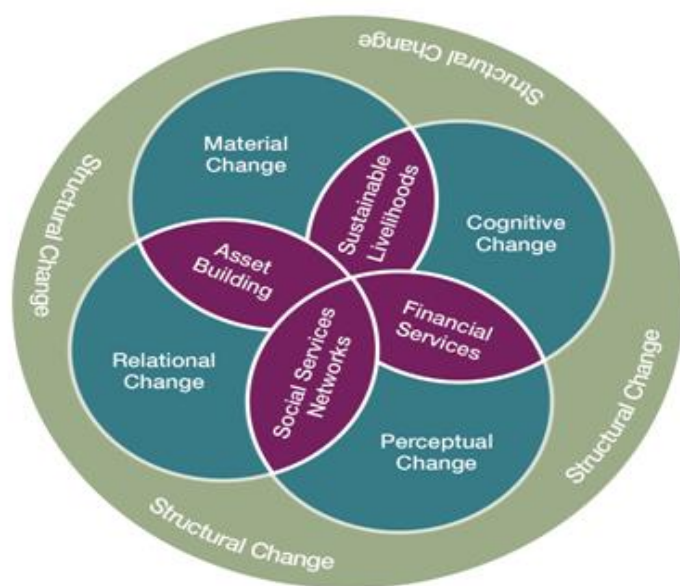
The manner in which the women in this study define empowerment fits into the framework established by the White Paper published by the Bill & Melinda Gates Foundation, which states, "Empowerment of women and girls is the expansion of choice and strengthening of voice through the transformation of power relations, so women and girls have more control over their lives and futures. It is both a process and an outcome."⁹ It also reflects the gender framework that Grameen Foundation (figure 7) uses to describe women's empowerment as an interlinked set of changes that improve empowerment, such as a woman's material (income generation), cognitive (education and knowledge gain), perceptual (belief in herself),

and relational needs (decision-making power) as well as the structure (laws, policies, institutions) that act on behalf of women's needs.¹⁰ These changes are influenced by adaptive capacities that are needed to support this change, such as asset building, social support networks (includes health services), sustainable livelihoods, and financial services.

Women in this sample commonly defined empowerment as income generation, decision-making power, and education, which are all strategies that increase the amount of control women have over their lives. A woman's perception of her own empowerment was wrapped up in her own physical strength to meet life's demands as well as in her income-generating capabilities. And, despite the generational improvements in women's lives, only about a third of the women in this study, on average, felt they were empowered.

A look at women's contributions to income, savings, and credit access show that women in the health diaries are earning very little income and almost half report not earning income at all. Despite being part of women's groups that tend to save, they actually perceive themselves making very little contribution to household savings; however, they are the primary access point for household debt with three-quarters of them carrying at least half or all of the debt that the household has.

Figure 7: Grameen Foundation's women's empowerment framework



The women also reported they have more access to credit than their husbands. The qualitative data shows that, like financial institutions often report, women believe they are better credit customers. But, most of the women are only somewhat comfortable with the amount of debt they have since they are carrying the household debt. When you compare these dynamics regarding decision-making, despite carrying the debt, she makes very few decisions on household income and financial decisions.

The fact that many of the women are not income earners at all may explain why they are excluded in decisions made regarding household income and finances. This also suggests that, despite the women belonging to village banks that assume women are taking credit for businesses, she may be taking the credit for her husband's income-generating activity and therefore has no control over the use of the credit. This should be further investigated given her access to credit may not be leading to any personal empowerment if she is just a vehicle for a credit pass-through to someone else in the household. This also likely explains the women's responses to what occurs when a woman loses a spouse since she has to take on an income-generating role she has not played before.

When assessing influence over household decisions, women had the most influence over which foods to serve and how much food to serve their families. In India, women who have more autonomy in financial decision-making in their households tend to have more food security, which may be related to women being more likely to use income to purchase food than men would.¹¹ Given over half of the households were food insecure, this decision-making power regarding food can have important implications for household diets and nutrition.

Interestingly, when asked if there were areas where they wished they had more influence, only three women said yes, which suggests women either may feel the increase in decision-making power is associated with extra work or burden (such as being in charge of income generation as we see occurs when women lose a spouse or the household finances are strained) and/or that they do not believe this improvement in decision-making power is feasible.

Research conducted in Tanzania suggests that while assessing a woman's perception of her influence on important household decisions is helpful to understand changes in the decision-making power she "delegates" herself, it can mask the decision-making power that her husband actually delegates to her. To really understand change in her actual power, husbands' perceptions of their wives' roles in decisions would equally need to be assessed.¹² This is an opportunity for future research involving men.

While women do not report facing disagreements in their home over finances or children attending school nor an inability to talk to their spouse about money, more than 80 percent of them reported fearing their husband during the past year, which is highly indicative of likely domestic violence.¹³ Recent statistics from the National Family Health Survey (NFHS-4) indicate that women who say they are afraid of their husband "most of the time" are most likely to have ever experienced spousal violence (56 percent), followed by women who are sometimes afraid (30 percent). Among women who indicate they are never afraid, 17 percent have experienced spousal violence.¹⁴

The NFHS-4 statistics estimate that approximately one-third of women in West Bengal and Jharkhand have ever experienced physical or sexual violence.¹⁵ Among women who have been sexually, physically, or emotionally abused, less than a quarter of them believed there were no reasons to justify the abuse. Fifty-four percent of rural women in India agree with at least one reason (i.e., disrespecting in-laws, not properly caring for children or household, refusing sex, not cooking properly, etc.) for a husband to hit or beat his wife.¹⁶ Men are less likely to agree

that physical violence is justified: 44 percent of rural men agree with at least one reason for a husband to hit or beat his wife. The latest national survey in India also indicates that women who are employed (especially for cash) are more likely to experience physical violence than women who are not employed (35 percent versus 24 percent).¹⁷

These numbers suggest that while men are often the perpetrators for spousal violence, women's belief that abuse is justified is an additional challenge to reduce the likelihood of violence in the household. Paulo Freire, a Brazilian educator and philosopher who wrote *Pedagogy of the Oppressed*, defined "critical consciousness" in the 1970s as the ability "to intervene in reality in order to change it" and is required to end a "culture of silence" in society. Building women's critical consciousness regarding the acceptability of domestic violence is one avenue to explore reducing violence. It also appears that understanding the risk to women seeking income-generating activities for cash payment deserves attention, as well, since most self-help and microenterprise programs encourage self-employment and employment as an underlying goal.

In assessing how women and men are affected differently by shocks — such as health shocks, natural disasters, or deaths in the family — the dialogue reveals different risks to men and women. Men may be required to work harder, but women face special burdens related to food insecurity and hunger and hygiene and sanitation, particularly during monsoonal rains and floods that are common to the states of Jharkhand and West Bengal.

Research shows that, during monsoonal rains and in the aftermath of cyclones, water and sanitation risks are exacerbated and threaten nutritional security of households.¹⁸ Children exposed to floods during their first year of life present higher levels of chronic, long-term malnutrition.¹⁹ These weather risks have a disproportionate negative impact among the rural poor and women as they struggle to rebuild their lives without predictable incomes.²⁰ The Health Diary data also reveals that health spending decreases during extreme weather events and the perceived burden of costs increases.²¹ How households can collaboratively develop plans for such crises should be explored to ensure that women and children are not disproportionately impacted by these events.

Conclusion

The latest national survey shows that, in some areas of their lives, women's empowerment in India is improving, albeit slowly.²² The Health Diaries highlight the overall low decision-making power that women have. Given women's control over food decisions, this is an opportunity to build on current strengths.

The recently concluded Rajasthan Nutrition Program (RNP) led by Freedom from Hunger India Trust, Grameen Foundation and two partners in Rajasthan, PRADAN and VAAGDHARA, called the, integrated gender programming into an agriculture, financial services, and health program. RNP focused on improving the woman's nutritional intake and accomplished a strong start to changing household decision-making around types and amounts of food served to family members. This required building her "critical consciousness," as well as that of her husband, about the importance of women's nutrition; the program encouraged wives to eat their meal with their husband and family, instead of resorting to "last and least" food consumption.²³

Given the focus of MASS on improving the health and nutrition of women and their families, integrating a similar approach as the gender dialogues employed in Rajasthan might hold promise for improving collaborative household decision-making and women's empowerment.

Additionally, research should also be conducted to understand the dynamics around borrowing. While women's access to credit is often used as an indicator of women's empowerment, it appears it can also be a potential risk factor if her husband feels disempowered by his lack of access to financial services — especially if she has no control over the use of the credit as well as no income or control over savings and other assets.

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