



Examining women's physical mobility and microfinance participation in Bangladesh: Results from a nationally representative sample

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ABSTRACT

Using data from the 2011 Bangladesh Demographic and Health Survey, this study examined the association between physical mobility of women and their participation in microfinance, an anti-poverty empowerment program in Bangladesh. Physical mobility was operationalized by a two-item measure that assessed whether women *can* and if they *do* go out alone to seek health care. Chi squared tests and propensity score matching techniques were used to examine the association between physical mobility and microfinance participation. Results revealed that women who reported to have physical mobility were 12 percentage points more likely to participate in microfinance compared to a matched group of women who reported to not have physical mobility. In conclusion, the findings indicate that social welfare programs are successful to the extent that norms and institutions support those programs. Furthermore, it highlights the contradiction between the proliferations of empowerment programs and patriarchal social, cultural, and infrastructural barriers that prevent women from accessing such programs.

Women's economic empowerment programs are one type of social welfare program widely acknowledged as a critical component of development and gender equality worldwide (Al-Amin, Hossain, & Mathbor, 2013). The last decade has seen a proliferation of such programs, much in line with two of the American Academy of Social Work & Social Welfare's *Grand Challenges for Social Work* – reduce extreme income economic inequality and build financial capability and assets for all (Uehara et al., 2014). The proliferation of such programs necessitates analysis from a social work perspective, particularly as the social work profession increasingly prioritizes social justice, human rights, and economic equality.

Women's participation in economic empowerment programs varies globally by religious norms and beliefs, cultural expectations, class restrictions, and rural-urban locality. Thus, it is especially important to examine such programs with sensitivity to differences in cultural, historical, political, and geographical context. In this paper, the focus is on Bangladesh, a middle-income country with deeply patriarchal, religious, and cultural norms and income inequality amidst high economic growth.

Over 11 million women participate in microfinance, a financial anti-poverty tool that is well established in Bangladesh (Lachman, 2011). However, compared to the number of low-income individuals – approximately 60% of the 160 million people who live in Bangladesh – only a small fraction of women partake in this anti-poverty initiative. In

this study, we propose that this is because physical mobility of women is an important factor in service utilization. This means, programs for women are and can be successful only to the extent that women can physically access them.

Women's physical mobility in Bangladesh is often restricted and/or made difficult by an ecology that does not support women's independence, both overtly and covertly. Scholars report a mixed story regarding women's independence, including physical mobility, in Bangladesh that may seem extreme on both ends. On the one hand, women are restricted from leaving their homes without permission; on the other hand, increased demand for female labor (e.g. garment workers) has made women's labor market participation inevitable, which, in turn, has resulted in large numbers of women on the streets (Feldman, 2001). This increase in women's labor market participation fueled, in part, by globalization and the expansion of global capitalism and neoliberalism has had the negative consequence of propagating violence against women, including rape and sexual harassment (Chowdhury, 2015). This is evident both on the streets as women find themselves navigating masculine spaces, such as public buses, and at home where they find themselves usurping traditional gender roles in the absence of structural changes that would have made this transition safer for women (Anderson, 1997; Anwary, 2015; Banerjee, 2016; Chowdhury, 2010; Duflo, 2005; Hossain, Mathbor, & Semenza, 2013).

At the same time, social and cultural norms such as “protection” and

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“obedience” that normalize violence against women in Bangladesh also give rise to issues surrounding permission to go out from male “authority” figures such as husbands or fathers, either for religious reasons or for safety reasons, as well as political authority figures that cite religion as a reason to veil women and keep women at home. The contradiction between economic and cultural demands on women, thus become apparent. Meanwhile, structural barriers, such as lack of appropriate means of transportation, and unsafe built environment (e.g. lack of sidewalks and public toilets) for women, and disability, physical or mental, render women dependent on caregivers; indeed, they need patriarchal figures to survive patriarchy (Mies, 2014; Naved, Rahman, Willan, Jewkes, & Gibbs, 2018). When they don't have patriarchal support, which is often the case as women are on the streets on their own, they do so at great personal cost, suggest news reports of rape on public transportation (The Daily Star, 2018).

Some groups of workers, however, such as female garment workers, who are mostly young and unmarried, have found a way to bypass the system: they band together to navigate the streets, going to and coming back from the garment factories in which they work by foot and in groups (Karim, 2014). In doing so they have claimed public space as their own, finding strength in numbers, while finding a way around the lack of safe and reliable public transportation.

Microfinance participants are yet to find such agency (Karim, 2011). This is perhaps because microfinance participation, despite its use of the group lending model, is an individual endeavor that supports the individualized culture of private ownership of capital, personal responsibility, and personal choice. Additionally, microfinance is accessed mostly by married women, who are encouraged to take responsibility for their own lives and the lives of their family members by participating in microfinance, while still being shrouded in the proverbial veil of protection and control by the men in their lives (Halim Chowdhury, 2007; Chowdhury & Chowdhury, 2011). Physical mobility, then, forms the crux of their lives – and leads to the hypothesis of this study: those who can overcome or consent to bearing the consequences of going against the various social, cultural, and structural barriers to physical mobility are most likely to participate in empowerment programs such as microfinance. In line with others, this study views gender disparity in physical mobility from a structural inequality framework, which emphasizes the importance of patriarchy, poverty, and neoliberal development in creating such disparity (Chowdhury, 2015; Feldman, 2001).

In this study, physical mobility is operationalized by a two-item measure, based on the Demographic and Health Survey (DHS) definition of autonomy that encompasses freedom of movement. This construction of physical mobility assesses whether women *can* and if they *do* go out alone to seek health care. This identifies an everyday situation during which women may choose to be alone. This scenario indicates that if women are able to access health care services on their own, they are perhaps able to access anything, such as welfare programs on their own as well, if they choose to do so. That this construct is not exhaustive remains a limitation but we examine this notion amidst this limitation, given that it is important to consider women's agency in social welfare programs and there are few existing indicators of women's agency in this context. This is important because the implications of gendered disadvantage and inequality in social welfare are vast, particularly in relation to women's economic empowerment.

Microfinance and gender

Microfinance is one anti-poverty social program aimed at empowering women that includes various financial instruments, such as micro insurance, micro savings, and micro loans, which is perhaps the most widely accessed and deemed most empowering by microfinance organizations. Low-income women utilize these micro loans to create micro enterprises of their own. Micro loans are made available to them in the absence of collateral, which they are unable to front. Instead, they form

lending groups such that all members are responsible for repayment of the loans by each member of the group. Based on ideas surrounding social cohesion and positive group dynamics, the group lending model was created by the Grameen Bank in Bangladesh as a way to enhance financial inclusion to low-income women, two groups that have traditionally been left out of the financial market (Counts, 2008; Yunus, 2003).

Much of the literature on microfinance and gender examines the effect of microfinance participation on women's empowerment, since it is one of the stated goals of microfinance organizations. With various definitions and conceptualizations of empowerment – from control over resources, household decision-making, identity, subjective wellbeing, and intimate partner violence – studies report mixed results about microfinance participation as an empowering tool (Ali & Hatta, 2012; Ashraf, Karlan, & Yin, 2010; Goetz & Gupta, 1996; Mukherjee, 2015; Murshid, 2016; Pal & Dutta, 2015; Rahman, Junankar, & Mallik, 2009; Minhaj et al., 2017). For example, Chin (2012) shows that microfinance participation does not lead to reduction in intimate partner violence; Bajracharya and Amin (2013) show no association between the two; yet, Murshid, Akincigil, and Zippay (2016) found that microfinance participation exacerbates intimate partner violence among women who report to own wealth assets. In terms of other indicators of empowerment, such as justification of intimate partner violence, control over resources, and household decision-making power, the results are also mixed. For example Murshid (2016) shows that microfinance participation was not associated with justification of IPV, but women were less likely to justify IPV when they had no control over their resources. Holvoet (2005) found that decision-making power patterns did not change for women participating in microfinance in South India, while Pitt, Khandker, and Cartwright (2006) found microfinance to be empowering in terms of autonomy and household-decision-making power.

However, scholars agree that selection bias (i.e., that participants self-select themselves into programs) may overstate the importance of microfinance for women's empowerment (Amin & Becker, 1998; Chowdhury & Chowdhury, 2011; Pal & Dutta, 2015). Implicit in that idea is that women who are able to participate in microfinance are the ones who already have some level of empowerment – including physical mobility – to do so. The impetus for the current study emerges from this assertion regarding self-selection; thus, we examine whether women who report to have physical mobility are more inclined to participate in programs such as microfinance in the first place.

Social welfare, gender, and feminist scholarship

This study builds upon feminist and intersectional social welfare policy scholarship that is critical of gender-neutral social welfare policy analyses. Feminist scholars employ a gendered lens to illuminate components of social welfare policy that may disadvantage women (e.g., Abramovitz, 1996; Orloff, 1993; Trattner, 2007). Recent social welfare policy scholarship conducted from a feminist perspective describes the welfare state in two distinct ways; first, “as the legislator and implementer of social and family services” (Mandel & Semyonov, 2006, p. 1910) and, second, with the role of “employer” (p. 1910). In both ways, the welfare state strongly impacts women's political and economic participation. This has the potential to serve women, as a larger public service sector and progressive social policies create opportunities for women's education, employment, and wealth. On the other hand, restrictive social policies and a limited public service sector have the potential to limit women's opportunities (Mandel & Semyonov, 2006; Orloff, 1993). Further, researchers are pinpointing the importance of women's engagement and empowerment in social welfare policy-making (e.g., Mandel, 2012). This is underscored by the United Nations Security Council's Resolutions 1325, 1820, 1889, and 2122, which are focused on increasing women's participation in political processes (Coomaraswamy, 2015; United Nations Entity for Gender Equality and Empowerment of Women, 2009).

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