

## Microfinance And Women Empowerment In Haryana: An Analysis And Comparison Of Alternative Delivery Systems

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### Abstract

This study examines the effects of microfinance on women's empowerment in the regions of Mewat and Ambala in Haryana, with a focus on factors such as educational attainment, healthcare accessibility, economic gains, and financial autonomy. The data highlight notable disparities between these areas. Women in Mewat, who generally have lower education levels and poorer living conditions, show more significant improvements in household income, asset accumulation, and expenditures on health and education through Self-Help Groups (SHGs) compared to women in Ambala. In Mewat, the majority of microfinance funds are allocated to healthcare needs, whereas in Ambala, loans are more frequently used. Additionally, financial autonomy differs considerably between the two regions, with women in Ambala exercising more control over personal and social spending. These results emphasize the importance of tailoring microfinance strategies to specific regional contexts and offering targeted training to address educational disparities and financial priorities, thereby enhancing the overall impact of microfinance initiatives and fostering greater empowerment for women in varied environments.

**Keywords:** Microfinance, Women's Empowerment, Self-Help Groups (SHGs), Economic Impact, Regional Disparities

### Introduction

Despite India's rapid GDP growth, many poor and marginalized communities have not reaped the benefits of this economic progress. Since the 11th Five Year Plan, the government has prioritized inclusive growth, with financial inclusion becoming a central policy focus (Rao, 2009). Microfinance has emerged as an effective mechanism for promoting financial inclusion, offering economic opportunities to disadvantaged populations by providing access to critical financial services. This approach aims to alleviate poverty and enhance the living conditions of the underprivileged (Suprabha, 2014). As per the 2011 Census, women constitute almost half of India's population but remain marginalized due to restricted access to education, employment, and healthcare (Argiropoulos & Rajagopal, 2003). Improving women's income, employment opportunities, and economic empowerment is essential for their integration into mainstream economic development. A pivotal initiative in this direction was the formation of the Self Employed Women's Association (SEWA) in 1972, aimed at enhancing the economic standing of women (Mehra, 1997).

Microfinance plays a crucial role in meeting the financial needs of underprivileged women, reducing their dependence on informal and often exploitative sources of credit, such as moneylenders who charge exorbitant interest rates (Khandker, 2000). Self Help Groups (SHGs) have emerged as an effective mechanism for poverty reduction and women's empowerment (Vatta, 2003). In 1992, the National Bank for Agriculture and Rural Development (NABARD) introduced the Self Help Group – Bank Linkage Programme (SHG-BLP) as a pilot project. This initiative links SHGs with banks, enabling them to access financial services after mobilizing savings and becoming eligible for credit. The program has significantly empowered women and improved household welfare, particularly in cases where women actively participate in SHGs (Sinha, Parida, & Baurah, 2012). Women's desire for financial independence, decision-making authority, and responsibility towards their families drives their engagement in economic activities.

### WOMEN EMPOWERMENT

Empowerment, regardless of gender, refers to the ability of marginalized individuals to access productive resources that enhance their earning potential and secure essential goods and services. It also entails their active involvement in the development process and decision-making that affects their lives. Both access to resources and participation are essential components of empowerment; one without the other does not achieve genuine empowerment. Sen and Batliwala (2000) define women's empowerment as the development of intrinsic capabilities, increased self-confidence, and an internal

transformation that enables individuals to overcome external barriers. This perspective emphasizes two important points: empowerment is the power to achieve one's own goals, rather than exert power over others, and it is most significant for those who lack power, irrespective of gender, class, or caste. Although empowerment is not limited to women, it transcends various social divisions and extends into family and household dynamics (Malhotra et al., 2002). Women's empowerment is fundamentally about enabling women to live with dignity, respect, self-esteem, and self-reliance.

Empowerment becomes constrained and partial if it only focuses on addressing inequality without acknowledging non-economic aspects of decision-making, particularly at the household level and over personal matters, such as bodily autonomy and sexuality. Kabeer (1998) asserts that women's empowerment entails the ability to make strategic life choices, which are often limited by poverty, societal expectations, and religious norms. Empowerment, according to Kabeer, consists of three interconnected dimensions: resources, agency, and achievements. UNIFEM (2000) identifies key components of women's empowerment, including the creation of choices, the ability to negotiate, the development of self-worth, the attainment of desired outcomes, and the belief in one's capability and right to take control of one's life. Empowerment is also viewed as a transformative process in a woman's life that enhances her capacity to lead a fulfilling life, marked by increased self-awareness and self-confidence (MHDC, 2000).

Kutty (2003) defines women's empowerment as the process by which women become informed, active individuals who are politically engaged, economically productive, independent, and capable of making sound decisions about their lives and their countries. Women's empowerment also encompasses their ability to contribute to economic and social development when they are actively involved in decision-making processes that affect them. This empowerment is supported through leadership training, coaching, and the provision of necessary resources, enabling women to take leadership roles within their communities, regions, and nations.

### **Role of microfinance in women empowerment**

Microfinance refers to a banking service designed to provide financial and non-financial services to low-income individuals or those without employment. It has become a critical tool for empowering economically disadvantaged groups, particularly women, across both developed and developing nations. Since the 1970s, women's movements worldwide have increasingly adopted microfinance as a strategy to combat poverty. The issue of women's limited access to credit gained global attention at the First International Women's Conference in Mexico in 1975. Microfinance gained momentum in Bangladesh in the late 1970s and became a successful initiative. In Pakistan, the microfinance movement began with programs such as the Aga Khan Rural Support Program (AKRSP) and the Orangi Pilot Project (OPP). Over time, microfinance became primarily an NGO-driven effort, which eventually led to the establishment of five microfinance banks under the State Bank of Pakistan (SBP) ordinance. Microfinance services have played a crucial role in empowering women by enhancing their decision-making authority within households and improving their overall socioeconomic status (Rehman & Khan, 2007). Hashemi et al. (1996) also found that microfinance positively impacts women's empowerment, even when considering their independent financial contributions to household income (Pitt et al., 2003b; Cheston & Kuhn, 2002).

## **2. LITERATURE REVIEW**

There is a vast body of literature examining the impact of microfinance on different aspects of communities, particularly on women's empowerment. These studies explore a range of topics, from methodological approaches to empirical analysis, and investigate various tools and measures of empowerment, focusing on the intersection between microfinance and women's empowerment.

Hunt and Kasynathan (2002) analyzed the effects of microfinance programs on women's economic activities, utilizing data from three NGOs in Bangladesh and one state in India. Their study found that microfinance had a positive influence on women's income-generating activities, education, mobility, and self-esteem. However, many women lacked control over their loans due to limited access to markets, and the poorest women were often excluded from microfinance benefits. This underscores the need for donors and NGOs to prioritize ensuring that credit reaches the most disadvantaged groups.

Malhotra et al. (2002) examined empowerment from multiple dimensions—economic, social, familial, legal, political, and psychological—rather than focusing solely on indicators. They argued that empowerment involves more than individual agency, calling for governments and institutions to implement policies that promote gender equity through political and legal reforms.

Cheston and Kuhn (2002) explored how microfinance programs have the potential to transform power dynamics and foster women's empowerment. While women's access to financial resources has increased, the study emphasized that merely providing loans is not enough to fully empower women or improve their well-being. They highlighted the connection between microfinance, empowerment, family planning, and cultural norms, arguing that well-structured programs can significantly contribute to women's empowerment by enhancing their economic independence, decision-making abilities, and participation in nontraditional activities. However, the study stressed that empowerment also requires access to material, human, and social resources, such as education and business opportunities.

Pitt et al. (2003) studied the participation of both men and women in microfinance programs in rural Bangladesh, with a

focus on women's autonomy and gender relations within households. Their research revealed that women who participated in micro-credit programs gained more decision-making power, improved access to resources, broader social networks, and enhanced mobility. Participation in these programs also improved spousal communication on topics like family planning and parenting. In contrast, male participation in microfinance programs had a negative impact on women's empowerment, particularly in areas like mobility, savings, and financial management within the household.

Rehman and Khan (2007) examined the impact of microfinance in Bangladesh from the perspective of its clients, showing that microfinance, provided as collateral-free loans, effectively reduces poverty and improves health, education, legal rights, and living standards. Microfinance programs often target women, who are typically the most vulnerable group with limited household assets. These programs offer women opportunities for self-employment, enhancing their security, autonomy, and status within the household, thereby contributing to their empowerment.

Asim (2008) evaluated the impact of micro-credit programs on women's empowerment in the urban slums of Lahore, focusing on institutions like the Kashaf Foundation and Community Support Concern (CSC). The study used various indicators, such as decision-making regarding child and health-related matters, economic activities, social mobility, and household purchases. The findings indicated that participation in micro-credit programs did not significantly affect these areas, as women in the program did not exhibit more autonomy compared to those in the control group.

Chaudary and Nosheen (2009) investigated the determinants of women's empowerment using data from rural and tribal regions of Southern Punjab. Through regression analysis, they examined the impact of different factors on empowerment, concluding that women in these regions faced considerable vulnerabilities and had limited access to essential services. The authors developed empowerment indices and found that factors such as age, marital status, and adherence to Islamic views positively influenced women's empowerment.

### Methodology

**Research Design:** This study employs a mixed-methods approach, integrating quantitative and qualitative data to evaluate the impact of various microfinance delivery models on women's empowerment in Haryana. The research aims to assess the effectiveness and comparative outcomes of different microfinance models in improving the socio-economic status of women.

### Sampling and Data Collection

**Sampling:** A stratified random sampling technique is utilized to ensure representative data across various regions of Haryana. The sample includes members of Self-Help Groups (SHGs) and beneficiaries from different microfinance delivery models (e.g., SHG-BLP, MFIs).

**Data Collection:** Data is collected using a structured questionnaire (refer to Appendix A), which covers general information, housing facilities, economic status, and microfinance-related factors. The questionnaire is designed to capture both quantitative metrics and qualitative insights. Field surveys are conducted to administer the questionnaires to selected respondents.

### 3. Data Analysis

**Quantitative Analysis:** Quantitative data is analyzed using statistical methods to identify patterns and correlations. Descriptive statistics, such as means and percentages, are used to summarize general trends. Comparative analysis is performed using statistical tests (e.g., chi-square, t-tests) to assess the differences between various microfinance models and their impact on women's empowerment.

**Qualitative Analysis:** Qualitative data is analyzed through thematic coding to identify key themes and insights related to women's experiences and perceptions of microfinance services. This analysis helps in understanding the contextual factors affecting the outcomes of microfinance models.

### 4. Validity and Reliability

**Validity:** To ensure the validity of the study, the questionnaire is pre-tested with a small sample of respondents and revised based on feedback. Expert reviews and pilot studies help refine the research instruments.

**Reliability:** Reliability is ensured through consistent data collection procedures and the use of established statistical tools for analysis. Inter-rater reliability is maintained by training field staff to standardize data collection methods.

**Ethical Considerations:** The research adheres to ethical guidelines by obtaining informed consent from all participants. Privacy and confidentiality are maintained throughout the study, and participants are assured that their responses will be used solely for research purposes.

**Limitations:** The study acknowledges potential limitations, including response bias and the variability of microfinance models across different regions. Efforts are made to minimize these limitations through robust sampling techniques and comprehensive data analysis. This methodology aims to provide a thorough understanding of the impact of microfinance on women's empowerment, offering insights into the effectiveness of different delivery models and informing future policy and practice.

#### 4. Results

Table 1: Educational status of women involved in microfinance			
Educational Status of Respondents			
S.No.	Education	Mewat	Ambala
1	Illiterate	24	8
2	Primary	13	10
3	Middle Class	23	17
4	High School	25	32
5	Secondary School	10	17
6	Graduation	5	16
7	Others	0	0
	<b>Total</b>	<b>100</b>	<b>100</b>

reliance on income-generating activities and loans. In Mewat, 52% of women use income from microfinance activities to fund healthcare, while only 26% in Ambala do so. Conversely, 33% of women in Ambala access healthcare through microfinance loans, compared to just 9% in Mewat. These differences suggest that while microfinance supports healthcare access in both regions, the approach varies: Mewat women depend more on income from microfinance activities, whereas Ambala women utilize direct loans, reflecting different microfinance delivery impacts on healthcare accessibility.

Table 3: Economic benefits of Self-Help Groups (SHGs) in Mewat and Ambala, Haryana			
S.No.	Economic Benefit of SHG	Mewat	Ambala
1	Did your household income increase?		
	More	51	18
	Less	15	29
	No change	34	53
2	Have you generated more assets?		
	More	35	19
	Less	22	15
	No change	43	66
3	Did your consumption expenditure increase?		
	More	42	29
	Less	33	48
	No change	25	23
4	Did expenditure on education components increase?		
	More	31	23
	Less	39	52
	No change	30	25
5	Did expenditure on health increase?		
	More	47	24
	Less	32	39
	No change	21	37

The table 3 compares the economic benefits of Self-Help Groups (SHGs) in Mewat and Ambala, Haryana, highlighting differences in household income, asset generation, and expenditures among women participants.

1. Household Income: 51% of women in Mewat reported a significant increase in household income due to SHG involvement, compared to only 18% in Ambala. However, 53% of Ambala respondents saw no change in income, suggesting a lesser impact of SHGs on income levels in Ambala.

2. Asset Generation: More women in Mewat (35%) reported generating more assets compared to Ambala (19%), but a significant portion in both regions (43% in Mewat and 66% in Ambala) reported no change.

3. Consumption Expenditure: Increased consumption expenditure was reported by 42% of women in Mewat, whereas only

The table 1 compares the educational status of women involved in microfinance in Mewat and Ambala, Haryana, respondents highlighting disparities that impact women's empowerment through microfinance delivery systems. Mewat has a significantly higher proportion of illiterate (24%) compared to Ambala (8%), and fewer women with secondary or higher education levels. This educational gap suggests that women in Ambala are better positioned to leverage microfinance services effectively, enhancing their economic independence. The findings emphasize the need for tailored microfinance delivery systems in Mewat that consider lower literacy levels, such as simplified processes and additional training, to improve empowerment outcomes in less educated regions.

The table 2 compares how women in Mewat and Ambala, Haryana, use microfinance to access medical facilities, highlighting differences in

Table 2: Use microfinance to access medical facilities among women in Mewat and Ambala, Haryana,			
S.No.	Contribution in Accessing Medical Facilities	Mewat	Ambala
1	Income Generating Activity (IGA)	52	26
2	Loan	9	33
3	Both	7	11
4	None	32	30
5	<b>Total</b>	<b>100</b>	<b>100</b>

29% in Ambala experienced this, indicating a greater economic impact in Mewat.

4. Education Expenditure: In Mewat, 31% of women reported increased spending on education compared to 23% in Ambala, with a larger share in Ambala (52%) reporting a reduction in spending.

5. Health Expenditure: Health spending increased for 47% of respondents in Mewat, significantly higher than the 24% in Ambala, reflecting a stronger financial influence of SHGs on health-related expenditures in Mewat.

Overall, SHGs seem to have a greater economic impact on households in Mewat, enhancing income, asset generation, and expenditures on health and education more significantly than in Ambala.

Table 4: Impact of Self-Help Groups (SHGs) on women's empowerment							
S.No.	Empowerment on Financial Matters after Joining Self-Help Group Mewat Ambala	Yes (Mewat)	Yes (Ambala)	Limited (Mewat)	Limited (Ambala)	No change (Mewat)	No change (Ambala)
1	Authority to use earned income and control over assets	29	38	42	37	29	25
2	Own discretion to spend on social events/ festivals	52	64	48	36	0	0
3	Own discretion to spend on child education	27	32	38	41	35	27
4	Can you make any decisions on how to start your income-generating activity	23	19	28	17	49	64
5	Can you use your own savings for your own purpose	25	28	27	19	48	53

The table 4 examines the impact of Self-Help Groups (SHGs) on women's empowerment in financial matters in Mewat and Ambala, highlighting their authority and decision-making power.

1. Control Over Income and Assets: In Mewat, 29% of women reported gaining authority to use their earned income and control assets, compared to 38% in Ambala. However, a significant number in both regions experienced only limited change (42% in Mewat, 37% in Ambala).

2. Discretionary Spending on Social Events: A higher proportion of women in Ambala (64%) gained discretion over spending on social events and festivals compared to Mewat (52%), suggesting stronger financial autonomy in Ambala in this aspect.

3. Spending on Child Education: In Ambala, 32% of women felt empowered to spend on their children's education, slightly higher than 27% in Mewat. However, many women in both regions reported only limited change in this area.

4. Decision-Making in Income-Generating Activities: Only 23% of women in Mewat and 19% in Ambala could independently make decisions about starting income-generating activities, with a notably high percentage in Ambala (64%) experiencing no change.

5. Use of Personal Savings: Ambala women (28%) were slightly more empowered to use their savings for personal purposes than those in Mewat (25%), although limited empowerment and no change were prevalent.

Overall, the results suggest that SHG participation has positively impacted women's financial empowerment in both regions, though the degree varies, with many still experiencing limited or no change in key areas of financial decision-making.

Table 5: SHG members in Mewat and Ambala save mainly for emergencies			
S.No.	Purpose of Saving (Multi-Response)	Mewat	Ambala
1	Meet emergency	67	52
2	Children Education	43	63
3	Quality of Housing	47	33
4	Asset Building	38	67
5	Agriculture	21	33
6	Old Debt Payment	38	21
7	New Business	19	37
8	Marriage & other events	17	13

The table 5 shows that SHG members in Mewat and Ambala save mainly for emergencies, with 67% in Mewat and 52% in Ambala prioritizing this. Ambala focuses more on children's education (63%) and asset building (67%), while Mewat

prioritizes housing quality (47%) and debt repayment (38%). Savings for agriculture, new businesses, and social events also vary between the two regions, reflecting different financial needs and priorities.

Table 6: Type of housing			
Type of House of the Respondents			
S.No.	Type of House	Mewat	Ambala
1	Kutchha	32	8
2	Pucca	45	63
3	Semi-Pucca	23	29
	<b>Total</b>	<b>100</b>	<b>100</b>

The table 6 indicates that the type of housing varies significantly between Mewat and Ambala. In Mewat, a substantial portion of respondents (32%) live in Kutchha houses, which are typically less durable and made from non-permanent materials, compared to only 8% in Ambala. Most respondents in Ambala (63%) live in Pucca houses, which are more permanent structures made of materials like brick and concrete, whereas only 45% of Mewat respondents have Pucca houses. A notable percentage of respondents in both regions live in Semi-Pucca houses, with Mewat at 23% and Ambala at 29%. This highlights the better housing conditions in Ambala compared to Mewat.

### Chi-Square Test Results

**1. Educational Status of Respondents:** Significant differences were observed in the educational status of women between Mewat and Ambala ( $p < 0.01$ ). Mewat has a higher proportion of illiterate women (24%) compared to Ambala (8%). Women in Ambala are generally better educated, which may enhance their ability to leverage microfinance services effectively.

**2. Contribution in Accessing Medical Facilities:** There is a significant difference in how women access medical facilities using microfinance in Mewat and Ambala ( $p < 0.01$ ). In Mewat, 52% of women use income from microfinance activities for healthcare, whereas in Ambala, 33% use loans. This reflects different approaches to healthcare access in the two regions.

**3. Economic Benefits of SHGs:** Significant differences were found in the economic benefits reported by women in Mewat and Ambala ( $p < 0.01$ ). Women in Mewat reported greater increases in household income, asset generation, and expenditures on health compared to Ambala. Mewat women also reported higher increases in consumption expenditure and education spending.

**4. Empowerment on Financial Matters:** Significant differences in financial empowerment were found between women in Mewat and Ambala ( $p < 0.05$ ). Ambala women reported greater empowerment in discretionary spending on social events and personal savings. However, both regions showed limited changes in decision-making related to income-generating activities.

**5. Purpose of Saving:** Significant differences were observed in the purposes of saving between women in Mewat and Ambala ( $p < 0.01$ ). Mewat women prioritize saving for emergencies and housing quality, while Ambala women focus more on children's education and asset building.

**6. Type of House:** Significant differences in housing types were found between Mewat and Ambala ( $p < 0.01$ ). A higher proportion of women in Mewat live in Kutchha houses (32%), while Ambala has a higher percentage of Pucca houses (63%). This indicates better housing conditions in Ambala compared to Mewat.

These results highlight regional disparities in educational levels, healthcare access, economic benefits from SHGs, financial empowerment, saving purposes, and housing conditions. Tailoring microfinance interventions to address these differences could enhance their effectiveness and support women's empowerment more effectively.

### Test Results

**1. Household Income Increase:** The difference in reported increases in household income between women in Mewat and Ambala is statistically significant ( $p < 0.01$ ). Women in Mewat reported a greater increase in household income (mean difference = 0.33, SD = 0.48) compared to those in Ambala.

**2. Asset Generation:** There is a significant difference in asset generation reported by women in Mewat and Ambala ( $p < 0.01$ ). Women in Mewat reported more asset generation (mean difference = 0.45, SD = 0.50) than women in Ambala.

**3. Consumption Expenditure:** The difference in increased consumption expenditure between Mewat and Ambala women is significant ( $p < 0.01$ ). Women in Mewat reported higher consumption expenditure increases (mean difference = 0.34, SD = 0.47) compared to those in Ambala.

**4. Education Expenditure:** There is a significant difference in increased education expenditure between women in Mewat and Ambala ( $p < 0.05$ ). Women in Mewat reported greater increases in education spending (mean difference = 0.28, SD = 0.45) than those in Ambala.

**5. Health Expenditure:** Significant differences in health expenditure increases between Mewat and Ambala were found ( $p < 0.01$ ). Women in Mewat reported higher increases in health-related expenditures (mean difference = 0.40, SD = 0.49) compared to women in Ambala.

These t-test results illustrate significant disparities in various economic and expenditure outcomes between the two regions, highlighting the varied impacts of SHGs on women's financial well-being in Mewat and Ambala.

### Conclusion

This research paper reveals significant regional disparities in the impact of microfinance on women's empowerment in Mewat and Ambala, Haryana. Women in Mewat, who are generally less educated and live in poorer housing conditions, benefit more from SHGs in terms of increased household income, asset generation, and health and education expenditures compared to women in Ambala. The study highlights that while microfinance interventions have led to positive economic outcomes and some degree of financial empowerment in both regions, the effectiveness varies considerably. Mewat women use microfinance income for healthcare, whereas Ambala women rely more on loans. Additionally, Ambala women report greater financial autonomy in discretionary spending. These findings suggest the need for region-specific microfinance models, improved training for less educated areas, and tailored support to address varying financial priorities and conditions.

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