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Impact of different programmes of TMSS on livelihood pattern of the self-employed women

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Abstract

The study presents the issues of self-employed women of Thengamara Mohila Sabuj Sangha (TMSS) in Shajahanpur Upazila of Bogra district considering their participation in different programmes for improvement of livelihood. The impact of the study was assessed in terms of economic and social gains accrued by the women's and their families' activities. The random sampling technique was used for selection of sample size. Data were collected from the selected respondents of four villages. Sixty members from ten societies consisted of 292 members were selected randomly. The economic status index, social status index and decision-making index were used towards improvement of livelihood. There occurred substantial change in the occupations of the respondents after participation in the TMSS. The housing status, health and sanitary conditions, water facilities and acceptance of family planning measures were increased. It was clearly evident that participation in micro credit programme has substantially improved self-employed women's economic and social condition. It referred the positive change in women empowerment in the study areas. The effects on empowerment of rural women's participation in rural credit programmes and their status were examined which were found to be satisfactory. This small effort is an addition to the knowledge about the essential contribution of the self employed women in different programmes to their role and status in the society which helps to improve livelihood.

Keywords: Impact, Livelihoods patterns, Self-employed women and TMSS

Introduction

In Bangladesh, over 76.78 per cent (BBS, 2005, GOB, 2006) of the total population live in the rural areas with the majority living below the poverty line. Among them, only 22 per cent of females are literate. The opportunity frontiers for women are also limited. Women constitute almost half of our population. Unfortunately they are long remained economically unproductive and their contribution to our economy is very low.

Yunus (1994) in a study argued that credit induced self-employment is prolonged to have a spill over effect in the village labour market. Nazu (1994) mentioned in a study in Sadar Thana of Kurigram district on impact of RDRS activities. It was found that the involvement of the households with RDRS increased income, employment, basic needs, social awareness and status of the women. Women had engaged themselves in various activities like tailoring, teaching and other non-agricultural activities, which increased by 22 per cent of entire profession after joining with RDRS.

Rural poor women in Bangladesh normally do not have access to institutional credit. The nationalized commercial banks do not advance credit for the women borrowers except for special programmes for poverty alleviation. Women have clearly benefited from micro credit programmes.

TMSS experience shows that when a women benefits from a programme, her entire household benefits and the impact is more sustainable. This knowledge has led TMSS to design its programmes for the greatest benefit of women. Now women are actively participating in development activities. They are now more exposed to the concepts of family planning, health, sanitation, nutrition and so on. TMSS has been motivating rural women to participate in socio- economic development of the country (TMSS, 2005).

TMSS has developed a number of sectional programmes which are facilitated by its credit, training and technical support services and are implemented through the overall Rural Development Programme (RDP). The important Sectional programmes are livestock raising, poultry rearing, fisheries, petty trading, vegetable selling, tailoring, rickshaw/van pulling, business and vegetable programmes. These programmes are generally designed to contribute positively to household activities and household decision making, utilization, management and conservation of natural resources for sustainable rural community development to remove poverty (TMSS, 2005).

There are several studies on the impact and other aspects of micro-credit programmes of different NGOs working in Bangladesh. But studies on micro- credit programmes specific to women, specially in these areas is scarce. TMSS is working for a long time. But how much of its women members are benefited is yet to be assessed. So, this study has been undertaken to know the impact of TMSS credit on its women beneficiaries in their different aspects of livelihood changes, social awareness and empowerment of women in the Shajahanpur upazila of Bogra district of Bangladesh.

Materials and Methods

After selection of the study area, a list of current beneficiaries (2005-2006) were collected from the TMSS branch offices at Madla and Duplagarihat under Shajahanpur upazila. The total population of the study was 292 and sample size was 60 (sixty). A multistage sampling technique was followed in this study. Multistage Sampling techniques in a brief are as follows. At first shajahanpur upazila was selected purposively then 292 population were selected purposively and lastly 60 sample from 292 population were selected randomly. A total of 60 loanees were selected from four villages of the study area (Table 2).

Table 1. Selection of respondents from villages under study

Name of village	population	Number of loanees (sample)
Doglapara	120	20
Ghashira	90	15
Sajhapur	60	15
Vandarpaikha	22	10
Total	292	60

This index was calculated on the basis of the total changes of five economic indicators like household income, savings, land holdings, productive assets and non-productive assets. The extent of the changes of these indicators was expressed in percentage. In the present study, this change assessed the impact on the respondents' households after participation in TMSS. The formula of calculating economic status index was:

$$ESI = \sum \frac{W_i f_i}{M} \times 100$$

Where,

W = Score of particular type of economic status

f = No. of respondents within the particular type of economic status

M = Maximum possible score (Sultana, 1998)

Extent of changes of economic status	Assigned score
No change	0
Little change	1
Medium change	2
High change	3
Very high change	4

If only one indicator of the respondent's household was changed, it was considered as no change; if two indicators of the respondent's households were changed considered as little change; if three indicators of the respondent's household were changed, considered as medium change; if four indicators of the respondent's household were changed, considered as high change; if five indicators of the respondent's household were changed, considered as very high change and it was also appropriate for the social status index.

This index was calculated on the basis of total changes of five social indicators like housing status, water and sanitation, family planning and health, and finally pattern of occupation. The extent of changes was expressed in percentage. This index assessed the impact of TMSS' support services upon the respondents' after participation in the project. The formula of calculating social status index was:

$$SSI = \sum \frac{W_i f_i}{M} \times 100$$

Where,

W = Score of particular type of social status

f = No. of respondents within the particular type of social status

M = Maximum possible score (Sultana, 1998)

Extent of changes of social status	Assigned score
No change	0
Little change	1
Medium change	2
High change	3
Very high change	4

In measuring decision making of a respondent firstly, aspects related to decision making status of respondent were identified. These were child education, family planning, business, loan received, loan repaid, loan use, purchase of input, assets making through savings and his own income, coping crises, go alone outside, choosing own profession and using franchise. Secondly, the extent of development in each of the aspects was determined through perception of the respondents by using three points such as decisions taken by wife alone 2, both 1 and husband alone 0 and the extent of decision making was expressed by percentage. The significant change in decision making index reveals more power on different households aspects of women, which assessed the women empowerment. The formula of calculating decision making index was:

$$DMI = \frac{W \times 2 + H \times 0 + B \times 1}{\text{No. of respondent s}}$$

Where,

W = Wife alone

H = Husband alone

B = Both (Sultana, 1998)

Results and Discussion

The status of women in the family and society is important in any consideration of relative power in the family. The participation of households in income generating activities and employment opportunities provided by TMSS has made favorable impact on improving the socioeconomic condition of the family in general and women's status in particular. Besides, contribution of women in household earning is supposed to pave their way for decision making in household affairs and empower them significantly. This is important for women's emancipation to socioeconomic development. This section is devoted to assessment of the improvement of livelihood patterns of self-employed women.

Occupation determines one's social status. Its change relates with one's income and employment opportunities in the society. The landless and resourceless women respondents invested credit and training to increase their income and to create employment opportunities for them and for members of their families. Table 2 shows the impact of credit and training on the respondents' occupations.

Table 2. At present main occupations of the respondents

Main occupations	After membership	
	Number of respondents	Percentages
Gardening or nursery	2	3.33
Poultry raising	4	6.67
Cattle rearing	1	1.67
Goat rearing	3	5.00
Business	7	11.67
Rice husking	3	5.00
Tailoring	5	8.33
Handicrafts	4	6.67
Housewife	30	50.00
Services	1	1.67
Total	60	100.00

The Table reveals that about 3, 7, 2, 5, 12, 5, 8, 7, 50 and 2 percent of the respondents were engaged in gardening or nursery, cattle rearing, poultry rearing, goat rearing, small business, rice husking, tailoring, handicrafts, housewife and services respectively. The respondents before participation in the TMSS were housewives only and they had no income generating occupation. It is proved from the above discussion that there occurred substantial change in the occupations of the respondents after participation in the TMSS.

Housing condition is an important indicator to assess the social status of a family. Types of housing primarily demonstrate the social status of a family. Types of housing conditions according to length of membership of the respondents are shown in Table 3. The Table reveals that the houses were of five types. These were tin-shed house, one side tin-shed house, thresh house, straw house and semi pacca.

Table 3. Impact on housing status of the respondents (N=60)

Types of Houses	Before Membership		After Membership		Percentages change
	No. of respondents	Percentages	No. of respondents	Percentages	
Tin-shed	17	28.33	54	90.00	61.67
One side tin-shed	55	91.67	37	61.67	-30.00
Thresh house	2	3.33	2	3.33	0.00
Straw house	36	60.00	14	23.33	-36.67
Semi pacca	0	0	14	23.33	Infinity

It was evident from Table 3 that the housing status of Tin-shed increased to 90 percent from 28 percent after involvement of members with TMSS. Table shows that the housing status of tin-shed increased by 62 percent. On the other hand the housing status of one side tin-shed decreased to 62 percent from 92 percent, meaning a decrease by 30 percent. No change had been found in thresh house category. Straw house was decreased to 23 percent from 60 percent, meaning a decrease by 37 percent. And the housing status of semi *pacca* had a very high increase as infinity due to involvement with TMSS.

Water use determines the social status of a family. This is related particularly to sound health condition of the respondents' family and respective residential areas as well. In this study, use of drinking, cooking, washing and bathing water was considered to assess the impact of the TMSS on respondents' health condition. Table 4 reveals that 100 percent families of the respondents used tube-well water as safety water for their drinking and cooking purposes. About 93 and 23 percent families of the respondents used tube-well water as washing and bathing purposes respectively after involvement with TMSS.

Table 4. Impact on sources of water of respondents (N=60)

Purposes of water used	Before membership			After membership		
	Tube well	Pond, river etc.	Both	Tube well	Pond, river etc.	Both
Drinking	60 (100%)	-	-	60 (100%)	-	-
Cooking	60 (100%)	-	-	60 (100%)	-	-
Washing	21 (35%)	29 (48.33%)	-	56 (93.33%)	4 (6.67%)	-
Bathing	5 (8.33%)	55 (91.67%)	-	14 (23.33%)	17 (28.33%)	29 (48.33%)

After involvement with TMSS no families of the respondents used pond, river or other sources of water for drinking and cooking purposes. After membership 48 percent respondents' household used both tube-well and pond, river sources of water for bathing purposes. This had a positive impact on the safety water usage of the participants under study.

Sanitation facilities levels determine the social status of a family. This is related particularly to sound health condition of the respondents' family and respective residential areas as well. Type of latrine used also considered in assessing the impact on sanitation condition. The sanitation conditions are shown in Table 5.

Table 5. Impact on toilet facilities of the respondents

Types of toilets	Before membership		After membership		Change in percentage
	No. of household	percentage	No. of household	percentage	
Sanitary	3	5.00	25	41.67	36.67
Special	19	31.67	30	50.00	18.33
Open	38	63.33	05	8.33	-55.00
Total	60	100.00	60	100.00	-

Table 5 reveals that after membership about 42 percent of the respondents' families used sanitary latrine. About 50 percent of the respondents' families used special types of latrines and only 8 percent used open latrine. The Table shows that the use of sanitary latrine and special latrine by households increased by 37 percent and 18 percent respectively. On the other hand the use of open latrine decreased by 55 percent. Hence the study revealed that the sanitary system of the respondents households were better than that of their pre-participation level with TMSS.

The impact of TMSS on respondents' acceptances of family planning measures are presented in Table 6.

Table 6. Impact on family planning method

Types of Methods	Before membership		After membership		Change in percentage
	No. of household	Percentage	No. of household	Percentage	
Taken method	17	28.33	56	93.33	65.00
Not taken method	43	71.67	4	6.67	-65.00
Total	60	100.00	60	100.00	

The Table reveals that 28 percent respondents took family planning method and 72 percent did not take method before membership. About 93 percent respondents accepted family planning measures and about 7 percent respondents did not accept measures of family planning after membership. So, the respondents acceptance of family planning measures was increased by 65 percent.

Health facilities of the respondents' households are the important issue of determining the social status. In this study, five types of facilities such as govt. hospital, private clinic, village doctors, MBBS doctors, 'Kabiraj' and 'Ojha' were taken into consideration.

Table 7 shows that about 35, 0, 98, 0, 87 and 80 percent of respondents took facilities of govt. hospital, private clinic, village Doctors, MBBS Doctors, Kabiraj and Ojha respectively before involvement with TMSS. On the other hand, about 95, 10, 34, 31, 28 and 21 percent of respondents' households took facilities of govt. hospital, private clinic, village Doctors, MBBS Doctors, Kabiraj and Ojha respectively after involvement with TMSS. The percentage change on health facilities of the respondents households increased by 60 percent in govt. hospital, very high increase in private clinic, decreased by 41 percent in village doctors, very high increase in MBBS doctors, decreased by 40 percent in 'Kabiraj' and decreased by 45 percent in 'Ojha'.

Table 7. Impact on health facilities of the respondents (N=60)

Types of toilets	Before membership		After membership		Change in percentage
	No. of household	Percentage	No. of household	Percentage	
Govt. hospital	21	35.00	57	95.00	60.00
Private clinic	0	0.00	10	16.67	Infinity
Village doctors	59	98.33	34	56.67	-41.66
MBBS doctors	0	0.00	31	51.67	Infinity
Kabiraj	52	86.67	28	46.67	-40.00
Ojha	48	80.00	21	35.00	-45.00

Table 8 shows change in number of possession of prestige goods before and after their joining with TMSS. Some prestige goods were listed which contribute flow of income for the households. All possession of goods reported to have increased after the respondents joined the TMSS.

Table 8. Impact on possession of prestige goods

Possession of prestige goods	Before membership		After membership		Change in percentage
	No. of household	Percentage	No. of household	Percentage	
Radio	28	46.67	29	48.33	1.67
TV	2	3.33	30	50.00	46.67
Video/Tape recorder	0	0.00	5	8.33	Infinity
Cell phone	1	1.67	10	16.67	15
Camera	0	0.00	4	6.67	Infinity
Watch	4	6.67	22	36.67	30.00
Bi-cycle	9	15.00	37	61.67	46.67
Motor cycle	1	1.67	2	3.33	1.67
Gold	13	21.67	18	30.00	3.33

N.B: Mathematically infinity indicates very high increase on zero base

Table 8 shows that the highest 62 percent of the respondent's had possession of prestige goods of Bi-cycle after their involvement with TMSS. The highest 47 percent of respondents had possession of prestige goods of Radio before their involvement with TMSS. The possession of prestige goods was highest for TV and Bi-cycle that increased by equally 47 percent and very high increase was for video/tape recorder and camera.

Table 9 indicates the economic status index (Calculated in Appendix Table 1). It is a modern approach to translate qualitative change in quantitative terms. It was hypothesized that the participation of women in TMSS would enable them to be employed with various incomes generating activities. As a consequence, the economic condition was sure to improve.

The economic status index expressed the improvement in households' economic conditions. The Table shows that improvement in the index of economic status was estimated at 55 percent. It is clearly evident that as a result of the participation of rural poor women in TMSS their economic condition improved substantially.

Table 9. Economic status index of the respondents household

Types of economic status	Weight	No. of respondents	Percentage of respondents	Index of economic status
No change	0	5	8.33	55.42%
Little change	1	10	16.67	
Medium change	2	20	33.33	
High change	3	17	28.33	
Very high change	4	8	13.33	
Total	-	60	100.00	

Findings related to social status are presented in Table 10. The Table shows that social status after involvement in the TMSS rose very highly in about 8 percent of respondents' households. Twenty percent of respondents' households had high change of their social status. In about 48 percent households the change was medium. About 23 percent had minor change. None of the household was found without any change. The value of weighted average index suggested that the respondents' households gained improvement in this social status by 53 percent.

Table 10. Social status index of the respondents household

Types of Social Status	Weight	No. of respondents	Percentage of respondents	Index of Social status
No change	0	0	0	53.33%
Little change	1	14	23.33	
Medium change	2	29	48.33	
High change	3	12	20.00	
Very high change	4	5	8.33	
Total	-	60	100.00	

Source: Field Survey, 2006

Hence it could be said that TMSS made a considerable improvement on the social status of the poor women members in the study areas. Social status index was calculated in Appendix Table 2.

Decision- making power of women is an important indicator for assessing empowerment of women. This would be evident from Table 11 and 12. The design technique was a qualitative one to assess the empowerment of women after their participation in the TMSS. Table 11 shows the indices of the respondents on different decision-making items.

It was evident from the Table that the decision making indices of participants increased tremendously on issues of education of sons and daughters, adopting family planning, business, receiving loan, repaying loan, participating in social ceremony, going alone outside, receiving parda, choosing own profession, marriage of son and daughter and family expenditure etc. Decision making power was established mostly receiving parda (1.32), choosing own profession (1.27), going alone outside (1.25), Family planning (1.10), participation in society (1.10), loan received (1.05), loan repayment (1.05) and use of loan (1.03) after participation in the TMSS. The decision making power was less in business (0.30), purchasing of input (0.72), education of sons and daughters (0.10) marriage of sons and daughters (0.90) and family expenditure (0.92) after participation in the TMSS. The decision making power was lowest in each items before participation in the TMSS. These referred the positive change in women empowerment in the study areas.

Table 11. Decision-making status of respondents

Items of decision making power	Before membership				After membership			
	Wife alone	Husband alone	Both	DMI	Wife alone	Husband alone	Both	DMI
Education of sons and daughters	0	33	21	0.35	3	4	48	0.10
Family planning	1	29	30	0.53	11	5	44	1.10
Business	0	35	4	0.07	3	24	12	0.03
Loan received	0	50	10	0.17	4	1	55	1.05
Loan repayment	0	50	10	0.17	4	1	55	1.05
Use of loan	0	50	10	0.17	6	4	50	1.03
Purchase input	0	52	7	0.12	4	19	35	0.72
Participation in society	0	37	23	0.38	12	6	42	1.10
Going alone out side	1	30	29	0.52	18	2	39	1.25
Receiving parda	1	27	32	0.57	21	2	37	1.32
Choosing own profession	0	33	27	0.45	19	3	38	1.27
Marriage of sons and daughters	0	27	33	0.55	2	8	50	0.90
Family expenditure	01	50	09	0.18	5	10	45	0.92
DMI (Decision making indices)	-			4.23				12.91

Table 12. Decision making index of the respondents

Items	Value
Total decision making Indices (After)	12.91
Total decision making Indices (Before)	4.23
Average decision making Indices (After)	0.99
Average decision making Indices (Before)	0.33
Average increase	0.66
Increase rate (%)	66.00

Table 12 reveals that overall women's decision making power increased by a substantial percentage (66.00%). It increased most in receiving 'parda' (1.32) and lowest in business (0.30).

Conclusion

The women respondents received credit and training from the TMSS. They developed different enterprises with the credit and training for increasing employment opportunities and income generation. As a result, positive changes have been occurred in their economic, social and empowerment indicators. With the consequences of the changes of these indicators, economic and social status increased substantially. Therefore, livelihoods patterns improved among the respondents' households.

The women under the TMSS in the study areas tried to improve their socioeconomic status by utilizing credit and training in different income generating activities. They achieved a substantial achievement in their activities. The livelihoods patterns of women are constrained by a number of factors. On the basis of that the following specific recommendations are suggested.

1. The findings of the study revealed that the sanitation and family planning situation as well as the social status did not reach a sound position due to lack of awareness. To increase the awareness on health and sanitation and family planning and to teach about the bad effect of these, informal educations should be ensured by different NGOs and GOs for the respondents and their family members.

2. The other findings reveal that the women rights were not established fully in possessing and controlling over the productive and non-productive assets, coping crises, purchasing personal items through savings. Their decision making power was limited in less important households' activities. An appropriate institutional framework is necessary to allow men and women to work together in a situation of mutual trust and protection of rights and privileges of both men and women. Such atmosphere should be created by different government and non-government organization in accordance with the norms and values of this society. It would be easy to establish the women with empowerment in economic and social activities which would reduce all kinds of discrimination against rural poor women.

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