



2017

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Recommended Citation

Murshid, Nadine S. and Zippay, Allison (2017) "Social Networks in the Context of Microfinance and Intimate Partner Violence in Bangladesh: A Mixed-Methods Study," *The Journal of Sociology & Social Welfare*: Vol. 44 : Iss. 3 , Article 8.
Available at: <https://scholarworks.wmich.edu/jssw/vol44/iss3/8>

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Cover Page Footnote

We are grateful to all study participants who shared their life stories and perspectives with us; without them this study would not be possible. We also thank Shabab Murshid Development Foundation for research assistance in the field, and Macro International for making the Bangladesh Demographic and Health Survey 2007 available for analysis.

Social Networks in the Context of Microfinance and Intimate Partner Violence in Bangladesh: A Mixed-Methods Study

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This mixed-methods study draws from social network theory to examine disclosure and help seeking for intimate partner violence among microfinance participants in Bangladesh. This study uses data on women from the nationally representative Bangladesh Demographic and Health Survey 2007 and from in-depth interviews with 30 microfinance participants in Dhaka. Propensity Score Matching analyses indicated that increase in social contacts due to microfinance participation was not associated with disclosing IPV. Responses from the urban sample indicated that reasons for nondisclosure include feelings of shame, stigma, and fear of being perceived as weak by others. Implications regarding how microfinance organizations can tap participant networks as mechanisms for change are discussed.

Key words Intimate partner violence (IPV) disclosure; poverty; microfinance; Bangladesh

Microfinance programs have emerged across the world as an anti-poverty tool directed towards marginalized groups (Arun & Hulme, 2008; Counts, 2008; Goetz & Gupta, 1996; Hartarska & Nadolnyak, 2007; Khavul, 2010). In Bangladesh, microfinance entails financial services, predominantly micro-loans, to start micro-enterprises targeted to women (Banerjee, Duflo, Glennerster,

& Kinnan, 2015; Counts, 2008). Several countries in Asia and Africa now have a long history of microfinance; research suggests that microfinance may ease the depth of family poverty and also has the potential to empower participants with enhanced economic and social resources, and opportunities for self-determination (Counts, 2008; Hudon & Myer, 2016). Such resources include increased instrumental and informational social networks that microfinance participation facilitates by way of contacts generated through business ownership, and via interactions with microfinance program participants and staff.

Poverty rates within Bangladesh have fallen dramatically in the past decades, but still affect about 25% of the population (bdnews24, 2016). In Bangladesh, over 30 million women participate in microfinance programs (Lachman, 2011). Within the country, patriarchal structures and intimate partner violence (IPV) also remain prevalent, with estimates of between one-to-three quarters of all women having experienced IPV (Murshid, Akincigil, & Zippay, 2016; Schuler et al., 2008). Prosecution of IPV, however, remains low (Anwary, 2015).

It has been suggested that participation in microfinance programs may play a role in prompting greater individual help-seeking for IPV, as women assume more authority in their roles as entrepreneurs, and connect with wider and more diverse social networks and informational resources outside their homes (Murshid, 2013).

This study used mixed methods to explore microfinance participation and IPV disclosure among social networks of women in Bangladesh. Data from a nationally representative sample of ever-married women from the Bangladesh Demographic and Health Survey of 2007 were examined and juxtaposed with qualitative data collected from 30 women in Dhaka. The study examined associations between microfinance participation and the use of social networks to disclose IPV. Granovetter's (1973, 1983, 1995) concept of the "strength of weak ties" provided a framework for analyzing social networks as a mechanism for intervention involving microfinance programs and interpersonal interactions. The findings have implications for the ways in which gendered economic development via microfinance programs may be intentionally directed toward resources for social development such as IPV policy and intervention.

Literature Review

Microfinance

Microfinance in Bangladesh emerged in the 1970s as a research project by Mohammad Yunus of Chittagong University. Experimenting with small group credit models, he found that even small amounts of money had the potential to help individuals alleviate or reduce their poverty, if they were able to invest that money in self-sufficient micro businesses. He created Grameen Bank to provide banking services to the poor, particularly in the form of micro loans in the absence of collateral (Counts, 2008; Yunus, 2003).

Microfinance organizations use a group-lending model to ensure repayment of loans in the absence of collateral. Five to eight individuals form a lending group in which all individuals are responsible for repayment of individual loans. Microfinance organizations target women based on studies indicating that women are better borrowers with high repayment rates (Counts, 2008; Pitt, Khandker, & Cartwright, 2006; Pitt, Chowdhury, & Millimet, 2003; Yunus, 2003). In addition, women are more likely to invest in their families' nutrition and education, particularly girls' education (Pitt & Khandaker, 1998).

In addition to reducing poverty, goals of microfinance include the empowerment of women (Banerjee et al., 2015; Counts, 2008). Many microfinance organizations provide *nonfinancial* as well as financial services, such as health, wellness, and education services (Dunford, 2001). These are meant to improve social development as well as macro economic outcomes, but research has indicated that while microfinance participants are more likely to send their daughters to schools, provide them with nutrition, and use contraceptives to gain control over their own bodies (Murshid & Ely, 2016; (Pitt & Khandaker, 1998), changes in health, education, and empowerment among women in microfinance-saturated neighborhoods are not significant (Banerjee et al., 2015). This is perhaps because few organizations provide such additional services, and these services are provided to organization members only, which excludes non-participants from access to such services.

Prevalence of IPV

Intimate partner violence (IPV), or domestic violence, has been defined as a systematic effort to subordinate and marginalize an intimate partner using coercive and exploitative tactics including physical violence, psychological violence, sexual abuse, and financial abuse (Holden, 2003; Huang, Postmus, Vikse, & Wang, 2013; Postmus, 2014). The causes of IPV are varied and complex in different parts of the world, but the effects are universally condemned as a violation of human and personal rights. In Bangladesh, IPV remains a pervasive and normalized social problem and is estimated to affect between 25 to 70 percent of women across the socioeconomic spectrum (Begum, 2005; Koenig, Ahmed, Hossain, & Mozumder, 2003; Naved, Azim, Bhuiya, & Persson, 2006; Schuler et al., 1996; Schuler et al., 2008).

Laws and Legal Recourse Available for Women

The Domestic Violence Prevention and Protection Act in Bangladesh was enacted in 2010 to meet the obligations for the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)—an international treaty adopted by the United Nations General Assembly in 1979, and Article 28 of the Bangladesh Constitution, that makes the advancement of women and children a special priority. Under the Act, physical, psychological, financial, and sexual violence has been criminalized, and children who are or have been at risk of experiencing violence in their families can seek recourse under this Act. Accordingly, women are to be given a menu of options, including medical and legal aid services, to which they can avail themselves once they file a complaint against their abusive partners. The Act allows judicial magistrates the power to intervene in violent situations by issuing interim orders, including protective orders, residence orders, maintenance orders, and safe custody orders to protect women who experience IPV, the breach of which are punishable by law, including imprisonment ranging from 6 months to 24 months and fines up to Tk. 1 lac and community service (Khatun & Rahman, 2012).

Social Services for IPV

There are basic, yet limited, services available for women who seek help, particularly in urban areas. IPV services provided by the national government are focused on the provision of temporary shelter. There are two “One Stop Crisis Centers” in the country, one in Dhaka Medical College Hospital and the other in Rajshahi Medical College Hospital, where women and children can obtain services including medical help, police intervention, counseling and mental health treatment, forensic tests, and shelter. Non-government organizations are at the helm of providing legal services, (e.g., Bangladesh National Woman Lawyers Association [BNWLA] and Ain O Shalish Kendra [ASK]), as well as campaigning for women’s rights (e.g., Women for Women and Nari Pokhho) (ASK, 2015).

Prevalence of Help-Seeking

Among IPV service providers, an individual’s disclosure of domestic violence to a friend, family member, professional or others is emphasized as a critical action and decision point on the path to help seeking for IPV (Postmus, Severson, Berry, & Yoo, 2009). Research indicates that women’s decisions to seek help for IPV depend on myriad individual, familial, and structural factors (Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

In countries of South Asia, like Bangladesh, women are particularly limited to seek recourse for intimate partner violence given barriers on all levels: stigma and shame on the personal level, family pressure to protect family honor and reputation, on the familial level, and economic dependence and classic patriarchal hierarchies on the structural level (Naved et al., 2006). Other studies indicate that factors associated with greater help-seeking for IPV among women in Bangladesh include severity and frequency of violence, both physical and verbal; education beyond 10th grade; employment; and social support (Dalal, 2011; Naved et al., 2006; Schuler, Bates, & Islam, 2008).

Nevertheless, the number of women who seek help for IPV remains extremely low, in part because women are often dismissed when they do file complaints; police reports indicate that between 2010 and 2012, 109,621 allegations of violence were

made by women to law enforcement agencies, but only 6,875 cases were taken forward, while others were dismissed as false (Haq, 2012). The 2007 Bangladesh Demographic and Health Survey reports that a “culture of silence” remains pervasive among women there; only about 30% of respondents of their nationally representative sample who had experienced IPV said that they had told someone about the abuse (NIPORT, 2009).

Conceptual Model Based on Social Network Theory

Research applying social network theory indicates that social networks that are more diverse in composition (including contacts across a variety of categories such as family, friends, work colleagues, school contacts, medical personnel, etc.) and that include “weak” ties (friends of friends, less intimate contacts), are associated with greater access to informational, economic, and social resources, and with adaptation to change (Bott, 1971; Hanneman & Riddle, 2005; Granovetter, 1973; Johnson, 1994; Lin, 1999; Madsen & Servais, 1997; Rankin, 2002; Wellman & Wortley, 1990). Participation in microfinance may lead to an increase in the social network contacts of individual women, because the group-lending model of microfinance focuses on making each individual responsible for the loans obtained by all members in that group. This allows women to be more connected to, and *invested* in, other women who are in their lending group, as well as to the organizational personnel that administer the loans.

In addition, as micro business entrepreneurs, women are more likely to be in contact with a wider range of community associates as they interact with vendors, customers, and others in their roles as micro-finance entrepreneurs; their sphere of interaction broadens beyond the home and their husband and children. Their roles as business owners provide them a stance associated with greater status and economic means, as well as access to training and information provided by the micro-finance loan officers and other business personnel.

The access to wider social network contacts may provide women with more opportunities for disclosure and help seeking in the face of IPV, as well as access to wider and more diverse resources. As such, increased social contacts of the women may

allow for increased information transfer between individuals, as well as increased social support. These relationships have the capacity to exert social influence over individuals while providing support and social capital, as microfinance participants' access to personal resources and opportunities to engage in help-seeking behavior increase (Jones & Ferguson, 2009; Murshid, 2013; Rankin, 2002). No recent research, however, has investigated associations between microfinance participation and IPV disclosure, to the best of our knowledge.

Methods

The present study uses data from the nationally representative Bangladesh Demographic and Health Survey 2007 (National Institute of Population Research and Training [NIPORT], Mitra and Associates, & Macro International, 2009), and qualitative interviews with 30 women who access microfinance in Dhaka, Bangladesh, to examine the association between microfinance participation and IPV disclosure among and help-seeking social networks, and provide an exploration of the context in which microfinance participation may promote expanded social network contacts and potentially help-seeking behaviors.

Primary Research Questions

We have two primary research questions: (1) Are women participating in microfinance more likely to disclose IPV to a social network contact compared to women who do not participate in microfinance? And (2) What is the context of the hypothesized link between microfinance participation and disclosure and help-seeking social networks?

Description of Quantitative Study

Data

The current study uses the Women's Questionnaire from the Bangladesh Demographic and Health Survey 2007 (NIPORT et al., 2009) that surveyed 10,400 households including 10,996 ever-married women between the ages of 15 and 49 years. The

survey was designed to generate nationally representative estimates for the entire nation, including urban and rural areas, and six major divisions of Bangladesh: Dhaka, Chittagong, Khulna, Rajshahi, Barisal, and Sylhet.

Sampling

The sampling frame for the BDHS 2007 (NIPORT et al., 2009) was created from the Population Census of Bangladesh obtained from the Bangladesh Bureau of Statistics (BBS, 2001). The sampling frame was comprised of 259,532 enumeration areas (EAs), defined as “convenient number of dwelling units which serve as counting units for the census with an average size of around 100 households” (NIPORT et al., 2009, p. 239). A two-stage stratified sampling strategy was used. First we selected enumeration areas, and then women from 30 households from each enumeration unit were selected for interviews.

In the present study, the sample analyzed was restricted to individuals who indicated in the survey that they experienced IPV, and who answered the questions regarding disclosure and help seeking. The survey asked respondents, “Does/did your (last) husband/partner ever do any of the following things to you: push you, shake you, or throw something at you; slap you; twist your arm or pull your hair; punch you with his fist or with something that could hurt you; kick you, drag you, or beat you up; try to choke you or burn you on purpose; threaten or attack you with a knife, gun, or any other weapon; physically force you to have sexual intercourse with him even when you did not want to?” Question responses were yes or no.

Upon accounting for missing values for each variable (by list-wise deletion) and restricting the dataset to individuals who responded to the questions of interest, the sample size was first reduced to 4,163. Of this number, 1,003 women reported experiencing IPV; 805 responded to questions about seeking help for IPV. This ($n = 805$) is the sample size of the quantitative portion of the current study that focuses on IPV disclosure.

Quantitative Measures

IPV disclosure was used as a dependent variable, and independent variables included microfinance participation, and control variables that have been associated in previous research with help seeking for IPV, including income status, paid employment, education, and age.

IPV disclosure from a social network contact was measured based on the open-ended BDHS (NIPORT et al., 2009) survey question to women who had experienced IPV in the past 12 months, "Did you tell anyone about your husband hurting you?" with a yes or no answer. A follow-up question asked, "Who did you tell"? (respondents could list as many as they chose). IPV disclosure was a dichotomous variable coded as "1" if yes and "0" if they did not tell anyone. The question regarding disclosure was asked immediately after questions about whether or not the respondent had experienced IPV.

Microfinance participation was measured by a dichotomous variable where "1" indicated that women participated in at least one of the four major microfinance organizations (Grameen Bank, ASA, BRAC, and Proshika), and "0" indicated that they were not a member of any microfinance organization.

As part of BDHS 2007 (NIPORT et al., 2009), respondents were asked about their employment status. As such, 1 indicated that women were employed for pay, and 0 indicated women were not employed.

Economic status was measured using a "wealth index" constructed by BDHS 2007 (NIPORT et al., 2009) using data on ownership of durable goods and dwelling characteristics (such as bicycles, television sets, source of drinking water, sanitation facilities, and construction materials). Wealth was dichotomized as "wealth assets = 1" if respondents scored 2 and above, and "0" if respondents scored a 1 or below (and labeled "no wealth assets").

The BDHS 2007 documented *age* in continuous as well as categorical form. In the current study, the variable was used in its categorical form when applied in the univariate analyses, and in its continuous form when used in the multivariate analysis.

The BDHS 2007 dataset included information on respondent *education* level. That information was presented in categorical

format, grouping individuals based on whether they had no education, primary education, secondary education, or higher than secondary education.

Statistical Analysis

Descriptive statistics were computed for all variables, and analyses using propensity score matching techniques were then conducted to assess whether women who participated in microfinance were more likely to disclose IPV to someone in their social network, to account for endogeneity and selection biases. The women in the two groups were matched based on propensity scores calculated using a probit model, irrespective of microfinance participation. Microfinance participants were matched with non-participants with the most similar propensity score, using one-to-one nearest neighbor matching with no replacement with the common support restriction. The Propensity Score Matching (PSM) model was computed using *psmatch2* function on Stata13 LP, which estimated the effect of microfinance by measuring the average effect of treatment on the treated (ATT), while accounting for sample weighting and the complex research design of the BDHS 2007 (NIPORT et al., 2009). The post-matching sample size was 10,128 women, reduced from the total sample size of 10,996.

The ATT was bootstrapped with 2000 repetitions to confirm findings. PSM was chosen as the analytical tool to make the findings comparable as closely as possible to findings from a quasi-experimental study, accounting for endogeneity and selection biases.

Description of Qualitative Study

Purposive sampling was used to recruit 30 women who participated in microfinance in a slum—an area of extreme poverty—in the city of Dhaka. The interviews were conducted by the first author in the Bengali language. The study received approval from a university Institutional Review Board (IRB), and oral consent was obtained in Bengali from each participant. The interviews took on average approximately 90 minutes to complete. The data were recorded manually by the lead author and

a research assistant and were later transcribed and translated by the lead author, before analysis using Atlas ti. Participants were recruited with the help of a local schoolteacher whose students were children of microfinance participants. The schoolteacher introduced the lead author to participants, after which consent was obtained and interviews conducted. The interviews were held at the local school, given its close proximity to the dwellings in which the microfinance participants resided. As is the norm in Bangladesh, and other very low-income countries (NI-PORT et al., 2009), participants were not paid, so as to ensure that individuals did not participate in the interview solely for the associated monetary compensation.

Respondents were asked about their experiences with domestic violence, its association with microfinance participation, and their status in the household as a result of their access to microfinance. Questions were framed matter-of-factly, without judgment, and questions were modified based on how much or little participants shared; some were more forthcoming, others needed follow up questions. The initial questions were broad, such as, “tell me about your life, what do you do?” As the respondents revealed their stories, the questions got narrower: “Where did you hear about microfinance? Why did you decide to access microfinance? Whose decision was it to access microfinance?” Questions were also asked about their personal lives: “When did you get married? How did your husband feel about your participation in microfinance? Did your husband ever hurt you physically?”

Their experiences with help seeking in various difficult situations, including IPV, were also discussed. Questions were asked about their friends and family members, who they were and where they lived, and the kinds of help they have received from them in the past. Questions about help-seeking social networks were asked after the questions about experiencing IPV. Then, they were specifically asked if they told others about their IPV or sought help from members of their lending group, friends, or family members, and the reasons for which they selected the people from whom they sought help.

Rationale for Using Mixed-Methods

The quantitative portion of the study examines nationally representative data and investigates associations between the variables of interest: microfinance participation, IPV, and disclosure among social network contacts. The qualitative portion provides an examination of the context for these associations, and why these links may or may not exist. The key rationale for conducting the in-depth interviews was to generate insight into the context of findings from the quantitative portion of the study, and to suggest questions for future research.

Results

Quantitative Study Results

Twenty four per cent of the study population of ever-married women said they experienced IPV (N = 1,003). Of those, 805 women answered the question about IPV disclosure. Of the 805 women, 70.9% (n = 569) reported that they did not disclose their experience of IPV, while 21.9 % (n = 236) reported that they told someone about the IPV (see Table 1). Of those who disclosed, most disclosed to family: parents (11.74%; n = 95), siblings (6.3%; n = 51), parents-in-law (7.39%; n = 60), and other relatives (10%, n = 81); 11.87% (n = 96) said they told neighbors, and 9 (1.11%) disclosed to friends. Only two respondents sought help from the police; one from a counselor; one from a health worker; 0 to a religious cleric; 0 to NGO personnel; 15 to local leaders; and 4 to others (see Table 2).

Propensity score matching estimate was implemented using `psmatch2` function in Stata 13. Table 2 shows the results from the probit regression that was used to estimate the propensity score of microfinance participation. Table 3 indicates the post-matching results of the estimation of the average effect of treatment on treated (ATT). The results allow for a comparison between the unmatched and matched samples of treatment and control groups. The common support from `psmatch2` indicated that 7,350 were “untreated” while 2,778 were “treated,” which means 7,350 women were in the control group and 2,778 were in the treatment group (microfinance). The unmatched sample

Table 1. Characteristics of the study population

	Sample Size	Population Distribution ^a
All	805	100.0
Key Dependent Variable		
Disclosed IPV		
No	569	70.9
Yes	236	29.1
Independent Variables		
Microfinance		
No	510	63.6
Yes	295	36.4
Wealth Assets		
No	385	51.1
Yes	420	48.9
Respondent Age		
15-24	355	44.2
25-34	291	37.1
35-44	126	14.5
45+	33	4.1
Age Difference (Husband's age—Wife's age)		
<9	482	57.6
10-19	284	37.9
20+	39	4.4
Educational Difference		
No Difference	279	36.2
Husband More Educated	271	30.6
Wife More Educated	255	33.2
Respondent Education		
No education	323	35.9
Primary	251	34.2
Secondary	228	28.2
Higher	21	1.7
Respondent Partner's Education		
No education	323	43.7
Primary	251	30.3
Secondary	183	21.6
Higher	48	4.4
Currently Employed		
No	555	66.8
Yes	250	33.2

Note. a Weighted sample; numbers rounded up to 1 decimal point and may not add up to 100

Table 2. Probit regression from psmatch2 in Stata to estimate propensity scores of participation in microfinance

Microfinance Participation	Coefficient (S.E)
Wealth Assets	-0.15 (0.03)*
Age	0.004 (0.006)*
Age Difference between Spouse	0.006 (0.002)*
Educational Difference between Spouses	0.0002 (0.002)
Respondent Education	
No Education	
Primary Education	0.04 (0.04)
Secondary Education	-0.13 (0.05)*
Higher Education	-0.50 (0.04)*
Husbands' Education	
No Education	-0.50 (0.04)*
Primary Education	-0.50 (0.04)*
Secondary Education	-0.50 (0.04)*
Higher Education	-0.50 (0.04)*
Employment	-0.50 (0.04)*
Constant	0.70 (0.06)*
Number of Observations	17,749
Log likelihood	-11051.214
Log-Likelihood Ratio Chi-Square	959.88
Prob. > Chi Square	0.00
Pseudo R2	0.04

Note. *p<.05; There are observations with identical propensity score values. Sort order is random.

Table 3. ATT Estimate from psmatch2

Variable	Sample	Treated	Controls	Difference	SE	t Statistic
Help-Seeking	Unmatched	0.031	0.020	0.011	.003	3.44
	ATT	0.031	0.026	0.005	.005	1.03
Bias-Corrected SE of ATT Calculated Using Bootstrap with 2000 Repetitions in Stata	Observed Coeff.	SE		z	p> z	
	0.005	0.006		0.99	0.32	

of microfinance participants and non-participants shows a statistically significant difference of 1.1 percentage points in terms of seeking help, indicating that microfinance participants are significantly more likely to seek help for IPV than non-participants; however, this estimate does not account for selection and endogeneity biases. The ATT (matched) estimation, which does account for selection and endogeneity biases, presents a different picture. The difference in IPV disclosure between microfinance participants and non-participants is 0.5 percentage points, but this estimate is *not* significant at the 0.05 level. This suggests that women who participate in microfinance are not significantly different from women who do not participate in microfinance in terms of their disclosure, when the comparison is made between women who have similar propensities to participate in microfinance. Bootstrapping the ATT 2000 times similarly yielded insignificant results, which further corroborates this finding.

Qualitative Study Results

The qualitative study was conducted to understand the context and nuances of respondent experiences with microfinance participation, IPV and its disclosure within their social networks.

Microfinance participation

The 30 respondents ran a variety of microfinance businesses: retail trading in fruits, vegetables, or fishes; snack shops; and tea stalls. The women ranged in age from 18 to 49 years and all were married and had either young or adult children. All of the respondents lived in crowded, urban areas of extreme poverty in Dhaka known as “bosti” or slums. Dwellings were mostly jerry-built, including tents and shacks and houses assembled from a jumble of found materials, such as jute and plastic bags, old vinyl billboards, bamboo mats, and odd pieces of wood or metals. Most housed extended families, including husband and wife and children, adult parents or in-laws, and sometimes additional relatives in need of a place to stay.

The respondents described a variety of ways in which they became involved in microfinance: some were recruited by loan

officers visiting the bosti; others were brought in through participating family or close friends or neighbors; and some connected via more distant contacts:

“My friend’s husband’s sister gave my name to a woman who came looking for people to give loans to, and then contacted me.” “My landlord’s friend came over one day and was talking about her micro-business and said we should try it.”

Running a microfinance business did not lift these women out of poverty. Rather, the small income generated from their micro-businesses eased extreme poverty to some degree, and provided basic necessities and some additional material goods:

Now ... I can provide my family with food on a daily basis. I am not working the streets as a beggar...I can send my children to school; I am not dependent on the income they bring in as beggars. I can clothe them ... [Samina]

In describing their experiences with running a business, the women talked about the tasks of entrepreneurship that took them out of their homes and into the community to buy stock, sell their goods, conduct banking, etc. They spoke of expanded social contacts and interactions with people, including microfinance loan officers and staff, group lending members, customers, and vendors and business associates.

In terms of knowing more people, there are officers from the organization that we now know ... I have a lot of repeat customers in my business, and in some ways they have become my friends ... So I have made new connections in that way. I feel that because I am now a businesswoman, with status and money, more people are willing to be friends with me... They ask how the business is going, how I am doing, and so on. Most of those people are microfinance recipients too. So, basically, there is an increase in social networks that comes from our mutual respect ...

Intimate Partner Violence

Each of the 30 women interviewed said that they had experienced physical violence from their husbands. Most spoke

of the violence matter-of-factly, as a routine part of life. "Yes, of course, my husband hits me once in a while," and "I didn't like getting beaten up, but these things happen in marriages" were two responses that were echoed, in substance, by almost two-thirds of the women. Their experiences ranged in severity, and some women indicated that abuse had lessened or stopped in recent years:

My husband used to beat me when we first got married. I was young. I didn't know how to run a household and he used to get upset and hit me. Now I'm old, my husband is older. He doesn't hit me anymore.

My husband hits me to show disapproval when I do something that he doesn't like. But I still do those things. He will find a reason to hit me even if I stop. For example I like eating sour berries, and he tells me I waste money on them. All husbands hit their wives. It's okay but it's also embarrassing. I don't like admitting to it, especially to my mother. When she calls to ask I tell her I am happily married.

Disclosure and help seeking

When asked if they had told others about the physical violence by their husbands, about 60% of the respondents said no. Every disclosure or help request involved close family, friends, or neighbors. Not one of the respondents sought formal help through the legal system or law enforcement agencies, or counselors, or health professionals/shelters.

Among those who did not seek help, several women said they were ashamed to talk about the violence in their lives with family members and friends. "Isn't it shameful? It is, right?" Shaila counter-questioned me. "What will they say about my husband if they know he hits me? And what will they think of me? So no, I don't tell anyone. It's my private problem, not for the world to know."

Others suggested that they did not share with their family because they didn't want to upset them. As Morjina said:

I don't ask for help. Even with family members ... I don't want to share this sadness. My mother will feel sad, she will worry about me. It's best she thinks I'm doing fine.

The shame of experiencing violence, as voiced by the respondents, was difficult to understand given the seemingly pervasive and normalized nature of the problem—on one hand, they all spoke of experiencing violence, albeit of different kinds, but at the same time they were ashamed or embarrassed to tell others.

Among women who disclosed the violence, most reported telling their siblings, other relatives, friends, and some told their neighbors. Most said that the help they sought was emotional—talking to others as support. Occasionally a friend or relative spoke to the husband; some brothers or fathers ‘beat up’ the spouse.

I am closest to my sister, so I told her about the violence. I did it primarily to get it off my chest, not because she can do anything about it. What can she do, after all? She is poor too, and lives in a slum. She can’t invite me to stay with her. But she can make me feel better. I once told my father about the violence; he got really angry and threatened to beat him up. But my father is an old man, and there is no point in upsetting him. So I told him it wasn’t a big deal, it didn’t hurt that much.

In several cases, help was not sought directly by these women, but came when neighbors in close proximity intervened when they heard the sounds of beatings or cries for help:

When he’s angry I don’t do anything. I don’t tell anyone. People, however, can see and hear because the slums are so crowded and each room is divided by cardboard or plastic sheets. Sometimes they intervene, sometimes they don’t. I guess it depends on how loud it gets. When they do intervene, he lets me go. I then leave the room. My neighbors, who are also my friends, found out about the violence because they heard me scream in pain. Since then, my husband tries to muffle the sound by placing his hand over my mouth. But because they [my neighbors] already know [about the violence] I go and tell them exactly that. I think once they found out I wasn’t ashamed to tell them, because they knew already. It’s harder to tell someone who has no idea about the violence.

When asked about disclosing violence or seeking help from their microfinance lending group or other business contacts, the response from these microfinance participants was universal:

they did not seek help from their lending group members or anyone involved with their micro businesses. The respondents reported feeling ashamed, embarrassed, or wary of sharing their stories of violence, often expressing that they feared it would diminish them in the eyes of their business colleagues.

They are my colleagues, professional connections. I don't want them to have a negative view of me, so I don't tell them. They will think less of me if I tell them about the abuses that my husband hurls at me, and the things he hits me with. It is embarrassing. I can't tell them any of that. They know me as a respectable entrepreneur; no need to change that by telling them about these things. There really is no reason for me to do so. They will think how can I run my business if I can't run my personal life according to my own wishes, if they found out about the violence. So obviously I don't say a word to them.

As the women talked about their lending groups, it was striking to hear how important these contacts were to them in terms of finances and business advice, and how often the women emphasized that they wanted to keep their "personal drama" out of these relationships:

In terms of working together, we do great. Sometimes when I don't have money to make the weekly payments [to the microfinance organization] they help me out, they loan me that money, interest free! I have done that for them too, when they needed it. It is a good set up. We all get along. I don't want to bring in my personal drama into that. That life with microfinance is my other life, my escape. I enjoy that. I don't want to ruin that.

The group members are important because we can help each other when we are in a financial bind. There were times where I could not make payments and the group paid it on my behalf so that they are not ineligible for loans in the future. That is how we help each other. To me, this is the most important kind of help, because I do not have anyone else in my life from whom I can ask for money. For other types of help, such as childcare or just having someone to talk to, I have my sisters and neighbors.

I have realized the significance of having a faithful group of people whose main interest is to make sure we all make payments on time, which, in the long run, is better for our business ... It allows us to talk to others in situations similar to ours. For example, when I bought vegetables for sale, I was having a problem with the vegetables rotting early. This kept on happening. When I told my group members about that, they suggested I buy vegetables that don't rot easily, like potatoes, carrots, and cauliflower. It sounds very simple, but I didn't know which vegetables rot quickly and so my business was suffering. I want to keep this kind of a relationship alive. If I started talking about personal things, these meetings would become a gossiping session about my husband and how awful he is. We will forget to be entrepreneurs and focus on the men only. And so, I don't want to tell them that my husband hits me.

Discussion

The quantitative results indicated that women who participated in microfinance were equally likely to disclose intimate partner violence, compared to a matched group of women who did not participate in microfinance. Both groups sought help primarily from family and neighbors; very small numbers contacted friends, police, or professionals about their IPV. The findings from the qualitative study indicated that microfinance participants interacted with a range of community contacts associated with their business ownership; the women described "weak" ties with lending group members and others connected to their loans or microenterprise. They expressed a preference for interacting and presenting themselves in the role of businesswomen to these professional and community contacts. Sharing stories of intimate violence would negatively color their personal and professional reputations as entrepreneurs, many feared. The women expressed that they wanted to keep their personal and business lives separate, because of the shame and stigma associated with IPV.

Findings from the qualitative sample also indicated that expanded social networks associated with microfinance participation provided these women with access to valuable informational and economic resources aligned with their business

roles. These findings from the qualitative sample provide areas for future research regarding the instrumental roles of the community contacts of microfinance participant networks, and may suggest an explanation for why IPV disclosure did not vary among microfinance participants and nonparticipants in the nationally representative sample.

This study underscores a paradox: though pervasive and often viewed as a normalized component of marriage, IPV disclosure beyond family is limited, and—among the qualitative sample—was described as a source of shame among all network contacts. Assumptions that community networks associated with microfinance participation would prompt increased IPV disclosure and help seeking did not hold for our samples. Though business associates were a source of economic and informational resources, they were not, among this sample, a source of IPV support.

As noted earlier, microfinance organizations provide a range of financial and *nonfinancial* services to participants including health education, literacy, and legal programs (Kabeer, 2005; Westley, 2007), and microfinance participation is associated with a variety of social development outcomes, such as children's education and nutrition and contraceptive use (Murshid & Ely, 2016; Pitt & Khandaker, 1998).

With access to over 30 million participants in Bangladesh, microfinance organizations could include in their educational, legal, and community offerings information focusing on IPV resources, statutes, and recourse. Microfinance participation allows women to navigate the outside world as an economic entity, a business owner (Amin, Becker, & Bayes, 1998; Begum, 2005; Busch & Valentine, 2000; Hunt & Kasynathan, 2001; Vyas & Watts, 2009). That increased economic power and personal independence comprises the essence of the program's secondary goals of empowerment among women (Banerjee et al., 2015).

Nevertheless, women's participation in economic activities occurs within the context of deep cultural norms of patriarchy, and their experiences with structural violence in spaces both within and outside their own homes. Microfinance organizations have extraordinary community reach; they have formal connections and communications with millions of poor women and their households. Such networks could potentially be

tapped as mechanisms for both informational and structural change, including communications focused on IPV education, laws and legislation, support services, and efforts toward a broader shift of expectations and norms. Finally, such an institution would do well to build a culture of solidarity among women who participate in microfinance, as Katherine Rankin had suggested almost a decade and a half ago (Rankin, 2002).

Limitations

The study is limited by the survey questions available from the BDHS (NIPORT et al., 2009), which restrict the variables and measures accessible for analysis and by its ability to provide causal inference; the study, however, is strengthened by the nationally representative sample. The use of PSM methods added to the strength of the study by addressing endogeneity and selection biases, but heterogeneity from unobserved confounders remains. Another limitation of the quantitative portion of the study is that a small portion of the sample reported IPV disclosure, which renders the cell size to be relatively small compared to the sample size. However, the small cell size speaks to the extent to which IPV remains a taboo, and justifies its analysis.

The qualitative portion of the study begins to explore the context of microfinance-related social networks and IPV disclosure and suggests areas for future research. The qualitative findings are not transferrable beyond this purposively drawn sample.

Conclusion

Formulated as an anti-poverty effort with goals that span economic development, social development, and empowerment, microfinance programs have the potential to effect social issues such as IPV with their formal connections to micro-units of individuals and households and to structural economic systems. These efforts will be enhanced with continued research that builds understanding of women's experiences and reactions to IPV, within the context of their roles in their households, and as social entrepreneurs. Community interventions such as microfinance programs have the extant infrastructure and leverage to build information and awareness among participants and their

wider networks, and to be active in IPV policy and enforcement initiatives.

Acknowledgements: We are grateful to all study participants who shared their life stories and perspectives with us; without them this study would not be possible. We also thank Shabab Murshid Development Foundation for research assistance in the field, and Macro International for making the Bangladesh Demographic and Health Survey 2007 available for analysis.

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