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# Economic self-help group programmes for improving women's empowerment

September 2019

Systematic  
Review  
Summary 11

Microfinance



International  
Initiative for  
Impact Evaluation

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3ie Systematic Review Summary 11  
September 2019

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## Summary

Women bear an unequal share of the burden of poverty globally, due to societal and structural barriers to equality. One way that governments, development agencies and grassroots women's groups have tried to address these inequalities is through women's self-help groups (SHGs). However, it is not clear whether and to what extent these groups empower women.

The systematic review focuses on the impacts of economic SHGs with a broad range of collective finance, enterprise and livelihood components on women's political, economic, social and psychological empowerment. The review synthesises evidence on the effectiveness of women's economic SHGs in stimulating women's individual empowerment in low- and middle-income countries. It integrates evidence from rigorous impact evaluations, analysing the effects of economic SHG programmes on empowerment, and high-quality qualitative studies that examine the empowerment experiences of women participating in economic SHGs.

SHGs are small voluntary groups that are formed by people related by an affinity for a specific purpose who provide support for each other. They are created with the underlying assumption that when individuals join together to take action towards overcoming obstacles and attaining social change, the result can be individual and/or collective empowerment. SHG members typically use savings, credit or social involvement strategies as instruments to stimulate empowerment. The types of SHGs that exist in developing countries are numerous and can include economic, legal, health and cultural objectives.

The review focuses on economic SHGs that offer women collective finance (for example, savings, loans and/or insurance), enterprise and/or livelihood service. Livelihood interventions can include life skills training, business training, financial education, and labour and trade group organisation building.

SHG participation may lead to women's empowerment because of improvements in income, savings and/or loan repayments, and skills after women are exposed to group support and accumulate social capital due to participation in regular meetings, during which they gain access to resources in the form of credit, training, loans or capital. This process enables women to transform their choices into desired actions, changing patterns of spending and saving, which results in the emergence of economic, political, social and psychological empowerment (depending on context, commitment and capacity).

Led by India, countries in South Asia have a longer history of SHG activity than in other parts of the world. SHGs in Asia focus on group lending and credit. In Sub-Saharan Africa and Latin America, the South Asian model has been adapted to match the cultural and social context. For example, SHGs in Sub-Saharan Africa have a strong emphasis on HIV and AIDS. Some groups in Asia and in Sub-Saharan Africa offer a basic model of group support meetings and financial services, whilst others provide varied training programmes. Participants' views suggest that the poorest women are often excluded from SHGs in both of these regions.

Following a systematic search of almost 3,500 records in published and grey literature, a total of 23 quantitative and 11 qualitative studies were included in the final analysis. Of the 34 included studies, 26 focused on SHGs in South Asia, primarily in India (19 studies) but also in Bangladesh (7 studies) and Nepal (1 study). One study estimated the impact of an SHG in East Asia (Thailand), two examined perspectives of SHG members in Latin America and the Caribbean (Bolivia and Haiti) and two focused on SHGs in Sub-Saharan Africa (Ethiopia and South Africa).

The evidence indicates that SHGs have positive effects on three dimensions of women's empowerment. On average, women were more economically empowered – that is, they had better access to, ownership of and control over resources – as a result of participation in SHGs than non-participants. Female participants also showed higher mobility, so were more socially empowered than non-participants. In addition, SHG members were more able to exert control over decision-making about the family size of the household, but only if the SHGs included a training component. Female SHG members were also more able to participate in decision-making focused on access to resources, rights and entitlements within communities, hence were more politically empowered.





However, female SHG members were not, on average, more psychologically empowered than non-participants, as measured by women's feelings of self-worth, self-confidence and self-esteem. Finally, the synthesis suggests that participation in SHGs did not result in more intimate partner violence for female SHG participants in the long-term.

Importantly, the evidence includes only a small number of rigorous experimental and quasi-experimental studies.

The evidence synthesis related to women's perspectives on factors determining their participation in and benefits from SHGs suggests various pathways through which SHGs could achieve the identified positive impacts on empowerment. Women's experiences suggest that positive effects of SHGs on economic, social and political empowerment are driven by familiarity with handling money and independence in financial decision-making, solidarity, improved social networks, and respect from the household and other community members.

SHG schemes could help in stimulating women's control over resources (economic empowerment), decision-making power about reproductive health in the household and women's autonomy (social empowerment), and decision-making power in their communities (political empowerment). However, SHGs are unlikely to be successful if used only to obtain psychological empowerment objectives. It is unclear whether SHGs that incorporate specific components – such as through group support, by improving mobility, or through outreach to family and community members in positions of power – would be more successful in promoting psychological empowerment.

SHG members' perceptions suggest that the poorest women participate less in the SHG movement, possibly because of discrimination related to class or caste. Poorer or marginalised women may not feel accepted by groups that are made up of less poor or more well-connected community members. Complementary interventions are likely needed to overcome barriers for these women.

SHGs could have larger effects on several aspects of women's empowerment when they include a training component. The review shows that the effects of SHGs on women's family size decision-making are only statistically significant when collective finance, enterprise and livelihood components are combined with training. SHGs also show larger effects on women's economic empowerment when training is included. Such training could include basic education, health education, business or entrepreneurial skills training, training to build awareness of women's rights, or community development training. With the current evidence, however, it remains unclear which type of training has the largest effects on women's empowerment.

There is no evidence for adverse effects of female SHGs on domestic violence in the long term. However, there may be adverse consequences in the short term.

The poorest women may need incentives to encourage their participation in SHGs. These incentives could be financial – for example, opportunities to participate without savings requirements. Non-financial incentives could involve conducting outreach activities to marginalised groups or encouraging the male household decision makers or mothers-in-law to allow their spouses and daughters-in-law to participate in SHGs. However, evidence is needed about the effectiveness of such approaches. Time constraints (for example, from higher labour market participation) could also be preventing the poorest women from participating in SHGs. In this case, incentives might not be effective unless they mitigate concerns about the opportunity costs of participating in SHGs.

There is a need for more rigorous studies that can correct for biases in estimating the effects of SHG programmes, including the challenges of measuring empowerment. There is also a need for research to further understand the causal pathways or mechanisms through which SHGs influence women's empowerment. Finally, the evidence base on the cost-effectiveness of SHGs requires expansion. It is therefore crucial to conduct more quantitative and qualitative research, as well as cost-effectiveness analyses. In particular, mixed-methods research can help ensure that the advantages of quantitative research, in estimating impacts across a broad group of participants, are complemented by the ability of qualitative research to measure empowerment with greater nuance and unpack causal mechanisms.

Importantly, quantitative and qualitative studies alike need to describe more fully the components of the SHGs being studied, so that research syntheses can provide better guidance for policy and practice on the relative merits of different programme components. The current evidence provides only limited documentation on the types or functioning of SHG intervention models.

Finally, the review does not report on the cost-effectiveness of SHGs, because very few of the included studies reported on the costs of the programmes.













# Introduction: the effects of economic self-help group programmes on women's empowerment

1



- Self-help groups can potentially empower women and help reduce gender inequality.
- The mixed methods systematic review used meta-analyses to estimate impacts on women's empowerment.
- The review also synthesised evidence from high-quality qualitative studies examining the perspectives of women who are SHG participants.

Women bear an unequal share of the burden of poverty globally, due to societal and structural inequality. Fewer girls are enrolled in school than boys, resulting in more than two thirds of the world's illiterate adults being women.<sup>1</sup> Women experience unequal access to healthcare starting from birth and throughout their reproductive years<sup>2</sup> and are conspicuous by their absence from all levels of government – local, regional and national.<sup>3</sup>

Women also have limited economic freedom. In Sub-Saharan Africa, only 16–18 per cent of loans issued to small and medium-sized businesses are to women business owners; in South Asia, this figure is only 6 per cent.<sup>4</sup> In many countries, women may not own land. In South and Southeast Asia, women comprise more than 60 per cent of the agricultural labour force, but in India, Nepal and Thailand, for example, less than 10 per cent of women farmers own land.<sup>5</sup> These facts describe the 'feminisation of poverty', a phrase that captures women's unequal share of poverty in terms of wealth, choices and opportunities.<sup>6</sup>

## 1.1

### Addressing economic inequalities: self-help group programmes

One way governments, development agencies and grassroots women's groups have tried to address these inequalities and achieve women's empowerment is through women's economic self-help group (SHG) programmes. The basic assumptions underpinning these income-generating programmes are that giving women access to working capital and technical support, such as training, can increase their ability to 'generate choices and exercise bargaining power as well as develop a sense of self-worth, a belief in one's ability to secure desired changes, and the right to control one's life'.<sup>7</sup> SHGs could facilitate these goals and improve women's empowerment through the development of social capital and the mobilisation of women.<sup>8</sup>

Many perspectives, definitions, measures and outcomes have been associated with women's empowerment, a term that has been used interchangeably with others, such as autonomy, status and agency. The concept also has been measured in different ways; for example, women's autonomy has been measured by assessing the degree to which women participate in decision-making in their households<sup>9</sup> or with respect to their mobility.<sup>10</sup> Another challenge in defining and measuring women's empowerment is the variations in socio-cultural contexts that affect how it may occur. Mobility could be a central issue to women's empowerment in one setting and a peripheral issue in another.

The growing literature presents many definitions of empowerment, none of which seem to be universally accepted. Kabeer<sup>11</sup> offers one of the most comprehensive and broadly cited definitions of empowerment:

The expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them; a process that entails thinking outside the system and challenging the status quo, where people can make choices from the vantage point of real alternatives without punishingly high costs.





The systematic review we summarise in this report uses this definition of empowerment.

Much of the research suggests that empowerment is a process and an outcome that can occur at multiple levels and have different dimensions. After the 1994 International Conference on Population and Development in Cairo, the United Nations released a paper that delineated five major components of empowerment: women's sense of self-worth; women's right to have and to determine choices; women's right to have access to opportunities and resources; women's right to have the power to control their own lives, both within and outside the home; and women's ability to influence the direction of social change to create a more just social and economic order, nationally and internationally.

## 1.2 Objectives

This report summarises a systematic review<sup>13</sup> on the effects of economic SHG programmes on women's empowerment. The objective of the systematic review was to answer two research questions:

- What are the impacts of women's economic SHGs on women's individual-level empowerment in low- and middle-income countries?
- What are the perspectives of female participants on how they benefitted from economic SHGs in low- and middle-income countries?

## 1.3 Methods

The review uses an integrated mixed-methods approach, drawing on evidence from rigorous quantitative impact evaluation studies and high-quality qualitative studies examining the perspectives of women who are SHG participants. This approach helps capture a broad range of evidence to enhance the review's usefulness for policy and practice.

A meta-analysis on the data from the quantitative studies shows the average 'typical' effect of SHG programmes on the four empowerment indicators to examine what is generalisable. Meta-analysis is applied alongside the qualitative evidence to examine context-specific findings. Furthermore, qualitative studies are used to understand the possible causal pathways underlying the observed impact.

Although other reviews and impact evaluations of SHGs have been published<sup>14</sup> since the publication of the systematic review by Brody and colleagues<sup>15</sup>, it remains the only review that uses meta-analysis to estimate the impacts of SHGs on women's empowerment.

A systematic literature search identified 3,498 potentially eligible studies from electronic databases and grey literature. The authors retrieved and reviewed full texts of 365 studies that appeared to be relevant studies of SHGs in low- and middle-income countries. After screening on methodology, 23 quantitative and 11 qualitative studies were included in the final analysis. Quantitative studies used rigorous experimental and quasi-experimental approaches (for example, randomised controlled trials or statistical matching).<sup>1</sup> All qualitative studies used structured and semi-structured in-depth interviews, and three studies also used focus groups.

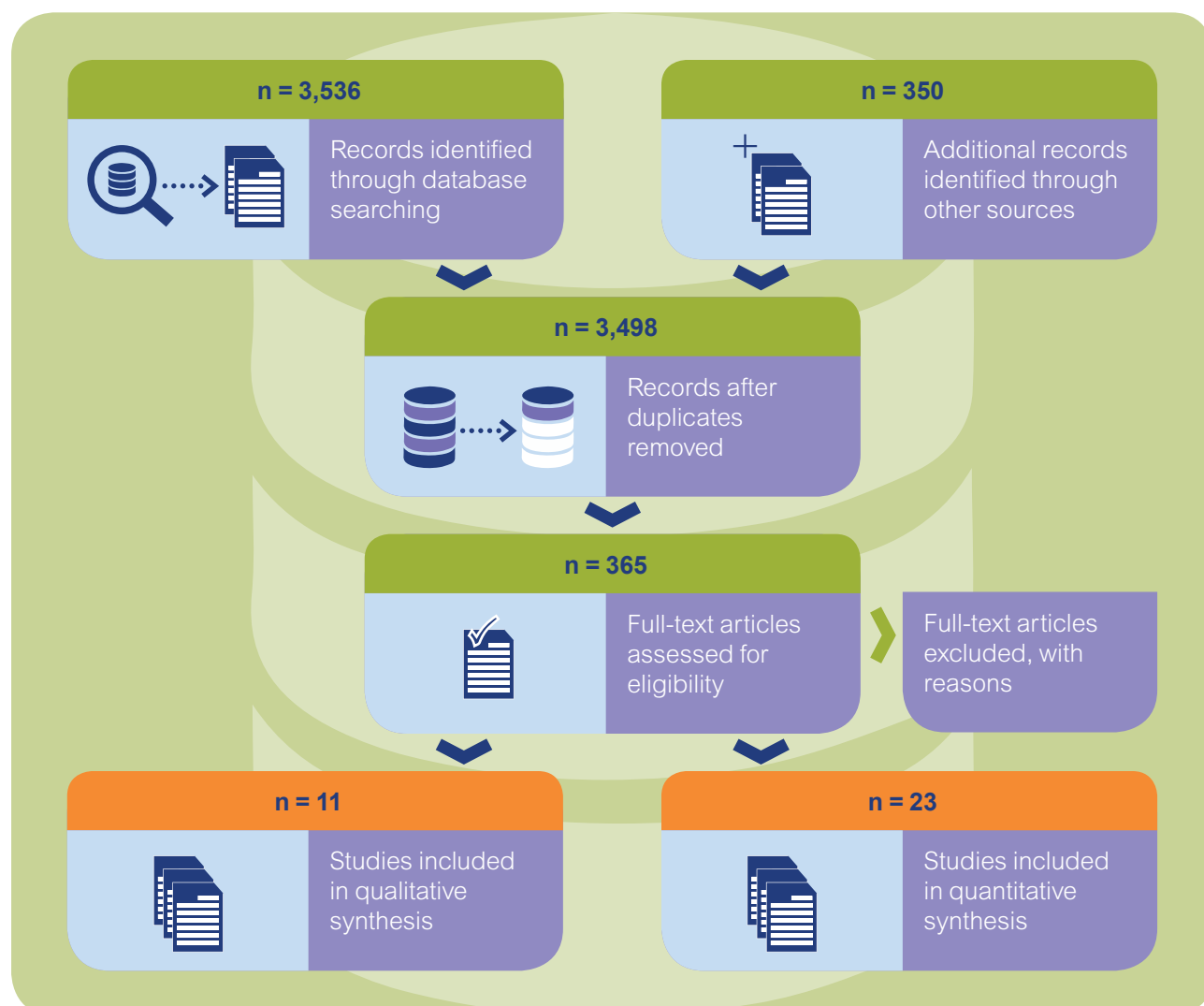
Figure 1 describes the filtering process the authors used to identify the included studies. Of the 34 included studies, 26 focused on SHGs in South Asia – primarily in India (19) but also in Bangladesh (7) and Nepal (1). One study estimated the impact of an SHG in East Asia (Thailand), two examined perspectives of SHG members in Latin America and the Caribbean (Bolivia and Haiti) and two focused on the effects of SHGs in Sub-Saharan Africa (Ethiopia and South Africa).

## 1.4

### Overview of this report

Section 2 presents the SHG intervention and theory of change. Section 3 presents evidence on implementation. Section 4 provides an integrated synthesis on the impacts of economic SHG programmes on women's economic, social, psychological and political empowerment, and women's perspectives on how they benefitted or not. Section 5 discusses the review's implications for policy, programmes and research.

**Figure 1: Flow diagram of included studies**











- SHGs are small voluntary groups of 10 to 20 women, related by an affinity for a specific purpose, who provide support for each other.
- The review focuses on SHGs that offer women collective finance, enterprise and/or livelihood components.

For the purpose of the review, SHGs are defined as small, voluntary groups of 10–20 women, formed by people related by an affinity for a specific purpose, who provide support for each other. Numerous types of SHGs exist in developing countries, with women coming together for objectives that include economic, legal, health-related and cultural reasons. There are also multisectoral SHGs. These groups are created with the underlying assumption that when individuals come together to take action towards overcoming obstacles and attaining social change, the result can be individual and/or collective empowerment.

The review focuses on groups that offer women a collective finance, enterprise and/or livelihood component. Collective finance and enterprise can include savings and loans, group credit, collective income-generation and micro-insurance. Livelihood interventions can include life skills training, business training, financial education, and support for organising themselves into labour and trade groups.

The canonical economic SHG model starts with an initial period of collective savings within the group to facilitate intragroup lending.<sup>16</sup> The idea underlying this model is that over time, groups will build creditworthiness through good internal repayment practices and graduate to larger loans from banks or other formal financial institutions. SHGs can be linked directly with banks or can function through NGOs and tend to be more fundamentally grassroots in nature than the many microfinance institutes that exist worldwide. SHG programmes often provide training to members, which can take multiple forms; for example, training can focus on women's rights to resources, identity, political participation, information and justice.<sup>17</sup>









# Theory of change: how self-help groups lead to empowerment

3



- The review looks at four dimensions of women's empowerment: economic, political, social and psychological.
- The review also focuses on potential unintended consequences of SHGs, such as increases in gender-based violence.

The theory of change underlying economic SHGs includes resources (such as increased income, savings and loan repayments), agency (such as increased autonomy, self-confidence or self-efficacy) and achievements (such as the ability to transform choices into desired action), as noted in Kabeer's definition (see Section 1.1).

Figure 2 shows the causal pathway between participation and empowerment, characterised as follows:

- Women have opportunities to form or take part in economic SHGs;
- Barriers do not prevent women's participation in economic SHGs;
- Women participate in weekly or monthly meetings of economic SHGs;
- Women gain access to resources in the form of credit, training, loans or capital;
- Women employ the resources made available to them;
- Women experience an increase in income, savings and/or loan repayments, as well as skills;
- Women are exposed to group support and accumulate social capital;
- Women discuss issues of social or political relevance that affect their lives;
- Women experience increased feelings of autonomy, self-confidence and self-efficacy;
- Women are better able to make meaningful life choices, and their patterns of spending and savings change; and
- Women are able to transform their choices into desired actions and opportunities. The potential for these changes to occur depends on context, commitment and capacity.

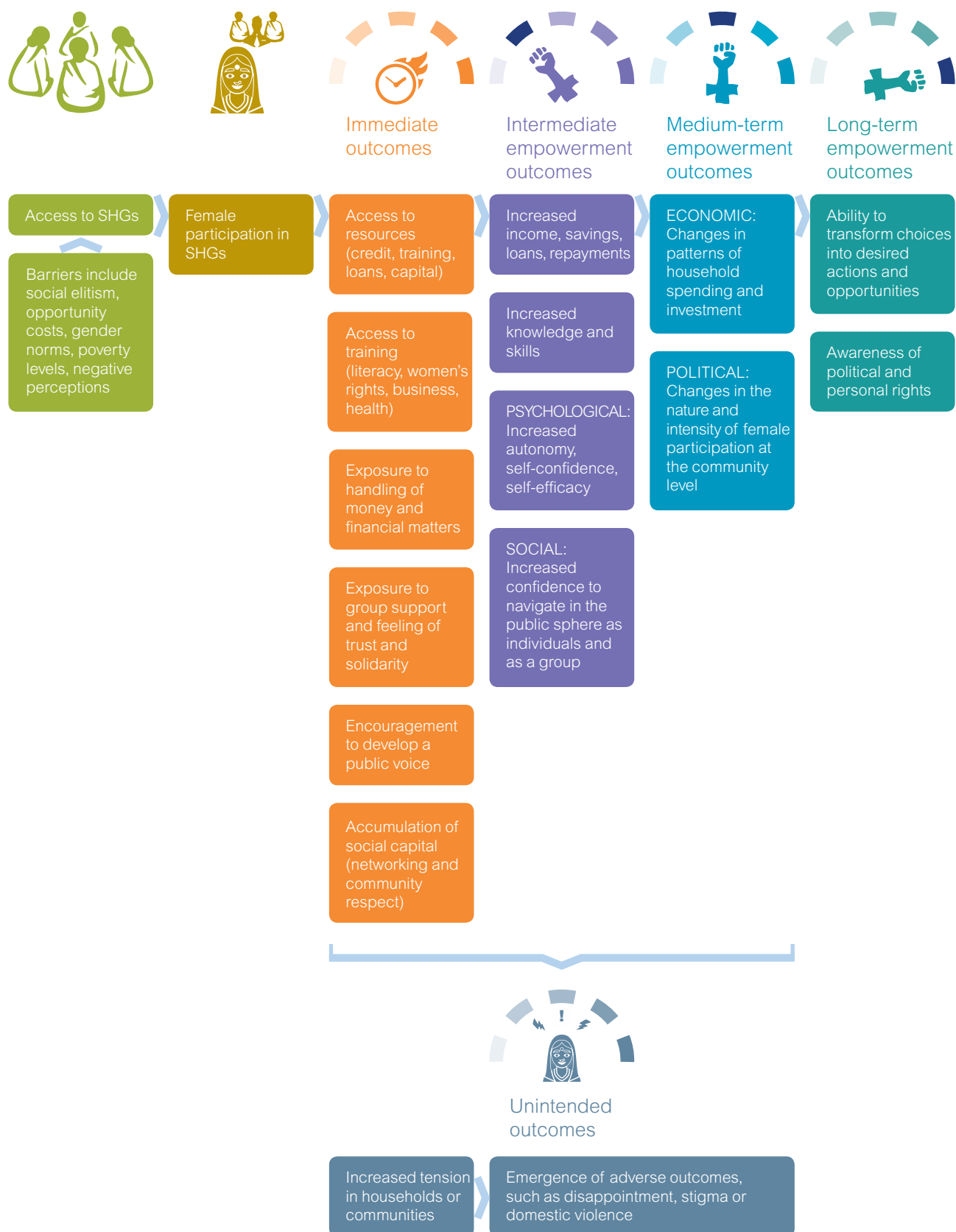
Studies that focus on empowerment provide evidence about the importance of gender equality to stimulate social and economic development. However, empowering women can produce negative reactions when their changing roles challenge familial, community and structural factors that enforce gendered inequality. Intimate partner violence, for example, can increase when women's economic empowerment is not complemented with additional interventions that focus on mitigating the potential adverse consequences at the household and community level.<sup>18</sup> These negative short- and long-term unintended consequences are important to consider when examining the impacts of SHGs on empowerment.

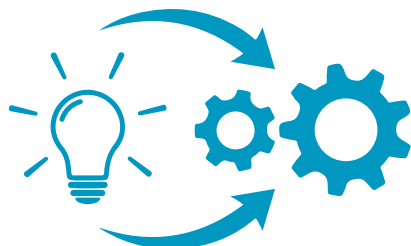
To determine the impact of SHGs on women's empowerment, the review defines these outcome categories:

- **Economic empowerment** – defined as women's ability to access, own and control resources. This could be measured in a variety of ways, using outcome indicators such as income generation by women, female ownership of assets and land, expenditure patterns, degree of women's participation in paid employment, division of domestic labour amongst men and women, and control over financial decision-making by women.
- **Political empowerment** – defined as the ability to participate in decision-making focused on access to resources, rights and entitlements within communities. This could be measured using indicators such as awareness of rights or laws, political participation such as voting, the legal right to own land, the legal right to inherit property and the ability to obtain leadership positions in the government.
- **Social empowerment** – defined as the ability to exert control over decision-making within the household. Measures include women's mobility or freedom of movement, freedom from violence, negotiations and discussion around sex, women's control over choosing a spouse, women's control over age at marriage, and women's control over family size decision-making.
- **Psychological empowerment** – defined as the ability to make choices and act on them. Outcome indicators include measures of self-efficacy or agency; feelings of autonomy; and sense of self-worth, self-confidence or self-esteem.



**Figure 2: Economic SHGs and empowerment causal pathways**





- India's National Rural Livelihoods Mission is currently the world's largest SHG programme, reaching 70 million households.
- The review includes evidence from 34 SHGs, of which 18 are in India.
- Services provided to SHGs depend upon the implementing agency. Their model may focus on providing credit, loan and savings services or also include a range of programmes aimed at developing capacities through awareness-raising or training.

SHGs have a long history in India and throughout South and Southeast Asia. Currently, the largest and most well-known programme is the National Rural Livelihoods Mission, which aims to mobilise 70 million households into SHGs,<sup>19</sup> in India.

The programme includes multiple components, starting from social mobilisation of households (into SHGs) to development of full-scale federations. The programme links across different administrative levels from the Panchayati Raj Institutions to the state administration. The State Rural Livelihood Mission is responsible for specific components of project implementation, whilst state governments are in charge of handling eligible expenditures. Since 2011, the National Rural Livelihoods Mission has received 5.1 billion USD in funding from the Government of India and 1 billion USD from the World Bank.<sup>20</sup>

In Sub-Saharan Africa and Latin America, the South Asian model has been adapted to match those cultural and social contexts. For example, SHGs in Sub-Saharan Africa, such as *Jeunes sans Frontières* in Burkina Faso, have a stronger emphasis on HIV and AIDS. The literature suggests that African SHGs may have contributed to overcoming the stigma surrounding HIV and AIDS in that region.<sup>21</sup>

The review includes evidence from 34 SHG schemes from 32 sources, of which 26 are in South Asia (18 in India alone)<sup>22</sup> and 8 are from East Asia, Latin America and the Caribbean, and Sub-Saharan Africa.<sup>23</sup>

SHGs can be implemented in a variety of ways. The included studies examine groups promoted by local NGOs, rural banks, community-based organisations, research institutes, and national and state governments. Some groups offer the basic model of group support meetings and financial services (credit, loans and savings), whilst others provide a variety of training programmes, such as basic education, health education, business or entrepreneurial skills, training on awareness of women's rights, vocational training, and community-development training. Ten SHG programmes included in the review did not report any additional training or services beyond financial services, such as credit, loans, and savings.<sup>24</sup>

Eleven programmes offered some combination of the following: health education (4 programmes); business or entrepreneurial skills (6 programmes); awareness of women's rights (2 programmes); basic education (2 programmes); and community-development training (2 programmes).<sup>25</sup> In most cases, detailed information on the intervention activities was not recorded clearly; this list of training and supplemental activities represents only what the authors report.

Some studies also report on implementation challenges, including difficulty in targeting the poorest and most vulnerable; limited local capacity for training in accounting, financial management and organisational development; weak market linkages for small business and other income-generating activities; and disruption of local contexts, such as gender roles and community norms.









- SHGs can have positive effects on women's economic, social and/or political empowerment.
- The effects of SHGs on empowerment are larger when SHGs include a training component.
- The positive impacts seem to run through mechanisms that include access to training, exposure to handling money, development of a public voice, group support and accumulation of social capital.
- The quantitative evidence included in the review does not show that SHGs increase gender-based violence or psychological empowerment.



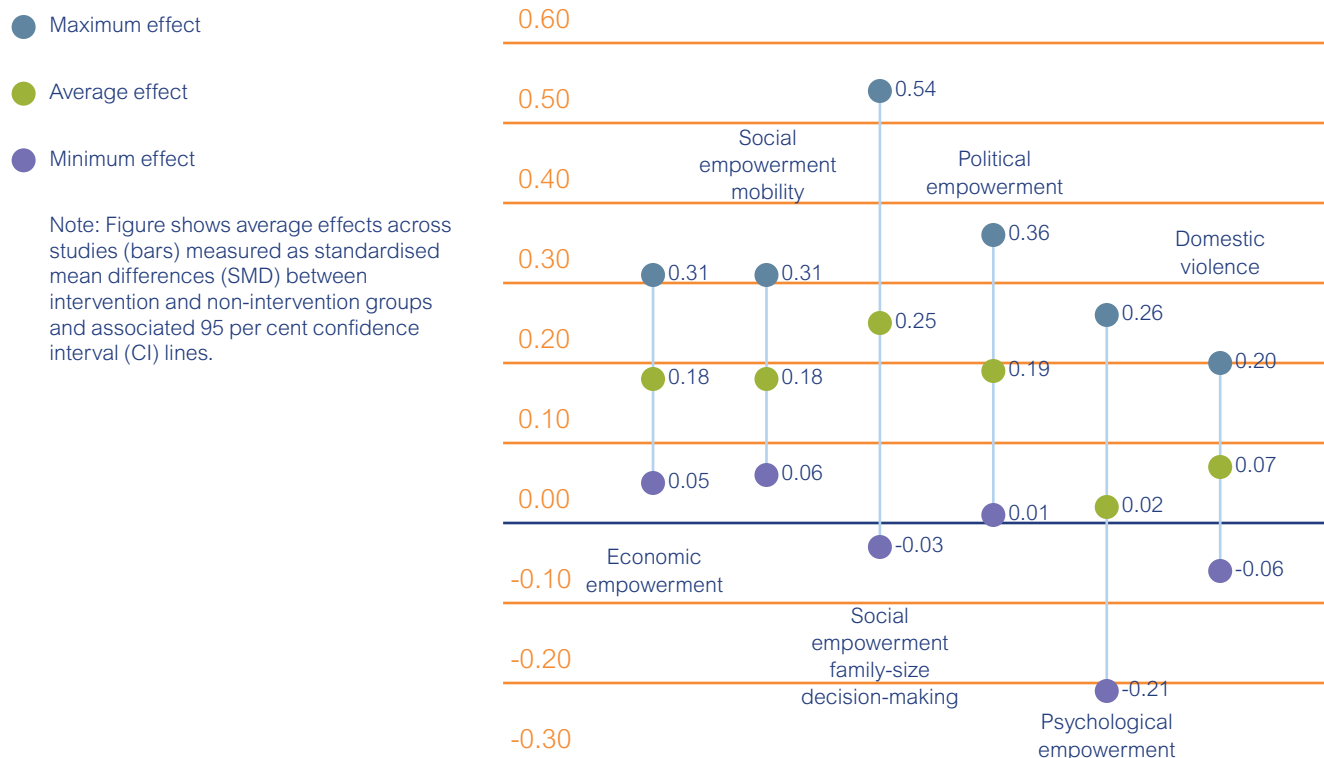
The systematic review includes a meta-analysis of the data from the quantitative studies to calculate the average 'typical' effect of SHG programmes on the four empowerment indicators to examine what is generalisable. In addition, meta-analysis is applied alongside the qualitative evidence to examine context-specific findings. Furthermore, qualitative studies are used to understand the possible causal pathways underlying the observed impact. The synthesis of women's perspectives on factors determining their participation in and benefits from SHGs suggests various pathways through which SHGs could achieve empowerment.

Figure 3 summarises the evidence on the impact of women's SHGs. These findings are based on the results of randomised controlled trials and high-quality quasi-experimental studies, following detailed critical appraisal.<sup>26</sup> The figure shows the mean impact of SHGs on each of the outcome variables examined in the systematic review, together with maximum and minimum effects shown by the 95 per cent confidence intervals (CIs).

SHGs have very similar magnitudes of effects on women's economic empowerment (0.18 standard deviation), women's mobility associated with social empowerment (0.18 standard deviation) and political empowerment (0.19 standard deviation).<sup>2</sup> The effect sizes for other measures of social empowerment (family size decision-making associated with social empowerment), psychological empowerment and domestic violence are not statistically significant. However, evidence suggests that SHGs have statistically significant effects on women's family size decision-making associated with social empowerment when collective finance, enterprise and livelihood components are combined with training.

Although the review finds evidence for positive effects of SHG programmes on women's economic, social and political empowerment, the results need to be interpreted with caution. The evidence includes only a small number of rigorous experimental and quasi-experimental studies. Of the 23 included experimental and quasi-experimental studies, only 7 rigorous studies were included in a meta-analysis to estimate the impact of SHGs on economic empowerment; 4 rigorous studies were included in a meta-analysis to determine the effects of SHGs on decision-making about family size; and only 2 studies were included in meta-analyses to assess the impact of SHGs on political empowerment, psychological empowerment and intimate-partner violence.

**Figure 3: Economic SHGs and empowerment causal pathways**



## 5.1 Economic empowerment

Women's perspectives suggest that economic empowerment may be stimulated by giving women the opportunity to handle money. The evidence<sup>27</sup> also suggests that SHG members need training to enhance the effects on economic empowerment:

Being allowed to have money and decide on how to spend it has brought us development in our households and now husbands give us the freedom to do our own things.

Women's economic SHG programmes have an average positive effect of 0.18 SMD (95% CI = 0.05, 0.31; evidence from seven studies).<sup>28</sup> These effects are primarily driven by effects on control over financial decision-making by women. Economic SHG programmes that included training showed significantly larger effects (SMD = 0.26, 95% CI = 0.17, 0.35; evidence from five studies) than economic SHG programmes that did not include access to training (SMD = 0.06, 95% CI = -0.05, 0.16; evidence from two studies).

For example, an SHG programme in South Africa that included an HIV prevention component was highly effective in improving women's economic empowerment, as was an economic SHG programme in Rajasthan, India, that included a focus on business skills, childcare services, employment and leadership training.<sup>29</sup> However, an SHG programme in Andhra Pradesh, India, that exclusively focused on microfinance without access to training did not show discernible effects on women's economic empowerment.<sup>30</sup>

Training may have contributed to women's self-confidence in handling money. For example, women in Bolivia and India were initially subject to discouragement from the community because they did not have enough financial knowledge to benefit from microfinance,<sup>31</sup> whereas participation in training enabled SHG members to handle money in India, Nepal and Tanzania.<sup>32</sup>





## 5.2 Political empowerment

The integration of quantitative and qualitative evidence suggests that although women's SHGs may stimulate political empowerment, changing the status of women in society is not the main goal of group members:

In the previous election, the [State Legislative Assembly] candidate had promised to build a road, but he did not. When he came for campaigning this time, we questioned him for not keeping his promise and we didn't vote him either.<sup>33</sup>

Women's economic SHG programmes, on average, show a positive effect of 0.19 SMD on political empowerment (95% CI = 0.01, 0.36; evidence from two studies).<sup>34</sup> In India, participation in SHGs boosted meeting attendance and social interaction with members of local government institutions, such as Gram Sabha and Gram Panchayat.<sup>35</sup> In Bangladesh, participation in SHGs increased involvement and awareness of local politics. The qualitative evidence suggests that these changes were the result of catalysing social action. For example, a study in India shows that SHG members became members of elected panchayat bodies.<sup>36</sup> In addition, SHG members used their political awareness to no longer vote for political candidates when they did not keep their promises.<sup>37</sup> However, SHG members in India also highlighted how small political acts would not be sufficient for sustainable changes.<sup>38</sup>

## 5.3 Social empowerment

Women's perspectives indicate that social empowerment may be stimulated by improvements in social networks, community respect and solidarity amongst female SHG members. Quantitative research<sup>39</sup> suggests that SHGs can improve two aspects of social empowerment: (1) women's mobility and (2) women's decision-making power about the size of the household or family size decision-making:

One stick can be broken, a bundle of sticks cannot. It is not possible to achieve anything on one's own. You have no value on your own. Now if I am ill, my [SHG] members will look after me.

SHGs show positive effects of 0.18 SMD on women's mobility (CI = 0.06, 0.31; evidence from three studies).<sup>40</sup> The evidence also shows statistically insignificant effects overall on family size decision-making power (SMD = 0.26, CI = -0.04, 0.56; evidence from four studies). However, the effects of SHGs on family size decision-making power also depends on how programmes are implemented.

In particular, the effects of SHGs on women's family size decision-making power may increase when SHGs include a training component. For example, SHGs that included a focus on business skills, childcare services, employment and leadership training in India,<sup>41</sup> and that included an HIV prevention component in South Africa,<sup>42</sup> had substantial effects women's family size decision-making power.

At the same time, an SHG that focused only on microfinance did not show any impacts on family size decision-making power in Bangladesh.<sup>43</sup> Perhaps surprisingly, an SHG in Ethiopia that included family planning services also did not demonstrate positive effects on women's family size decision-making power (SMD = -0.23, CI = -0.096, -0.50). The reason for the discrepancy in these results is unclear.

Social empowerment appears to have increased through pathways of improved networking, solidarity and community respect. For example, improved networking enabled SHG members to interact with high-caste community members in India.<sup>44</sup> Increased respect also allowed SHG members to express their opinions to the larger community in Bangladesh.<sup>45</sup> Finally, community respect has changed social norms in the long term. SHG members in Nepal reported that community members now praised SHG women who went out of the house, whereas initially there was community pushback.<sup>46</sup> Similarly, SHG members in India gained community respect by going to the bank and meeting with officials.<sup>47</sup>

## 5.4

### Psychological empowerment

In contrast to the quantitative evidence, the qualitative synthesis suggests that SHG members were more psychologically empowered and able to speak more freely in front of others than they were before their participation in SHGs. However, the analysis from the two quantitative studies that compared SHG members and non-members in India and South Africa did not find that SHG members were more psychologically empowered than non-members (SMD = 0.02, CI = -0.21, 0.26).<sup>48</sup>

Methodological limitations of quantitative and qualitative research could explain the differences in findings between the quantitative and qualitative research, but it is not immediately clear which results are more credible. The quantitative studies are based on larger samples and enable addressing counterfactual questions about the impact of SHG programmes, but the qualitative studies may capture some aspects of psychological empowerment that are hard to measure in quantitative research:

My confidence level is increasing. Before, I was afraid to speak out what I disliked, but now I am not dependent on anyone and I can speak my thoughts and I don't care whether someone likes it or not.<sup>49</sup>

For example, qualitative research shows that some SHG members felt more capable of speaking in front of others and enjoyed greater respect from their husbands and other family members. Women said they felt more self-confident by speaking in front of other SHG members in India.<sup>50</sup> Some women in India also reported gaining respect from their husbands, which they said might have resulted in reductions in gender-based violence.<sup>51</sup> In Tanzania, some women said they were more able to 'do their own things' after they were allowed to have money.<sup>52</sup> These concepts are generally not captured in the quantitative research. However, the findings are based on studies with small samples, with study designs that are unable to establish the causal effects of SHG programmes.

## 5.5

### Barriers to participation and adverse outcomes

Women's SHG member perspectives suggest that participation of the poorest women in SHGs is relatively low in India, Nepal and Tanzania.<sup>53</sup>

As White<sup>54</sup> has argued, many development programmes fail because of low take-up of the programme or limited participation and dropouts. Qualitative synthesis suggests that the poorest women might not participate in SHG programmes because of limited incentives to participate and because of time constraints. In their current form, SHG programmes might bring more benefits to a group whose members have higher income and might not substantially influence the empowerment levels of the poorest women.

Some women don't join because they feel inferior, they think that members are rich, can afford things and can be close to the Church, they are in good positions.<sup>55</sup>

However, modified SHG programmes that consider the incentives of those women and their time constraints could show larger impacts on this group.

Few studies assessed the impacts of SHGs on domestic violence. Although participation in these groups can initially create tension within households, especially between husbands and wives, women's perspectives suggest that in the long term, their participation does not contribute to domestic violence. This finding aligns with the lack of evidence for a statistically significant effect of SHGs on the likelihood of increased domestic violence in the two studies that measured this outcome. However, it is important to note the possibility that these findings could be underreported.





The men used to make comments such as these women are doing ‘tamasha’ (showing off) and they are going to close down our sangha after a few days. But we did not worry about those comments.<sup>56</sup>

The findings on community pushback are mixed and may be context specific. For example, De Hoop and colleagues<sup>57</sup> find that in Odisha, India, community pushback resulted in negative consequences for happiness or subjective well-being for female SHG members in communities with relatively conservative gender norms, because of increased mobility and control over their lives. Women’s perspectives from the qualitative synthesis also present evidence for occasional backlash from family members; for example, through intimate partner violence.<sup>58</sup>

SHGs can also create important benefits for other women in the community. Some of the quantitative studies present evidence that the groups might socially empower female residents in the community who are not group members.<sup>59</sup> Nonetheless, some women expressed disappointment when SHGs did not deliver on perceived promises. In Tanzania, for example, SHG members did not make profits, despite investments in livestock,<sup>60</sup> and SHG members in Bolivia highlighted the limited ability of SHGs to accomplish bigger projects.<sup>61</sup>

## 5.6

### Role of training in strengthening impacts on empowerment

The systematic review finds positive significant impacts of SHGs on empowerment. This might be because these groups are more than just financial services. Of the 21 included SHGs, 10 included a training component. Qualitative synthesis suggests that group support through training might have been the key factor in increasing women’s empowerment. Quantitative synthesis also indicates that SHG interventions that include a training component have stronger effects on women’s economic empowerment and family size decision-making than groups that do not include training. Although several confounding factors – such as differences in geography or study samples across studies – could have biased the result, the triangulation of quantitative and qualitative findings suggests that group support and training could be the key to improving the effectiveness of women’s SHG programmes.

The review shows evidence for some, but not all, aspects of the theory of change underlying SHG programmes. SHGs show positive effects on women’s economic, political and social empowerment, but not on psychological empowerment. In addition, the review shows only short-term adverse consequences of participation in SHGs (for example, community pushback or increased domestic violence); in the long term, participation in SHGs results in community respect, which contributes to women’s empowerment and limits challenges related to community pushback and intimate partner violence.



There are multiple pathways through which SHGs can influence women's empowerment. Women's perspectives and the higher impacts of SHGs that include a training component indicate that SHGs contribute to mechanisms that run through access to training, exposure to handling money, development of a public voice, group support and accumulation of social capital.

However, the review does not show evidence for mechanisms associated with access to resources. Women's experiences with SHGs suggest that access to training, exposure to handling money, development of a public voice, group support and accumulation of social capital contribute to financial resources, knowledge and skills, and increased confidence to navigate in the public sphere as individuals and as collectives. However, the review shows only limited evidence for the importance of increased savings and loan repayments in stimulating women's empowerment; most of the positive effects of SHGs appear to be driven by training. In addition, only the qualitative evidence shows indications for improvements in self-confidence.

The quantitative meta-analysis does not find positive effects of SHGs on psychological empowerment. Women's experiences and perspectives also show that improvements in financial resources, knowledge and skills, and increased confidence to navigate in the public sphere as individuals and as collectives lead to an increased ability to make meaningful life choices and decisions, individually and collectively. However, the review does not present evidence for changes in patterns of household spending and investment.

The evidence also suggests that in some cases, collective finance, enterprise and livelihood components only show positive impacts on empowerment when they are combined with training of SHG members.

The review demonstrates that SHGs that include training have larger positive impacts on women's economic empowerment and family size decision-making. Training may include basic education, health education, business or entrepreneurial skills training, awareness of women's rights, or community development training. However, the current evidence base does not allow for distinguishing between the effects of different training types. In addition, there is no evidence for larger effects of SHGs that include a training component on women's social mobility and political empowerment.







- Integrating SHGs with other interventions may be necessary to achieve larger impacts on empowerment.
- It is important to identify ways to build in support and reduce barriers for women who want to participate in SHGs, but do not have the financial resources, time or freedom to join.
- Future studies should focus on developing better measures of empowerment, estimating the cost-effectiveness of SHGs, and an analysis of implementation models to gain a more nuanced understanding of context and group-specific factors affecting women's empowerment.

## 6.1

### Implications for policy

The review findings indicate that women's SHGs often stimulate women's economic empowerment (for example, women's control over resources), social empowerment (mobility), and political empowerment (participation in decision-making on rights and entitlements). However, there is insufficient evidence to indicate whether SHGs can effectively promote women's psychological empowerment (for example, agency or self-esteem).

The evidence shows that SHGs have larger effects on women's economic empowerment and positive effects on women's family size decision-making if collective finance, enterprise and livelihood components are combined with training. Although the current evidence base does not allow for distinguishing between the effects of different training components, this finding does suggest that microfinance or livelihoods components may not be sufficient to achieve benefits with SHGs in all empowerment domains. Instead, it may be necessary to integrate SHGs with other types of programmes, such as health programmes. These integrated models, in which health, livelihoods or other activities are added to savings and credit-focused groups, are increasingly common in South Asia.<sup>62</sup>

One other area that has particularly important implications for policy is the perception that the poorest women do not often participate in SHGs. Poorer or marginalised women may not feel accepted by groups comprising wealthier or better connected community members, or they may lack the required resources, including time to participate and money to pool at the weekly or monthly meetings. It is important for policymakers who sponsor SHG programmes as a poverty reduction strategy to identify ways to build in support and reduce barriers for individual women who want to participate in such groups but do not have the financial resources, time or freedom to join.

## 6.2

### Implications for programming

The greatest impacts are found amongst SHGs where health education, life skills training, and/or other types of information are shared and supported. The additional benefits accrued via group training – such as group sharing, learning and support – are important, and programmes should keep in mind that SHGs offer an important venue to deliver additional services and training.

It is important to note that although SHGs overall show positive impacts across the board, particularly in the areas of social and economic empowerment, there is heterogeneity in programme impacts across studies; for example, programmes were effective in promoting women's participation in decision-making about family size in some places, but not others. This finding reinforces the importance of context and the interaction between gender relations and the effects of SHGs.

As new programmes are implemented in different contexts, and as nascent groups become more established, it is critical for practitioners and policymakers to engage local communities, leaders and potential participants to understand the barriers and facilitators to implementing successful SHG models, and to tailor basic programme designs to the local settings in ways that allow evolution over time.

## 6.3

### Implications for research

There is a need for more rigorous quantitative studies that can correct biases, including the difficulties in measuring empowerment. Current measurements of empowerment in quantitative studies might not reliably capture all of its dimensions. There is also a need for more research focused on examining the impacts of economic SHGs on women's empowerment using analysis to understand further the pathways or mechanisms through which SHGs impact empowerment, including gender analysis. Potential other factors of interest include rigorous mental health indicators, relationship power, community-level respect, social capital and solidarity.

In addition, it will be important to develop a taxonomy of economic SHG programmes and develop different theories of change for different SHG types. This will require using programme documents, administrative data and existing evaluations to prepare a characterisation of each SHG type. For example, researchers should identify whether SHGs provide livelihoods support, training on women's rights, microfinance, microinsurance and so on. The intervention characterisations will also enable researchers to construct a variable identifying the intensity of training, savings groups and microcredit. Furthermore, it is important to examine the target group of each SHG type. Together, this information will enable comparisons of SHG programme characteristics across contexts and the development of theories of change for each type of SHG.

Additionally, the review finds that empowerment depends on contextual and group-based factors that are partly unrelated to the economic dimensions of the SHG. When thinking about the economic organisations and collaborators that might have structured the economic components of the SHGs, it is unclear whether the economic elements of the programmes are underpinned by a mission of financial sustainability, community-level empowerment or women's empowerment.<sup>63</sup> This institutional-level consideration could be crucial, as it could affect whether SHGs structure the economic components in ways that maximise women's economic, social and political empowerment.

Another interesting dimension of the review is the effectiveness of SHGs that also integrate non-economic components (skills building, reduced family size, reproductive health) and whether these integrated programmes result in more social or economic empowerment for women. Future studies could test an integrated model next to a solely economic programme.

SHGs are increasingly used as platforms to deliver a range of programmes in low- and middle-income settings, member needs, and developmental goals have driven expansion of activities beyond their initial form. Economic SHGs have integrated health as a priority activity in several contexts.<sup>64</sup> This is critical, because reviews have shown that women's groups that practice participatory learning and action can improve maternal and newborn health in low- and middle-income countries.<sup>65</sup> This is especially interesting because these programmes do not necessarily include a financial inclusion component. It will be important to focus future research on the synergies between health and financial inclusion in generating positive effects of women's groups on empowerment, economic and health outcomes.

Finally, future research should focus on the cost-effectiveness of SHGs. Where evidence on cost-effectiveness exists, most of it is based in India.<sup>66</sup> Only two recent studies include information about the costs of women's SHG programmes in Africa.<sup>67</sup> None of these cost-effectiveness analyses on SHGs consider the opportunity costs of participation in SHGs. It will be important to assess whether SHGs are a cost-effective solution for stimulating women's empowerment. Addressing this question may require analyses to compare the cost-effectiveness of SHGs with the cost-effectiveness of unconditional cash transfers and other social protection programmes, such as BRAC's graduation approach.<sup>68</sup>













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# Endnotes

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- <sup>4</sup> IFC 2014.
- <sup>5</sup> FAO 2011.
- <sup>6</sup> Sen 2001.
- <sup>7</sup> United Nations 2000.
- <sup>8</sup> IFAD 2003.
- <sup>9</sup> Upadhyay and Hindin 2005.
- <sup>10</sup> Malhotra and Schuler 2005.
- <sup>11</sup> Kabeer 1999, p.437.
- <sup>12</sup> POPIN and UNFPA 1996.
- <sup>13</sup> Brody et al. 2016.
- <sup>14</sup> Kumar et al. 2017; Hoffmann et al. 2018.
- <sup>15</sup> Brody et al. 2016.
- <sup>16</sup> Van Kempen 2009.
- <sup>17</sup> Van Kempen 2009.
- <sup>18</sup> Ahmed 2005; Dalal 2011.
- <sup>19</sup> Government of India, 2015
- <sup>20</sup> World Bank n.d.
- <sup>21</sup> Nguyen et al. 2009.
- <sup>22</sup> Evidence was collected in the north Indian states of Odisha (Bali Swain and Wallentin 2009; De Hoop et al. 2014), Rajasthan (Desai and Joshi 2012), and Uttar Pradesh (Bali Swain and Wallentin 2009). South Indian states covered are Andhra Pradesh (Bali Swain and Wallentin 2009; Banerjee et al. 2015a; Deininger and Liu 2013; Garikipati 2008, 2012), Karnataka (Kilby 2011; Mathrani and Parodi 2006; Pattenden 2011; Ramachandar and Peltó 2009), Kerala (Kumari 2011), Maharashtra (Bali Swain and Wallentin 2009), Tamil Nadu (Bali Swain and Wallentin 2009; Holvoet 2005; Knowles 2014; Sahu and Singh 2012; Sherman et al. 2010) and West Bengal (Husain et al. 2010; Mukherjee and Kundu 2012; Swendeman et al. 2009). Seven SHGs were located in Bangladesh (Ahmed 2005; Kabeer 2011; Mahmud 1994; Nessa et al. 2012; Osmani 2007; Pitt et al. 2006; Steele et al. 1998) and one in Nepal (Dahal 2014).
- <sup>23</sup> The remaining SHGs were in East Asia in Thailand (Coleman 2002), Latin America and the Caribbean in Bolivia (Maclean 2012) and Haiti (Rosenberg et al. 2011), and in Sub-Saharan Africa in Ethiopia (Desai and Tarozzi 2011), Tanzania (Mercer 2002) and South Africa (Kim et al. 2009).
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- <sup>26</sup> Brody et al. 2016.
- <sup>27</sup> Mercer 2002, p. 123.
- <sup>28</sup> This meta-analysis includes studies of Banerjee and colleagues (2015a); De Hoop and colleagues (2014); Pitt and colleagues (2006); Deininger and Liu (2013); Desai and Joshi, (2012); Sherman and colleagues (2010); and Kim and colleagues (2009), who focused on the effects of economic SHG programs in India (five studies), Bangladesh (one study) and South Africa (one study).
- <sup>29</sup> Desai and Joshi 2012.
- <sup>30</sup> Banerjee et al. 2015a.
- <sup>31</sup> Maclean 2012; Mathrani and Parodi 2006.
- <sup>32</sup> Dahal 2014; Kabeer 2011; Kumari 2011; Mercer 2002.
- <sup>33</sup> Sahu and Singh 2012, p. 476.
- <sup>34</sup> This meta-analysis includes studies of Desai and Joshi (2012) and Pitt and colleagues (2006).
- <sup>35</sup> Desai and Joshi 2012.
- <sup>36</sup> Knowles 2014.
- <sup>37</sup> Sahu and Singh 2012.
- <sup>38</sup> Kumari 2011.
- <sup>39</sup> Kabeer 2011, p. 514.
- <sup>40</sup> This meta-analysis includes studies of De Hoop and colleagues (2014), Deininger and Liu (2013) and Pitt and colleagues (2006) from India and Bangladesh.
- <sup>41</sup> Desai and Joshi 2012.
- <sup>42</sup> Kim et al. 2009.
- <sup>43</sup> Pitt et al. 2006.
- <sup>44</sup> Kilby 2011.
- <sup>45</sup> Kabeer 2011.
- <sup>46</sup> Dahal 2014.
- <sup>47</sup> Ramachandar and Peltó 2009.
- <sup>48</sup> This meta-analysis includes studies from De Hoop and colleagues (2014) and Kim and colleagues (2009) in India and South Africa.
- <sup>49</sup> Dahal 2014, p. 49.
- <sup>50</sup> Kumari 2011.
- <sup>51</sup> Kumari 2011; Ramachandar and Peltó 2009.
- <sup>52</sup> Mercer 2002, p. 123
- <sup>53</sup> Dahal 2014; Knowles 2014; Mathrani and Parodi 2006; Mercer 2002.
- <sup>54</sup> White 2014.
- <sup>55</sup> Mercer 2002, p. 119
- <sup>56</sup> Ramachandar and Peltó 2009, p. 5.
- <sup>57</sup> De Hoop et al. 2014.
- <sup>58</sup> Ramachandar and Peltó 2009.
- <sup>59</sup> Deininger and Liu 2013.
- <sup>60</sup> Mercer 2002.
- <sup>61</sup> Maclean 2012.
- <sup>62</sup> Lorenzetti et al. 2017.
- <sup>63</sup> Mayoux 1998, 2001.
- <sup>64</sup> Lorenzetti et al. 2017.
- <sup>65</sup> Prost et al. 2013.
- <sup>66</sup> Deininger and Liu 2013.
- <sup>67</sup> Access Africa 2011; Venton et al. 2013.
- <sup>68</sup> Banerjee et al. 2015b.

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This report summarises a systematic review by Brody and colleagues that examines the role of economic self-help groups in empowering women in low-and middle-income countries. However, it remains unclear if they do empower women. The review addresses this question by drawing on evidence from 34 schemes implemented in a variety of ways across South and East Asia, Latin America and the Caribbean and Sub-Saharan Africa. The review finds that self-help groups have positive effects on women's economic, social, and political empowerment. These effects are larger when they include a training component. Barriers to participation however remain, especially for women who do not have the financial resources, time or freedom to join.

### **Systematic Review Summary Series**

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