

# **MIMAP Bangladesh**

## **Micro Impacts of Macroeconomic and Adjustment Policies in Bangladesh**

**Working Paper No. 11**  
**Gender Issues at the Local Level: Summary**  
**Results of a Pilot Survey in Bangladesh**

**Mustafa K. Mujeri**

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MIMAP-Bangladesh Working Paper No. 11

## Gender Issues at the Local Level: Summary Results of a Pilot Survey in Bangladesh

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## 1. Introduction

Gender equality is a core development issue – a goal in its own right – in Bangladesh. The role of women in Bangladeshi society has always been significant, but much of it are still invisible, unrecognized and under-covered in statistics. Moreover, the concerns remain deeply rooted in the gender-based discriminatory practices that prevail in the opportunities, benefits and responsibilities of citizenship and development despite the fact that Bangladesh, in line with the UN Charter and numerous human rights texts, has reaffirmed its faith ‘in the equal rights of men and women’ in all spheres of life. The Constitution of Bangladesh ensures equal rights to all citizens and prohibits discrimination and inequality on the basis of sex. Specifically, with respect to women, Article 28 of the Constitution states that ‘women shall have equal rights with men in all spheres of state and public life’. However, women enjoy fewer rights than men in reality and the gap between women and men persists in almost all spheres resulting in continuous discrimination against women. Nevertheless, gender issues have become increasingly prominent since the 1990s when gender equality and equity emerged as a principal policy concern in promoting women’s advancement in the country.<sup>1</sup>

Over the past decade, Bangladeshi women have played an important role in the success of microcredit and readymade garments export, reducing population growth, increasing child nutrition, spreading primary education, and in bringing positive developments in other areas. Although significant gender gaps still persist, the pre-conditions for significant advances in the status of women are becoming increasingly visible which would be instrumental in bringing about wider social and economic changes in the future. For realizing this, it is important to remove the marked and visible female-male disparities in economic and social life which also manifest significant socio-cultural and geographic differences particularly among the poor households. Along with ‘add-on’ programs, this requires efforts to address the broader and interlocking set of disadvantages that result in the exclusion of the poor women from socio-economic, political, household and community resources and decision making processes and preclude them from effective participation in the markets. A significant requirement in this respect is to re-

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<sup>1</sup> This coincided with the period when a number of international summits and conferences, especially the Fourth World Conference on Women (FWCW) in Beijing and the International Conference on Population and Development (ICPD) in Cairo gave Bangladeshi women, along with women from other developing countries, a louder voice. Similarly the slogan, ‘women’s rights are human rights’ became a rallying point at the 1993 World Conference on Human Rights in Vienna.

design the current process of collecting sex-disaggregated statistics to provide 'gender statistics' in order to reveal the relationships between women and men that lie beneath the statistics and generate factual information on women's current status and its changes over time.

Under the MIMAP-Bangladesh Project, the Poverty Monitoring System covers a component to design and pilot test a local level poverty monitoring system (LLPMS) to collect relevant information for use in local level planning and development. The indicators of the LLPMS were selected to cover all major areas based on priorities expressed by the concerned stakeholders at the local level.<sup>2</sup> The general aim of the activities has been to strengthen the capacity of the local government institution at the *Union* level (*Union Parishad*) to regularly collect, classify and incorporate poverty and socio-economic data in preparing and implementing local development plans/programs. One of the significant features of the system is its explicit importance given to gender issues particularly those relating to poverty and socio-economic deprivations.

In this paper, the preliminary results of the first round of the pilot survey are presented covering selected sex-disaggregated indicators.

## **2. Survey Methodology and Implementation: A Brief Note**

The LLPMS is being implemented jointly by the Bangladesh Institute of Development Studies (BIDS) and the Bangladesh Academy for Rural Development (BARD) in active collaboration of the members of the *Union Parishad* and the villagers. For pilot testing, four villages – Bogair, Taltoli, Paruara and Deokher – under Chowdhugram Upazila in Comilla district were selected.

In order to collect the data on identified indicators, household level survey and various techniques of Participatory Rural Appraisal (PRA) were employed. The village level data were generated through a combination of different techniques like village transect, social mapping, resource mapping, wealth ranking, seasonal exercise, problem ranking, time line analysis, and focus group discussion. The collection of household level data was done using a pre-designed format specifically prepared for the purpose. The

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<sup>2</sup> For a full listing of the indicators, see Annex-1.

gender-related data were collected, wherever appropriate, by female field officers using specific questionnaire on participation in decision making, violence, security, stress and anxiety. The elected Chairman and the concerned members of the *Union Parishad* were directly involved in the entire process and the data collection was done by the local youth (female and male) who were trained under the project.

### **3. Major Findings and Summary Results**

In this paper, the aggregate findings covering selected indicators are presented.<sup>3</sup>

#### **3.1 Demographic Characteristics**

The demographic characteristics of the survey population are presented in Table 1. The total number of households in the four villages is 545 with a population of 3,102 (females 1,501 and males 1,601). This gives an average household size of 5.7 and a sex-ratio (number of males per 100 females) of 107. The average size of the household is somewhat higher than the national average in rural areas (5.2 in 2000). The sex-ratio is similar to the national ratio, estimated at around 106 in 2000. The age-sex structure of the population shows that the highest concentration exists in the age-group 30-64 in the case of males and 14-30 for females. The demographic dependency ratio of the population (that is, the ratio of populations between 0-14 and 65 years and over to population 15-64 years) indicates a number of 90 per cent for both sexes -- 86 per cent for males and 96 per cent for females -- suggesting a high dependency burden on active population age group. Moreover, nearly 43 per cent of the population (41 per cent for male and 45 per cent for female) belong to the age group 0-14 years which shows that the coming years are likely to witness a continuing growth in total population as well as a steady increase in school age and working age populations. The life cycle pattern of women reflects the relative deprivation during later stages in life. The share of females in total population in respective age groups significantly declines after the age of 30 years. Such a feature reflects the impacts of cumulative deprivation of women: women begin their lives in a gender biased environment, spend their working life with a heavier work burden than men, and live shorter lives. Moreover, females are subjected to poverty in greater numbers: nearly 55 per cent of the females (5 years and above) and 62 per cent of the girl children (less than 5 years) belong to the poor households.

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<sup>3</sup> For convenience, the results are presented in aggregated form for the four villages. For planning and other purposes, these have been processed separately for each village.

**Table 1**  
**Demographic Characteristics of Village Population**

<b>A. Household/Population Characteristics</b>				
Number of households	545			
Number of population	3,102			
Male	1,601			
Female	1,501			
Average household size	5.7			
Sex-ratio (males per 100 females)	107			
<b>B. Population Age Structure</b>				
Age group (years)	<b>in per cent</b>			
	Male	Female	Total	Share of female in total
0-5	16.8	18.5	17.6	50.7
6-10	12.7	14.7	13.6	52.0
10-14	11.2	11.7	11.4	49.4
14-30	26.0	28.6	27.4	50.8
30-64	27.8	22.4	25.2	43.1
65 and above	5.5	4.1	4.8	41.3
Total	100	100	100	48.4

Source: LLPMS Survey.

### 3.2 Poverty Incidence

#### *Income Poverty*

For measuring the incidence of poverty, four alternative methods have been used. First, a dietary survey of 24-hours recall method was used for identifying the poor on the basis of calorie intake. Under the method, individuals taking less than 2,122 K.cal per day were considered as poor while those taking less than 1,805 K.cal as 'very poor'. Under the second method, self-perception of the households in terms of meeting food requirements was used to categorize all households into four groups – chronic deficit, occasional deficit, breakeven and surplus households. The households who identified them as chronic deficit and occasional deficit were considered as poor. The third method involved the categorization of the households by the villagers in terms of four groups – the rich, the middle class, the poor and the very poor. The fourth method used the costs of basic needs (CBN) approach under which the minimum consumption requirement to purchase a fixed bundle of food and non-food basic needs was used as the cut-off point. The results are presented in Table 2. The percentage of the poor shows a significant degree of consistency among the four alternative poverty measures. The highest incidence



of poverty of 56 per cent is recorded for the CBN method while the lowest is 43 per cent for the direct calorie intake method. It may be mentioned here that the poverty incidence in rural areas of Bangladesh is 53 per cent according to the latest national level Household Income and Expenditure Survey (HIES) in 2000. Given the simplicity and the relative ease in identifying the poor, we have used the perception of the villagers for our analysis at the local level. Using the poverty line of the CBN method, the poverty gap index turns out to be 4 per cent and the squared poverty gap index is 2 per cent. This can be compared with similar values in rural areas of the country – estimated at 8 per cent for poverty gap index and nearly 3 per cent for squared poverty gap index in 2000. This shows that both the intensity and the severity of poverty in the sample villages are lower than the average for rural Bangladesh as a whole.

**Table 2**  
**Alternative Measures of Poverty**

Method	% of total population			
	Poor		Non-poor	
	Poor	Very Poor	Rich	Middle Class
Direct calorie intake method	21.9	21.3	56.8	...
Self-perception in meeting food requirements	19.6	24.7	24.5	31.2
Villager's perception	19.5	33.7	20.0	26.8
Cost of basic needs method	56.1	...	43.9	...

Source: LLPMS Survey.

In terms of gender and poverty, the female-headed households are more affected by poverty. Around four-fifths of the female-headed households are very poor compared with two-fifths of the male-headed households (Table 3). Considering the poor and the non-poor, nearly 88 per cent of the female-headed households are poor whereas 59 per cent of the male-headed ones are poor. Nearly 80 per cent of female-headed households live in extreme poverty.

**Table 3**  
**Poverty Incidence by Sex**

Sex of household head	(Per cent)				
	Rich	Middle class	Poor	Very poor	Total
Male	17.3	23.6	21.0	38.1	100
Female	4.2	8.3	8.3	79.2	100

Source: LLPMS Survey.

## *Non-Income Dimensions of Poverty*

In the case of non-income dimensions of poverty, we mention here one important area – education. In education, two important indicators are literacy and enrollment rates. In terms of literacy, significant variations between females and males among the poor and the non-poor can be observed. The literacy rate (7 years and above) is only 57 per cent for females compared with 68 per cent for males. Similarly, the adult literacy rate (15 years and above) of males is nearly 50 per cent higher than that of females (Table 4). These rates are significantly lower for females across all groups indicating significant educational deprivation for females as well as for the disadvantaged populations. In case of enrollment, although the overall rates are high for females at both primary (94 per cent) and secondary (91 per cent) levels, females of the poor households are relatively deprived. The alarming aspect, however, is the high drop-out rate at both primary and secondary levels of girl children from poor families. The drop-out rate of females at the secondary level, for example, is nearly three times for the poor households: 14 per cent for the poor compared with 5 per cent for the non-poor. More than 16 per cent of the female children from the very poor families drop-out at the secondary level. The main reason for such high drop-out rates of the children from poor families is their inability to finance the education expenses and the compulsion to engage in income earning activities to supplement family income. One significant achievement, however, is the lower female drop out rate compared with the male drop out rate at all levels and for all groups due to the government's policy of supporting female education through stipend and Food for Education programs.

**Table 4**  
**Educational Status and Access**

	Poor		Very poor		Non-poor		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
<b>A. Literacy</b>								
Literacy rate (7 years and above)	58.6	49.5	53.6	43.1	80.3	68.2	68.4	56.7
Literacy rate (15 years and above)	42.3	28.7	34.7	22.4	75.3	55.6	58.6	39.8
<b>B. Enrollment/Dropout rates</b>								
<b>Primary Level</b>								
Net enrollment rate	94.6	92.4	91.6	90.5	96.9	98.3	94.5	94.1
Drop-out rate	2.8	1.4	5.6	2.7	0	0	2.1	1.0
<b>Secondary Level</b>								
Net enrollment rate	92.1	88.5	95.0	86.0	93.5	93.8	92.7	90.8
Drop-out rate	34.2	13.7	46.2	16.2	10.7	5.0	23.9	9.0

Source: LLPMS Survey.

### 3.3 Asset Ownership and Living Conditions

#### *Land Ownership*

The average ownership of land per household is only 1.14 acres which has significant inequality in distribution. The average owned area of the poor households is 0.28 acre (only 0.11 acre for the very poor households) compared with 2.01 acres for the non-poor households (Table 5). A significant percentage of the households (nearly one-third of all households), particularly in the poorer groups, are involved in the tenancy market. Nearly half of the non-poor households rent-out land, mostly to the poor households, for cultivation. As a result, the average size of operated land per household is lower than the average ownership of land for the non-poor households.

**Table 5**  
**Land Ownership and Tenancy**

	Poor			Non-poor	Total
	Poor	Very poor	Total		
Average owned land per household (acres)	0.44	0.11	0.28	2.01	1.14
Households involved in renting-in of land (%)	48	25	37	25	31
Households involved in renting-out of land (%)	16	7	12	48	30
Average rented-in land (acre)	0.50	0.31	0.41	0.69	0.55
Average rented-out land (acres)	0.28	0.22	0.25	0.96	0.60
Average operated land per household (acres)	0.64	0.18	0.41	1.70	1.05

Source: LLPMS Survey.

#### *Housing Structure*

Overall, nearly three-fourths of the households have access to electricity. Among the poor, 56 per cent of the households have access to electricity compared to 92 per cent of the non-poor households. The housing structure of the poor and non-poor households is given in Table 6. Houses made of corrugated iron (CI) sheet are most common among both poor and non-poor households. Nearly 13 per cent of the poor households live in houses built with straw while 7 per cent of the non-poor households have pucca houses. The relatively better housing conditions in the villages are largely due to housing loans provided by the NGOs and relatively high inflow of remittances from villagers working abroad.

**Table 6**  
**Structure of Housing**

	% of households		
	Poor	Non-poor	Total
Straw	12.5	0	6.3
CI sheet	87.2	71.0	79.1
Pucca building	0	6.7	3.3
Semi-pucca building	0.3	22.3	11.3
Total	100	100	100

Source: LLPMS Survey.

### ***Transport Equipment***

In the villages, half of the households do not own any transport equipment (Table 7). For transport to nearby town, most of the households (42 per cent) own bicycle. Other modes of transport like motorcycles, rickshaws and microbus are relatively few and are mostly owned by the non-poor households. Rickshaw ownership by the poor households provides a source of income for these households.

**Table 7**  
**Ownership of Transport Equipment**

	% of households		
	Poor	Non-poor	Total
Cycle	28.4	56.0	42.2
Rickshaw	11.5	0.6	6.0
Motorcycle	0	1.6	0.8
Microbus	0	0.7	0.3
Motorcycle and microbus	0	0.3	0.2
None	60.1	40.8	50.5
Total	100	100	100

Source: LLPMS Survey.

### ***Water Supply and Sanitation***

For drinking purpose, all households depend on hand tubewell as the source of safe water. On average, one tubewell exists for every 1.6 households. The ratio is 1.2 for the non-poor households compared to around 2 for the poor and more than 5 for the very poor households. Although arsenic contamination of tubewell water has emerged as a major health problem in adjacent villages, the tubewell water in the surveyed villages is yet to be

tested for the presence of arsenic at higher than recommended level. The use of water from other sources for household activities like cooking and washing is more common. Nearly three-fifths of the households use pond water for washing and nearly all households, irrespective of their poverty status, use pond water for cooking. The use of pond water, which is often contaminated, for cooking and washing utensils is unhygienic for which health information and attitudinal changes are essential.

In the case of sanitation, more than four-fifths of the households use ring slab and water sealed latrines. The availability of ring slab at a low cost under different programs has resulted in its wider use (Table 8). Nevertheless, more than one-fourth of the very poor households use open latrine compared to 12 per cent of the poor and 8 per cent of the middle income households. This shows the wide prevalence of unhygienic sanitation among the poor households which is largely due to financial constraints and inadequate awareness about the benefits of safe sanitation.

**Table 8**  
**Type of Sanitation Facilities in Use**

Type	% of households				
	Rich	Middle class	Poor	Very poor	Total
Ring slab	83.1	87.3	81.4	70.5	78.7
Water sealed	16.9	4.8	6.2	0.9	5.5
Open space	0	7.9	12.4	28.6	15.8
Total	100	100	100	100	100

Source: LLPMS Survey.

### **3.4 Employment and Income**

In the survey, people belonging to age 15 years and above and involved in economic activities were considered as part of the civilian labor force. The female participation rate in the labor force is consistently lower for all groups compared to the male participation rate. The average number of labor per household indicates that the non-poor households have more active labor than the poorer households (3.2 for the non-poor vs 2.2 for the poor households). The average number of active female labor is also lower than male labor. Moreover, there are differences between the poor and the non-poor households in terms of both female and male active labor (Table 9). In the case of labor force participation rate, however, the very poor households have the highest participation

rate for both females and males. The compulsion of earning income for meeting the livelihoods forces the poor and the very poor households to participate in the labor force in larger numbers instead of pursuing other activities like education.

**Table 9**  
**Employment Status: Un- and Underemployment Rates**

	Poor			Non-poor	Total
	Poor	Very poor	Total		
<b>A. Labor force participation rate (%)</b>					
Female	75.3	78.0	76.7	71.9	74.7
Male	85.6	86.6	86.1	79.9	83.0
<b>B. Average number of active labor per household</b>					
Female	1.0	1.0	1.0	1.3	1.1
Male	1.3	1.1	1.2	1.9	1.4
<b>C. Unemployment rate (%)</b>					
Female	9.5	4.9	7.2	6.2	6.3
Male	4.7	4.2	4.4	7.6	6.0
<b>D. Underemployment rate (%)</b>					
Female	13.8	12.1	13.0	9.3	11.2
Male	8.1	5.0	6.5	3.8	5.0

Source: LLPMS Survey.

The unemployment and underemployment rates, especially for the male labor force, are extremely vulnerable to seasonality due to overwhelming dominance of agriculture in economic activities. Using the adopted definition in Bangladesh that a person working less than 15 hours and 35 hours during the preceding week is considered as unemployed and underemployed respectively, it is observed that the overall unemployment rate for women and men are very similar: 6.3 per cent for females and 6.0 per cent for males. For females, the highest rate is nearly 10 per cent for the poor which declines to 5 per cent for the very poor households. In the case of female underemployment, the rate is the highest for the poor households and the lowest among the non-poor households. The labor force participants from the very poor households are usually forced to participate in any available work opportunities for their sustenance and, therefore, reveal relatively low un- and underemployment rates.

### *Seasonal Variation in Agricultural Employment and Wage Rates*

There exist significant seasonal variabilities in employment opportunities of wage laborers in agriculture and wage rates which is related with the crop cycle. The employment level increases and the wage rate rises during the peak seasons of the year which correspond with transplanting and harvesting of the major crop (rice). The female-male wage rate exhibits significant differences: the average wage rate of a female labor is only one-third of the male wage.

For the poor women, self-employment in household activities is the predominant occupation with 99 per cent of women reporting such activities as the main occupation. The remaining women reported day labor and paid employment in community organizations as the major occupation. In addition, child rearing, preparation of food and all other household activities are considered as the sole responsibility of women across all household groups. The role of women in agriculture also remains largely invisible. In crop production, women are responsible for preserving seeds and processing of paddy (e.g. threshing, boiling, drying and storing). Most of the workload for poultry and livestock rearing are borne by women. The leisure time, which hardly exists within the busy schedule for maintaining the households, is spent in sewing clothes and performing other minor household jobs. The very poor women work as day laborers for compensation mostly paid in kind (food three times a day and 1.25 kg. of rice). A few women are also involved in earth work under various public works programs with a wage rate of Tk. 43 (around 70 US cents) per day.

### *Overseas Employment*

The villages have significantly higher incidence of wage earners working abroad compared with the national average. Nearly 29 per cent of the households have at least one member who works abroad as a wage earner. The relatively better-off households have been able to exploit the opportunity more: 55 per cent of the rich households have wage earners working overseas as against only 7 per cent for the very poor households (Table 10). The non-poor households have an advantage in this respect since they can sell and/or mortgage their lands to meet the travel and other expenses of going abroad. the average number of such wage earners is 1.5 for the rich and 1.1 for the very poor households.

**Table 10**  
**Labor Absorption in Overseas Employment**

Household Class	% of households	Average no. of wage earner
Rich	55.1	1.5
Middle class	46.7	1.3
Poor	31.3	1.1
Very poor	6.9	1.1
Total	28.8	1.3

Source:        LLPMS Survey.

### *Income and Calorie Intake*

Despite the well-known problems in estimating household income in the village society characterized by multiple sources of income and difficulties in imputing income from the dominant informal and subsistence activities, significant variations are observed among different household groups. The average annual income of the very poor households is Tk. 27,000 (US\$ 450) and, for the poor households, Tk. 32,000 (US\$ 533). The average incomes of the rich and the middle class households are nearly three and two times respectively of the income of the very poor households.

The dietary survey on the basis of 24-hours recall method shows that the calorie intake per capita per day is 2,100 k.cal. for the very poor households and 2,191 k.cal. for the poor households. Similar figures for the middle class households and rich households are 2,499 k.cal. and 2,600 k.cal. respectively.

### **3.5 Organizational Involvement and Access to Credit**

The involvement with development agencies (like NGOs and government programs) is significantly higher for women than men: more than 20 per cent for the female compared to only 4 per cent for the male. Moreover, such involvement is higher for the very poor and poor households indicating their better access to targeted programs. Similarly, the access to credit from such organizations reflects the targeting toward the poor women although, in the case of skill training, women and men appear to benefit equally (Table 11). The incidence of child labor is relatively high, as expected, for the poor households and the problem is more acute for the male children.



**Table 11**  
**Involvement with Development Organizations**

	(% of labor force)				
	Poor			Non-poor	Total
	Poor	Very poor	Total		
<b>A. Organizational involvement</b>					
Female	20.7	38.6	32.5	5.7	20.4
Male	4.7	2.9	3.6	4.0	3.8
<b>B. Access to services</b>					
<b>I. Credit</b>					
Female	24.2	42.2	36.0	6.5	22.7
Male	18.1	13.8	15.4	13.9	14.7
<b>II. Skill training</b>					
Female	4.3	2.7	3.2	5.4	4.2
Male	0.7	1.3	1.0	5.3	3.2
<b>C. Child labor (% of 6-14 years)</b>					
Female	2.3	2.4	2.3	0.6	1.5
Male	5.1	11.2	9.0	5.7	7.6

Source: LLPMS Survey.

In the case of credit, a total of 841 persons reported access to credit indicating a ratio of 1.5 persons per household who had taken loans from different sources (Table 12). The members of the very poor households had the highest access (62 per cent) followed by the poor (18 per cent), middle class (17 per cent) and the rich (3 per cent).

**Table 12**  
**Sources of Credit**

Source	% of households taking credit									
	Poor						Non-poor		Total	
	Poor		Very poor		Total		Male	Female	Male	Female
Male	Female	Male	Female	Male	Female					
NGOs	20.8	88.5	10.0	93.5	14.8	92.4	3.8	83.3	9.4	91.2
Money lenders	45.8	3.8	50.0	1.1	48.1	1.7	30.8	5.6	39.6	2.2
Banks	29.1	0	30.0	1.1	29.6	0.8	38.5	0	34.0	0.7
Women's cooperatives	0	7.7	0	2.2	0	3.4	0	11.1	0	4.4
Mortgage of land/property	0	0	10.0	1.1	5.6	0.8	11.5	0	8.5	0.7
Money lenders and Banks	4.2	0	0	0	1.9	0	9.6	0	5.7	0
Cooperatives	0	0	0	0	0	0	5.8	0	2.8	0
Money lenders and NGOs	0	0	0	1.1	0	0.8	0	0	0	0.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: LLPMS Survey.

More than half of the borrowers (53 per cent) have taken loan from various NGOs like ASA, BRAC and Grameen Bank. The overwhelming majority (more than 90 per

cent) of the NGO borrowers are women. The second important source is the informal money market (i.e. the moneylenders). The formal banks (e.g. commercial and specialized banks) provide loans to 17 per cent of the borrowers who are mostly male. More than 3 per cent of the borrowers are observed to have taken loans from more than one sources. The NGOs are the most important source of credit for the very poor (71 per cent) and the poor (52 per cent) borrowers. The terms of credit vary widely over different sources. In the case of moneylenders, the borrowers are required to pay Tk. 100 per month for a credit amount of Tk. 1000, implying an interest rate of 10 per cent per month. The interest rate of credit from the NGOs varies between 15 to 20 per cent per annum. The advantage of the credit from the moneylender, however, is that the amount can be managed within a short period which is required to meet unexpected emergencies and crisis particularly for the poor.

### 3.6 Vulnerability, Crisis and Crisis-Coping

An unexpected event leading to unforeseen expenditures and dislocations in income flows and earning capacity of the household is considered as a crisis. The poor households faced more crisis with higher intensity and spillover effects than the relatively well-off ones. While the nature of crisis varies widely, the illness of any member of the household is the most acute form of crisis with more than half of the households spending a significant amount for treatment of the diseases (Table 13). Moreover, the incidence of disease is higher in poor households than the wealthier ones.

**Table 13**  
**Nature and Incidence of Crisis**

Nature of Crisis	% of households experiencing crisis				
	Poor			Non-poor	Total
	Poor	Very poor	Total		
Diseases	55.6	66.7	61.1	41.5	50.7
Sent back from abroad	0	5.6	2.8	4.9	3.9
Operations	5.6	0	2.8	2.4	2.6
Litigations	5.6	0	2.8	4.9	3.9
Dowry for marriage	5.6	5.6	5.6	12.2	9.1
Expenses to go abroad	11.1	0	5.6	14.6	10.4
Accidents	0	5.6	2.8	4.9	3.9
Loss in business	16.7	11.1	13.9	9.8	11.7
Destruction of dwellings	0	0	0	2.4	1.3
Death of bovine animals	0	0	0	2.4	1.3
Death of earning members	0	5.6	2.8	0	1.3
Total	100	100	100	100	100

Source: LIPMS Survey.

The households facing crisis adopted various measures to cope with the situation. Nearly three-fifths of the households were forced to take loans from formal/informal sources, often with adverse terms from the informal money market. Around one-fifth of the households met the crisis by selling and/or mortgaging land and other assets. The rest – nearly one-fifth of the households – were forced to live with the crisis with no apparent capacity to undertake any mitigating measures.

### ***Morbidity***

Of the total population in the age groups 5 years and above, 13 per cent suffered from illness during the year. Among them, more than one-fourth suffered from gastric/ulcer followed by gout (19 per cent), blood pressure (12 per cent), and asthma (5 per cent). Heart disease and gall bladder stone are the other two types of diseases experienced by 3 per cent of the patients in each case. Other diseases include diarrhoea, jaundice, tumor, vision deficiency, malaria, typhoid, appendicitis, and diabetics. The incidence of blood pressure, heart disease, tumour, diabetics and appendicitis is higher among the non-poor and the incidence of gastric, gout, asthma, gall bladder stone, diarrhoea, and malaria is higher among the poor. Within the poor, the very poor are more vulnerable to tuberculosis, malaria, pain, jaundice, skin disease and cancer than the poor.

In case of children aged 0-5 years, 8 per cent suffered from diseases during the years. The children of non-poor households reported higher exposure to diseases than the children of the poor families. Under-reporting by the poor families may be one reason of the lower incidence since the poor families are often forced to neglect the sickness of their children. The incidence of pneumonia is found to be the highest and affected more than two-fifths of the children. Diarrhoea, tonsil, malaria, skin diseases, asthma and bronchitis are the other major diseases. The incidence of sickness of children among different socio-economic groups is somewhat similar.

**Table 14**  
**Incidence of Diseases of Population (5 years and above)**

Nature of disease	Non poor	Poor			Total
		Poor	Very poor	Total	
Gastric/ulcer	24.11	19.67	34.57	28.17	26.15
Gout	16.31	22.95	20.99	21.83	19.08
Blood Pressure (Low/high)	15.60	13.11	3.70	7.75	11.66
Asthma	2.84	8.20	4.94	6.34	4.59
Heart disease	4.26	3.28	2.47	2.82	3.53
Gall bladder stone	2.84	4.92	2.47	3.52	3.18
Skin disease	2.84	0.00	4.94	2.82	2.83
Diarrhoea	2.13	3.28	2.47	2.82	2.47
Jaundice	2.13	1.64	2.47	2.11	2.12
Tumour	3.55	0.00	1.23	0.70	2.12
Vision deficiency	2.13	4.92	0.00	2.11	2.12
Pain	2.13	1.64	2.47	2.11	2.12
Malaria	1.42	0.00	3.70	2.11	1.77
Typhoid	1.42	1.64	1.23	1.41	1.41
Appendicitis	2.13	0.00	0.00	0.00	1.06
Diabetics	1.42	0.00	1.23	0.70	1.06
Irregular Menstruation	0.00	3.28	1.23	2.11	1.06
Urinary Tract Infection	1.42	1.64	0.00	0.70	1.06
Cancer	0.71	0.00	1.23	0.70	0.71
Dysentery	0.71	1.64	0.00	0.70	0.71
Liver	0.71	0.00	1.23	0.70	0.71
Tuberculosis	0.71	0.00	1.23	0.70	0.71
Others	8.51	8.20	6.17	7.04	7.77
Total	100	100	100	100	100

Source: LLPMS Survey.

**Table 15**  
**Incidence of Diseases of Children (0-5 years)**

Disease	Non poor	Poor			Total
		Poor	Very poor	Total	
Pneumonia	50	33.33	50.00	45.45	47.62
Diarrhoea	25	16.67	12.50	13.64	19.05
Ton ceil	5	0.00	12.50	9.09	7.14
Malaria	5	0.00	6.25	4.55	4.76
Skin Disease	5	0.00	6.25	4.55	4.76
Asthma	0	16.67	0.00	4.55	2.38
Bronchitis	5	0.00	0.00	0.00	2.38
Typhoid	0	0.00	6.25	4.55	2.38
Others	5	33.33	6.25	13.64	9.52
Total	100	100	100	100	100

Source: LLPMS Survey.

More than one-fourth of the patients of the age groups 5 and above got treatment from the rural doctors followed by private doctors, pharmacist (medicine salesman) and private clinics. There is a significant difference in the mode of treatment between non-poor and poor patients (Table 16). The patients from the non-poor households generally consult the private doctors and private clinics whereas the poor patients go to rural doctors and pharmacists.

**Table 16**  
**Nature of Treatment (5 years and above)**

	Non poor	Poor			Total	(Per cent)
		Poor	Very poor	Total		Total
Rural doctor	17.52	43.86	28.95	35.34	26.30	
Pharmacist	16.06	19.30	28.95	24.81	20.37	
Private doctor	32.12	15.79	15.79	15.79	24.07	
Homeopath	0.73	1.75	1.32	1.50	1.11	
Private clinic	27.01	12.28	14.47	13.53	20.37	
Hospital	1.46	0.00	2.63	1.50	1.48	
Kobiraj	5.11	1.75	5.26	3.76	4.44	
No treatment	0.00	5.26	2.63	3.76	1.85	
Total	100	100	100	100	100	

Source: LLPMS Survey.

In the case of children, 58 per cent of the parents consulted private doctors (Table 17). One-fourth received treatment from rural doctors and 13 per cent from the pharmacists. Nearly 6 per cent of the children of the very poor households did not get any treatment during their illness.

**Table 17**  
**Nature of Treatment of Children (0-5 years)**

	Non poor	Poor			Total	(Per cent)
		Poor	Very poor	Total		Total
Rural doctor	16.67	20.00	35.29	31.82	25.00	
Private doctor	66.67	40.00	52.94	50.00	57.50	
Pharmacist	16.67	40.00	0.00	9.09	12.50	
Hospital	0.00	0.00	5.88	4.55	2.50	
No treatment	0.00	0.00	5.88	4.55	2.50	
Total	100	100	100	100	100	

Source: LLPMS Survey.

### 3.7 Selected Indicators of Women's Profile

The mean age of the housewives in the villages is 40 years compared to 45 years of the husbands (Table 18). In general, housewives belonging to the non-poor households are older than their counterparts in the poor groups. The average age at first marriage, however, is lower for housewives of non-poor households (15.8 years) than the similar age of females in poor households (16.4 years). Two factors may be noted in explaining the situation. First, the non-poor households, in general, belong to older generations than the poor ones when child marriage was a more common phenomenon as reflected in their lower average age at first marriage. Second, the poor households require more time to save the resources for dowry so that the average age at first marriage of the females is higher. It may be noted here that the minimum legal age of marriage for females in the country is 18 years.

**Table 18**  
**Average Age and Age at First Marriage**

	Poor			Non-poor	Total
	Poor	Very poor	Total		
<b>A. Mean age (years)</b>					
Wife	39.8	36.0	37.9	44.8	40.1
Husband	44.0	38.8	41.4	51.8	44.8
<b>B. Age at first marriage (years)</b>					
Female	16.5	16.4	16.4	15.8	16.2

Source:       LLPMS Survey.

In terms of education, the large majority of the housewives (73 per cent) are illiterate. Among the rest, 11 per cent have education upto the primary level and 13 per cent have secondary education (Table 19). The educational status is significantly related to poverty situation of the households: 82 per cent of the housewives from the very poor households are illiterate compared with 67 per cent for the poor and 65 per cent of the non-poor households.

**Table 19**  
**Educational Status of Housewives**

Educational Status	(% of total)				
	Poor			Non-poor	Total
	Poor	Very poor	Total		
Illiterate	66.7	82.2	74.5	64.7	72.6
Primary level (Grades 1-5)	15.2	8.2	11.7	12.7	11.3
Secondary level (Grades 6-10)	14.3	9.1	11.7	16.5	12.9
Secondary School Certificate	2.9	0.5	1.7	5.2	2.7
Higher Secondary Certificate	1.0	0	0.5	0.6	0.4
Graduation	0	0	0	0.4	0.2

Source: LLPMS Survey.

Although the incidence of diseases is very similar (13 per cent for females and 12 per cent for males), the disparity in treatment of illness between the females and the males is evident (Table 20). On average, treatment of females by 'unqualified doctors' (e.g. rural doctor, pharmacist and *kobiraj*) constitutes 53 per cent compared to less than one-half for the males. Such disparity persists across all income groups irrespective of poverty status although the dependency of the poor households on unqualified doctors is more apparent.

**Table 20**  
**Types of Treatment Facilities**

Type of facility	(% of illness treated)									
	Poor						Non-poor		Total	
	Poor		Very poor		Total		Male	Female	Male	Female
	Male	Female	Male	Female	Male	Female				
Rural doctor	27.6	60.7	33.3	23.5	31.0	40.3	14.7	20.3	23.0	29.8
Pharmacist	20.7	17.9	35.7	20.6	29.6	19.4	17.7	14.5	23.7	16.8
Private doctor	27.6	3.6	11.9	20.6	18.3	12.9	27.9	36.2	23.0	25.1
Homeopath	3.5	0	2.4	0	2.8	0	1.5	0	2.2	0
Private clinic	17.1	7.1	14.3	14.7	15.5	11.3	32.4	21.7	23.7	16.8
Hospital	0	0	0	5.9	0	3.1	1.4	1.5	0.8	2.3
Kobiraj	0	3.6	2.4	8.8	1.4	6.5	4.4	5.8	2.9	6.1
Not treated	3.5	7.1	0	5.9	1.4	6.5	0	0	0.7	3.1
Total	100	100	100	100	100	100	100	100	100	100

Source: LLPMS Survey.

### 3.8 Participation in Decision Making

Women's participation in decision making, even within the households, is limited. This is particularly true in the case of economic and production decisions.

#### *Economic Decisions*

In terms of participation in economic decision making, several aspects are considered like choice of crop production, expenditure of earned income by females, receiving and/or providing credit, investment of credit funds, involvement in NGOs, purchase of essential items, sale of produced crops, and purchase of daily necessities. The results are given in Table 21. The general pattern that emerges from the results points out

**Table 21**  
**Involvement in Household Economic Decisions**  
(% of involved households)

		Poor		Non-poor	Total	
		Poor	Very poor	Total		
Husband alone	Choice of crop cultivation	78.1	65.9	73.2	66.3	68.9
	Expenditure of female's earned income	5.3	7.8	7.0	3.1	5.3
	Receiving/providing credit	68.4	59.9	62.7	71.0	66.1
	Investment of credit fund	70.1	68.0	68.7	71.2	69.7
	Involvement in NGOs	8.7	3.2	4.7	13.3	6.9
	Purchase of essential items	10.6	16.3	14.3	11.2	13.1
	Sale of produced crops	56.5	27.3	44.3	54.7	51.4
	Purchase of daily necessities	24.1	26.3	25.6	18.8	22.9
Wife alone	Choice of crop production	9.4	20.5	13.9	12.7	13.2
	Expenditure of female's earned income	40.8	44.8	43.5	62.2	51.3
	Receiving/providing credit	11.8	17.8	15.8	7.1	12.3
	Investment of credit fund	10.4	10.0	10.1	4.6	7.9
	Involvement in NGOs	39.1	61.9	55.8	53.3	55.2
	Purchase of essential items	5.8	9.9	8.5	5.9	7.4
	Sale of produced crops	8.7	15.2	11.4	7.7	8.8
	Purchase of daily necessities	7.7	7.3	7.4	5.8	6.8
Joint decision of wife and husband	Choice of crop production	7.8	6.8	7.4	12.2	10.4
	Expenditure of female's earned income	51.3	43.5	46.1	31.7	40.1
	Receiving/providing credit	15.8	19.1	18.0	11.6	15.4
	Investment of credit fund	16.9	18.0	17.6	12.4	15.5
	Involvement in NGOs	47.8	28.6	33.7	23.3	31.0
	Purchase of essential items	78.9	70.4	73.3	71.2	72.5
	Sale of produced crops	32.6	42.4	36.7	30.0	32.1
	Purchase of daily necessities	63.5	62.9	63.1	63.3	63.2
Wife in consultation with other members	Choice of crop production	4.7	6.8	5.6	8.8	7.6
	Expenditure of female's earned income	2.6	3.9	3.5	3.1	3.3
	Receiving/providing credit	4.0	3.3	3.5	10.3	6.3
	Investment of credit fund	2.6	4.0	3.5	11.8	6.8
	Involvement in NGOs	4.4	6.4	5.8	10.0	6.9
	Purchase of essential items	4.8	3.5	3.9	11.7	7.0
	Sale of produced crops	2.2	15.2	7.6	7.7	7.6
	Purchase of daily necessities	4.8	3.4	3.9	12.1	7.2

Source: LLPMS Survey.



the overwhelming dominance of husbands in economic decision making within the households, particularly in production decisions like choice of crop production, receiving/providing credit, investment of credit funds and sale of produced crops. On the other hand, women's role is restricted mostly within their own affairs. Even in such cases like spending earned income and involving in NGO activities, only around one-half of the women are able to take decisions by themselves. The participation of both wives and husbands is more prevalent in case of expenditure decisions like purchasing necessities and daily expenses. There are a few instances when women members of the households consult with other family members (like sons or other relatives) in the absence of husbands. Although no distinct trend can be discerned, women of the poor households have relatively more participation in some aspects of economic decisions e.g. NGO involvement and credit.

### ***Other Household Decisions***

In terms of female's participation in other household decisions, seven areas are considered: children's education, treatment during illness, purchase of clothings, repair of houses, adoption of family planning measures, immunization, and marriage. Summary results are presented in Table 22. The exclusive nature of decision making by the husbands is overwhelmingly reported in most areas except immunization, adoption of family planning measures and marriages of children. The independent decision making status of women is apparent in child's immunization alone. In most other cases, women have the marginal role. The decisions regarding the adoption of family planning and marriages are mostly taken jointly although the opinion of the husband always has the upper edge. The women belonging to both poor and non-poor households are almost similarly disadvantaged revealing no significant variation in women's status across different income levels.

### **3.9 Gender and Mental Health: Insecurity, Violence, and Anxiety**

In the male-dominant rural society, violence against women is a predominant feature. The lack of access to economic assets and 'male power' make the women insecure within the households. Such insecurity of women at the household level is manifested in various forms. Some aspects of economic and social insecurity are revealed

**Table 22**  
**Participation in Household Decisions**  
(% of involved households)

		Poor			Non-poor	Total
		Poor	Very poor	Total		
Husband alone	Children's education	73.5	64.8	67.9	70.0	68.8
	Treatment during illness	68.5	66.5	67.2	60.0	64.3
	Purchase of clothings	56.2	53.1	54.2	51.9	53.3
	Repair of houses	62.1	55.8	57.9	57.0	57.6
	Adoption of family planning	0	0.9	0.6	0.9	0.7
	Immunization	4.2	1.6	2.6	2.8	2.7
	Marriage	8.1	5.0	6.2	0.9	3.5
Wife alone	Children's education	11.8	20.8	17.6	8.0	13.4
	Treatment during illness	12.4	10.8	11.3	12.6	11.8
	Purchase of clothings	9.5	10.6	10.3	11.5	10.8
	Repair of houses	7.8	10.2	9.4	8.7	9.1
	Adoption of family planning	3.2	1.8	2.3	0	1.4
	Immunization	83.1	84.4	83.9	60.6	75.5
	Marriage	0	8.3	5.2	0.9	3.0
Joint decision of wife and husband	Children's education	8.8	8.8	8.8	12.0	10.2
	Treatment during illness	10.1	17.4	14.8	13.7	14.4
	Purchase of clothings	25.7	31.9	29.8	26.4	28.5
	Repair of houses	26.2	29.6	28.5	25.6	27.3
	Adoption of family planning	96.8	97.4	97.2	98.1	97.5
	Immunization	1.4	0.8	1.0	4.6	2.3
	Marriage	89.2	81.7	84.5	95.3	90.2
Wife in consultation with other members	Children's education	5.9	5.6	5.7	10.0	7.6
	Treatment during illness	9.0	5.4	6.6	13.7	9.5
	Purchase of clothings	8.6	4.4	5.8	10.1	7.5
	Repair of houses	3.9	4.4	4.2	8.7	6.0
	Adoption of family planning	0	0	0	0.9	0.4
	Immunization	11.3	13.1	12.4	32.1	19.5
	Marriage	2.7	5.0	4.1	2.8	3.5

Source:       LLPMS Survey.

in Table 23. The economic security of women is extremely low in the absence of ownership of assets and access to income. Some ownership rights to land is held by only 5 per cent of the women of the households who have land. Most of the lands are held by husbands and, in this respect, the poor women are specially disadvantaged. Only 31 per cent of the women have access to own income: 33 per cent among the poor and 30 per cent among the non-poor households. Similarly, only one-third of women who earn income have the right to spend their earned income.

**Table 23**  
**Some Aspects of Women's Insecurity**

	(% of housewives)				
		Poor	Non-poor	Total	
	Poor	Very poor	Total		
<b>A. Economic insecurity</b>					
Rights to land	1.9	3.4	2.9	8.2	5.0
Access to income	27.6	35.1	32.6	29.5	31.4
Right to spend own income	32.4	33.2	32.9	31.9	32.5
<b>B. Social insecurity</b>					
Subjected to threat of second marriage by husbands due to birth of female child alone	1.9	5.8	4.5	0.5	2.9
Subjected to threat of divorce by husbands	4.8	7.3	6.4	1.5	4.4
Subjected to threat by others outside home	1.9	1.0	1.3	1.0	1.2
Insecurity among households who have adolescent girls	98.1	99.5	99.0	99.5	99.2
Neighbour's non-cooperation in getting justice against violence	33.3	5.7	11.4	16.7	12.0
Non-assistance of village community in getting justice against husband's physical assault	85.7	85.7	85.7	83.3	85.4
Non-assistance of guardians in getting justice against husband's physical assault	28.6	14.3	16.7	0	14.6

Source: LLPMS Survey.

The social insecurity of women takes various forms. Within the household, the threat of divorce or second marriage by the husbands, threat by others outside the household, and feeling of insecurity among women who have adolescent girls are some sources of women's insecurity. Similarly, the non-cooperation and non-assistance by the village community, neighbors and guardians in case of violence and physical assault by the husbands make them vulnerable, preclude them from getting justice and avoid further brutality.

### ***Violence Against Women***

The violence against women within the household is a reflection of discrimination, low economic power, socio-cultural attitude and a host of other factors. Usually, women are reluctant to express the incidence of violence by husbands, particularly in the traditional rural society. It is likely, therefore, that the quantitative information on violence, given in Table 24, are likely to contain a downward bias due to under-reporting of such cases. Nevertheless, the figures indicate that 22 per cent of women are subjected to verbal abuse and 11 per cent suffer physical assault by their husbands. In general, women from poor households experience more violence than women from non-poor ones:

three times more in the case of verbal abuse and five times in the case of physical assault. Disagreement with husband's opinion, delays in cooking and household work, quarrel, and children's behavior are the major factors that are used as the pretext of violence against women. Often these are related to taking control of women's savings and fetching dowry from the wife's parents.

**Table 24**  
**Violence Against Women at Household Level**

	(% of women)				
	Poor	Very poor	Total	Non-poor	Total
<b>A. Incidence of Violence</b>					
Verbal abuse by husbands	20.0	35.1	30.0	10.1	22.1
Physical assault by husbands	8.6	19.2	15.7	2.9	10.6
<b>B. Causes of Violence</b>					
<b>I. Verbal abuse</b>					
Delays in cooking & household work	7.2	24.5	20.9	41.7	24.1
Quarrel	21.4	17.0	17.9	0	15.2
Behavior of children	7.1	5.7	6.0	16.7	7.6
Disagreement with husband's opinion	64.3	52.8	55.2	33.3	51.8
No apparent cause	0	0	0	8.3	1.3
<b>II. Physical assault</b>					
Delays in cooking & household work	14.3	23.7	21.7	33.3	23.1
Quarrel	57.1	34.2	37.0	16.7	34.6
Behavior of children	0	5.3	4.4	16.7	5.8
Disagreement with husband's opinion	28.6	34.2	32.6	33.3	32.7
No apparent cause	0	2.6	2.2	0	1.9

Source: LLPMS Survey.

### ***State of Mental Health***

The state of mental health is the outcome of interactions of various factors, both economic and non-economic, and reflects the well-being of a person that are complex to measure. In the study, five questions of the General Health Questionnaire (GHQ) have been used to generate the information on the perception of changes in the level of anxiety and feeling of happiness of different groups of households differentiated on the basis of status of poverty.<sup>4</sup> The male-female distinction based on the perceptions of wives and

<sup>4</sup> The indicators have been developed under the MIMAP Gender Network Project. The module on alcoholism was not administered since this is not relevant in the predominant Muslim society in the villages.

husbands has also been captured. The results in terms of the indicators are summarized in Table 25. In terms of percentages, males are more affected than females for all indicators.

**Table 25**  
**State of General Health**

State	(% of total husbands/wives)			
	Non-poor	Poor	Very poor	Total
<b>A. Losing sleep over worry</b>				
Male	31.9	49.0	65.3	48.5
Female	21.0	34.9	37.5	30.3
<b>B. Feeling of constant strain</b>				
Male	29.9	48.0	64.8	47.3
Female	14.3	15.1	13.5	14.1
<b>C. Inability to enjoy normal daily activities</b>				
Male	31.4	49.0	64.8	48.1
Female	20.5	32.1	36.5	29.2
<b>D. Recent feeling of unhappiness and depression</b>				
Male	23.1	40.2	54.3	38.8
Female	15.3	16.0	13.5	14.7
<b>E. Overall feeling of unhappiness considering all things</b>				
Male	31.9	49.0	66.2	48.8
Female	22.4	37.7	39.9	32.5

Note: The results are based on a four-point scale of perception with normal, usual, more/less than usual and much more/less than usual categorization. The figures provide the percentages of the last two (more/less and much more/less than usual) categories.

Source: LLPMS Survey.

Nearly one-half of the males have recently lost sleep rather more or much more than usual compared to 30 per cent of the females. Similarly, in terms of feeling of constant strain, inability to enjoy normal daily activities and feelings of unhappiness and depression, men are more affected than women. In terms of poverty, the pattern is clear: the incidence of anxiety and unhappiness is positively related with the intensity of poverty. Greater percentages of women and men of the very poor households are subjected to such stress relative to those in poor and non-poor households. This indicates that the incidence of poverty is a significant factor that contributes to anxiety and unhappiness among both women and men. The scores, computed on the basis of a simple weighing system, are

given in Table 26. The results indicate similar patterns. Although the scores for all groups (for both men and women) are less than the cutting score of 2 and above which may be considered as indicative of psychiatric illness, the significant stress, particularly of those living in extreme poverty, is a matter of concern.

**Table 26**  
**Scores of Anxiety and Unhappiness**

	Non-poor	Poor	Very poor	Total
<b>A. Losing sleep over worry</b>				
Male	0.32	0.49	0.65	0.49
Female	0.21	0.35	0.38	0.30
<b>B. Feeling of constant strain</b>				
Male	0.30	0.48	0.65	0.47
Female	0.14	0.15	0.14	0.14
<b>C. Inability to enjoy normal daily activities</b>				
Male	0.31	0.49	0.65	0.48
Female	0.20	0.32	0.37	0.29
<b>D. Recent feeling of unhappiness and depression</b>				
Male	0.23	0.41	0.54	0.39
Female	0.15	0.16	0.14	0.15
<b>E. Overall feeling of unhappiness considering all things</b>				
Male	0.32	0.49	0.66	0.49
Female	0.22	0.38	0.40	0.32

Note: The figures indicate the average values. The scores are zero for normal and usual and one for more/less than usual and much more/less than usual.

Source: LLPMS Survey.

#### 4. Concluding Remarks

Despite the fact that the pilot survey covers only four villages and is not representative in a broad sense, the results highlight a multiplicity of factors at the household level that condition the successful involvement of women, particularly those from the poor households, in pursuing viable livelihood options. The results reveal the fact that women are more vulnerable to poverty and deprivations due to gender inequalities in the access to productive inputs such as credit, command over resources or control over earned income, as well as gender biases in the labor market and gender-biased

decision making and relationships within the households. Women, in general, do not have full control over their own labor or the income they earn, and within the male-controlled environment and in the face of actual or threatened violence, it becomes too difficult for women to transform their capabilities into incomes and well-being. This indicates the need to identify the 'processes' which create impact on women's lives including basic survival needs, well-being, security and autonomy. The identification of successful processes of approaching intra-household gender biases can provide appropriate entry points to build up management and other skills among women leading to their asset creation on a sustained basis and closing the gaps with the mainstream social, political and economic institutions and challenge the deeply held prejudices against the rural women.

## List of Indicators\*

Broad Area	Indicators
Village/Household Characteristics	Number of households/population; Religious status; Number of female-headed households, In- and out-migration; Population by age group; Households by number of members; Number of widows/working children, disabled persons; Housing characteristics and access to electricity; Distance from nearest (i) pucca road, (ii) primary school/secondary school/college;
Education	Number of illiterate adults, children not going to school, schools and school enrollment, persons attaining literacy through adult literacy programs.
Health and Sanitation	Sources of drinking water and for other household needs; Extent of arsenic contamination in tubewell water; nature of sanitation facilities.
Mortality and Morbidity	Number of deaths; Maternal mortality; Incidence of major diseases; Treatment facilities.
Participation in Local Level Institutions	Number of Union Parishad members, NGO members, members in other committees.
Agriculture and Environment	Land ownership pattern, land utilization.
Labor and Wages	Number of wage laborers; Major occupation; Wage rates by season; Non-farm activities.
Access to Credit	Number of borrowers by sources.
Food Security	Number of households with adequate access to food by months.
Access to Market	Commodities transacted by types of market/buyers.
Crisis and Crisis Coping Capacity	Type of crisis faced by households and mitigating measures adopted.
Perception of Poverty	Self classification of poverty status and socio-economic characteristics.
Geographical Characteristics	Physical and land characteristics.



<b>Broad Area</b>	<b>Indicators</b>
Land and Population	Land utilization, activity status and employment characteristics of population, land holding characteristics and input use.
Livestock, Forests and Water Resources	Livestock population and productivity, animal health and feed sources, forest resources and afforestation programmes, water sources and utilization.
Non-agricultural Activities	Small/cottage industries, sources of raw materials, local resource base.
Education, Health and Social Development	Literacy and enrollment/dropout rates, Number of health centres and health services accessed, Number of trained doctors, special programs.
Infrastructure and Communication	Availability of different services, transportation facilities, Ownership of radio/television.
Marketing Linkages	Market centres, nature of commodity flows and marketing intermediaries, storage facilities, cooperatives, prices of major commodities.
Development Priorities and Prospects	Agriculture, livestock, forestry, Non-farm activities, infrastructure, education, health, income generation, women and social development, information and communication facilities.

- \* Wherever appropriate, the indicators have been disaggregated in terms of gender, age, religion and similar other socio-cultural characteristics.