



# Micro-Credit and Emotional Well-Being: Experience of Poor Rural Women from Matlab, Bangladesh

SYED MASUD AHMED, MUSHTAQUE CHOWDHURY  
*BRAC Research and Evaluation Division, Dhaka, Bangladesh*

and

ABBAS BHUIYA \*

*International Center for Diarrhoeal Disease Research, Dhaka, Bangladesh*

**Summary.** — Development programs concerned with material improvement for participants ignore the impact of subjective factors such as discrepancy between expectation and achievement, and anxieties and tensions resulting from newly adopted nontraditional roles by women on their emotional and physical well-being. This study explores experiences of emotional stress by poor rural women, including those involved in credit-based income-generating activities, from Matlab, Bangladesh. In the multivariate analysis, BRAC membership failed to show any discernable effect on the prevalence of emotional stress among poor women. Women reported symptoms of depression while coping such situations. The implications of these findings for emotional well-being of women are discussed. © 2001 Elsevier Science Ltd. All rights reserved.

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## 1. INTRODUCTION

Bangladesh is one of the poorest and most densely populated countries in the developing world, occupying 150th position in UNDP's Human Development Index (UNDP, 1999). At least 70 million people live in absolute poverty, and of these, 35–50 million constitute the ultra poor consuming <1,805 kcal per capita per day (BIDS, 1992). One of the distinguishing features of current poverty-alleviation efforts in Bangladesh is the use of micro-credit as “a critical anti-poverty tool for the poorest, especially women” (The Micro-credit Summit, 1997). These programs extend small loans to poor people, mainly women, for income-generating self-employment, and work by lessening seasonal vulnerability through diversifying income-earning sources, building assets, and strengthening crisis-coping mechanisms, thus allowing the clients to achieve a better quality of life (Hussain, 1998; Morduch, 1998; Rahman, 1995). Such efforts enhance women's income-earning potential and their role in nontraditional activities in the informal sector (Amin, 1993). In addition, micro-credit

programs are viewed as an important health intervention tool, and as an efficient and equitable tool for directing resources to women (Kabeer, 2001; Nanda, 1999) in the literature.

While advanced by its proponents as a panacea for poverty, critics of micro-credit call for caution in focusing narrowly on credit operations and draw our attention to a number of factors with implications for the program participants. One of these is the use of peer group pressure as a substitute for collateral and insurance against timely repayment. It has been argued that the micro-credit models used in

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Bangladesh effectively pit borrowers against one another so that they exert peer pressure to keep repayment rates high (Montgomery, 1996). In another study, the author found that

many borrowers maintain their regular repayment schedules through a process of loan recycling that considerably increases the debt-liability on the individual households, increases tension and frustration among household members, produces new forms of dominance over women and increases violence in the society (Rahman, 1999).

Still other authors point out that micro-credit programs in Bangladesh pay insufficient attention to their impact from a gender perspective and, as a consequence, may weaken rather than strengthen women's position in the family (Goetz & Gupta, 1996). According to them, since credit by itself cannot overcome patriarchal systems of control at the household and community levels, this potential is not always realized. A second group of critics acknowledge the beneficial impacts but question the assumption that micro-credit helps the poorest. They cite evidence that micro-credit benefits only the better-off poor, leading to increasing economic inequities (Mosley & Hulme, 1998). It is a fact that the extreme poor mostly do not (or cannot) join micro-credit programs because of their meager initial endowment (both material and nonmaterial, e.g., education, family size, etc.), high opportunity cost of time, and limited capacity for labor substitution (Evans, Adams, Mohammad, & Norris, 1999). From the supply side, the micro-credit organizations, under pressure from the donors to become financially self-sustaining in a short period of time, are drawn to less poor borrowers who can utilize larger loans, which, in turn, undermines the potential of micro-credit as a poverty-alleviation tool.

Income-generating opportunities for rural Bangladeshi women are largely dictated by patriarchy (Cain, Khanam, & Nahar, 1979) and the religious norms of "purdah," a pervasive social construct that restricts them in the domestic sphere. Women borrowers have to overcome these norms in the process of being gainfully involved with micro-credit organizations. They must find time for income-generating as well as organizational activities (group meetings, skill-training, etc.), compromising household and child-care obligations. They must also move beyond the household, sometimes defying in-laws and other influential

family member's purdah-related restrictions. When the project has not yet started generating income, current cash need for loan repayments and other supplies is met primarily from the husband's income or other source(s). In extreme cases, tension related to re-payment of credit in weekly or fortnightly installments results in physical violence against women (Goetz & Gupta, 1996; Schuler, Hashemi, Riley, & Akhter, 1996). Thus Khan, Ahmed, Bhuiya, and Chowdhury (1998) found that BRAC members in Matlab involved with credit-based income-generating activities are more than two times more likely to be victims of violence in the initial years, with a tendency to decrease over time compared to nonmembers.

A large body of literature has established that emotional stress resulting from poverty and related conditions can lead to the development and/or maintenance of common mental health problems such as anxiety and depression (Bruce, Takeuchi, & Leaf, 1991; Rodgers, 1991; Weich & Lewis, 1998). It is further established that physical disease may be the consequence of emotional stress, and that emotional well-being is protective against premature mortality and illness (Stewart-Brown, 1998). Because of their disadvantaged condition in society, women are more likely to experience stressful life situations, which may in turn trigger or maintain episodes of mental illness (Patel, Araya, de Lima, Ludermir, & Todd, 1999; Sherrill *et al.*, 1997). Research findings from Brazil suggest that women's involvement in informal jobs, such as those in credit-based self-employment activities, may be a risk factor for the development of emotional stress (Santana, Loomis, Newman, & Harlow, 1997). In a multicenter study conducted by WHO on psychological problems in general health care, women were found to be 1.6 times more prone than men to suffer from depression, and anxiety disorders, e.g., agoraphobia or panic (Gater *et al.*, 1998). This difference may not simply be due to the greater degree of help-seeking behavior reported among women. Rather it could be due to a combination of factors related to expression of (di)stress, biology and social context (Paykel, 1991).

In this study we explored the experiences of poor Bangladeshi women involved in credit-based income-generating activities with respect to the prevalence of emotional stress and response to this stress. This is accomplished by comparing a group of women who are recipi-

ents of micro-credit with a group of nonrecipients of similar socioeconomic status. Data are furnished by the BRAC-ICDDR, B Joint Research Project in Matlab, which investigates the impact of women focused development interventions on the health and well-being of the rural poor.

## 2. MATERIALS AND METHODS

### (a) *The BRAC-ICDDR, B joint research project*

Founded in 1972, BRAC is a large indigenous nongovernmental organization (NGO) involved in rural poverty alleviation. BRAC's Rural Development Programme (RDP) targets the poor people with special emphasis on improving their health and socioeconomic condition through group formation (village organization, VO), skill training, and collateral-free loans for income-generating activities. Households possessing less than 0.5 acre land and having at least one member selling manual labor for survival are targeted for BRAC's intervention (i.e., BRAC-eligible). For the purpose of this analysis, this group is termed "poor households." Households that are not eligible for BRAC's RDP are comparatively better off socioeconomically, and include the rural elite. This group is referred as "better-off nonmember households."

The International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR, B) has been operating a Demographic Surveillance System (DSS) in Matlab thana since the early 1960s. Matlab, located 55-km southeast of the capital Dhaka, is a low-lying land crisscrossed with canals and rivers. Following BRAC's decision to initiate RDP activities in Matlab, a research collaboration between BRAC and ICDDR, B was established in 1992 to examine prospectively the relationship between socioeconomic development, and the health and well-being of the rural poor (Bhuiya & Chowdhury, 1995).

### (b) *The data*

The data for this study were provided by a cross-sectional survey undertaken by the above project during April–August 1995 in 14 villages of the Matlab DSS area. Analysis is based on two pre-tested structured questionnaires. The first, which contains demographic and socio-

economic information, was administered to the household head and/or spouse or any knowledgeable adult member of the household present at the time of survey. The second, which contains information on different aspects of women's lives including their perceived mental state, familial crisis, and coping mechanisms, was administered to ever married women between 15 and 55 years. Women were asked three specific questions to elicit information about "emotional stress" and its consequences: First, "In the last one month, did you suffer from any disturbance in mental peace that interfered with your daily activities?" If the response was in affirmative, then she was asked, "What was the most important reason for such disturbance?" Finally, she was asked, "What did you do at that time?" to get an idea about how she coped with the situation. For the purpose of analysis, "emotional stress" is defined as a condition in which an individual experiences anxiety or worry that interferes with daily activities of life. Questions were also asked about the occurrence of major familial crises such as quarrels with neighbors or economic crises that required the sale of valuable household assets. Differences of households are accounted for in the analysis where conceptually and empirically appropriate. In all, 2,075 women from poor households (BRAC member and nonmember) and 1,549 from better-off nonmember households were included in the study.

## 3. RESULTS

As shown in Table 1, there was no discernable difference in reporting "emotional stress" between women of BRAC and poor non-BRAC households in the reference period. The proportion reporting "emotional stress" was much lower among the better-off non-BRAC households.

The major reason for reported emotional stress was related to poverty (chronic deficit of daily necessities) in the case of poor, especially BRAC households, but not the better-off nonmember households (Table 2). In the latter group, the major reason for emotional stress was illness or death of close household members and problems related to the husband, such as extramarital affairs, a second marriage or threat of second marriage, and irresponsible and/or indifferent attitude toward family. Marital problems were also reported as a major

Table 1. *Distribution of study women reporting "emotional stress" in the last one month*

	Women from			All households
	BRAC households	Poor non-BRAC households*	Better-off non-BRAC households**	
% Reporting emotional stress	42.6	44.3	29.4	37.7
N	467	1,608	1,549	3,624

\*  $\chi^2$  significance: BRAC households vs poor non-BRAC households: ns.

\*\*  $\chi^2$  significance: BRAC households vs better-off non-BRAC households:  $p < 0.001$ .

Table 2. *Reasons stated by women for reporting "emotional stress"*

Reasons stated	% Women suffering emotional stress from		
	BRAC households (n = 198)	Poor non-BRAC households* (n = 713)	Better-off non-BRAC households** (n = 456)
Chronic deficit of daily necessities	59.4	49.3	18.9
Illness/death of close household member(s)	13.3	29.9	39.0
Problem(s) related to husband <sup>a</sup>	23.6	17.1	32.5
Others	3.7	3.7	9.6

\*  $\chi^2$  significance: BRAC households vs non-BRAC households:  $p < 0.01$ .

\*\*  $\chi^2$  significance: BRAC households vs better-off non-BRAC households:  $p < 0.001$ .

<sup>a</sup> Such as extra-marital affairs, a second marriage or threat of second marriage, irresponsible and/or indifferent attitude towards family etc.

cause of emotional stress among women from BRAC households compared to poor nonmember households.

The household circumstances of poor women reporting emotional stress are shown in Table 3. Landholding status was inversely related to

emotional stress, with landlessness (absolute or marginal, i.e., possession of <50 decimals of land) being associated with greater stress in both member and nonmember groups. Household economic crisis, disputes with neighbors and the low level of schooling of the household

Table 3. *Household circumstances of poor women reporting "emotional stress"*

	% Women reporting emotional stress		$\chi^2$ significance
	BRAC households	Poor non-BRAC households	
<i>Household landless/marginally landless</i>			
Yes	42.8	44.9	ns
No	30.8	28.3	
<i>Household sells labor for survival</i>			
Yes	37.7	44.0	ns
No	45.0	44.5	
<i>Schooling of household head (years)</i>			
None	43.5	46.7	$p < 0.05$
Some	40.7	37.9	
<i>Faced urgent need for selling/mortgaging land/assets</i>			
Yes	44.4	69.7	ns
No	42.6	43.8	
<i>Faced major problems with neighbors</i>			
Yes	76.7	72.4	ns
No	39.2	40.5	

head were found to increase reports of emotional stress in both the groups. In labor-selling households, BRAC women reported less emotional stress than the poor nonmembers. Again, when the household faced an urgent need to sell productive assets, the BRAC women reported comparatively less emotional stress but this was reversed when the household faced major disputes with neighbors. But, the only significant difference between the groups was found in instances when the household

head had some formal schooling, which was associated with less emotional stress.

The individual characteristics of the study women according to the BRAC membership status of the household are shown in Table 4. For both member and nonmember groups of women, poor health status and illness during the last two weeks were significantly associated with an increased prevalence of emotional stress. In both groups, emotional stress was higher among women over 30 years of age and

Table 4. *Individual characteristics of poor women reporting "emotional stress"*

	% Women reporting emotional stress		$\chi^2$ significance
	BRAC households	Poor non-BRAC households	
<i>Age (years)</i>			
≤30	36.7	35.8	ns
30+	46.3	50.1	
<i>Formal schooling (years)</i>			
None	43.7	45.9	ns
1-5	37.2	39.0	
5+	45.5	36.5	
<i>Currently married</i>			
Yes	41.7	42.2	ns
No	50.0	61.7	
<i>Living children</i>			
≤3	39.7	41.9	ns
3+	47.7	49.4	
<i>Self-reported health status</i>			
Good	35.5	34.2	$p < 0.05$
Bad	54.2	57.4	
<i>Suffered illness in last two weeks</i>			
Yes	60.7	64.3	$p < 0.01$
No	40.1	39.2	
<i>Perceived contribution to household income</i>			
Yes	51.8	52.0	$p < 0.001$
No	29.7	39.0	

Table 5. *Distribution of BRAC group members reporting "emotional stress" by length and type of membership*

	Length of membership				
	≤1 year	1-2 year(s)	2-3 years	>3 years	All
% Reporting emotional stress	8.7	18.6	46.6	26.1	100.0
N	22	57	171	101	351
	Type of membership				
	New (savings only)	Basic (savings + loan)	Basic plus (basic + training)	All	
% Reporting emotional stress	9.3	63.4	27.3	100.0	
N	41	208	102	351	

among women with no schooling. Likewise in both groups, emotional stress was higher among women who are currently divorced, separated or widowed, and those with more than three currently living children. Finally women, who were perceived by the household head to be contributing to household income appeared more emotionally stressed than those who did not. Interestingly, the proportion of reported "emotional stress" was much smaller among "noncontributors" from BRAC households compared to their non-BRAC peers. The association was highly significant ( $p < 0.001$ ).

Next, we explored the prevalence of emotional stress by the length and depth of involvement in BRAC for the BRAC group members to see whether there was any change over time (Table 5). The prevalence of emotional stress gradually increased from the first year onward, reaching a peak around three years and then declining. Similarly, prevalence of emotional stress increases when credit is introduced with initial savings activity, and again declining after skill development training is given to the credit recipients. Thus, the changes approximately follow the maturity of membership, with ultimate increase in the level of emotional stress occurring after the first year of joining BRAC.

Table 6 presents the odds ratios of factors predicting emotional stress as reported by the study women. In the first model, factors found important in bivariate analysis were used; in the second model, BRAC membership status of the women's households was added. In both the models, being married, being in good health (past and present), generating family income, and having household land holdings predicted less emotional stress while having disputes with neighbors, needing to sell household assets, being in poor health (past and present), and having children, predicted more emotional stress. BRAC membership failed to show any discernable effect on the prevalence of emotional stress among the poor women while nonmembership in BRAC households was found to be a significant predictor of reduced emotional stress among women from better-off households.

Finally, women were asked about their response to emotional stress. Around 44% of the study population appears to respond to stress in a manner that mimics the symptoms of depression (e.g., skips meals, shuns household responsibilities, becomes listless, loss of initiatives, adopts indifferent attitude toward life)

(Table 7). This proportion is smaller among women from BRAC member households compared to poor and better-off nonmembers. The women from BRAC households were more likely to adopt a fatalistic or resigned attitude than nonmembers, whether poor or better-off. A negligible proportion of women (6–8%) actively tried to overcome the crises by exploring opportunities for improving household income.

#### 4. DISCUSSION

As reported elsewhere, BRAC interventions in Matlab have been associated with a significant (and positive) increase in economic well-being (Husain *et al.*, 1996). BRAC households report greater land and livestock holdings, productive assets, savings, and monthly food-expenditure compared to their poor nonmember counterparts. It is wrong, however, to assume that emotional well-being, an indicator of quality of life, will necessarily result from improvements in socioeconomic conditions. Emotional well-being is a subjective state that reflects the overall situation: social, physical and material, of an individual in her/his environment. In an anthropological study of EMIC perspectives of well-being in the same study area, villagers defined well-being as "a condition where one passes life *peacefully* with family members, relatives and neighbors in economic solvency and good health" (Mahbub & Roy, 1997). Development interventions are mainly concerned with the improvement of the material condition of program participants such as increased income through productive investments, retaining and/or accumulating assets to cope with crisis situations, investing in children's education and family health care, contraceptive use dynamics, etc. (Hulme, 2000). It rarely addresses subjective factors such as the gap between expectation and achievement from program participation, anxieties and tensions associated with newly adopted nontraditional roles by women borrowers, or domestic violence against women involved in credit, and its emotional and physical consequences for health. Critics argue that "development agencies who focus on women as a priority group have failed to recognize their unique vulnerability to common mental disorders..." (Patel *et al.*, 1999). In this paper we investigate this relatively unexplored field of poor women's emotional well-being in the context of micro-

Table 6. Odds ratios of factors predicting "emotional stress" of study women

	Model I (n = 3575) Odds ratio	Model II (n = 3575) Odds ratio
<i>Age (years)</i>		
≤30	1.00	1.00
30+	1.08	1.09
<i>Whether Currently married</i>		
No	1.00	1.00
Yes	0.50***	0.51***
<i>Living child</i>		
≤3	1.00	1.00
3+	1.22*	1.22*
<i>Schooling of household head</i>		
None	1.00	1.00
Some	0.80**	0.84*
<i>Self-reported health status</i>		
Bad	1.00	1.00
Good	0.49***	0.49***
<i>Suffered illness in last two weeks</i>		
No	1.00	1.00
Yes	1.79***	1.78***
<i>Perceived contribution to household income</i>		
No	1.00	1.00
Yes	1.59***	1.59***
<i>Household land (decimals)</i>		
Landless	1.00	1.00
Have land	0.51***	0.58***
<i>Labor-selling status of household</i>		
Nonlabor-selling household	1.00	1.00
Labor-selling household	1.13	1.07
<i>Whether household faced urgent need for selling/mortgaging land/assets</i>		
No	1.00	1.00
Yes	1.88**	1.89**
<i>Whether household faced major problems with neighbors</i>		
No	1.00	1.00
Yes	3.43***	3.41***
<i>BRAC membership status of the households</i>		
Poor nonmember		1.00
BRAC member		0.97
Better-off nonmember		0.79*
-2log likelihood	4252.90	4247.22
Model improvement	492.22***	497.39***
Overall predicted	69.34%	69.43%

\*  $p < 0.05$ .\*\*  $p < 0.01$ .\*\*\*  $p < 0.001$ .

credit, comparing those who are involved with one of the largest NGOs in the developing world with those who are not, but have similar socioeconomic status. Our findings indicate, at

this early stage of program implementation, that women's micro-credit does little to influence favorably the emotional well-being of its recipients. Indeed, it could be argued that by

Table 7. *Women's stated responses to "emotional stress"*

<i>Types of stated responses</i>	% Women from			
	BRAC member households ( <i>n</i> = 198)	Poor nonmember households* ( <i>n</i> = 713)	Better-off nonmember households** ( <i>n</i> = 456)	All households ( <i>n</i> = 1367)
<i>Depressed</i> (e.g., skip meals; shuns household responsibilities; becomes listless; losses initiatives; adopts indifferent attitude towards life)	38.0	44.0	48.3	44.2
<i>Fatalistic</i> (seeks help from God)	31.7	28.1	27.9	28.7
<i>Resignation</i> (mourns for misfortune)	20.3	17.6	16.2	17.7
<i>Active</i> (e.g., seeks help from neighbors/relatives/group members/explore opportunities for raising household income)	5.9	8.4	3.7	6.4
<i>Others</i>	4.1	1.8	3.9	2.9

\*  $\chi^2$  significance: BRAC households vs poor non-BRAC households:  $p < 0.01$ .

\*\*  $\chi^2$  significance: BRAC households vs better-off non-BRAC households:  $p < 0.05$ .

promoting women's involvement in household income generation, emotional stress is provoked among new recipients.

By breaking the barriers of traditional norms and behaviors ascribed to women by patriarchal society, micro-credit may generate anxiety and tension among its recipients, as suggested by the finding that women who were perceived by the household head to be "contributors to household income" (mainly from micro-credit borrowing) reported more emotional stress than noncontributors did. The other factors which were found to be significant predictors of women's emotional state were marital status, number of living children, health status, distress selling of household assets, and disputes with neighbors. The importance of marriage in a society such as Bangladesh, where women have very few options due to lack of education, is again shown in this study. Women who were not currently married, i.e., who were widowed, separated or abandoned, were found to report a greater prevalence of emotional stress. In an in-depth case study of maritally disrupted women from the same area, Momen, Bhuiya, and Chowdhury (1995) found these women to be particularly disadvantaged both socially and economically without any effective social-support network. Their heightened vulnerability to social and economic pressure may predispose them to more emotional stress than their married counterparts. Poor health

and illness was found to be another significant determinant of perceived emotional stress irrespective of BRAC membership status. Another shared predictor of emotional stress was discord with neighbors, often provoked by intergenerational land disputes. Number of living children also constitutes a significant predictor of emotional stress in multivariate analysis no doubt due to the pains and anxieties of raising a child in the context of abject poverty. BRAC membership status of households failed to show any favorable effect on the emotional well-being of poor women.

The findings, and the interpretation, however, should be qualified. It should be noted that BRAC's interventions in Matlab were in operation for only a relatively short period (the average membership length at the time of survey was 22 months) which, it may be argued, is not sufficient to affect comprehensively the lives of the poor, especially, their emotional well-being. However, findings from a pilot study done in the same study area to develop an instrument for measuring the emotional well-being of rural women support the hypothesis of this study (Khatun, Wadud, Bhuiya, & Chowdhury, 1998). The final 37-item tool was administered to a group of women representing BRAC member households, poor nonmember households and the better-off to test whether emotional well-being differed as a function of the intervention. The authors



tentatively conclude that although socio-economic status has a direct and positive association with emotional well-being, BRAC's intervention in Matlab has yet to have an effect.

On the other hand, women's responses to emotional stress are particularly concerning. The fatalistic attitude and resignation adopted by nearly half of the respondents (more by women from BRAC households compared to nonmembers) in coping with stressful situations in daily life shows the lack of confidence of these women in problem-solving situations. In addition, the high prevalence of reported symptoms suggestive of depression among women, albeit less among BRAC women, underscore the importance of recognizing and treating an illness that is rarely acknowledged

in rural Bangladesh and largely goes unnoticed. Country's healthcare delivery system needs to be sensitized to cater to the mental health needs of the women, especially rural women. This is important because women's welfare needs should "take into account social, cultural, spiritual, emotional and physical aspects of well-being" (Simkin, 1995), in addition to economic improvement. As an immediate step, the health programs of the NGOs should be reoriented to respond to this special health need of their clients. In conclusion, it can be said that, to optimize the beneficial effects of micro-credit on the lives of the poor, issues related to creation of an enabling environment for the poor women free of anxiety, tension and violence, need serious re-thinking.

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