The Correlations between Microfinance Participation and Intimate Partner Violence (IPV) in Rural Bangladesh: Economic Disempowerment and Deteriorating Social Health in Rural Women

Muhammad Hassan Bin Afzal

Kent State University

mafzal@kent.edu

Abstract:

The aim of this study is to examine and understand the multifaceted relationship between participation in rural microfinance programs and intimate partner violence (IPV) for Bangladeshi women. The concept of microfinance programs has been initiated in Bangladesh by Professor Yunus to attain socioeconomic empowerment for the marginalized and underrepresented communities (Collins & Bilge, 2016). Over the years, the participation in microfinance loan programs in rural areas resulted in better economic development for the communities and social empowerment of the rural women in those areas (Dalal, Dahlström, & Timpka, 2013). On the other hand, the stern negative socioeconomic impacts of IPV on Bangladeshi rural women have been recognized and addressed in a growing number of case studies and analyses (Bolis & Hughes, 2015; Dalal et al., 2013; Sanawar, Islam, Majumder, & Misu, 2018; Schuler, Lenzi, Badal, & Nazneen, 2018). IPV is an ongoing social problem that takes place all over the world, regardless of race, social class, culture, and geographical locations. This study finds that membership in microfinance loan programs in rural areas results in reduced IPV in the household. Furthermore, when the husband/partner is more educated and the wife has more decision-making ability in the household and used birth control last year, the IPV instances reduced significantly in that household. This study uses the 2014 Bangladeshi Demographic and Health Survey (BDHS) implemented by the National Institute for Population Research and Training (NIPORT). We find that membership in microfinance loan programs and husbands' level of education and birth control usage associates with reduced IPV in the household.

Keywords:

Intimate Partner Violence; Economic Disempowerment in Rural Women; Deteriorating Social Health; Legal Framework to Prevent IPV; Collective Action Approach; Inclusive Community Development.

Section 1: Introduction:

Bangladesh is one of the fastest growing developing countries located in South Asia. Progressive economic and social policies in recent years led to much improved socio-economic conditions in the country (*Bangladesh profile*, 2019; Basu, 2018). For instance, Bangladesh achieved greater success in narrowing the gender gap in education in the last sixteen years because of more targeted, reformed, and progressive policies and financial support of rural and marginalized women. Similarly, the microfinance loan programs in rural areas also significantly helped to alleviate poverty and fostered more inclusive opportunities for rural communities. Unfortunately, Intimate Partner Violence (IPV) is one of the most problematic social issues in the country, and it is particularly widespread in rural areas due to the gendered culture, social norms, religious practice, and patriarchal social system. Several studies show that Intimate Partner Violence (IPV) slows down the inclusive participation in the labor force, market-based economic activities, and ultimately deteriorates the social health of the affected women in the community-space (Sanawar et al., 2018; Schuler et al., 2018).

This study specifically focuses on the impact of participating in microfinance programs in rural areas on IPV in a household. Previous studies suggest that, when women have more decision-making ability and participate in the microfinance programs, they are less likely to experience IPV instances. Several studies focus on the prevalence of IPV in rural areas and found that because of the social norms, religious beliefs, and social setting, women often justified this sort of domestic violence (Krause, Haardörfer, & Yount, 2017; Schuler, Lenzi, & Yount, 2011; VanderEnde, Sibley, Cheong, Naved, & Yount, 2015). The understanding of IPV is distinctly gendered among Bangladeshi rural population, and particularly rural women are less informed and less aware of the negative impacts IPV. They do not perceive this as an ongoing violation of their basic human

rights. The Bangladeshi urban population is less susceptible to IPV due to the more education, community development action, and easier access to social services. The rural population is still suffering from extensive IPV due to lack of education, financial progress, and a supportive policy framework (Naved et al., 2017; VanderEnde et al., 2015).

A 2016 study conducted on four major IPV impacted rural Bangladeshi areas shows that one in every two Bangladeshi rural women at least suffered from IPV in last month and one in every three women who participated in the study suffered from IPV at least once a week. In this study, the IPV is measured by any sort of physical violence and/or sexual violence by their partners (Naved et al., 2017). Furthermore, several studies suggest that the prevalence of IPV has been significantly reduced in both rural and urban areas due to more education, social awareness campaigns, the presence of improved and more accessible legal framework, and government development policies. Still, there is an ongoing presence of IPV in the rural areas which is still affecting the inclusive socio-economic growth of the rural population in Bangladesh (Naved et al., 2017; Schuler et al., 2011; VanderEnde et al., 2015). This study primarily addresses the correlation between participation in microloan programs offered by BRAC, ASA, Proshika, and BRDB and how that impacts the IPV in a household. The primary research question is outlined below while this study also treats some influencing variables to address the key social indicators that affect the instances of the IPV in rural areas.

H_1: Participation in microfinance programs lessens IPV for rural Bangladeshi women

Treatment of influencing variable (s)

a. Increase in decision-making ability lessens IPV for rural Bangladeshi women.

b. Using birth-control lessens the IPV for rural Bangladeshi women.

c. The number of children impacts IPV for rural Bangladeshi women.

This study uses the 2014 Department of Health and Services (DHS) data set to explore the four hypotheses in rural Bangladeshi areas.

The primary objectives of this research paper are outlined below.

a. To understand the negative impact of intimate partner violence in rural Bangladeshi areas
b. To explore the broader impact on inclusive economic disempowerment and social health
c. To determine the types of the legal framework and social awareness programs exists to handle IPV in rural areas, and the scope of further development to strengthen the responses against IPV in rural areas

This study makes contributions to the literature on microfinance memberships and IPV. While this study looks at the significant importance of microfinance programs in Bangladeshi rural areas, but it does not look at the change to social dynamics that would reduce the IPV overall. Microfinance programs are strongly associated with reduced IPV in rural areas, it is not the only dominant social discourse to adopt and apply to address and mitigate this issue (Sanawar et al., 2018; Schuler et al., 2011). Further investigative, evidence-based studies are strongly recommended to understand the underlying conditions that induce the IPV in the rural Bangladeshi household.

This research study is divided into four sections. Section two outlines the current condition, conceptual framework, and harm of IPV in the rural areas in Bangladesh. Section three defines the data set obtained from USAID and DHS 2014 survey, the variables used in this study, and the

empirical model used in this study. Section four describes the study findings and the relationship between microfinance participation and IPV. Finally, section five presents the study findings and recommendations for future developments and policy reformation.

Section 2: Current Condition in Bangladeshi Rural Areas

The occurrence of IPV in rural Bangladeshi households is deeply dependent on the gendered social norms and religious values. The rural children grow up experiencing domestic violence in their household and this deeply affects their mental and physical health. The boys think this is a way of showing their toxic masculinity and controlling the household, whereas the women justified the violence and abuse due to the social norms. Both parties fail to realize and understand the profound negative impact of the IPV on the family and household. Several research studies identified that children from IPV-affected families are malnourished and consistently suffers various mental and physical diseases. Furthermore, IPV also significantly limits the economic growth of rural communities and restricts women participation in market-based activities (Naved et al., 2017; Schuler et al., 2011).

Several research studies capture the negative impacts of IPV on rural Bangladeshi women and how that consistently reduces their ability to participate in market-based economic activities to attain economic empowerment (Naved et al., 2017; Sanawar et al., 2018; VanderEnde et al., 2015). Moreover, the impact of IPV is not limited to only economic participation, but it also affects their social health negatively. It significantly affects the women's ability to function in a social atmosphere and end up with depression-like symptoms such as fear, social anxiety, sadness, loss of appetite, and weight loss. It negatively impacted their personal lives as well as the ability to participate in economic and political activities (Naved et al., 2017; Sanawar et al., 2018).

The Bangladeshi government and policymakers reformed certain policies in recent times to reduce domestic violence in the country and there are a seemingly strong policy and legal framework present in both urban and rural areas. Bangladesh government started implementing policies and legal framework to mitigate the IPV and ensure women safety since 2000. Table 1

outlines the specific laws, legal framework, and policy measures in Bangladesh to prevent IPV against women (OECD, 2019).

Table 1: A few prominent laws and policies to prevent IPV in Bangladesh

Law and Policy(s)	Ratification Time	Prevention and Punishment Measures
The Suppression of Violence against Women and Children Act	2000	The structured legal framework to address, mitigate, and criminalize the IPV
Acid Control Act and The Acid Crimes and Control Act	2002	Both these legal acts imposed stricter punishment against Acid crimes
The Domestic Violence Act	2010	A national action plan to implement strong punishment and imprisonment for IPV crimes
The Multi-Sectoral Program on Violence against Women (MSP-VAW)	2015	A collective social service to ensure faster healthcare, police assistance, DNA test, and legal assistance

Data collected from CEDAW 2015; OECD 2019

Regardless of all these legal policies and stricter punishment to prevent violence against women, the IPV is an ongoing social concern in Bangladesh. Specifically, rural women are reluctant to report and take actions against IPV due to social stigma. Furthermore, due to the social norms and religious beliefs, most of the times both physical and sexual violence were justified by the affected women and they consider these violent activities to be a norm in their daily lives.

Secondly, most of these women do not even recognize toxic, detrimental, and long-lasting negative impacts of the IPV in their daily lives. Table 1 shows the different types of identified IPV in rural Bangladesh and their detrimental effects on the suffered women (Naved et al., 2017; Sanawar et al., 2018). Table 2 also outlines that the impact of IPV on the women economic empowerment is under-researched and, but it does have a negative impact on the economic participation of rural women.

Table 2: The various types of IPV and their detrimental impacts on the rural community

Types of Violence	Rate	Factors that cause IPV	Detrimental Impacts
Physical Violence	49.6%	Dowry, Poverty, Childhood exposure to IPV	1. Social Isolation 2. Doubting her ability 3. Suicide Ideation
Psychological Violence	28.7%	Inferiority complex due to lower economic, academic, and social status compared to the wife(s)	1. Less motivated 2. Depression 3. Fearful
Sexual Violence	27.2%	Frustration, poverty, unemployment	1. Various diseases 2. Suicide Ideation 3. Poor mental health
Economic Violence	Underexplored	The difference in Economic Status, childhood exposure, the cultural norm	1. Economic disempowerment 2. Social Isolation 3. Constant shame, worry, and nervousness

Data collected from Naved et al., 2017; Sanawar et al., 2018

Several studies acknowledge that regardless of the presence of stronger and efficient policy framework and legal systems, many Bangladeshi rural women ages between 15-49 and married are continuously suffering from some sort IPV on daily basis in their household. These four types

of violence cause significant barriers and obstacles to attain inclusive socioeconomic growth among rural and underprivileged women.

Studies also identify two major underlying reasons for IPV in rural settings in Bangladesh. Firstly, the social norms, behavior, religious practices, and common beliefs cause women to justify these sort abusive and violent behavior from their partners (VanderEnde et al., 2015). Secondly, the males, adolescent boys, and husbands are accustomed to seeing, experiencing, and learning about these abusive violent behaviors against women in their households. When they are married and formally live in a household with their female partners, they tend to repeat the pattern of observed and learned abusive and violent behaviors (Krause et al., 2017; Schuler et al., 2011; VanderEnde et al., 2015).

According to a recent study conducted by World Bank economists, find that the microfinance programs in Bangladesh are associated with 10% overall poverty reduction in rural Bangladesh and almost 2.5 million of rural population crossed the poverty line by utilizing the microfinance programs (Shahidur R. Khandker M.A. Baqui Khalily Hussain A. Samad, 2016).

Several research studies suggest that microfinance programs (MFI) are one of the most innovative and helpful microloan programs for underrepresented and marginalized women in developing countries (Fiorillo, 2003; Mishi & Kapingura, 2012; Pearson Capener, 2012). Nobel Laureate Professor Yunus popularized the concept of the microfinance programs in his home country Bangladesh by offering small scale loans to the poor and underserved rural women. This project was later known as Grameen Bank (GB) in Bangladesh. The primary objective of the GB and other microfinance programs to offer small scale loans to rural women to attain inclusive economic empowerment (Hossein, 2016). As a developing country, a significant portion of the

rural population consistently suffers from poverty, unemployment, food insecurity, and social disengagement. The primary target of the microcredit loans was to empower and mobilize these suffered population by offering them economic and social empowerment through jobs, businesses, and improved Use of education and medical care ((Burra, Deshmukh-Ranadive, & Murthy, 2005; Gideon, 2011; Hossein, 2016).

Individuals who use small loans from the local microfinance programs are referred to "members" in a microfinance program. The overall process of microlending starts when the identified individual communicates with the local lending group to share her concerns and intention to get some loans to improve the current financial status. The local village group (loan group) includes the person in their group and they apply for the loan. Here, each individual receives their own loan based on needs and requirements, the group is collectively responsible for the loan repayment and making sure the members are utilizing the loans in the most efficient ways. This step basically ensures collective accountability and mutual growth for the loan groups (BRAC, 2019).

Use of microfinance programs for rural women has significant both direct and indirect benefits on IPV. Women are more economically empowered and attained increased decision-making ability in their household and these factors result in reduced IPV in their household. I recommend that the government focus more targeted resources and policy implementation to foster an inclusive and better environment for rural and marginalized women to get microfinance loans and participate in market-based economic activities. Several past studies have addressed and explored the relationship between microfinance participation (MFP) and rates of IPV in Bangladesh. The following table 3 summarizes the research findings from these studies.

Table 3: The study findings on the relationship between MFP and IPV

A positive relationship between MFP and IPV	Negative Relationship between MFP and IPV	No relationship between MFP and IPV
1. (Goetz & Gupta, 1996) **2. (Khan, 1998)** **3. (Ahmed, 2003)**	1. (Kabeer, 1998) 2. (Skinner, 1989) 3. (Leach & Sitaram, 2002)	1. (De & Christian, 2019) 2. (Christian, 2015)

Past studies suggest provides conflicting evidence on the relationship between participation in microfinance programs and IPV. While the recent studies found no significant relationship between MFP and IPV and both studies used the same data set from 2006 Bangladesh Demographic and Health Survey (Christian, 2015; De & Christian, 2019). I used the 2014 Bangladesh Demographic and Health Survey data set and I find that women participating in microfinance programs reduces the IPV and it is statistically significant. Rural women who do not participate in microfinance programs, have no decision-making ability and do not use birth control measures are more susceptible to IPV as opposed to women who do have membership in microfinance programs. The next section will discuss the study design and empirical model for the study.

Model of the Study and Descriptive Statistics:

This exploratory study utilized data from the 2014 Bangladesh Demographic and Health Survey (BDHS) implemented by the National Institute for Population Research and Training (NIPORT). This is the most recent national-level study that specifically focuses on different kinds of domestic violence and social health issues in Bangladesh. The data were collected over a period of seven months from March to September 2014. The study sample consists of 17,863 married women ages 15-49. Use of microfinance programs is measured by the membership of the survey participants in any major local microfinance loan programs that provide small loans for market-based economic activities.

Several previous studies have operationalized the use of microfinance loans by using the participation and membership in microfinance programs in rural areas (De & Christian, 2019; Sanawar et al., 2018). "Membership" refers to a loan recipient from the microfinance programs (BRAC, 2019; Christian, 2015; De & Christian, 2019; Kabeer, 1998). There are four major microfinance loan programs available in Bangladesh, including Grameen Bank, BRAC, Proshika, and Asha. Most of their branches are in rural areas to facilitate microfinance programs among rural women. The primary goal of all these microfinance organizations to lessen poverty by giving small loans to marginalized poor individuals, specifically women. Over the period of the last thirty years, over 30 million marginalized and underrepresented Bangladeshi women used the microfinance programs to attain economic empowerment (Christian, 2015).

The dependent variable in this study is whether women suffer from any type of IPV. This variable is a binary indicator where one means yes, the participant suffered from some sort of IPV in her household, and zero not. The independent variable is membership in a microfinance program, and it is a binary indicator where one means yes, the participant is a member of local

microfinance programs and zero otherwise. This study controls for decision-making ability, number of children, whether birth control was used last year or not, whether the residence is in rural areas or not, and education level of respondent's husband/partner. Decision-making ability is an ordinal indicator where zero means the participant does not have any decision making ability in her household, one means the participant can make daily cooking decisions, two means the participant can make purchasing decisions in her household, and three means the participant can visit her relatives and friends without getting explicit permission from their male partner (BDHS, 2014).

Consequently, the decision-making ability is a cumulatively ranked variable, where the participants managed to get past each level of empowerment my selecting "yes" to the previous question. This means, when the participant answered yes to the question about the ability to take decision on daily cooking independently then she was asked about daily purchases, only when she said yes to the independent purchasing power on household items, she was asked further whether she could visit her friends and relatives independently without the permission of their respective partners or husbands.

A number of children variable is a continuous variable that outlines the total number of living children the participant has right now in their household. The partner's/husband's education is a continuous variable which outlines the number of completed years of education attained by the participant's partner/husband. The question regarding whether the participant used birth control last year is a binary indicator where one means yes, the participant used birth control last year, and zero otherwise. The locality variable is a binary indicator where one means the urban areas, and zero otherwise.

Table 1: Summary Statistics of the Variable used in this Study

Variable	Observation	Mean	Standard Deviation	Min	Max
IPV_BD14 (Dependent/Outcome)	17,863	0.942171	0.233	0	1
Use of Microfinance programs	16,822	0.3717156	0.483	0	1
Decision-making ability	16,822	1.207823	0.71	0	3
Number of Children	17,863	2.22639	1.531	0	12
Used Birth Control Last Year	17,863	0.091362	0.288	0	1
Locality (Urban vs. Rural)	17,863	1.654761	0.475	0	1
Partner/Husband Education (years)	12,797	3.506525	1.564	0	8

Here, Table 1 outlines the summary statistics of the used variables in this study with their total number of observations, standard deviation, minimum and maximum values to offer an in-depth understanding of the variables used in this study. Table 2 describes the odds ratio likelihood of the IPV in rural household based on various independent variables used in this study. Model 1 is the most restricted model whereas model 4 includes all the variables to understand the correlation between the use of microfinance programs and IPV in rural Bangladeshi areas.

Table 2: Binary logistic regression estimates of the effects of having use of microfinance programs on the likelihood of rural Bangladeshi women experiencing Intimate Partner Violence(IPV) based on the 2014 Bangladesh Demographic and Health Survey (BDHS)

IPV_BD14 (Odds Ratio)				
	(1) Model 1	(2) Model 2	(3) Model 3	(4) Model 4
Use of Microfinance programs	-0.372***	-0.336***	-0.342***	-0.375***
	(0.0674)	(0.0734)	(0.0736)	(0.0930)
Decision-making ability		-0.0611	-0.0999*	-0.0857
		(0.0470)	(0.0481)	(0.0589)
Number of Children			-0.116***	-0.110***
			(0.0205)	(0.0277)
Used Birth Control Last Year				-0.0289*
				(0.142)
Locality				-0.347***
				(0.0941)
Partner/Husband Education (years)				0.00898
				(0.0274)
_cons	2.976***	3.037***	3.358***	4.032***
	(0.0453)	(0.0653)	(0.0885)	(0.212)
LR Chi-square	16822	31.81***	62.26***	57.87***
AIC	7245.9	7246.2	7217.8	4667.8
BIC	7261.4	7269.4	7248.7	4719.7

Standard errors in parentheses
* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

The binary logistic regression models reveal that model 1 is the restricted model in this study and only explores the odds ratio between IPV and the use of microfinance programs in Bangladesh. Model 1 shows that having the use of microfinance programs reduces the likelihood of intimate partner violence in the household by 0.375. This is statistically significant at less than 0.01 level.

Subsequently, Model 2 includes both the use of microfinance programs and decision-making ability among the survey participants as the independent variables to estimate the effects on IPV. Model 2 shows that the use of microfinance programs reduces the likelihood of intimate partner violence in the household by 0.3336, holding all else equal. This is statistically significant at less than 0.01 level. Furthermore, Model 2 also shows that every single unit increase in decision-making ability among the Bangladeshi women reduces the likelihood of intimate partner violence in their household by 0.0611, holding all else equal. However, this is statistically not significant. Model 2 outlines that, the participant who uses the microfinance program and has more decision-making ability in their household are less likely to experience IPV compare to a participant who does not use microfinance program and does not have any decision-making ability in her household.

Additionally, Model 3 explores the association between IPV and the use of microfinance, decision-making ability, and the number of living children in their household to estimate the effects. Model 2 shows that having use of microfinance programs reduces the likelihood of intimate partner violence in the household by 0.342, holding all else equal. This is statistically significant at less than 0.01 level. Furthermore, every single unit increase in decision-making ability among the Bangladeshi women reduces the likelihood of intimate partner violence in their household by 0.10, holding all else equal. This is statistically significant at the 0.10 level. Also, one additional child in their household, reduces the likelihood of intimate partner violence (IPV) by 0.11, holding all else equal. This is statistically significant at the 0.01 level.

Finally, model 4 is the full model in this study and includes all the independent variables. Model 4 shows that the use of microfinance programs reduces the likelihood of intimate partner violence in the household by 0.375, holding all else equal. This is statistically significant at less

than 0.01 level. Furthermore, every single unit increase in decision-making ability among the Bangladeshi women reduces the likelihood of intimate partner violence in their household by 0.08, holding all else equal. This is not statistically significant. Also, one additional child in their household, reduces the likelihood of intimate partner violence (IPV) by 0.11, holding all else equal. This is statistically significant at the 0.01 level. The likelihood of IPV decreases by 0.029 when women used birth control in the period of the last twelve months, holding all else equal. This is statistically significant at the 0.10 level. The likelihood of IPV reduces by 0.347 in urban areas compared to rural areas in Bangladesh, holding all else equal, and it is statistically significant 0.001 level. Finally, one additional year of husband/partner's education reduces the IPV by 0.009 in the household, holding all else equal and it is not statistically significant.

Therefore, all four models in this study found an important correlation between microfinance programs in Bangladeshi rural areas and IPV among women. When women use the microfinance programs, the IPV instances reduce significantly in their household and it is statistically significant across all models. Rural areas in Bangladesh are more prone to domestic violence, abuse, and mistreatment of women compare to the urban areas. Concurrently, other independent indicating factors such as education, birth control, and the number of children play an important role to estimate the effect of IPV in the rural household. Rural women are less likely to suffer from IPV when their husbands are more educated, used birth control in the last 12 months, and they have more children in their household.

I used the 2014 BDHS survey data to conduct this study to find the relationship between microfinance participation and IPV in rural Bangladesh. Two recent studies did the same research and these two studies used the 2006 data set and found to a significant relationship between microfinance participation and IPV (Christian, 2015; De & Christian, 2019). The variation in

microfinance programs and ability to use birth control measures is an important factor that could alleviate the IPV specifically in Bangladeshi rural areas.

Conclusion:

Microfinance programs play a key role in reducing poverty in Bangladesh by offering opportunities to become more economically empowered and independent. There are other case studies that also show that at times microfinance programs fail to reach to the most marginalized and poorest of the poor communities. Similarly, my study finds that membership in the microfinance program reduces IPV specifically in rural areas. Put it simply, based on my study, a rural married woman who uses the microfinance program are less likely to be affected by the IPV. There are various limitations in this study such as self-reporting of the IPV by the participants in the 2014 survey. The future scholarship could look at the various intervening factors that cause IPV in Bangladesh and find a better and more efficient framework to prevent it accordingly.

Despite the strengths and uniqueness of this study, the interpreted outcome of this study should be treated with caution. Primarily, I did not have any pre-microfinance data to measure and understand the IPV situation in Bangladesh. I do not make any causal claims in this study; it is quite possible that the members of the microfinance programs in rural Bangladesh are more socially cognizant of the intimate partner violence. They could take more conscious effort to prevent IPV compare to women who are not using the microfinance programs.

Finally, I propose different avenues to focus on future studies that are relevant to understand the underlying reasons for ongoing IPV in rural Bangladesh. The group of women who take microfinance loans could enhance their social bonding and address each other domestic IPV issues collectively. On the other hand, microfinance programs could equip more targeted resources

to reduce and prevent IPV in rural areas by providing focused support, assistance, and legal services. The social changes and movement in the grassroots level in rural Bangladeshi areas will play a key role in preventing IPV and providing more economic empowerment to the rural Bangladeshi women in the future.

Bibliography:

Ahmed, F. E. (2003). *Low-income Progressive Men: Microcredit, Gender Empowerment, and the Redefinition of Manhood in Rural Bangladesh*. (Diss. Brandeis University).

Bangladesh profile. (2019, February 26). Retrieved from https://www.bbc.com/news/world-south-asia-12650940

Basu, K. (2018, May 1). Why is Bangladesh booming? Retrieved April 3, 2019, from Brookings website: https://www.brookings.edu/opinions/why-is-bangladesh-booming/

Bolis, M., & Hughes, C. (2015). *WOMEN'S ECONOMIC EMPOWERMENT AND DOMESTIC VIOLENCE*. 17.

BRAC. (2019). *BRAC's microfinance activities work*.

Burra, N., Deshmukh-Ranadive, J., & Murthy, R. K. (2005). *Micro-Credit, Poverty, and Empowerment: Linking the Triad*. SAGE.

Christian, A. (2015). *MICROFINANCE AS A DETERMINANT OF DOMESTIC VIOLENCE IN BANGLADESH: WHO IS AT RISK?* 47.

Collins, P. H., & Bilge, S. (2016). *Intersectionality*. John Wiley & Sons.

Dalal, K., Dahlström, Ö., & Timpka, T. (2013). Interactions between microfinance programmes and non-economic empowerment of women associated with intimate partner violence in Bangladesh: a cross-sectional study. *BMJ Open*, *3*(12), e002941. https://doi.org/10.1136/bmjopen-2013-002941

De, P. K., & Christian, A. (2019). Microfinance participation and intimate partner violence among women in Bangladesh. *Oxford Economic Papers*. https://doi.org/10.1093/oep/gpz032

Fiorillo, A. (2003). *Microlending for Macro Results: A Case Study of Microfinance in Ecuador*.

Gideon, T. (2011). *Microfinance, gender and empowerment : meeting practical and strategic needs among low-income women*. Retrieved from http://library2.smu.ca/handle/01/23766

Goetz, A. M., & Gupta, R. S. (1996). Who takes the credit? Gender, power, and control over loan use in rural credit programs in Bangladesh. *World Development*, *24*(1), 45–63.

Hossein, C. S. (2016). *Politicized Microfinance: Money, Power, and Violence in the Black Americas*. University of Toronto Press.

Kabeer, N. (1998). *Money Can't Buy Me Love? Re-evaluating Gender, Credit and Empowerment in Rural Bangladesh*. Retrieved from https://opendocs.ids.ac.uk/opendocs/handle/123456789/13879

Khan, M. R. (1998). *Domestic Violence Against Women: Does Development Intervention Matter?* (BRAC-ICDDR).

Krause, K. H., Haardörfer, R., & Yount, K. M. (2017). Individual schooling and women's community-level media exposure: a multilevel analysis of normative influences associated with women's justification of wife beating in Bangladesh. *J Epidemiol Community Health*, *71*(2), 122–128. https://doi.org/10.1136/jech-2015-206693

Leach, F., & Sitaram, S. (2002). Microfinance and women's empowerment: A lesson from India. *Development in Practice*, *12*(5), 575–588. https://doi.org/10.1080/0961452022000017597

Mishi, S., & Kapingura, F. (2012). *Women's access to microfinance and poverty alleviation in Zimbabwe: Case study of Chinhoyi town*. 11.

Naved, R. T., Samuels, F., Masson, V. L., Talukder, A., Gupta, T., & Yount, K. M. (2017). *Understanding intimate partner violence in rural Bangladesh*. 80.

OECD, O. (2019). *Bangladesh - Social Institutions and Gender Index*.

Pearson Capener, L. (2012). *The impact of microcredit on livelihood sustainability: A case study in northern Illinois* (M.A., Northern Illinois University). Retrieved from https://search.proquest.com/docview/1294242099/abstract/C1339BBF888A4CE2PQ/1

Sanawar, S. B., Islam, M. A., Majumder, S., & Misu, F. (2018). WOMEN'S EMPOWERMENT AND INTIMATE PARTNER VIOLENCE IN BANGLADESH: INVESTIGATING THE COMPLEX RELATIONSHIP. *Journal of Biosocial Science*, 1–15. https://doi.org/10.1017/S0021932018000068

Schuler, S. R., Lenzi, R., Badal, S. H., & Nazneen, S. (2018). Men's perspectives on women's empowerment and intimate partner violence in rural Bangladesh. *Culture, Health & Sexuality*, *20*(1), 113–127. https://doi.org/10.1080/13691058.2017.1332391

Schuler, S. R., Lenzi, R., & Yount, K. M. (2011). Justification of Intimate Partner Violence in Rural Bangladesh: What Survey Questions Fail to Capture. *Studies in Family Planning*, *42*(1), 21–28.

Shahidur R. Khandker M.A. Baqui Khalily Hussain A. Samad. (2016). *Beyond Ending Poverty: The Dynamics of Microfinance in Bangladesh*. https://doi.org/10.1596/978-1-4648-0894-4

Skinner, C. (1989). Introduction to part A. In *Analysis of complex surveys.*

VanderEnde, K. E., Sibley, L. M., Cheong, Y. F., Naved, R. T., & Yount, K. M. (2015). Community Economic Status and Intimate Partner Violence Against Women in Bangladesh: Compositional or Contextual Effects? *Violence Against Women*, *21*(6), 679–699. https://doi.org/10.1177/1077801215576938