



COMMUNITY BASED COLLECTIVES FOR WOMEN'S EMPOWERMENT

Lessons for Making a Difference

MARCH 2017



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Foreword

Collective action, in instrumental terms, is seen as a means to improve accountability and bring about changes in the ability of marginalized groups to exercise choice and voice. Community based collectives and collective action may become the fifth pillar of democracy and development. The power of collectives is getting recognized and it is assuming a huge potential for social and economic growth and development. Sustainable Development Goals establishes that women and girls having equal access to education as men and boys, and their equal participation in business and economic decision-making raises household incomes, translates into better prospects for the family and reduce poverty of future generations. Literature cites examples and lessons to build upon the importance of a collective strategy and engagement of men and boys as an effective mechanism to act against gender-based violence. There can be transformational changes brought about by working through collective and bringing fundamental changes among impact groups. Thus, there is a need to understand in-depth the potential that collectives can bring about and contribute to transforming live of the marginalized and women.

The women's empowerment literature clearly affirms the importance of collective action for women, especially from marginalized groups such as the Dalit and Adivasi, to challenge the power relations that perpetuate the discrimination and exclusion they experience. One of the assumption underlying the women's empowerment is that collectives and collective action can promote women's empowerment. What is important to examine, therefore, in the context of the above realities, is that under what precondition collectivisation happens. Have collectivisation and collective action improved agency of women and their ability to negotiate and address structural barriers? Does this further intensify collectivisation resulting in empowerment? These are pertinent questions to be examined.

Collectivisation is one key strategy adopted by CARE India across its programmes in health, education, livelihoods, disaster preparedness and response. CARE firmly believes that the collectives have immense potential to empower women and achieve equity. In the above context, CARE India endeavored to explore how different factors operate in the collectives and collective actions which are facilitated and created through CARE's programmes. A study conducted by CARE explored whether women's participation in the collectives enhance agency in terms of level of representation, ability to voice their concern as well as opinion in different fora, acceptability of women being part of others groups which are managed primarily by men?

This study delves into patterns of women empowerment across diverse collectives with whom CARE is engaged through its intervention. These collectives belong to differential sectors across four states in India. I sincerely hope that findings from this study will provide a strategic focus to all future programming and open avenues for next level of research and analysis on the subject.

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ABBREVIATIONS

ASHA	Accredited Social Health Activists
AWW	Aanganwadi Worker
FGD	Focused Group Discussion
FRC	Forest Rights Committee
GVG	Gram Varta Groups
IDI	In-Depth Interview
KS	Kishori Samooh
MG	Mother's Group
OBC	Other Backward Classes
PPS	Probability Proportional to Size
PRI	Panchayat Raj Institutions
SC	Scheduled Caste
SHG	Self Help Group
SII	Strategic Impact Inquiry
SMC	School Management Committee
ST	Scheduled Tribe

Executive Summary

In the development sector, collectives and collective action is seen as a platform for increasing social accountability and challenging community concerns and issues. As substantiated by The World Bank Report (2012), collective action has been often viewed as a potent force to bring changes in and around women's agency. Empirically, collective action through member-based organisations works at the grassroots help organize livelihoods and demand institutional change. There are about 7.3 million Self-Help Groups in India, 0.5 million Village Health and Sanitation Committee, about 1.4 million School Management Committee and several other functional community based organisations. These community-based organisations through collective action have not only improved holding others accountable to their well-being but also brought about changes in their ability to exercise choice and voice in important matters concerning them.

Collective action is assumed as a construct for promoting 'empowerment'. The very underlying question that 'Do collectives and collective action promotes women's empowerment?', is worth validating. As a step towards understanding relation between collectivisation and women empowerment, CARE India endeavored a study to understand the extent of women's empowerment occurring through collective action.

The study conducted by CARE India explored whether women's participation being part of collectives means being empowered? How does their participation in the collectives enhance agency in terms of level of representation across other collectives and ability to voice their concern as well as opinion in different fora? These are some of the questions which often baffles development practitioners and stakeholders in finding creative strategies to strengthen collectives. Aligned with CARE's long-term goal of empowering women from the most marginalized community, CARE India undertook this study across CARE projects to understand levels of women empowerment enabled through collective action. The research objectives for the study were: (1) to understand how collectives and collective action contributes to women's empowerment; and (2) to learn about status of women's empowerment and collective action as per CARE's Strategic Impact Inquiry framework.

The study has been undertaken in the context CARE India's works in different states that focus on women and girls in 'the most vulnerable Adivasi communities' and 'the most vulnerable women and girls in Dalit communities' as the core impact groups. This study was undertaken across three sectors i.e. health, livelihood and education collectives; across four project states viz. Bihar, Odisha, Tamil Nadu and Uttar Pradesh; and six types of collectives. The study was mixed-design in nature entailing quantitative and qualitative methods of data collection, covering a sample size of 2,357 respondents (Treatment-1,087 and Comparison-1,270) for the quantitative survey. A series of logistic regressions were run on data to understand how collective characteristics influence dimensions of women's empowerment.

Empowerment through collectives is studied by mapping the critical aspects empowerment using Strategic Impact Inquiry Framework of CARE which looks at agency, structure and relations interacting and influencing under each sub-dimension. In summary, findings clearly reveal that women who are part of collectives and involved in collective action improves her capabilities on access and control of material assets, self-efficacy, bodily integrity, leadership, mobility, and decision-making. Women being part of the collective contribute to building her self-efficacy. Study findings show that women from the treatment group are better in voicing their issues against authorities in PRIs. About 17% women from treatment

group are very sure of expressing themselves at a community meeting vis-à-vis 9% of women from the comparison group.

Bodily integrity which reflects women's control over her own body and over her sexual and reproductive rights indicate that there is no major difference between treatment and comparison, except for one parameter 'refuse to have sex despite husband threatening to hurt', wherein treatment group shows marginally higher results. It may be interpreted that the collective action by itself may not automatically and necessarily pave way for challenging some of the deep rooted patriarchal norms. It points to the need for deliberate strategy to address deep rooted norms and values for making a difference.

It is evident from the findings that collective and collective action open huge potential for building women's leadership and their ability to lead in making changes for themselves and others. A statistically significant correlation exists between women's leadership and membership in collectives. Treatment group outperforms the comparison group on key parameters of information and socio-political representation with higher confidence to express opinions and influence decisions. The treatment group reports a significantly larger proportion of political or social collectives and associated events in their village, when compared to the comparison group. Nearly 50% of the respondents believed that women from their communities had the skills and abilities to become leaders.

The respondents in treatment group expresses a relatively higher confidence to go out unaccompanied, as against respondents in the comparison group. A higher proportion of respondents in the treatment group have gone out at least twice as often unaccompanied, in the last 12 months, than the comparison group. Women's freedom of movement is more severely restricted by lack of structural and relational issues than just about willingness and agency. The structural and relational barriers that affect mobility need different approaches that improve women's mobility in collectives.

The study revealed that by becoming member of collective and participating in it contribute to building women's decision-making capabilities. Treatment group respondent outperforms the comparison group respondents on key parameters of decision making with a relatively higher confidence to participate in joint-decision making, making solo decisions and making decisions regarding their children's education. The findings show that a higher proportion of women in treatment group are empowered in taking all decisions regarding children's education and household as compared to comparison groups. The result is statistically significant. However, although there are overall higher results on decision-making of women, only 33% of respondents felt they could implement a decision despite being opposed.

Regression analysis brings about characteristics of collectives as predictors that are determinants of empowerment. Study findings on overall agency of women suggests that:

- Women who are member of a collective is likely to have 1.2 times higher scores on agency as compared to those women who are not part of any collective.
- Women who attend collective meetings frequently are likely to have 1.2 times higher scores on agency as against those women who do attend meetings frequently.
- Women who frequently attend collective meetings and are older members of collectives are 1.3 times and 1.1 times (respectively) more likely to have higher scores on self-efficacy.

The results from the regressions showed mobility, information and skills, bodily integrity and market accessibility to be significantly higher for women who are in mixed-gender groups.

The one dimension that is higher for women-only groups is decision making. Women of mixed-gender collectives, who frequently attend in collective meetings and members of older collectives were likely to have higher self-efficacy. Women who attended collective meetings frequently were likely to have higher scores on the leadership dimension.

Empowerment dimension related to structures include challenging existing unequal social norms and values, information and access to services, market accessibility and political representation. These sub-dimensions influence and realign deep-rooted structures of the society to promote an environment enabling women empowerment. Overall treatment group performs better than the comparison group on parameters of market access. Both the treatment group and control group report being employed, but a significantly larger percentage of the treatment group is directly involved in pricing negotiations of produce. Participating in collective action increases women's ability to challenge existing norm. Results also show that treatment group outperforms the comparison group on key parameters of information and socio-political representation. A significantly higher proportion of the treatment group reported trust in their collectives to fight social injustice when compared to the control group.

At the structure level the statistical regression findings show that

- Women who are a member of school management committee, holds a position in the committee and have more numbers of members in collective are 6.4 times, 0.7 times and 1.15 times (respectively) more likely to have higher scores on structure
- Women who have been associated with collectives for a longer duration are 1.3 times more likely to score higher on the market accessibility
- Women who are members of an education collective and livelihood collective are 0.5 times and 4.1 times (respectively) more likely to score higher on political/civil society representation
- Women who are associated with older collective and big sized collective are 1.0 and 1.1 times more likely to have higher scores on political/civil society representation

Among sub-dimension around relations viz. challenging social norms, approximately 18% of the treatment group reports disapproval for women undertaking what is traditionally considered as 'men's' work, while this percentage is significantly higher at 30% in the comparison group. Only 15% respondents strongly agree that a man should help with household chores if the woman is working outside, and only 25% of the respondents strongly disagreed with the statement that there is men's work and women's work and one should not do the work of the others. Although there is 44% of the respondents strongly disagreed with the statement that most household decisions should be taken by men.

The regression findings around relations showed that women who are member of larger collectives are 0.9 times more likely to have higher scores on the relation dimension. Group alliance support mechanisms / negotiations were significantly different across the collectives and the only dimension (in relations) to have a significant bearing on women's empowerment outcomes.

- Women who attend collective meetings frequently and belonged to big sized collective are likely to have 1.4 and 0.9 times higher score on group alliance
- Women who are part of larger collective are 0.9 times likely to have higher scores on challenging social norms dimension

Support for women's mobility from their partner and more broadly societal structures is not, significantly impacted by any collective-derived outcome. Respondents who are members of a livelihood collective are likely to score higher on challenging social norms and group alliance dimension.

A regression run to find out determinants of women empowerment by type of community show that every 1-unit increase in "number of assets owned" by Adivasi women and Dalit women, women's empowerment is likely to increase by 0.2 units and 0.166 units, respectively.

- Higher degree of self-efficacy and consciousness of being interdependent in the Adivasi groups as opposed to Dalits groups
- Adivasi communities exhibit greater mobility, family support, market accessibility and participation for women as compared to women in Dalit communities
- Adivasi women are better-positioned in group alliance, negotiations and taking up leadership roles as compared to Dalit women
- Adivasi women have greater access to skills and information with greater freedom to express their opinion more freely, while the Dalit women exhibit stronger political representation

To better understand the outcomes from the univariate, bivariate and multivariate analysis as well as to develop a more comprehensive picture of empowerment, a combined women's empowerment score is developed utilizing the scales created for the regression analysis. The three dimensions of the women empowerment framework for the purposes of calculating index scores had the following mean scores and highest possible scores (denominator) for the composite variables of sub-dimensions. The empowerment score for Agency is 6.38, Structure is 2.36 and Relations is 3.32. These empowerment scores reflect agency as the strongest dimension along the women empowerment framework, followed by relation dimension and structure dimension. It is important to mention here that the construct of scales across three dimensions varied as set of parameters were different in each dimension (agency has the most questions). However, these results when looked in relation to the statistical regression outputs showed that while collective characteristics significantly predict a variety of sub-dimensions of agency, the same is not true for structure and relation sub-dimensions.

On several parameters, collectives and collective action facilitate women's empowerment is becoming evident from the study. The lessons from this study can provide some inputs for strengthening collectives in the efforts toward contributing to women's empowerment.

1. Introduction

In the space of development practice, collectives and collective action is seen as a platform for increasing social accountability and challenging community concerns and issues (Mansuri and Rao, 2013, Ringold et al. 2012). Often viewed as a potent force to bring changes in and around women's agency (World Development report 2012), it works at the grassroots helping diverse groups of poor and socially excluded citizens organize their livelihoods and demand institutional change (Mahmud 2002). Empirically, collective action through member-based organisations have addressed or overcome barriers to improve peoples' lives in general and women's life in particular.

There are about 7.3 million Self-Help Groups in India, 0.5 million Village Health and Sanitation Committee, about 1.4 million School Management Committee and a number of other functional community based organisations like farmer's club, village forest protection committee, water resource users association, mothers group, etc. These community-based organisations through collective action have not only improved holding others accountable to their well-being but also brought about changes in their ability to exercise choice and voice in important matters concerning them.

Collective action is often understood as construct of promoting 'empowerment' of the targeted group or intended community. One of the assumptions underlying the women's empowerment is that collectives and collective action can promote women's empowerment. In this respect, one pertinent question that needs to be paused: are there preconditions for collectivization that facilitate improvement of women's agency and their ability to negotiate and address structural barriers. Are there factors intensifying collectivization resulting in women's empowerment?

In the above context, CARE India endeavored to explore how different factors operating in the collectives and collective actions, which are facilitated and created through CARE's programmes. This study conducted by CARE India explored- whether women's participation being part of collectives means being empowered? How does their participation in the collectives enhance agency in terms of level of representation across other collectives, ability to voice their concern as well as opinion in different forums, acceptability of women being part of others groups which are managed primarily by men? What are the enabling factors of empowerment in collectives? Does women's participation in collectives facilitate their empowerment and provide access to leadership positions in the public sphere? Does Adivasi and Dalit women's participation in collectives facilitate their empowerment and provide access to leadership position in the informal spaces / platforms? These are some of the questions, which often baffles the development practitioners and concerned stakeholders.

CARE India through this study aims to learn experiences of working with collectives and collate lessons across collectives in building a broader understanding of empowerment through collectives and collective action. In the following para, we will try and find answers to the some of the questions, understand relation between collectivization and women empowerment and degrees of empowerment structured, influenced and capacitated through collective action.

1.1. Collectives or Collective Action, An Institution Empowering Women

Collective action as understood is coordinated actions by group of individuals seeking to achieve common goal by playing a critical role in the development of society (Markelova et al., 2009). It is achievable through 'Collectives', membership-based organizations that

cultivate social cohesion through a mixture of education, access to finance, and linkages to wider development programs.¹

Observed over several development phases, Collective action possess the potential of emerging as an empowering tool wherein individuals have low costs of information, high coordination costs amongst themselves, opportunity to coordinate their actions and engage in repeated interaction and the power to reward contributors and punish free riders.

Collectives or collective action by the poor and vulnerable can not only strengthen property rights (Baland and Platteau 2003; von Braun and Meinzen-Dick 2009) but also increase their bargaining power in labor markets (Bardhan 2005), improve access to financial markets (Karlán 2007) and increase investments in public goods (Alesina, Baqir et al. 1999; Banerjee and Somanathan 2007). In the larger façade of development, it leads to poverty alleviation as well. Literature cites examples and lessons to build upon the importance of a collective strategy and engagement of men and boys as an effective mechanism to act against gender-based violence. There can be transformational changes brought about by working through collective and bringing fundamental changes among impact groups. Thus, there is a need to understand in-depth the potential that collectives can bring about and contribute to transforming live of the marginalized and women at the levels of agency, structure and relations.

1.2. Concept of Women Empowerment

Empowerment as understood is involvement of people in the process, discuss and exchange, control authority and contain answerable organizations through which their lives get affected (Narayan, 2005).

CARE views women's empowerment through the lens of poor women's struggles to achieve their full and equal human rights. In these struggles, women strive to balance practical, daily, individual achievements with strategic, collective, long-term work to challenge biased social rules and institutions. Thus, empowerment becomes a journey through which poor women increasingly use their agency to expand their options and challenge inequities.

CARE through its work not only envisions ending poverty and social injustice but enabling an environment promoting gender equity and empowerment of women. Its programs prioritize processes of empowerment and self-determination empowering capabilities and freedoms of an individual and a group. The contributions these programs make are health, security, economic or political gains by promoting deeper changes in the structures, rules and power relations.

Briefly, every important facet of a woman's life has the dimensions of her own capability (i.e. agency), an enabling environment (i.e. relations) and normatively facilitative structures in her immediate society (i.e. structure). CARE defines women's empowerment in Strategic Impact Inquiry (SII) Framework as the sum total of changes needed for a woman to realize her full human rights – the interplay of changes lie in Agency- her own aspirations and capabilities; Structure- the environment that surrounds and conditions her choices and Relations- the power relations through which she negotiates her path.

¹ http://www.isid.ac.in/~pu/seminar/31_07_2012_Paper.pdf

1.3. Strategic Impact Inquiry Framework of Women Empowerment

Empowerment as inferred is process of building capability, and structures as represented by the institutions impacting people’s lives’. Women’s empowerment differs from culture to culture and context to context.

To be accountable for the impact on women’s empowerment, CARE’s global framework-Strategic Impact Inquiry (SII) Framework links women’s own definitions and priorities for empowerment to 23 key sub-dimensions of social change which are widely relevant to women’s empowerment across many studies and contexts. SII framework broadly outlines empowerment as “the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable the institutions that affect their lives.” It measures the impact on gender and power in the outlined context of CARE’s mission to end poverty and rights denial. It also brings to the forefront that poverty as a construct means differently to gender and in varying context.

In this research study, SII framework measures empowerment as both process and outcome revolving around three dimensions—agency, structure, and relations and 16 sub-dimensions² influencing power dynamics and social change. These three dimensions are intimately related, structuring and influencing one another in three inter-connecting aspects of social change.



1.4. Background to the Study

With the belief that poverty cannot be overcome without addressing unequal power relations and without more inclusive governance and markets, CARE India’s programming strategy puts women and girls at the center, bringing about transformational impacts to the lives of the population served. the lives of the population served.

CARE India’s projects implemented across states have community-based collectives, be it a health, education or livelihood intervention. Depending the characteristics of these collectives, it is possible to see influence of different factors and dynamism resulting in differential levels of empowerment.

Table 1. Spread of Collectives across States

State	Bihar	Odisha	Tamil Nadu	Uttar Pradesh
No of collectives	35,000	591	2,428	86

The wide range of collectives CARE India works with are Self-help groups (SHGs), cooperatives, farmer’s clubs, forest management

groups, water management groups; school-based committees such as School Management Committees, Mothers’ Groups, Children’s Committees, and girls’ collectives (*Kishori Samooh*) and Village Health and Sanitation Committees and Mothers Committees negotiating health outcomes.

Aligned with CARE’s long-term goal of empowering women from the most marginalized community, CARE India undertook a research study to understand women empowerment through collectives and collective action, through the lens of Strategic Impact Inquiry (SII) framework. CARE India has identified ‘Women and girls in the most vulnerable *Adivasi*

² The 23 sub-dimensions are clubbed under 16 sub-dimension for the purpose of this study

Table 2. Collectives with diverse sectoral focus

Collectives	Number
SHGs	41,515
Mothers groups	614
Adolescent groups/Adolescent girls collectives	230
Dairy value chain groups	166
School management committee	132
Forest rights committee	71
Farmers groups	122
<i>Kishori Samooh</i>	86
Water user association/Watershed committee	43

communities’ and ‘the most vulnerable women and girls in *Dalit* communities’ as the core impact groups of its programs.

The research objectives for the study were two fold:

1. To understand how collectives and collective action contributes to women’s empowerment across projects of CARE
2. To learn about status of women’s empowerment and collective action as per CARE Strategic Impact Inquiry (SII) framework

The target groups are viewed as agents of change rather than beneficiaries, focusing on outcomes that these groups value and hold contributing to their lives. There is specific focus on engaging with women and girls, men and boys and the other stakeholders in the community, to bring about gender transformative changes in their lives. More so, this study offers a critical lens to understand one of the assumptions that ‘collectives and collective action promote women’s empowerment in its scheme of existence’.

Table 3. CARE India collectives in the study by state and sector

State	Sector	Type of Collective
Bihar	Health	Gram Varta Groups (GVG)
Odisha	Livelihood	Self Help Groups (SHG)
		Forest Rights Committee (FRC)
	Education	<i>Kishori Samooh</i> (KS)
		School Management Committees (SMC)
Tamil Nadu	Livelihood	Self Help Groups (SHG)
Uttar Pradesh	Health	Mothers Group (MG)
	Education	<i>Kishori Samooh</i> (KS)
		School Management Committees (SMC)

This study was undertaken across three sectors-Health, Livelihood and Education collectives across four project states viz Bihar, Odisha, Tamil Nadu and Uttar Pradesh. The study entailed quantitative and qualitative methods of data collection, covering a sample size of 2,357 respondents (Treatment - 1,087 and Comparison - 1,270)³.

Among livelihood collectives there were FRC, Self Help Groups (SHG) in Odisha and Tamil Nadu and Forest Rights Committee (FRC) in Odisha; Health Collectives were Mother Groups (MG) in Uttar Pradesh and Gram Varta Group (GVG) in Bihar; and Education Collectives and *Kishori Samooh* (KS) and School Management Committee (SMC) in Uttar Pradesh and Odisha. The coverage of collectives in this study by sector and state is given below.

The following chapters present findings in each of the sub-dimensions across agency, structure and relations. Different levels of analysis viz univariate, bivariate and multivariate brings in insights on factors that determine empowerment of women.

2. Key Findings

SII framework offers a way of organizing the diversity of women’s realities into a shared framework and measures empowerment through indicators of agency, structures, and relations. This study talks about three main elements -Agency, Structures and Relations of SII framework and its sub-dimensions influencing and structuring women empowerment in the given context of collectives from CARE India operational projects.

Within the SII framework empowerment is defined broadly as “the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable the institutions that affect their lives.” Notable in this definition is the recognition of empowerment as a process of building capability, and of the importance of structure as represented by the institutions affecting people’s lives. According to the SII framework, with this conceptualization of power and social change, empowerment should be conceived of as both process and outcome that comprises three dimensions—agency, structure, and relationships. These three dimensions are intimately related, structuring and influencing one another in three inter-connecting aspects of social change.

2.1. Women Empowerment vis-à-vis Agency

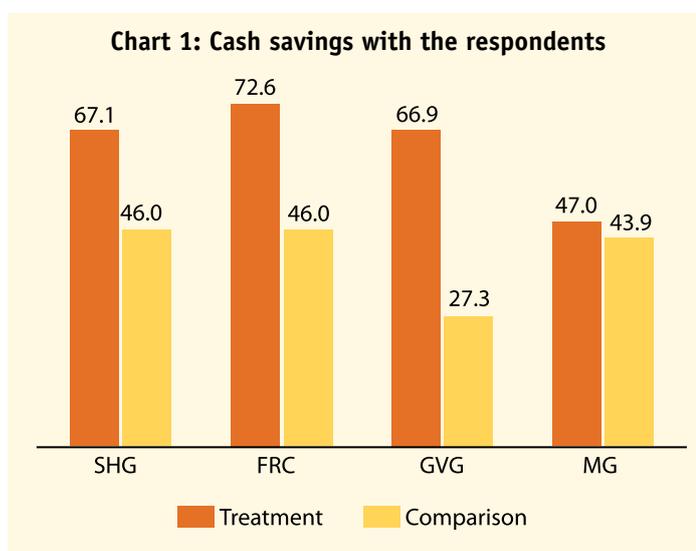
CARE’s global framework links women’s own definitions and priorities for empowerment around Agency to 10 key dimensions of social change. Empowerment around Agency factors in contributions made in the aspect of legal and rights awareness, self-esteem and self-image, information and skills, education, mobility in public space, employment/control of own labor, education, decision making, access and control of assets and resource and bodily integrity. These aspects build and enhance women’s empowerment in terms of her own aspirations and capabilities felt widely relevant to women’s empowerment across many contexts.

2.1.1. Access and Control of Material Assets / Resources

This aspect of women’s empowerment captures respondent’s degree of control over land, the money they earn and their level of control over other types of resources available to their families, as a unit.

Research study findings illustrate treatment group displaying better performance than the comparison group on parameters of access to and control over family resources, such as in income generation of family, access to cash savings and in assets owned (large and small livestock) and contribution in unpaid services to the household.

Across livelihood and health collectives, respondents have higher cash savings in comparison group. Further, analysis establishes significant performance of ‘only



³ Treatment Group include respondents from the locations where CARE India is working with collectives. Control Group is chosen from the area where collectives do not exist and no programs are ongoing.

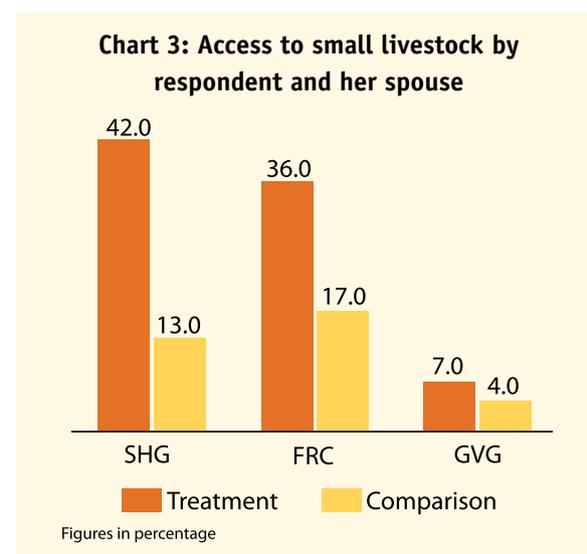
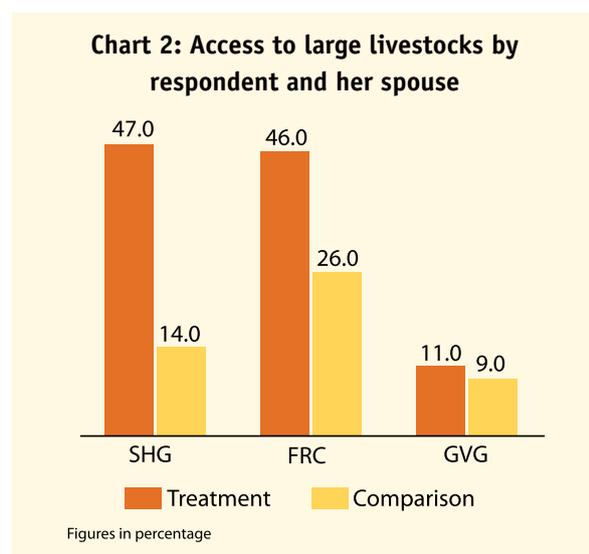
Table 4. Women’s access to cash

Type of Collectives	SHG		FRC		GVG		MG	
	T	C	T	C	T	C	T	C
Only women having access to cash	45.5***	34.2	45.7	41.3	47.4*	24.4	26.6	25.3
Only men having access to cash	33.6	44.3	44.1	35.0	11.3	13.3	16.5	15.7
N	110	79	127	80	97	45	168	189

T=Treatment Group; C = Comparison Group
 Figures in percentage
 * = P ≤ 0.05, ** = P ≤ 0.01, *** = P ≤ 0.001

women having access to cash’ in treatment group respondents. Similar analysis can be drawn by the low proportion of ‘only men having access to cash’ from the treatment group over the comparison group.

Interestingly, a similar pattern is seen in access to livestock wherein ‘respondents and the spouse both having large and small livestock assets’ display a higher value for the treatment sample as against comparison group. This analysis is true and significant across SHGs, FRCs and GVGs in the CARE’s intervention area.



A regression analysis was run to find out determinants of women empowerment, every 1-unit increase in “number of assets owned” by a Adivasi women and Dalit women, women’s empowerment is likely to increase by .2 units and 0.166 units respectively

There are very interesting qualitative insights emerging from fields. Across collectives, most of the respondents expressed having no control over or access to family resources, both

Overall results of regression shows that, every 1-unit increase in “number of assets owned” for Health Collectives members and livelihood sector collective members, may increase women’s empowerment by .150 units and by .102 units respectively.

materially and in terms of familial support for prioritizing self over work.

Focus group discussions with the livelihood

⁴ Deepa Narayan ed, Empowerment and Poverty Reduction: A Sourcebook. Washington, DC: World Bank, 2001.

collectives in Tamil Nadu and Odisha revealed that there has been to some extent a role reversal in the households and agricultural fields. Some of the male members of the households are now engaging in household chores which otherwise were solely women’s responsibilities.

2.1.2. Self-Efficacy of Women

Self-efficacy aspect of women’s empowerment measures respondent’s information and skills around political and civil society representation. It directly measures degree of ‘space’ and participation for these marginalized groups in the socio- economic decision-making.

“ We have support of our group members. They are with us and we are not scared to talk to anyone. We can approach police without any fear ”

*Collective Members
Kanchipur District, Tamil Nadu*

Across collectives, respondents from treatment group displayed a significantly greater degree of confidence to communicate with their parents and their husbands. The same was true of communication with frontline health workers and teachers. The improvement in ability to communicate also extended to strangers outside their village. This also included members of their own collectives.

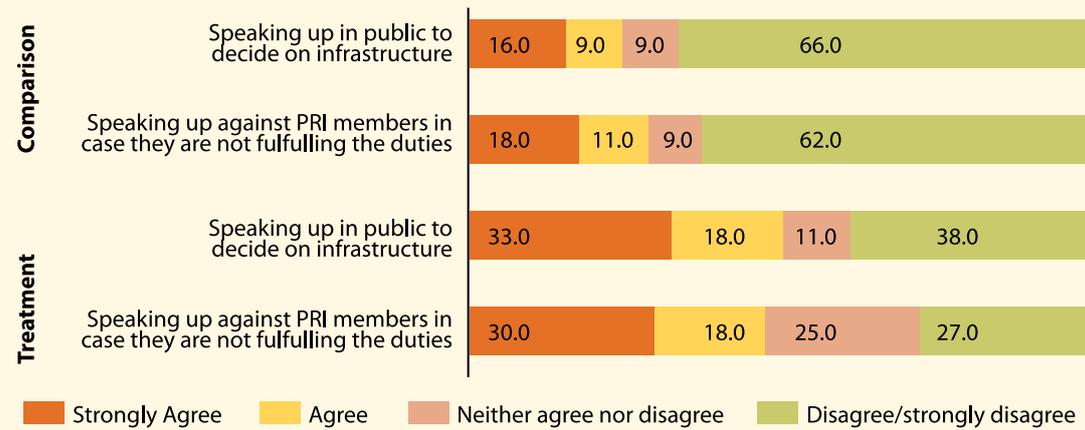
Moreover, findings also reveal that the treatment group expresses a relatively higher



confidence to express their opinions and influence decisions at their communities. Findings show attitudinal shift among members of collective (SHGs and FRCs) respondents over ‘expressing their opinions in community’ and ‘raising concerns on non-fulfillment of PRI member’s duties’ as against the comparison group respondents, who were not part of any collectives. Interestingly, among members of collectives (SHG and FRC) 16.8% women from treatment group are very sure of expressing themselves at a community meeting vis-à-vis 9% of women in the comparison group.

About half of the respondents who belong to SHG and FRC mentioned that they are comfortable in raising their voice in public about infrastructural issues such as roads and wells. Only 15% of respondents said they would go ahead and express an opinion that they knew would not be shared with most the members of their collectives. 52% felt they could influence decisions in

Chart 5: Speaking against PRI member's on non fulfillment of duties in livelihood collectives



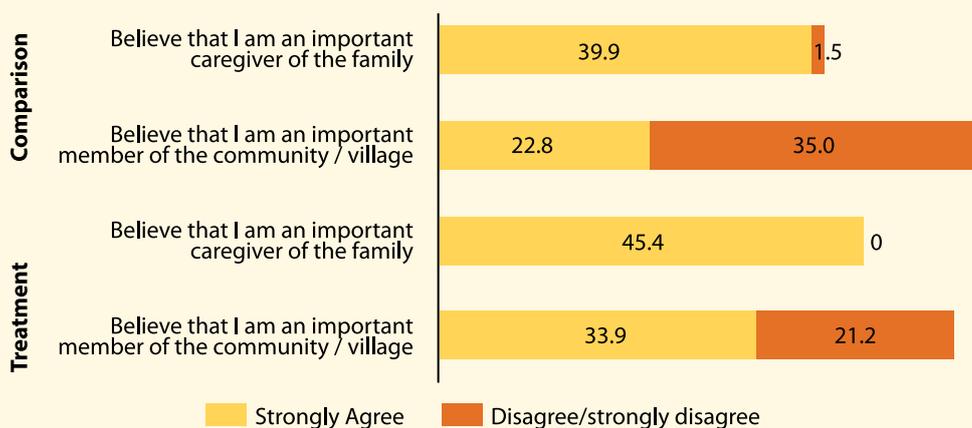
Figures in percentage

their communities and only 20% felt they had access to adequate training, knowledge, skills and resources to contribute to their communities.

Self-efficacy as a concept is held by the women for being an important community member and caregiver in the family. Interestingly, 34% women from treatment group strongly embrace the feeling of being an important member of the community vis-à-vis 23% of women from the comparison group. Similar results were evident when it comes to 'being an important caregiver in the family'.

Only 8% of the respondents felt comfortable in reporting about a figure of authority or officer's misbehavior towards them. Similarly, only 10% felt comfortable raising their voice about issues of equal access to resources, gender representation or political issues. A significant number of respondents in treatment group reported that AWW/ASHA/PRI member encouraged them to express their ideas/opinions, when compared to respondents from the comparison group.

Chart 6: Self-belief of women in 'being an important member' and 'caregiver in the family' in livelihood collectives



Figures in percentage

Qualitative findings showed that respondents claimed to have become confident in conversing with people-at-large, including strangers. Many respondents stated during discussions that they feel much confident to speak since they have joined the collective. They also mentioned

that a 'sense of belonging' to the group had given them the confidence to express one-self freely.

Several SMC members said that they have seen a remarkable improvement in the expression-levels of the girls studying in school i.e. (the girls) have developed an ability to communicate and express their opinion.

It is insightful that between Adivasi and Dalit, higher degree of both self-efficacy and consciousness of being 'interdependent' is observed among the Adivasi groups as opposed to Dalits. This is primarily because traditionally women in the Adivasi community contribute to household economy over and above household chores.

Respondents who frequently attend collective meetings are 1.3 times more likely to have higher scores on self-efficacy. Similarly, respondents who have been part of older collectives are 1.1 times more likely to have higher scores on self-efficacy.

2.1.3. Bodily Integrity of Women

Bodily integrity is a feature that captures respondent's control over her own body and over her sexual and reproductive rights. This indicator measures basic rights in this context, such as the ability to say no, control over family planning choices and control over when and how many children to have. It also looks at instances of domestic violence and bodily violations as well.

Most women did not have absolute control over their own bodies. Intervention group reported slightly higher proportion of respondents, whose preference to have sex with their partners at a given time, are considered. Overall 40% of respondents stated that their choices have no bearing on intercourse related outcomes, with over 5% citing coercion and 2% citing violence. However, analysis establish that Adivasi groups have greater control over their bodies than Dalit women, but the percentages overall are low and marginally significant.

While the treatment group is marginally better on some aspects the differences are not significant

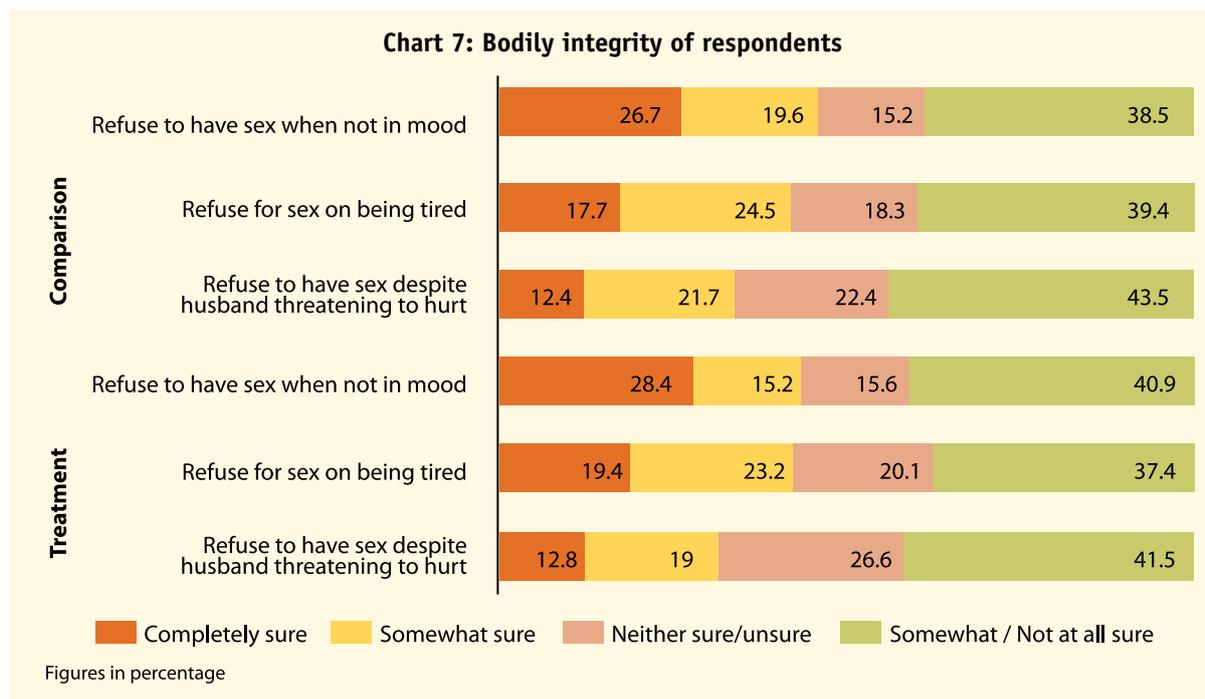
Table 5. Bodily Integrity of Women

Type of Collectives	SHG		FRC		GVG		MG	
	T	C	T	C	T	C	T	C
Respondents who discuss with their husbands when to have sex	19.2	17.7	30.3	26.1	30.8	28.9	44.0	45.0
Respondents who discuss with their husbands about family planning	16.3	6.8	8.5	5.0	17.7	19.7	22.6	20.6
N	141	147	165	161	130	142	159	180

T=Treatment Group; C = Comparison Group
 Figures in percentage
 * = P ≤ 0.05, ** = P ≤ 0.01, *** = P ≤ 0.001

Qualitative data elucidates that for respondents among all types of collectives, choice of “bodily integrity” has no greater significance. Sex is viewed as something that has to be done after marriage and when man so desires, which is due to deep rooted gender role socialization. Women mentioned that men take decisions regarding the sexual life of the couple.

Results show that respondents in treatment group marginally better than comparison groups when it is comes to refusal to husbands on having sex for reasons of ‘being tired’ or ‘not in the mood’. The reason for difference not being highly significant is for the reason that women don’t understand their bodily rights and also patriarchy gets perpetuated under the garb of culture and deep- rooted traditions.



2.1.4. Leadership Roles

Leadership sub-dimension of women’s empowerment looks at respondents group alliances and leadership roles. This is distinct from the socio-political sphere and looks at leadership in the context of community contributions or collectives.

Treatment group outperforms the comparison group on key parameters of information, socio-political representation with higher confidence to express opinions and influence decisions. The treatment group reports a significantly larger proportion of political or social collectives and associated events in their village, when compared to the comparison group. Awareness of opportunities for women, across both the treatment and comparison groups, was similar. Significantly larger proportions of adolescent girls hold positions of leadership in Kishori Samooh (KS), when compared to the adolescent girls in comparison group who were not part of any collectives.

Nearly 50% of the respondents believed that women from their communities had the skills and abilities to become leaders. However, only 26% believed they could be as good, if not better leaders, than men. Further, only 40% believed that women from their village have adequate opportunities to become leader and only 36% felt women leaders are accepted in their

Table 6. Respondents in Treatment Group holding position by being a part of collective

Type of Collectives	SHG	FRC	GVG	MG
Leader within the collective	11.0	6.3	44.1	17.9
Member of the VHSNC ⁵	18.9	24.6	3.5	4.2
Resource person	1.8	0.0	0.0	4.2
Member in the PRI	0.6	1.1	0.0	1.2
Community leader	4.9	4.6	4.1	19.1
Secretary	1.2	0.0	0.7	0.6
Asha Worker	0.0	0.6	0.0	0.6
No Role	61.6	62.9	49.0	62.5
N	164	175	145	168

T=Treatment Group; C = Comparison Group
 Figures in percentage
 * = P ≤ 0.05, ** = P ≤ 0.01, *** = P ≤ 0.001

communities. Entrepreneurship is believed to be a rewarding avenue by women. About 20% of women who held positions in their collectives turned into entrepreneurs.

Analysis across Dalit and Adivasi groups revealed that Adivasi women is better positioned in group alliance, negotiations and taking up leadership roles. Overall we find that there is a high degree of group alliance and willingness to confederate among the respondents.

Respondents who frequently attend collective meetings are 1.3 times more likely to have higher scores on self-efficacy. Similarly, respondents who have been part of older collectives are 1.1 times more likely to have higher scores on self-efficacy.

2.1.5. Mobility or Freedom of Movement

Mobility is related to the respondent's freedom to movement and the support from their intimate partner and family, as well as structural/institutional support. An increase in mobility (and related dimensions) is a very strong proximate variable to an increase in women's empowerment. This dimension consists of information about women's attitudes and actual practice of physical mobility i.e. it covers questions about permissions to travel unaccompanied and the range of places that women are likely to go to.

“ Since we are in group we have a bank account. We go to banks on our own. Earlier our husbands didn't allow us to go out unless it was for work in the field. But now, we go out to market alone. ”

Collective Members
 Kalahandi district, Odisha

Treatment group expresses a relatively higher confidence to go out, unaccompanied. This also holds true for actual practice, barring visits outside the village. It has been reported that higher proportion of the respondents in the treatment group have gone out at least twice as often unaccompanied, in the

last 12 months, than the comparison group. Young girls till the age of 12-13 years (before puberty) do not face any specific restrictions. But once they are past puberty they are not allowed to step out alone much. However, being a part of Kishori Samooh (KS) has increased their confidence to be mobile and allowed by girl's parent to participate in various activities.

⁵ VHSNC-Village Health Sanitation Committee

Over 30% of respondents, on average, in both the treatment and comparison groups had to seek permission to go out of their homes, however this number was higher for the comparison group. A marginally higher number of respondents reported the confidence to go out to the market unaccompanied, when compared to the comparison group. Overall, the percentages of respondents who go to the market unaccompanied when measured in degrees of confidence,

Table 7. Women’s freedom of movement

Type of Collectives	SHG		FRC		KS		SMC		GVG		MG	
	T	C	T	C	T	C	T	C	T	C	T	C
Respondent’s willingness to go out of house unaccompanied	85.0	75.0	90.0	89.0	65**	46.0	73**	53.0	72.4	63.6	81.0**	65.1
Respondent’s with a very high confidence to go to market unaccompanied	64.6**	50.3	53.7	48.6	32.0	27.0	45***	32.0	49.7	46.7	26.2	24.9
N	164	171	175	175	204	267	238	303	145	165	168	189

T=Treatment group; C = Comparison group
 Figures in percentage
 * = P ≤ 0.05, ** = P ≤ 0.01, *** = P ≤ 0.001

are largely similar. Small differences are seen in the livelihood and education SMC collectives.

Traditionally women have not had the liberty to venture out of their homes without a male companion. Since they have joined the collective they have started going out even on their own unaccompanied. The need to attend meetings often has given them the confidence to step out for other purposes as well. Although they seek permission to step out, we also find that a family member (especially the husband) displays more confidence in their ability to go out and manage on their own.

The treatment group outperforms comparison group across all collectives on attending a village public meet unaccompanied. Members of the SHGs and FRCs were significantly more

Table 8. Women’s confidence in attending public meetings and banking institutions

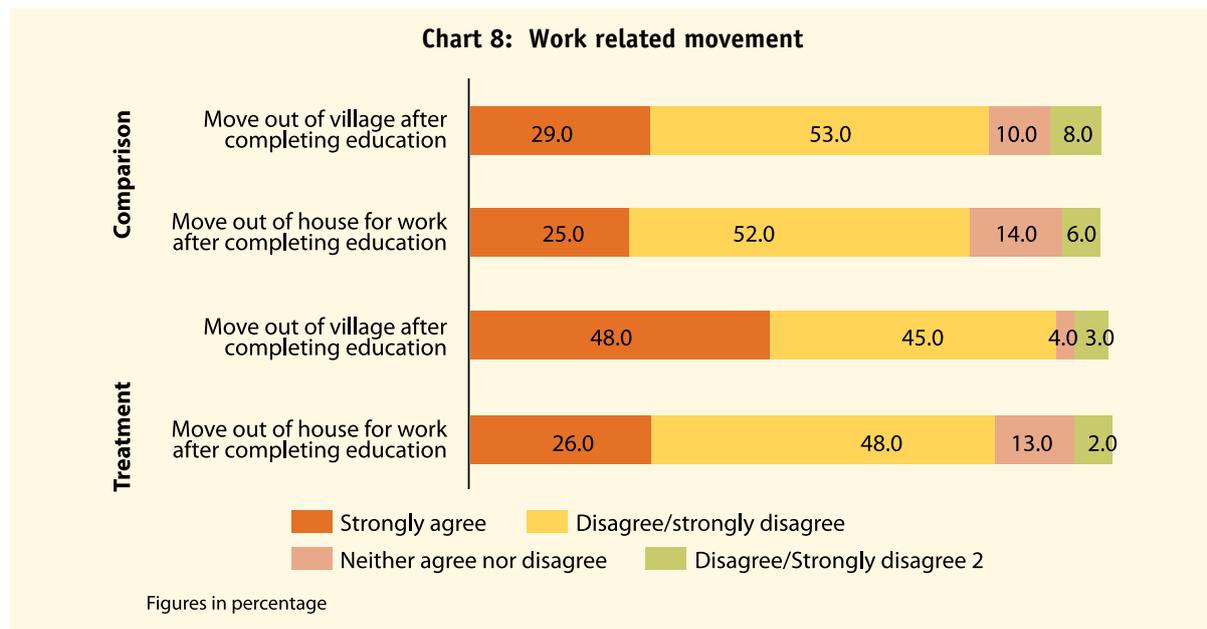
Type of Collectives	SHG		FRC		KS		SMC		GVG	
	T	C	T	C	T	C	T	C	T	C
Respondent’s very high on confidence in visiting financial institutions unaccompanied	32.3*	12.9	16.6	12.6	20*	9.0	26.9***	14.6	10.7	16.9
Respondent’s actual visit to the public meeting unaccompanied	42.7*	18.7	24.6	24.7	27*	3.0	40.1 *	23.2	30.1 *	6.4
N	164	171	175	175	238	303	145	165	168	189

T=Treatment group; C = Comparison group
 Figures in percentage
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confident about visiting banking institutions than their counterparts in the comparison group.

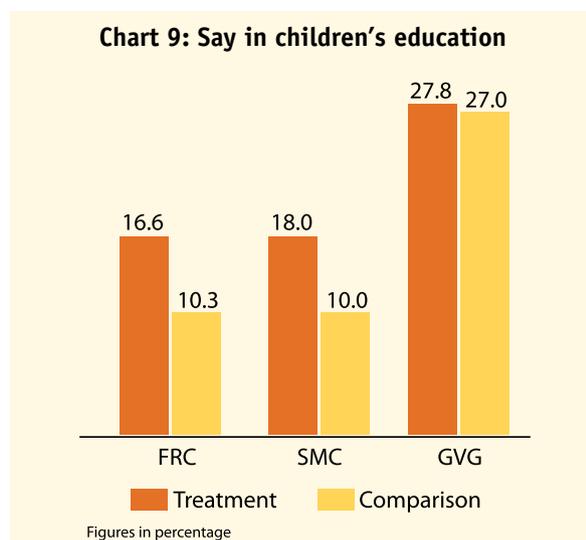
Qualitative insights reveal mobility as a major issue. Women’s freedom of movement is more severely restricted by lack of structural and relational issues than just about willingness and agency. Usually girls would step out of the house, only when accompanied by a male. Also, girls were asked to stay back at home and, discontinue education, because parents didn’t feel it was safe for them to travel.

Respondents who belong to Adivasi communities have greater mobility and family support, as compared to respondents from Dalit communities.

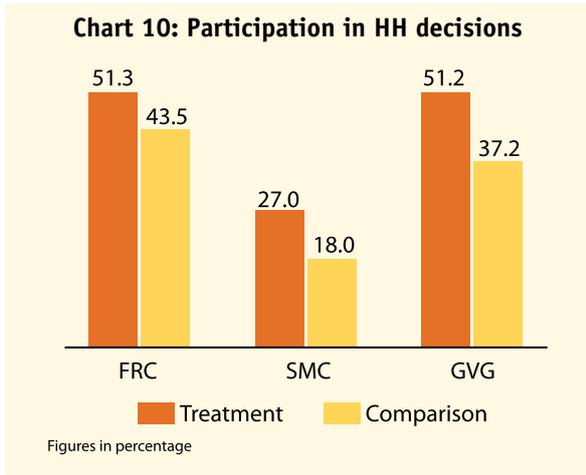


2.1.6. Decision Making

Decision-making is an important aspect of women’s empowerment and is, very often, taken as the only instrumental indicator of women’s empowerment. Its utility however transcends just the outcome of greater decision-making by women, but also into areas such as self-confidence in the ability to do.

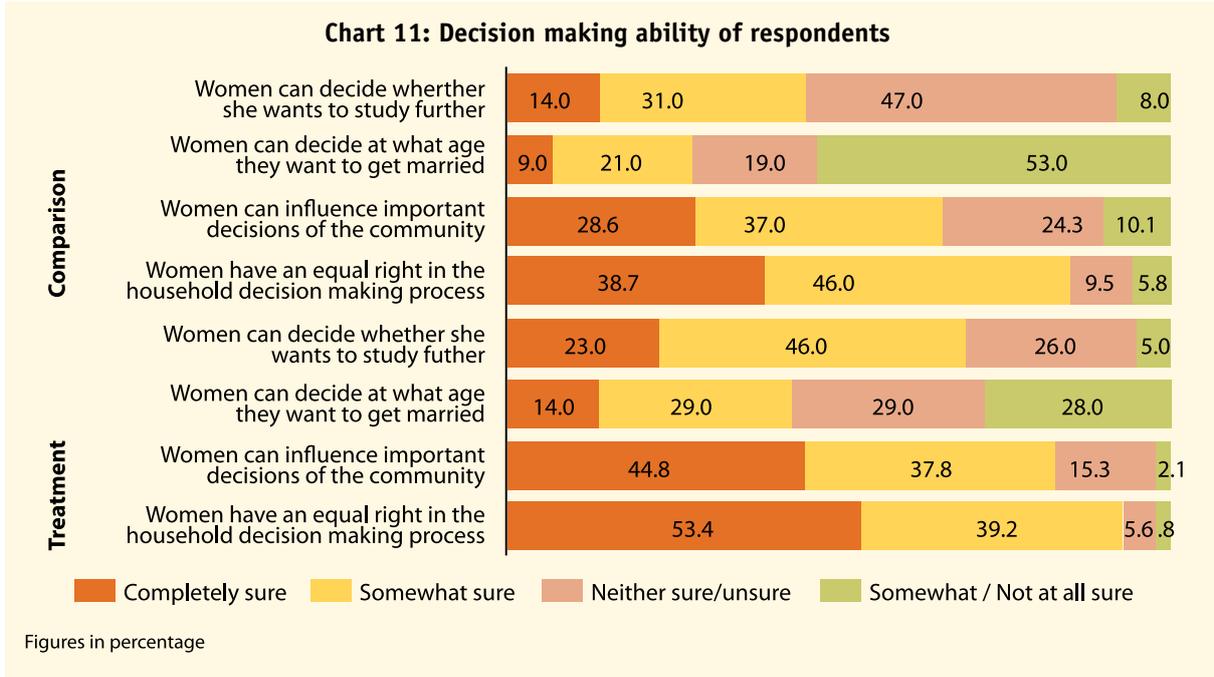


Treatment group outperforms the comparison group on key parameters of decision making with a relatively higher confidence to participate in join-decision making, making solo decisions and making decisions regarding their children’s education. The findings from the study show that a higher proportion of women in treatment group are empowered in taking all decisions regarding children’s education and household as against comparison groups. The result is reported to be high on statistical significance.



Results show empowerment of women in taking household related decisions is significant across SHGs and FRCs. Only 54% of the respondents felt they would be able to resolve household problems, if they try hard enough., While 33% felt they could implement a decision despite being opposed. About 20% respondents expressed a strong confidence in problem solving and decision making skills. Only 37% respondents felt they could improve their own lives and 40% respondents could confidently state that they respect themselves as a woman.

While joint discussions for decision happens mutually in the family, however the ultimate decision rested in the hands of the all members except for women of family (excluding mother in law). Moreover, they did not have any say on spending the income of the family. Women openly expressed a fear of physical violence, if they “interfere” in men’s affairs.



Further, analysis establishes that Adivasi groups have greater say in their household decisions and in their societies than Dalit groups.

The results from the gender-groups regressions show that Mobility, Information and Skills, Bodily Integrity and Market Accessibility are significantly higher for mixed-gender groups. The one dimension that is higher for women-only groups is Decision-Making.

Overall in the terms of agency of women, respondents who were members of a collective are 1.2 times more likely to have higher scores on agency, while those respondents who attend collective meetings frequently are 1.2 times more likely to have higher scores on agency.

2.2. Women Empowerment around Structures

SII framework links sub-dimensions of structures to define women's environment, which surrounds and conditions women's choices in life. Empowerment around structures stresses on the factors related to social norms and processes; laws and practices of citizenship, information and access to services, access to justice, enforceability of rights, market accessibility, political representation and state budgeting practices. These sub-dimensions influence and realign deep-rooted structures of the society to promote an environment enabling women empowerment.

2.2.1. Access to Market, Health and Educational Facilities

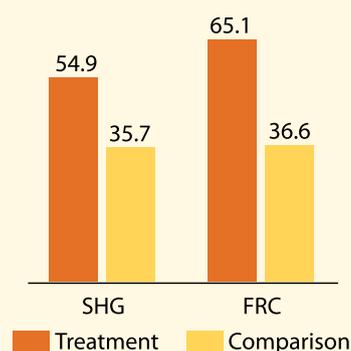
Access to structures such as markets health and educational facilities are sub-dimension of women's empowerment that gauges women's access to and participation in the marketplace, access to credit and access to goods and services viz health and education.

Findings showed that overall treatment group performs better than the comparison group on parameters of market access. Both the treatment group and comparison group report being employed, but a significantly larger percentage of the treatment group is directly involved in pricing negotiations of produce.

“Women come for selling forest products alone or with their husbands. They know to how to package and sell their products. They know the market and demand competitive rates”

Market Leader
Kandhamal district, Odisha

Chart 12: Respondents having working information of the market



Figures in percentage

Access to information related to the market was found to be better in treatment group with 60% women in treatment group (livelihood collectives) having better working information of the market as compared to 36% women in comparison group. Women shared that being part of collective their knowledge and resurges for market accessibility has increased. The intervention has helped increase the agricultural productivity as stated by the members of forest rights committees.

There is a higher degree of market accessibility and participation for women from Adivasi groups when compared to the Dalit group.

These is possibly owing to the fact that Adivasi's are adapted to traditional subsistence patterns and show a significant dependence on forest resources for their livelihood and economic dependence and hence is more likely to be self-employed.

Respondents who have been associated with collectives for a longer duration are 1.3 times more likely to score higher on the market accessibility, while those respondents are involved with different type of collectives by gender i.e. collectives of women only or mixed gender are 1.7 times more likely to have higher scores on the market accessibility dimension.

Ability to enforce accountability of other power holders across collectives

About three fourth of respondents from livelihood collectives report influencing village and community decisions, as against 12% of respondents in control group. The members of livelihood collectives were also about twice as confident than control group respondents in raising their voice about infrastructural issues. Respondents from the health collectives felt 10 percentage points more comfortable than their control group counterparts in speaking up in public spaces about the misbehavior of authorities or elected officials, however only 10% reported ever having taken any such action as against 6% of the control group – the difference was not statistically significant.

In the education collective, 43% of respondents claim to always take some action, when faced by unfair treatment as compared to 37% in the control group, however this difference is not significant. In the adolescent girls group, Kishori Samooh 27% of respondents felt they could raise their voice against any kind of harassment in school as against 13% in the control group. Similarly, nearly double the number of respondents in the treatment group of the Kishori Samooh felt comfortable in speaking out against any ill-treatment in school compared to their counterparts in the control group. Six times the number of respondents in school management committee collectives could cite instances of participating in some sort of social activism, when compared to their counterparts in the control group, this difference was also significant.

2.2.2. Participation and Representation in Political /Civil Societies

Research illustrates that treatment group outperforms the comparison group on key parameters of information and socio-political representation. Similarly, a significantly larger proportion of the treatment group reported faith in their collectives to fight social injustice when compared to the comparison group. Three-quarters of the sample reported inspiring other women when compared to no such instance in the comparison group.

It was found that Adivasi groups have greater access to skills and information with greater freedom to express their opinion more freely; however, the Dalit groups exhibit stronger political representation.

Results show that the respondents who have been associated with an education based collectives are .5 times more likely to score higher on political/civil society representation, while those respondents who have membership in livelihood collective are 4.1 times more likely to have higher scores on political/civil society dimension. Respondents who are associated with much older and with a collective which is larger in size are 1.0 and 1.1 times more likely to have higher scores on political/civil society representation.

It has been reported that significantly larger proportion of the treatment group exercised their right to vote in the last election, as against comparison group. Both groups reported knowledge of their local political representative though the percentage was marginally higher for treatment group.

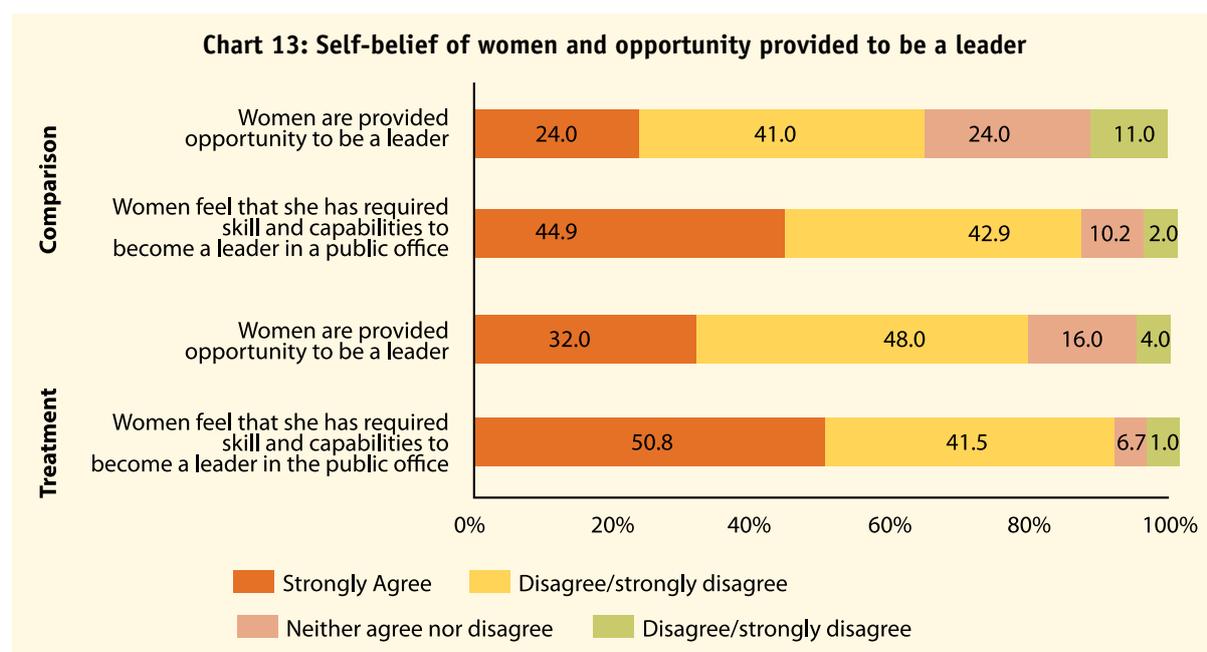
Respondents self belief to hold a public office and take on leadership role is depicted by 50%

Table 9. Political representation of Women

Type of Collectives	SHG		FRC		GVG		MG	
	T	C	T	C	T	C	T	C
Respondents who voted in last election	100	89	99	90	95	69	93	87
Respondents who knew their last representatives	41.5	29.2	36.6	40.6	95	69	93	87
N	164	171	175	175	145	165	168	189

T=Treatment group; C = Comparison group
 Figures in percentage
 * = P ≤ 0.05, ** = P ≤ 0.01, *** = P ≤ 0.001

of the respondents in treatment group. Similarly, respondents felt that a platform to be a leader was provided to 32% of the women in the intervention area. This leads to the further analysis that population is aware of the leadership role, but largely women from treatment group are able to actualise the real participation in socio-political sphere.



As per the regression results, it can be stated that the respondents who were members of an education collective (SMC) are 6.4 times more likely to have higher scores on structure. Members of a collective holding a position are 0.7 times more likely to have higher scores on structure. Similarly, member of a bigger collectives (in size) are 1.15 times more likely to have higher scores on structure.

2.3. Women Empowerment around Relations

SII framework captures the relation related aspects that a woman deals, navigates and negotiates throughout her lives. Empowerment by realigning relation(s) impresses on need to work on sub-dimensions like consciousness of self and others as inter-dependent; negotiation and accommodation habits, alliance and coalition habits, pursuit and acceptance of accountability and new social forms. These sub-dimensions influence and realign relations within the family and society enabling women empowerment.

2.3.1. Women’s Capability in Challenging Social Norms

This dimension of women’s empowerment looks at respondent’s scores in terms of social norms. The intervention group reports that 79% of husbands help with household chores when the woman is unwell; this is marginally higher than the score of 65% in the comparison group. The difference is not significant. Nearly 50 % of the respondent in treatment group believed that men and women should get equal pay for equal work as opposed to less than 50% of the comparison group, however the difference is not significant.

Approximately 18% of the treatment group reports mock and disapproval for women undertaking what is traditionally considered as ‘men’s’ work, while this percentage is significantly higher at 30% in the comparison group. Only 15% respondents strongly agree that a man should help with household chores if the woman is working outside, 44 % of the respondents strongly disagreed with the statement that most household decisions should be taken by men. Only 25 % of the respondents strongly disagreed with the statement that there is men’s work and women’s work and one should not do the work of the others.

Table 10. Women challenging social norms

Type of Collectives	SHG		FRC		SMC		GVG		MG	
	T	C	T	C	T	C	T	C	T	C
Reaction of society when women doing men’s work	56.7	47.4	87.4	91.4	59.0	44.0	20.7	24.9	26.8	30.2
Reaction of society when men doing women’s work	48.8	45.0	86.9	88.0	51.0	39.0	16.6	21.2	23.8	25.4
N	164	171	175	175	238	303	145	165	168	189

T=Treatment Group; C = Comparison Group
 Figures in percentage
 * = P ≤ 0.05, ** = P ≤ 0.01, *** = P ≤ 0.001

There is a higher degree of challenging of social norms in the Adivasi groups, when compared to the Dalit groups. This result may not reflect as “challenging” and may instead just be a reflection of the more open communication channels in Adivasi households.

Respondents who are the members of a livelihood collective are 4.0 times more likely to score higher on the challenging social norms dimension, while those who are part of a much larger collective are 0.9 times more likely to have higher scores on challenging social norms dimension.

2.3.2. Women Interdependence, Group Alliances and Negotiations

There is a high degree of group alliance and willingness to confederate among the respondents. The treatment group outperforms the comparison group in most of the parameters. Support from members of collectives in case of physical violence at household, community support in aggregation of produce and having more supporters being a part of collectives are some of the critical parameters which define the degrees of group alliance and interdependence with the confederates. Here too the Adivasi groups perform better than the Dalit groups in group alliance and negotiations reflecting tribal agitation for land rights that has recently aligned with Dalit forces for electoral representation as well.

As depicted above the respondents who are members of livelihood collectives are 0.01 times likely to score higher on group alliance dimension. However, respondents who belong to mixed gender collectives are 0.4 times likely to score higher on group alliance. Whereas, respondents who attend collective meetings frequently and who are a part of larger collective are 1.4 and 0.9 times likely to score higher on group alliance.

Regression results show that Group Alliance Support Mechanisms/Negotiations were significantly different across the collectives and were the only dimension to have a significant bearing on women's empowerment outcomes.

2.3.3. Support from Family and Structure

One of the most important aspects of 'family structure' is the support that the woman receives within the family, her access to 'social networks' and friends/support groups and structural support systems.

As per research findings, treatment group has outperformed the comparison group on key parameters (men and women together deciding on marriage of their children; husband and wife decide together on family planning) of family support. Moreover, treatment group expressed a relatively higher confidence to go out, unaccompanied. This also holds true for actual practice, barring visits outside the village.

Further, research finding establishes Adivasi groups to have greater mobility and family support, when compared to Dalit groups

Support for a woman's mobility from their partner and more broadly societal structures is not, significantly impacted by any collective-derived outcome which means that no characteristic of collectives has any bearing on this outcome, and therefore is an area that requires significant work

One of the key messages that study communicates is that respondents who are members of larger collectives are 0.9 times more likely to have higher scores on the relation dimension

3. Women Empowerment Score

To better understand the outcomes from the univariate, bivariate and multivariate analysis as well as to develop a more comprehensive picture of empowerment, a combined women's empowerment score utilizing the scales created for the regression analysis. The women's empowerment scale variable is created by summing the dichotomized variables of sixteen sub-scales, which were the sums of dichotomized variables falling into each of the 16 dimensions of women's empowerment covered by the study.

The framework of codes was arrived at based on the SII framework and the women's empowerment scale created for the quantitative regression. The results were blended into the scale with equal weightage to each dimension. The scores are broadly normalized and there were no programmatic weightages given.

In analysis, the sub-dimensions of the SII framework for the purposes of calculating index scores had the following mean scores and highest possible scores (denominator) for the composite variables of each sub-dimension.

Table 11. SII Dimension wise empowerment score

SII Dimension	Mean	Highest Possible Score
Agency	6.74	9
Structure	2.40	3
Relation	3.32	4
Overall Score	12.46	16

Thus, the highest obtainable score for a Women's Empowerment (WE) measure is the total of the three SII dimensions, i.e. 16.

The empowerment scores across collectives are not to be seen in comparison to each other. As programmatic inputs vary across sectors and collectives. As it is understood now, these collectives are not monolithic. Depending the characteristics of collectives,

the influence of different factors and dynamism result in differential levels of empowerment. Periodic differences exist among collectives; some collectives have been around for a very long

time, evolving in ways that introduce new activities, purpose, or functions. They do not necessarily stay the same over time.

Table 12. Women empowerment index and SII sub dimension score across collectives

Collectives	WE Index	Agency	Structure	Relation
MG	10.74	5.36	2.21	3.14
SHG	12.21	6.63	2.07	3.51
KS	12.66	7.01	2.50	3.15
SMC	12.72	6.59	2.68	3.44
FRC	13.01	7.07	2.14	3.80
GVG	11.17	5.68	2.42	2.98

Forest rights committees, belonging to Adivasi communities, depict a score of 13 out of 16. As a function of the committee, it implements Forest Management Planning (FMP) which ensures that there are no inter-tribe disputes and that every member has access to parts of the forest that by the virtue of heritage and legacy,

belongs to them, thus ensuring both Community Forest Rights (CFR) and Individual Forest Rights (IFR). It is interesting to note that the Forest Rights Act counts the woman as primary owner of forest land and the husband (if any), a secondary owner.

On individual aspects of women's empowerment as per the SII framework, it is seen that across all collectives, agency emerges as the strongest factor among the three dimensions. While this could be a reflection of the construct of the scales (agency has the most questions), however these results when read in tandem with regression outputs shows that while collective characteristic significantly predicts a variety of sub-dimensions of agency, the same is not

true for structural and relational dimensions.

For FRC, CARE in consultation with the community drew up a list of 31 forest produce; they then undertook a process of social mobilization with the FRC and collective marketing of this produce to augment the tribal community's livelihood. CARE also linked local markets to the tribal community, created awareness of fair pricing and provided storage and sales related know-how. CARE used the concept of Male Champions encouraging male involvement in household work so that gender equity starts at the household level and seeps into the community space.

4. Conclusion

This study in its objective aims to measure women's empowerment actualized through processes of collective action across four states-Bihar, Odisha, Tamil Nadu and Uttar Pradesh. Empowerment through collectives is studied under SII framework mapping critical aspects across Agency, Relation and Structure interacting and influencing 16 sub-dimensions.

The study clearly indicates that women becoming part of collective and involved in collective action improves her capabilities in relation to access and control of material assets, self-efficacy, bodily integrity, leadership, mobility, and decision-making. For example, with regards to 'women's access to cash savings' the study shows significant difference between treatment and comparison groups. The percentage point difference between treatment and comparison in self-help groups is 21%, in forest right committee is 27%, gram varta groups is 40% and mothers' groups is 3%.

Women's ability to assert her voice and express her opinion is an important aspect of women's empowerment. Women being part of the collective contribute to building this aspect of self-efficacy. Interestingly, 17% women from treatment sample are very sure of expressing themselves at a community meeting vis-à-vis 9% of women from the comparison group. The study shows women from the treatment group is better in voicing their issues in PRIs, against misbehavior by authorities. These are suggesting that collectives have the potential to transform women's lives besides results collectives action produce.

Bodily integrity which reflects women's control over her own body and over her sexual and reproductive rights indicate that there is no major difference between treatment and comparison. Interestingly on certain parameters like 'refuse to have sex when not in mood, 'refuse for sex being tired' the comparison group shows higher responses except for one parameter 'refuse to have sex despite husband threatening to hurt' even the difference of which is just 0.4%. It may be interpreted that the collective action by itself may not automatically and necessarily pave way for challenging some of the deep rooted patriarchal norms. It points to the need for deliberate strategy to address deep rooted norms and values for making a difference.

There is a positive correlation between women's leadership and membership in collectives. The leadership sub-dimension of women's empowerment looks at respondents group alliances and leadership roles in particular. Treatment group outperforms the comparison group on key parameters of information and socio-political representation with higher confidence to express opinions and influence decisions. The treatment group reports a significantly larger proportion of political or social collectives and associated events in their village, when compared to the comparison group. Nearly 50% of the respondents believed that women from their communities had the skills and abilities to become leaders. This is becoming clear from the above that collective and collective action open huge potential for building women's leadership and their ability to lead in making changes for themselves and others.

With regards to mobility, a critical aspect that reflects women's freedom to movement and a very strong proximate variable to increase women's empowerment indicates that being part of collective can improve mobility. This is evident from the study that the respondents in treatment group expresses a relatively higher confidence to go out, unaccompanied. This also holds true for actual practice, barring visits outside the village. It has been reported that higher proportion of the respondents in the treatment group have gone out at least twice as often unaccompanied, in the last 12 months, than the comparison group. However, qualitative insights reveal mobility as a major issue. Women's freedom of movement is more

severely restricted by lack of structural and relational issues than just about willingness and agency. The structural and relational barriers that affect mobility need different approaches that improve women's mobility in collectives.

Improvement in women's decision-making is regarded as one of the key transformative indicators of women's agency. The importance of it transcends the outcome of greater decision-making by women, to the areas such as self-confidence in the ability to do so. It is evident from this study that by becoming member of collective and participating in it contribute to building women's decision-making capabilities. Treatment group respondent outperforms the comparison group respondents on key parameters of decision making with a relatively higher confidence to participate in joint-decision making, making solo decisions and making decisions regarding their children's education. The findings show that a higher proportion of women in treatment group are empowered in taking all decisions regarding children's education and household as against the comparison groups. The result is reported to be high on statistical significance. However, although there are overall higher results on decision-making of women, only 33% of respondents felt they could implement a decision despite being opposed.

Empowerment dimension related to structures include challenging existing unequal social norms and values, information and access to services, market accessibility and political representation. These sub-dimensions influence and realign deep-rooted structures of the society to promote an environment enabling women empowerment. For example, women occupying market space and having access to market in our rural context, which is dominated by male, is very important indicator of transformative changes that reflect women's empowerment. Findings showed that overall treatment group performs better than the comparison group on parameters of market access. Both the treatment group and comparison group report being employed, but a significantly larger percentage of the treatment group is directly involved in pricing negotiations of produce. Participating in collective action increases women's ability to challenge existing norm. Results also show that treatment group outperforms the comparison group on key parameters of information and socio-political representation. Similarly, a significantly larger proportion of the treatment group reported faith in their collectives to fight social injustice when compared to the comparison group.

Among sub-dimension around relations viz. social norms, approximately 18% of the treatment group reports mock and disapproval for women undertaking what is traditionally considered as 'men's' work, while this percentage is significantly higher at 30% in the comparison group. Only 15% respondents strongly agree that a man should help with household chores if the woman is working outside, and only 25% of the respondents strongly disagreed with the statement that there is men's work and women's work and one should not do the work of the others. Although there is 44% of the respondents strongly disagreed with the statement that most household decisions should be taken by men. The study indicates that in the realm of women's empowerment, structural and relationship related indicators are difficult to change despite having collective power and strength.

4.1. Empowerment Score, Potential Tool to Measure Collectivization

This study in its scope of operation has come up with 'Empowerment Score' measured separately at 6.38 for Agency, 2.36 for Structure and 3.32 for Relations. These scores are output of this study measured over selected sample size. On the basis of the results can possibly draw some conjectures of women empowerment in the backdrop of collective action. This score can form

the potential to measure empowerment with some riders and further validation of survey design and methodology.

4.2. Enabling Factors to Empowerment

4.2.1. Agency Related Aspects

It can be interpreted from the study findings that the respondents who were members of a collective are 1.2 times more likely to have higher scores on agency, while those respondents who attend collective meetings frequently are 1.2 times more likely to have higher scores on agency.

the results from the gender-groups regressions show that mobility, information and skills, bodily integrity, market accessibility, political/civil society representation and group alliance/negotiations are significantly higher for mixed-gender groups. The one dimension that is higher for women-only groups is Decision-Making.

It has been insightful to see that respondents who frequently attend collective meetings are 1.3 times more likely to have higher scores on self-efficacy. Similarly, respondents who have been part of older collectives are 1.1 times more likely to have higher scores on self-efficacy. Similarly, for every 1-unit increase in “number of assets owned” for health collectives members and livelihood sector collective members, may increase women’s empowerment by .150 units and by .102 units respectively. Across groups, every 1-unit increase in “number of assets owned” by an Adivasi women and Dalit women, women’s empowerment is likely to increase by .2 units and 0.166 units respectively.

Among demographic determinants of women empowerment for Adivasi women, regression results shows that every unit increase in age, women’s empowerment decreases by .102 units. For members of KS every unit increase in being illiterate will decrease women empowerment may decrease by 0.113 units

Further, results indicate that the respondents of Education collective are 4.1 times more likely to have higher scores on leadership dimension and members who frequently attend collective meetings are likely to have higher scores on the leadership dimension.

4.2.2. Structure Related Aspects

Respondents who have been associated with collectives for a longer duration are 1.3 times more likely to score higher on the market accessibility, while those respondents are involved with different type of collectives by gender i.e. collectives of women only or mixed gender are 1.7 times more likely to have higher scores on the market accessibility dimension.

Results show that the respondents who have been associated with an education based collectives are .5 times more likely to score higher on political/civil society representation, while those respondents who have membership in livelihood collective are 4.1 times more likely to have higher scores on political/civil society dimension. Respondents who are associated with much older and with a collective which is larger in size are 1.0 and 1.1 times more likely to have higher scores on political/civil society representation.

As per the regression results, it can be stated that the respondents who were members of an education collective (SMC) are 6.4 times more likely to have higher scores on structure. Members of a collective holding a position are 0.7 times more likely to have higher scores

on structure. Similarly, member of a bigger collectives (in size) are 1.15 times more likely to have higher scores on structure.

4.2.3. Relation Related Aspects

One of the key messages that study communicates is that respondents who are members of larger collectives are 0.9 times more likely to have higher scores on the relation dimension. Regression results show that Group Alliance Support Mechanisms/Negotiations were significantly different across the collectives and were the only dimension to have a significant bearing on women's empowerment outcomes. It was reported in the study that respondents of a livelihood collective are 4.0 times more likely to score higher on the challenging social norms dimension, while those who are part of a much larger collective are 0.9 times more likely to have higher scores on challenging social norms dimension.

Similarly, respondents who are members of livelihood collectives are 0.01 times likely to score higher on group alliance dimension. However, respondents who belong to mixed gender collectives are 0.4 times likely to score higher on group alliance. Whereas, respondents who attends collective meetings frequently and who are a part of larger collective are 1.4 and 0.9 times likely to score higher on group alliance.

Duration of membership in a collective and frequency of attendance are predictors of Agency, Membership in an education collective, the size of the collective and holding a position in a collective are predictors of the Structure dimension and Size of the collective is a predictor of the Relation sub-dimension.

Given the high level of confounders in a study of this nature, it remains difficult to isolate the effects of CARE inputs in collectivization efforts resulting in increased empowerment for individual women. While it has been attempted to draw out this causal chain through hierarchical logistic regression, the robustness of the model and therefore outcomes are not intended to be flawless. Also in the construction of scales, the meaning and definition of empowerment for adult women is distinctly different from that of adolescent girls.

5. Study Design

The study adopted mixed-design approach. The quantitative component entailed quasi-experimental design to establish the attribution. To facilitate the comparison, identification of comparison village/respondents used the following “matching criteria”:

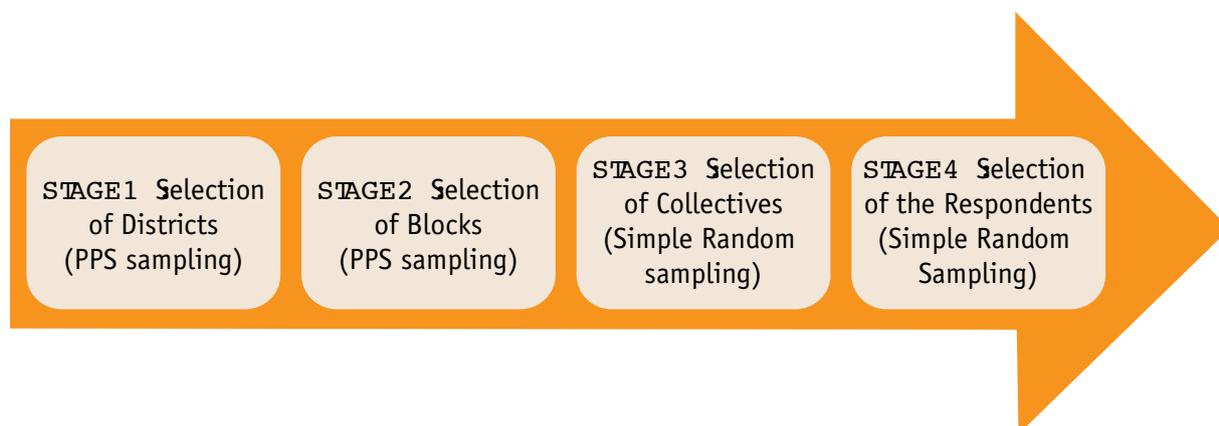
- Village characteristics i.e., the proportion of SC/ST population and the female literacy rate
- Respondents who have never been part of any collective
- Distance between selected intervention village and comparison village

Quantitative data was collected using interview schedule made for each sector viz. livelihood, health, education (Kishori Samooh) collective and other for School Management Committee (SMC) collective. The qualitative component of the study focused on capturing key areas of information primarily through Focused Group Discussions (FGDs) and In-Depth Interviews (IDIs) conducted across secondary stakeholders such as male champions, coordinators from the implementing NGOs and CARE personnel, among others. Four projective techniques viz. Scenario Building, a Bucketing Exercise, Role Play and Buddy Talk were used during the focused group discussions with collective members.

5.1. Sampling Methodology

For the quantitative survey, the sampling methodology adopted in this study was multi-staged, with first stage being district selection followed by the selection of block, collectives and lastly respondent level selection.

Across all the states, districts have been selected randomly by using Probability Proportional to Size (PPS) sampling technique except for Uttar Pradesh and Odisha where few collectives



were observed to be limited in only one district thereby bounding us to purposively select that particular district. In cases where multiple collectives were present in one district, sum of all the collectives present in the district (relevant to our current study) were taken while doing sampling.

In each selected district, blocks have been selected separately for each of the collective under consideration by assuming a particular size of the collective. Sampling of the blocks using PPS Sampling technique. However, for Kishori Samooh and School Management Committees in Uttar Pradesh, all districts and all intervention blocks are considered due to limited sample available.

In each program district identified for fieldwork in stage 1, the selection of collectives was done using simple random sampling from the list of collectives as per CARE programmes. Ten respondents were interviewed per collective using simple random sampling.

Table 13. Distribution of sample across collectives for treatment and comparison group

Type of Collective	Sample achieved	
	Treatment	Comparison
SHG	164	171
FRC	175	175
SMC	231	303
KS	204	267
GVG	145	165
MG	168	189

5.2. Analysis

The quantitative data was analyzed at three levels viz. univariate statistics (such as mean, frequency and median) were computed to fully describe and understand respondent characteristics'. Bivariate statistics (cross-tabulations) were computed across key questions by collective type to facilitate comparative findings between treatment and comparison groups. Where differences have been seen, we have reported chi-square test results for significance. A detailed multivariate analysis was conducted to answer the study's key research questions.

Table 14. State wise distribution of qualitative sample across collectives

State	Type of Collectives									
	SHG		MG		SMCs		FRCs		Kishori	
	FGDs	IDIs	FGDs	IDIs	FGDs	IDIs	FGDs	IDIs	FGDs	IDIs
Bihar	4	8								
Odisha	3	6			3	6	6	12	3	6
Tamil Nadu	3	6								
Uttar Pradesh			5	10	3	6			4	8
Total	Total FGDs=34*									
	Total IDIs=68**									

For qualitative analysis, the reactions, perceptions, and feelings of an individual as a woman experiences the phenomenon of empowerment, were the key to this part of the analysis. A deeper understanding of individual stakeholders' experience as responders, even if they were far away from actual 'decision-making' processes lead to a closer look to understand the kind of weightage respondents themselves put on the different factors that impact empowerment. All data was analyzed, based on Grounded Theory, open ended to the extent possible, using talking points that were broad in their scope.

The 16 sub-dimensions were mapped onto specific questions from the research instruments and corrected for duplication of measures, the resulting matrix decomposed the construct of 'Women's Empowerment' into the three SII dimensions of Agency, Structure and Relations. The matrix, for analysis purposes, is a scale of scales – wherein each sub-dimension is a scale of individual questions, each sub-scale of SII dimensions is a scale and the overall construct of Women's Empowerment is also a scale.

⁷ In a Grounded Theory study, interpretations emerge from the data.

5.3. Limitations to the Study

One operational challenge faced by the research team was to find collectives which were exclusively SC/ST in the states, as there were OBC members in the SC/ST collective as well.

Respondents in the education intervention *Kishori Samooh* consisted of largely of adolescent girls to whom many dimensions of women's empowerment, as captured for other collectives, do not necessarily apply. This not to suggest that access to education isn't empowering of children and adolescent girls, but rather to posit that -- empowerment as a process can take on different meanings for heterogeneous groups.

A limitation to this study also pertains to a series of design issues. Given the high level of confounders in a study of this nature, it remains difficult to isolate the effects of CARE inputs in collectivization efforts resulting in increased empowerment for individual women. While it has been attempted to draw out this causal chain through hierarchical logistic regression, the robustness of the model and therefore outcomes are not intended to be flawless. Also, in the construction of scales, the meaning and definition of empowerment for adult women is distinctly different from that of adolescent girls.

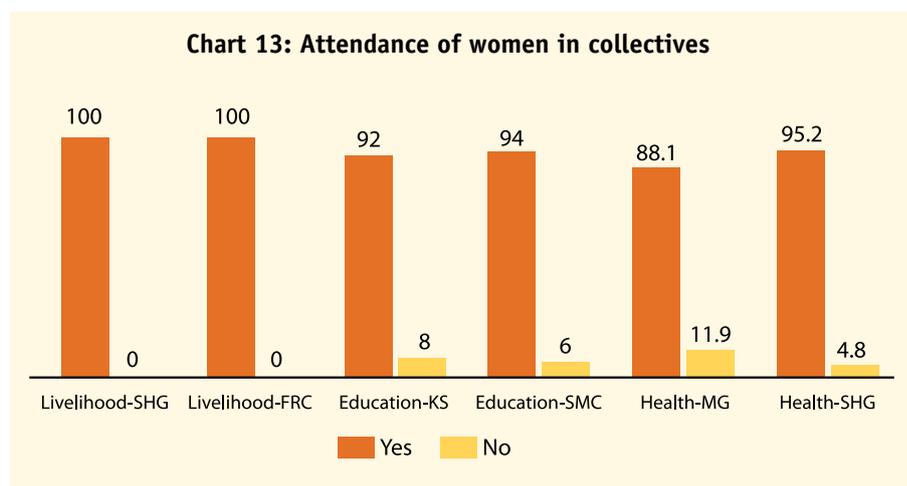
Further, the duration of the existence of the collective and intervention could have an impact on empowerment outcomes for individuals. Similarly, the creation of an empowerment score and attributing a 'score' to each collective, demands that variation and complexity be reduced to a simplistic representation, however the scores can never be considered fully reflective of the process of 'collectivization' and should be looked at as indicative only.

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6. Profile of Collectives and Members of Collectives

This chapter consists of demographic information of the sampled population about the age, social status, religion and other variables of interest which are likely to confound bi-variate and univariate analysis of women's empowerment. Respondent profile is sampled across collectives spanning in four CARE India project states - Bihar, Odisha, Tamil Nadu and Uttar Pradesh. Kishori Samooh, Gram Varta Groups, Self-Help Groups and Mother's Groups are all women collectives. School Management Committees, Forest Rights Committees and few Self-Help Groups in Odisha are mixed gender collectives.

For the livelihood collective, the average number of years of association for SHG collective members was 6 years and FRC collective members was 4 years. The health collective had much shorter associations, for example the average number of years of association for collective members in Uttar Pradesh was at 1.8 years, it was 2 years for GVG members in Bihar. The length of association with the KS was ranged from 11 months to 1.8 years in Uttar Pradesh, while for SMC members it was at 1.5 years in Odisha and 2.4 years in Uttar Pradesh. Approximately



20% of respondents claimed to be office bearers of their collectives in this sector.

The average number of members in SHG was 11 and FRC was 13 in Odisha; this figure was the same for the SHG in Tamil Nadu (13) as well. The average number of members in GVG and MG was 12 in

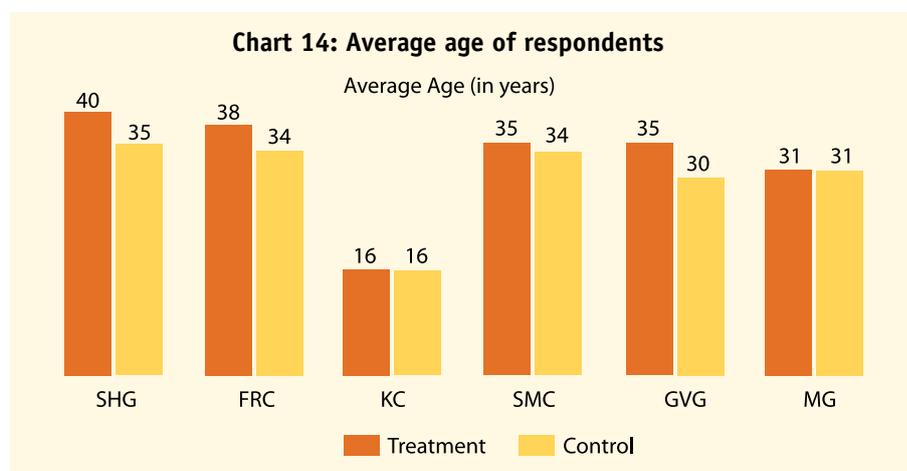
Uttar Pradesh and Bihar. KS and SMC averaged at 15 members each. Frequency of meetings vary by type of collectives, for example livelihood collectives mostly meet monthly, while in the health collective meetings were as frequent as weekly and in some cases, fortnightly. The Kishori Samooh group collective meets fortnightly or monthly, while SMC meetings are monthly.

Of the two livelihood collectives – SHG (Pathways-Odisha and Banking on Change-Tamil Nadu) consisted of 56% scheduled tribe and 44% scheduled caste, while FRC consisted of around 86%

Table 15. Proportion of ST and SC respondents

	SHG		FRC		KC		SMC		GVG		MG	
	T	C	T	C	T	C	T	C	T	C	T	C
N	164	171	175	175	204	267	231	303	145	165	168	189
ST	56.1	51.5	85.7	71.4	60.0	53.0	45.5	45.5	17.6	12.1	20.2	20.1
SC	43.9	48.5	14.3	28.6	40.0	47.0	54.6	54.5	82.1	87.9	79.8	79.9

scheduled tribe and 14% scheduled caste. Of the two collectives on education – SMC consisted of approximately 46% scheduled tribe and 54% of scheduled caste, while KS consisted of 60% scheduled tribe and 40% of scheduled caste. Of the two collectives in health collective – MG consisted of around 20% scheduled tribe and 80% of scheduled caste, while GVG consisted of around 18% of scheduled tribe and 82% of scheduled caste.



The average age of respondents of the treatment group in SHG is 40 years, while it is 38 years for the FRC. KS members are young adults at 16 years on average, across the sample. In the GVG,

the average age of respondents is 35 years and 31 years for MG.

Overall the sample contained a significantly larger proportion of scheduled caste (Dalit) respondents as compared to scheduled tribe (Adivasi) in Uttar Pradesh, while the opposite is true in Odisha. This is reflective of the actual distribution and relative size of these two groups in India, in these states. The average age of respondents varied between 30 to 40 years for three sectoral collectives groups, the exception being Kishori Samooh whose members, were on average, 16 years old. The largest proportion of illiterate respondents were in UP and Bihar, these states also had extremely low secondary schooling achievement for respondents.

Reflecting India’s high mobile phone penetration rate, 80% of all respondents reported having mobile phones, but media access was relatively low at 15% across states. Most respondents consumed staples, but did not consume fruits or meats as much, perhaps reflecting their status as economically poor. Those respondents, who reported an association with a collective, had a short- term association averaging 1.5 years. The longest association was with a livelihood collective in Odisha and Tamil Nadu for 6 years. Groups met either fortnightly or monthly, with only the health collective meeting weekly in one state and approximately 20% of all

Table 16. Education attainment of respondents

	SHG		FRC		KS		SMC		GVG		MG	
	T	C	T	C	T	C	T	C	T	C	T	C
BASE	164	171	175	175	204	267	231	303	168	189	145	165
Illiterate	44.5	33.9	42.9	45.1	NIL	NIL	28.1	46.2	54.7	55.0	55.9	59.0
Upto Upper Primary	48.2	48.0	50.9	44.0	50.3	59.6	58.0	47.5	41.7	40.0	36.6	28.0
Upto Higher Secondary	7.3	16.4	5.1	7.4	40.0	33.4	10.8	5.6	4.8	9.1	13.3	16.0
Graduate & higher	0.0	1.7	1.1	3.4	NIL	NIL	0.7	2.0	0.5	0.0	0.9	0.0
Responses received as DKCS have been dropped												

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