Women's Empowerment and Global Health

A Twenty-First-Century Agenda

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Is Microfinance Coupled with Gender Training Empowering for Women?

Lessons from the IMAGE Process Evaluation in Rural South Africa

ABIGAIL M. HATCHER, JACQUES DE WET, CHRISTOPHER BONELL, GODFREY PHETLA, VICKI STRANGE, PAUL PRONYK, JULIA KIM, LINDA MORISON, CHARLOTTE WATTS, JOHN PORTER, JAMES R. HARGREAVES

Researchers and practitioners have attempted to intervene on women's empowerment in an effort to improve gender equality, reduce risk of HIV and other sexually transmitted infections, and decrease intimate partner violence (IPV). In such programs, empowerment is often viewed as a multilevel construct that involves critical awareness, participation in groups, and control over decisions (Zimmerman 2000). Empowerment is a process through which individuals, groups, and communities gain mastery over their lives for improved health (Rappaport 1984; Wallerstein and Bernstein 1994), and it can occur at individual, organizational, and societal levels (Zimmerman 2000).

Microfinance, or the extension of small loans to groups of women, has been theorized as an empowering tool for women in poverty, although findings around its effectiveness are mixed. In this case study, we will explore the reasons *why* and *how* one microfinance program may have led to empowerment among women in rural South Africa. Using data from a process evaluation within a randomized controlled trial known as the Intervention with Microfinance for AIDS and Gender Equity (IMAGE), we identified key program elements that contributed to the empowerment of women: encouragement of critical reflection

around gender, improved participation in household and community decisions; increased control over financial resources, and collective action among participants to reduce HIV and violence in their communities. In this chapter, we translate findings into practical lessons for both the microfinance and public health fields.

CONTEXT

South Africa is home to the dual epidemics of HIV/AIDS and IPV. Recent estimates place HIV prevalence at 17.8% among individuals aged 15–49, with women of reproductive age disproportionately at risk (*UNAIDS Report* 2010). Moreover, population-based studies estimate that between 24% and 30% of women in South Africa experience IPV in their lifetime (Gass et al. 2011; Jewkes, Levin, and Penn-Kekana 2002).

From a theoretical perspective, gender inequality, HIV/AIDS, and IPV are integrally linked. Violence against women and HIV risk are important consequences of gender inequality (Blankenship et al. 2006; Parker, Easton, and Klein 2000). Conversely, experiencing IPV and living with HIV also serve to reinforce and reproduce gender inequality, both in relationships and in society at large (Jewkes and Morrell 2010). Emerging evidence from South Africa and India shows that IPV is an independent risk factor for HIV acquisition (Jewkes et al. 2010; Decker et al. 2009) and that low sexual relationship power likewise increases HIV risk (Jewkes et al. 2010). For these reasons, women's empowerment may be an important method for improving gender equality alongside reductions in HIV and IPV risk (Campbell 2004; Beeker, Guenther-Grey, and Raj 1998; Sorenson et al. 1998; Kelly 1999).

One potential technique for empowering women is microfinance—a tool for giving poor clients access to financial services, such as savings or small loans. Microfinance has been theorized to be empowering because increased income can become a basis for negotiating clout that improves the household decision-making power of women and strengthens the household economic environment (Johnson and Rogaly 1997; Hadi 2003; Chowdhury and Bhuiya 2001; Pronyk et al. 2006; Littlefield, Hashemi, and Morduch 2003). This may be particularly important for HIV and IPV prevention, since women in poverty tend to experience low sexual relationship power and are often most vulnerable to both HIV acquisition and violence (Rao 1997). Critics note that while microfinance may help entire households to cope with the impact of

HIV, women's status *within* the household may not shift (Garikipati 2008). For example, women may lose control over loan decisions if their partner retains power over financial resources in the household. Moreover, decision making is a complex construct and may be difficult to measure accurately (Mohindra, Haddad, and Narayana 2008).

Early impact studies of microfinance participation showed positive impacts on empowerment for female clients in poverty in developing country contexts (Amin, Becker, and Bayes 1998; Ashraf, Karlan, and Yin 2010; Lakwo 2006; Montgomery and Weiss 2011; Pitt and Khandker 1998; Schuler and Hashemi 1994). In these studies, empowerment was measured using a list of household situations about which women report making a decision alone, making a decision with input from the husband, or deferring to the husband entirely. However, more recent studies of microfinance (with rigorous designs controlling for baseline characteristics and self-selection bias) have not demonstrated comparable results; several trials indicate no measurable improvement in empowerment due to participation in microfinance (Banerjee et al. 2015; Garikipati 2008; Karlan and Zinman 2010; Mohindra, Haddad, and Narayana 2008; Roodman and Morduch 2009; Wakoko 2003; Crépon et al. 2014). In a notable example, scholars reexamined data from an early study of microfinance (Pitt and Khandker 1998) and showed that women who self-selected to microfinance were likely more empowered to begin with, hence nullifying initial claims that microfinance increased empowerment (Roodman and Morduch 2009).

Given the mixed evidence base and inconsistent rigor in study designs, it is difficult to conclude whether microfinance is inherently empowering for women. As a result, some have suggested that empowering clients may require new programs that go beyond simply providing access to financial services (Dunford 2002; Khandker 2005), especially to the extent that poverty also relates to vulnerability, powerless, and dependency (Bhatt 1998). To overcome poverty, impoverished individuals usually require access to a coordinated combination of microfinance and other social services (Khandker 2005; Mosley and Hulme 1998; Bhatt and Tang 2001; Morduch 2000). Indeed, scholars have noted that small increases in income are unlikely to contribute to empowerment unless they are coupled with larger efforts to shift gender norms (Dworkin and Blankenship 2009). Consequently, programs globally have begun to explore an idea called "microfinance plus," which provides clients with a combination of financial and social services, rather than credit alone (Aghion and Morduch 2005).

In the current chapter, we examine the microfinance program Intervention with Microfinance for AIDS and Gender Equity (IMAGE). IMAGE was the first structural intervention in sub-Saharan Africa to measure impact on HIV and violence in a cluster-randomized control trial (Hargreaves et al. 2002). Despite the rigorous design of the IMAGE trial, our team was guided by the notions that trials of complex interventions often fail to answer some critical questions about how outcomes were achieved (Victora, Habicht, and Bryce 2004; Elford et al. 2002) and that it is crucial to combine outcome evaluation with research that is more explanatory in nature (Beeker, Guenther-Grey, and Raj 1998; Wight and Obasi 2003). We therefore conducted a mixed-methods process evaluation during and following the IMAGE trial in order to understand *why* and *how* the intervention achieved its reported outcomes.

PROGRAM DESCRIPTION

Based in a densely populated rural area in Limpopo Province, South Africa, IMAGE combines gender training and HIV prevention with microfinance activities. It is led as a joint effort by the University of the Witswatersrand School of Public Health and London School of Hygiene and Tropical Medicine. IMAGE partners with Small Enterprise Foundation (SEF), a poverty-focused South African microfinance initiative.

Microfinance: To identify eligible households, SEF used a community-driven mapping process through which neighbors ranked the relative wealth of community members (Simanowitz and Nkuna 1998). Next, SEF invited the poorest one-third of women in a neighborhood to participate in its loan program. Groups of five women formed a self-organized “trust group” to apply for loans and share business advice informally. A larger group of forty women met during more formal fortnightly “loan center” meetings to repay loans and decide when to increase funding to fellow women (Hargreaves et al. 2010).

Gender training: Specialized facilitators were recruited from the local area to lead a gender curriculum called Sisters for Life, comprising ten sessions on gender roles, sexual norms, partner communication, HIV prevention, and domestic violence (Kim et al. 2002).

Community mobilization: Following Sisters for Life, loan centers work together to choose several participants to attend a week-long

Natural Leaders Training course on leadership and social mobilization. Upon returning to their loan centers, Natural Leaders assist fellow IMAGE participants in creating Action Plans that tackle community challenges around health and gender-based violence.

SUMMARY OF METHODS AND PUBLISHED QUANTITATIVE FINDINGS

As described in detail elsewhere, IMAGE was evaluated through a cluster-randomized control trial (Pronyk et al. 2006). At the two-year follow-up, women in intervention villages were half as likely to report experiences of intimate partner violence (Kim et al. 2007) and less likely to engage in unprotected sex (Pronyk et al. 2008), and a subgroup reported improved communication with their children around sexuality and health (Phetla et al. 2008). Nine quantitative indicators were developed to measure empowerment: self-confidence, financial confidence, challenging gender norms, autonomy in decision making, perceived contribution to the household, communication within the household, relationship with partner, social group membership, and participation in collective action. Several measures of empowerment were improved among participants in IMAGE, even when adjusting for confounding factors and baseline characteristics (Kim et al. 2007). However, in a follow-up study, empowerment gains through IMAGE (e.g., microfinance plus gender training) were more pronounced than when participants took part in microfinance alone (Kim et al. 2009). This suggests that microfinance alongside gender training may synergistically improve empowerment through both financial and gender norms program content. Nevertheless, previous IMAGE studies have not examined the mechanisms for *why* the program may lead to empowerment or identified program components that provide a plausible argument for *how* these changes may have occurred. Since the *why* and *how* research questions often lie within the realm of process evaluations, in this chapter we analyze process data to craft a richer understanding of previous IMAGE trial results.

METHODS

For the findings presented in this chapter, we conducted a six-year, mixed-method process evaluation, the detailed methods and results of which are reported elsewhere (Hargreaves et al. 2010). In brief, we col-

TABLE 9.1 IMAGE PROCESS EVALUATION DATA COLLECTION METHODS, 2001–2007

Data source	Population	Timeframe/Quantity
		2001–2005
Focus group discussions	Female clients	16 groups
In-depth interviews	Key informants	n = 15
	Program drop-outs	n = 19
		2005–2007
In-depth interviews	Female clients	n = 24
	Staff	n = 47
	IMAGE managers	n = 10
	Microfinance managers	n = 12

NOTE: IMAGE: Intervention with Microfinance for AIDS and Gender Equity.

lected quantitative data in the form of attendance registers, client questionnaires, and financial records. During the IMAGE trial, we conducted 374 hours of participant observation, semistructured interviews (n = 34) and focus group discussions (n = 16) with female clients, women between 18 and 45 years of age, who participated in IMAGE (table 9.1). Following the IMAGE trial, we collected semistructured interviews with clients, staff, and management (n = 98). Interview and focus group discussion guides addressed issues such as the acceptability of the program, experiences with the curriculum, and outcomes of participation in IMAGE.

Focus group discussions and in-depth interviews were transcribed verbatim from digital recordings and, where necessary, translated independently from Sepedi, the local language, into English. Transcripts were analyzed using QSR NVivo (QSR 2002). First, a sample of transcripts were reviewed to establish a thematic code book drawing from the research questions. Intercoder agreement was measured to verifying the coding process. Next, the entire database was broad coded separately by two researchers. This was followed by a second, finer coding to draw out grounded impressions from the data (Miles and Huberman 1994). Analytical reports were written to illustrate all broad codes and fine codes, to illustrate the variation in themes, and to identify areas where research participants converged or diverged in opinion. The quotes cited in this paper are a representative selection from the analytical reports. Ethics approval was granted by the University

of Witwatersrand and London School of Hygiene and Tropical Medicine. Participation in research was sought on the basis of informed consent, and anonymity of informants was protected in all research outputs.

FINDINGS

Results are presented using a community psychology lens to examine empowerment, which comprises three interconnected domains: critical awareness, participation, and control over resources. After examining each domain in isolation, we explore the community mobilization aspect of IMAGE, a phase of the program that combined participation, control, and critical awareness.

Empowerment through Critical Awareness

The IMAGE curriculum was facilitated by local women who had vast experience in the culture and day-to-day life of the intervention neighborhoods. To elicit critical reflections on gender subordination as natural versus societally shaped, the IMAGE facilitators asked participants to examine "normal" cultural practices in a new light:

> Often you'll hear people say, "It's natural, it's the way God intended." . . . It's important for people to have the perspective where they can even begin to question those things that seem really natural. (IMAGE manager)

IMAGE activities helped participants to question cultural traditions that had previously seemed natural and unchangeable. One participant explained that IMAGE pushed her to critically assess womens' roles in the tribal court (a local meeting of elders and community leaders), and she shifted from seeing womens' silence in court as "natural" to understanding it as a form of "suppression":

> I was not aware of my culture. For instance, in the tribal court women were not supposed to talk. We would go along with agreement even if we were not happy. We did not know that such things actually suppressed women. We took it as natural. But things are different now; women are doing things for themselves and they are having a say in the court. (female client)

Other women explained that they had internalized subordinated views of women and that IMAGE challenged these. For example, one participant described how she previously condoned IPV given a belief that, under some circumstances, women deserve to be hit by their

partners. She described how IMAGE reconfigured her understanding of how oppression is normalized through claims of not only "nature" but also "culture":

> I have realized how easy it is for people to say, "It is our culture that I should beat my wife." I thought it was natural that it happens that way. I thought men were strong and women were weak. After we did a session about culture and roles, I realized that men suppress women and we use culture to justify it. (female client)

The IMAGE approach to empowering women through critical awareness was effective because it drew upon issues that were prominent in the daily lives of clients:

> I got very interested because these were the things that were happening in our homes. I thought, "Wow, we are going to talk about issues that trouble our homes." They do happen and they are everywhere and nobody talks about them. (female client)

A common narrative was that many participants felt compelled to share the knowledge they had acquired through IMAGE. New knowledge had led to a heightened sense of critical awareness.

> Participant 1: I think SEF has given intelligence and knowledge particularly with regard to health issues. Now we are conscious and aware about what is going on around us on health issues. We enjoy them every time.
>
> Participant 2: I think it is thanks to health facilitators because we finally have come out of the cocoon. (female clients)

Empowerment through Participation

Another technique for empowerment within IMAGE was providing a safe space for discussion, encouraging the voices of participants to emerge. Several participants underscored how safe spaces were fostered through current social institutions in which they were currently embedded, such as the church and the microenterprise loan offices. For example, one woman reported:

> Many of these women never thought that we could talk about violence like this. It was nice because it was in our church but even nicer where everyone had a chance to have a say. (female client)

Successful microfinance seemed to be a prerequisite for active participation, such that stronger loan centers created more active participation by clients:

> Women from good centers tend to be active and participating more than those who come from the average centers, where some of them tend show no interest in everything that happens in the centers. (microfinance manager)

Role-plays and other participatory activities were used as confidence-building tools, giving women an opportunity to share their views in a public setting:

> It was really great. I remember dramas that we did about domestic violence and the end-of-year drama we did for the local community. (female client)

As was anticipated, IMAGE instilled a sense of self-confidence in participants.

Women valued the sense of visibility and confidence that they gained from being involved in IMAGE. Several clients described public speaking as an important skill that they learned through IMAGE:

> I have gained some confidence in terms of public speaking. When there are community meetings, I am now able to stand up and ask questions without being shy. When I came back from the training, I was very enthusiastic and confident. (female client)

Empowerment through Control over Resources

IMAGE clients valued the ability to provide for their families through increased control over financial resources. While the health aspects of IMAGE were valued over time, the most important draw of the program was the improved access to financial resources:

> You have to know that the first thing that will ring in people's mind is money. It is money that will come first because they need it and you must remember these are poor communities. (female client)

Women experienced increased control over resources through their participation in IMAGE. A SEF manager explained that the program improved the quality of microfinance because IMAGE clients were more confident and able to manage their loan centers without relying on loan facilitators:

> IMAGE clients were more empowered than the other clients because they weren't relying much on the MFI staff. IMAGE clients knew their roles, and the training made them aware that "you are an individual; you can do better by yourself." And it built confidence in the clients—when you have confidence you can do anything. (microfinance manager)

Participants explained how improved control over resources led to increased power in intimate relationships:

> MT said that they have learned from the center meetings that domestic violence can be prevented if women stand up against their violent partners. She said we have the power to change the situation. She said that they were told that many women do not work and often depend on their husbands for money and that is when they get beaten because they have no alternative. (female client)

Some participants in our sample also underscored that they had increased power to leave an abusive relationship; this was viewed as a protective effect of the program.

Empowerment through Collective Action

Consistent with Kabeer's definition of power as "power with" (the ability to act with others) and not simply "power to" (e.g., individual-level power), the community mobilization phase of the program was perceived as empowering by women. In particular, women described how, within the community mobilization phase, they could act together to make changes that they identified as important within their community. When a rape prevention committee met with local leaders, it was the first time that women had ever addressed the neighborhood's traditional council. For example, one participant described how collective action gave her confidence to engage with local structures and speak out against injustice:

> We organized a march against women abuse in our area. Many women attended it. It was even published in our local newspaper and many people knew about us. To be a SEF member means to be active and say no to oppression of women. (female client)

Many times, collective action issues were at the intersection of gender equality and health (violence, alcohol, HIV), and other times, these issues were outside of these realms. One participant explained that her loan center brought together local stakeholders in a meeting to address crime:

> SEF women have played an important role in the community. We have organized many meetings. We have organized the all-women meeting, in which we told the chief, civic leader, and the police about the crime in the area. It was the day in which the "women against crime" initiative was formed. (female client)

However, there were some challenges associated with the activities connected to collective action. Some participants felt frustrated about the time burdens associated with collective action or perceived that the issues being tended to should stay at the personal level and should not be taken to the collective level. As described by one female client:

> People do not want to carry our community issues on their shoulders. Rather they prefer to mind their own personal businesses. (female client)

Taking part in collective action was especially challenging at times when clients' priorities were more in line with running a successful small business and repaying their microfinance loan:

> Women do not have time to leave their businesses and concentrate on community activities because SEF does not want to know whether you have spent most of your time helping the community. It wants its money when the repayment time comes. (female client)

To help circumvent the challenges associated with collective action, a majority of participants described ways that they had individually shared information with family, friends, and members of their community. Examples of sharing information included individual conversations with children, talking with groups of adolescents about HIV, talking with friends and relatives about violence in the community, and discussing sexuality more openly. One participant, for example, described sharing information with her children:

> I always talk to my children about the importance of using a condom with their partners [*leba lekane ba bona*]. (female client)

This sense of sharing lessons with the larger community aligns with IMAGE goals of diffusing the intervention messages. It also serves as a signpost of empowerment—that some women felt compelled to share their understanding of HIV outside the context of the loan center meeting.

DISCUSSION

Structural interventions to bolster gender equity and reduce HIV risks and violence are urgently needed if programs are to sustainably address women's health. This is because programs targeted at individuals may not address the reality of women's lives, in which HIV and violence risk are shaped by broader social and societal norms (Parker, Easton, and Klein 2000; Zierler and Krieger 1997; Kippax et al. 2013). IMAGE is

one such structural intervention and is the first randomized trial to merge financial empowerment with gender equality programming. The current study drew on process evaluation findings from IMAGE. Process evaluations can be a critical tool in evaluating how and why interventions influence complex processes such as empowerment on the way to improved health outcomes.

The current study suggests that IMAGE influenced women's empowerment by improving critical awareness, participation, control over resources, and collective action. IMAGE was successful at helping to challenge gender norms and beliefs. Participants viewed their involvement with IMAGE as a challenge to their previous beliefs and social practices, bolstering their critical consciousness and their willingness to act on gender inequality rather than simply learning information. Consistent with quantitative data from the IMAGE study (Pronyk et al. 2006), this process evaluation suggested that participants were more likely to reject traditional gender norms, which suggests that IMAGE helped foster critical awareness, one of the key domains of empowerment mentioned previously.

This qualitative research suggests that participants defined empowerment on the basis of issues that are "close to home," such as improved confidence to speak in public, the ability to share new knowledge with others, and increased power to make decisions affecting the household (Ndlovu 2005). Empowerment through *participation in* the loan center may have been successful because of the solidarity and support women gained from other IMAGE clients (Moniruzzaman 2011). We found that IMAGE clients, like those in other microfinance programs, were able to offer advice to others and earn respect by speaking up at public events (Hays-Mitchell 2000; Holvoet 2005; Kabeer 2001). Our results seem consistent with other scholars who find that microfinance provides the opportunity to strengthen women's networks outside the family—a form of "social capital" that is positive for women and the community at large (Larance 1998). It fosters peer support among participants (Chowa and Sherraden 2012; Pitt and Khandker 1998; Pronyk et al. 2006) and creates group solidarity to solve mutual problems (Hays-Mitchell 1999). Likewise, gaining access to the public sphere of a loan center seemed to offer women more opportunities to have more visibility and influence in the broader community, an outcome that has been noted in other microfinance studies (Holvoet 2005).

In IMAGE, women's *control over resources* may have led to empowerment because access to money was coupled with training on gender

norms. Participants in IMAGE reported increased financial decision making, and this has been previously found to impact women's bargaining power in negotiating household roles (Iyengar and Ferrari 2010; Schuler and Hashemi 1994). Some microfinance-only studies have suggested that women's ability to make household decisions improves when income increases (Alam 2012). However, earning more income alone does not necessarily translate into having control over income or choosing how it will be spent (Mayoux 2000; Dworkin and Blankenship 2009). Indeed, recent studies suggest that even when microfinance increases women's income, loans may perpetuate—rather than challenge—traditional gender roles (Haile, Bock, and Folmer 2012; Haase 2012). It seems that, in the case of IMAGE, combining microfinance with intensive training on gender norms was critical for attaining empowerment through the pathway of control over resources.

The *collective action* aspect of IMAGE appeared to be empowering to the women in our study. Similar to other studies, IMAGE seemed to encourage individuals to shift their own behavior and contribute to healthier social norms (Busza and Baker 2004; Gregson et al. 2004) or adopt protective behaviors by learning about HIV in an action-oriented way (Ramirez-Valles 2002). Individual acts of sharing information were widespread among IMAGE clients, and many women reported making measurable changes in their own lives. However, other literature sees community mobilization as a tool for creating broader structural changes in HIV vulnerability (Heise and Elias 1995; Parker, Easton, and Klein 2000; Kippax et al. 2013). In the period between baseline and follow-up, participants in the IMAGE trial were twice as likely to participate in collective action around HIV/AIDS compared to controls (Kim et al. 2006). We found that, although IMAGE sparked distinct examples of collective action, further investment may be required to train and support clients in leading widespread societal change (Beeker, Guenther-Grey, and Raj 1998).

Our findings suggest that IMAGE was empowering for participants, matching other microfinance research showing that social services might offer important gains in self-employment profits (McKernan 2002), client productivity (Noponen and Kantor 2004), and client satisfaction and self-confidence (Dunford 2002). However, other attempts by health researchers to offer microfinance alongside social services have been less successful (Epstein 2006; Gregson et al. 2007). In fact, recent studies have tended to show few measurable effects on empowerment (Banerjee

et al. 2015; Garikipati 2008; Karlan and Zinman 2010; Mohindra, Haddad, and Narayana 2008; Roodman and Morduch 2009; Wakoko 2003; Crépon et al. 2014), and media reports have identified suicides and personal trauma associated with forced repayment of loans at high interest (Sharma 2006; Shiva 2004). Some scholars argue that microfinance may be damaging to sustainable development, because it serves as a "poverty trap"—keeping people at low levels of economic activity and a populace in constant debt (Bateman and Chang 2012).

Scholars in recent years have suggested that formal microfinance institutions may be less effective than informal groups, such as women's rotating savings associations (Wakoko 2003). Likewise, microfinance may not adequately change the prevailing gender and class arrangements that shape women's lives (Goetz and Gupta 1996; Jurik 2005). While microfinance may help to change women's level of agency within the household, it is often less successful at redistributing larger resources such as access to health care or participation in political activism around gender equality (Mahmud 2003).

This study is not without important limitations. First, the findings should be interpreted in light of the study setting and context. The region in which IMAGE operated represented an active, fast-growing marketplace, such that financial and empowerment outcomes may have been more pronounced than elsewhere. SEF, as a microfinance lender with a development-oriented approach, may have important differences from other microfinance institutions geared towards maximizing profits. Indeed, when IMAGE initially explored microfinance partnerships, SEF emerged as distinct in terms of its client focus and its relatively benign loan rates (Hargreaves 2013). From a conceptual level, it is possible that income to small groups of women is not purely structural, but rather a social, or group-based, intervention. Scholars argue that perhaps control over harder assets, such as land and property ownership, may provide more structural or enduring protection for women (Dworkin et al. 2013; Weinhardt et al. 2009).

Several methodological challenges are worth noting. Our sampling methodology may have highlighted some voices over others. Program participants may overemphasize positive aspects of an experience due to hopes that researchers have sway over program continuation, although we attempted to address this by purposively sampling program dropouts as well as active clients. Our interpretation of the data may be positively skewed due to personal commitments to the

intervention, its implementation, and clients. Lastly, although empowerment was on the causal pathway between IMAGE and both HIV risk behavior and IPV, we did not have sufficient statistical power in the trial to demonstrate that more empowered women had more safer-sex behaviors or fewer experiences with violence. Therefore, this chapter illustrates the potential methods through which IMAGE may have been empowering rather than concluding that it successfully achieved empowerment.

CONCLUSIONS

The Intervention with Microfinance for AIDS and Gender Equity was one of the first structural interventions that merged gender equality with IPV and HIV prevention. Using a process evaluation methodology alongside the randomized control trial of IMAGE allowed us to assess lessons learned, a key step in moving the structural intervention field forward. Despite inherent challenges, our process evaluation suggests that IMAGE was an empowering strategy for delivering microfinance. The intervention seemed to improve women's participation and their control over resources and shaped their skills in critically analyzing gender subordination. We still have much to learn from the resourcefulness of women engaged in empowerment-related programs, but we can conclude that when programs engage in a combination of gender training and community mobilization alongside of microfinance, empowerment is indeed an attainable goal.

Box 9.1. Summary

Geographic area: Rural South Africa.

Global importance of the health condition: HIV and intimate partner violence (IPV) are endemic conditions, disproportionately impacting women of reproductive age in South Africa.

Intervention or program: Microfinance is a structural tool for giving poor clients access to important financial services, such as savings or small loans. Intervention with Microfinance for AIDS and Gender Equity (IMAGE) provided additional gender training for microfinance clients alongside group-based microfinance loans.

Impact: Quantitative indicators from a cluster randomized control trial suggest that IMAGE clients made significant gains in nine

domains of empowerment. Our qualitative process evaluation explored *why* and *how* these empowerment gains may have occurred. We learned that IMAGE influenced women's empowerment through several mechanisms: improving women's participation, increasing their control over resources, fostering critical analysis, and encouraging collective action.

Lessons learned: A key lesson for future programs is that microfinance alone is unlikely to foster women's empowerment. Participatory gender training should be paired with microfinance in order to realize gains in women's empowerment.

Link between empowerment and health: Empowerment of IMAGE clients was a key ingredient for the health outcomes of reduced IPV, safer sex, and improved communication with children around sexuality and HIV.

Box 9.2. Mixed Findings on the Effects of Microfinance on Women's Empowerment

Since its inception in the 1970s, microfinance has been theorized to be empowering for women. This is because increased income bolsters the household decision-making power of women. This idea has been harnessed in health fields such as prevention of HIV and intimate partner violence, since poor women tend to experience low sexual relationship power and are often most vulnerable to both HIV acquisition and violence.

Early impact studies of microfinance showed strong links from microfinance to empowerment of poor, female clients. However, more recent studies of microfinance (with rigorous designs controlling for baseline characteristics and self-selection bias) have not demonstrated comparable results. In fact, several recent trials indicate no measurable improvement in empowerment due to participation in microfinance.

Given the mixed evidence base, it is difficult to conclude whether microfinance is inherently empowering for women. Indeed, scholars have noted that small increases in income are unlikely to contribute to empowerment unless they are coupled with larger efforts to shift gender norms. This chapter examines one program that paired participatory gender training with group-based microfinance and examines *how* and *why* it showed an effect on women's empowerment.

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