

# Women Microfinance Users and Their Association with Improvement in Quality of Life: Evidence from Pakistan

Sara Rizvi Jafree

*University of the Punjab, Forman Christian College*

Khalil Ahmad

*University of the Punjab*

---

## Abstract

The present study aimed to examine improvements in the quality of life of women utilizing microfinance in urban Lahore, Pakistan. Random sampling was used to identify 5 microfinance providers in the region, and at a second stage of the study, quota sampling was used to interview 149 women users from microfinance site offices. A questionnaire was developed to measure quality of life in four categories: economic, family, health, and decision-making ability. Data was analyzed through the mixed methods approach of reporting descriptive statistics with user comments and use of multivariate regression analysis. Findings reveal that majority women users of microfinance are poor, illiterate, and employed as unskilled labor. Of significance is that some non-economic variables of quality of life were evidenced to improve after loan-taking. Multivariate logistic regression was performed to obtain an odds ratio of relationships between loan portfolio characteristics and improved quality of life. It was evidenced that group borrowing, use of loan for self, not taking loan repayment assistance from household members, attending monthly meetings, and receiving skill and development training all displayed higher odds of improved quality of life in women users. It is recommended that microfinance service provision should not be limited to financial services and should include urgent and compulsory social development features for women clients.

---

## Key words

Microfinance, quality of life, women, Pakistan

## Introduction

Quality of life studies have gained popularity due to their shift in emphasis from income growth to subjective measurement of wellbeing

(Alkire, 2008). Empirical evidence has been found linking improved quality of life of individuals with better health and longevity (Diener & Chan, 2011). Valuable research on quality of life includes a combination of objective socio-demographic indicators with subjective well-being measures (Diener & Suh, 2000). Despite reliability concerns of quantifying subjective responses, research has argued that quality of life measurement can be “more objective than is sometimes assumed” (Diener & Suh, 1997, p. 212). It has been agreed that each region must develop its own suitable measurement tools for quality of life analysis, with questionnaires recommended as the best means of measuring changes (Brown, Bowling, & Flynn, 2004).

In 2005 an estimated 1.4 billion people in the developing world lived below poverty lines of USD 1.25 per day (Chen & Ravallion, 2008). Seventy percent of people living below poverty lines are women and fears for the “feminization of poverty” have encouraged policy research to seek possible solutions through microfinance (Moghadam, 2005). Women are argued to have characteristics which trap them in poverty, including illiteracy, limited and unequal employment opportunities, and unpredictable labor supply due to domestic and child-care burdens (Jackson, 1996; Lopez-Claros & Zahidi, 2005).

### *Microfinance and Social Development of Women Users*

Microfinance originated in the 1970's in Bangladesh through loan provision for small-business mobilization to impoverished rural villagers (Yunus, 1999). The aim of microfinance loan services is to eliminate poverty through encouraging small-medium enterprise development and through the use of social development tools such as savings, health insurance, group borrowing, regular meetings, and skill development (Hermes & Lensink, 2007). It is thus understood that without non-financial social investment by a microfinance provider, the primary aim of microfinance provision and millennium development goals would be left unfulfilled (Chowdhury, 2009; Duvendack et al., 2011; Setboonsarng & Parpiev, 2008).

In 2009 there were 723 reporting microfinance providers across the world with a client base of 190 million, of which 74% were women users (Daley-Harris, 2009). Microfinance services predominantly target

women borrowers – not just because women are the poorer of the two genders, but because evidence suggests women are more credit-worthy in loan repayment compared to men and as mothers mostly use their improved income toward household and child welfare (Hermes, Lensink, & Meesters, 2011). Specific research suggests that microfinance services help women rise above poverty more than their male counterparts (Khandker, 2005).

### *Microfinance and Improvement in Quality of Life*

Researchers have become concerned with measuring the non-financial social improvements caused by microfinance loan utilization. Different terms have been used to refer to subjective improvements in women users lives, including empowerment (Bali Swain & Wallentin, 2007; Cheston & Kuhn, 2002), wellbeing (Becchetti & Castriota, 2010; Duvendack et al., 2011; Masud Ahmed, Chowdhury, & Bhuiya, 2001), living standards (Khan & Rahaman, 2007), and quality of life (Bakhtiari, 2011; Hiatt & Woodworth, 2006; Zeller & Meyer, 2002). The focus of this study will remain on quality of life improvements in women users of microfinance.

Research on the impact of microfinance is split between advocates who feel loan services can eliminate global poverty (Dunford, 2006; Littlefield, Morduch, & Hashemi, 2003) and opponents who scorn the achievements of microfinance altogether in face of escalating global poverty (Bandyopadhyay, 2008; Karnani, 2007). It is also argued that characteristics of the informal sector of the economy in developing regions contribute to the sustainability of the poor below poverty lines despite microfinance access (Bakhtiari, 2011). Other findings propose that the poorest strata are excluded from microfinance provision due to their low credibility in returning loans (Scully, 2004; Simanowitz, 2000). Concern exists that microfinance providers are not just NGOs but financial institutes and banks who aim for commercial success and profit instead of social development of client (Frank, Lynch, & Schneider-Moretto, 2008). Many microfinance providers having stopped compulsory schemes for savings and health insurance, which limits the extent of improvement in quality of life for user (Dowla & Alamgir, 2003; Helms, 2006).

Literature from the developing world suggests benefits for women borrowers of microfinance in terms of expansion in income-earning opportunities, improvement in nutritional consumption, increase in school enrollment for children, and overall increase in household consumption (Chemin, 2008; Doocy, Norell, & Teferra, 2004). Also, microfinance has been evidenced to improve quality of life of women users who are married (Goldberg, 2005), have literate spouses (Mukherjee & Kundu, 2012), and are employed in skilled occupations (Kellogg, 2009). In addition, women users with loan portfolio features of group borrowing, loan taken for self (Cheston & Kuhn, 2002; Duvendack et al., 2011; Swain & Wallentin, 2007), longer length of loan utilization (Duvendack et al., 2011), and assistance received for loan repayment (Goldberg, 2005; Hermes et al., 2011) have also been evidenced to benefit from microfinance services (Goldberg, 2005, SWAIN81, 2007). On the other hand, some research suggests that microfinance does not improve women's quality of life (Cheston & Kuhn, 2002). Specific problems of deterioration have been evidenced with regard to family life, spousal relations, and self-health after loan-taking (Goldberg, 2005; Masud Ahmed et al., 2001; Rosenberg, 2010).

### *Pakistan and Microfinance*

Sixty-two million Pakistanis live below poverty lines, with Lahore estimated to have a significantly large urban population living in severe poverty (Arif & Farooq, 2011; Cheema, Khalid, & Patnam, 2008). Political insecurity and economic instability have made conditions worst for the poverty-ridden, causing lack of employment and business-mobilization opportunities (Qureshi, Ali, & Khan, 2010). The total microfinance borrowers in Pakistan stands at two million, with 56% comprised of women (Haq & Khalid, 2011). The analysis of the Pakistan microfinance sector is plagued by a lack of data about user characteristics and impact studies concerning change in quality of life after loan-taking (A. Ghalib, 2007). The research that does exist suggests that microfinance is instrumental in helping poor women for business mobilization, but that benefits accrued are limited to financial access and have not created social development or improved decision-making ability (Akram & Hussain, 2011; Asim, 2009; A. K. Ghalib, Malki, & Imai,

2011; Mumtaz, 2000).

Measuring the impact of microfinance in the global economy is still in its infancy and reportage by microfinance providers is inconsistent and contains gaps (Dichter, Harper, & Action, 2007). It has been recommended that region-specific studies by independent researchers should be undertaken to ascertain the influence of microfinance on quality of life of women users in order to better ascertain gaps in services and estimate extent of development (Duvendack et al., 2011; Veenhoven, 2009).

### *Objective of Study*

The present study aimed to (i) investigate the improvement in quality of life of women users of microfinance and (ii) assess the relationship between improvements in quality of life with objective characteristics (socio-demographic and loan portfolio features) of women users.

## **Methodology**

The present study is part of a thesis on the association between microfinance loan-taking and quality of life of women users in urban Lahore. The socio-demographic characteristics of the sample population have been described in another paper<sup>1</sup>. Ethical approval from the Institutional Review Board, University of the Punjab, was obtained before data collection.

### *Questionnaire*

Similar studies were not found in local literature and no standardized scale was available from international literature to measure the quality of life of women users of microfinance after loan-taking. The theoretical framework used to develop a research tool for present study has been derived through the “four qualities of life model” of Veenhoven

---

<sup>1</sup> Jafree and Ahmad, 2013. *Women Borrowers of Microfinance: An Urban Lahore Study*. Journal of Third World Studies, Volume XXX, Number 2: Fall 2013, Association of Third World Studies Inc.

(Veenhoven, 2009) and the World Health Organization Quality of Life (Organization, 2004) survey. Veenhovens' model emphasizes the importance of considering the "objective-internal" (socio-demographic characteristics), "subjective-external" (perception about economic choices) and "subjective-internal" (perception about individual choices) factors related to an individual's quality of life. The WHOQOL survey helped further clarify and determine the significant quality of life variables to be included for present study, including family-life, economic-life, health-life, and self and social involvement. Microfinance-specific research was consulted to confirm suitable and valid questions to be included in a final questionnaire that had 5 sections and included a total of 59 questions (Brown et al., 2004; Cheston & Kuhn, 2002; Diener & Suh, 1997). The sections of the questionnaire included questions related to socio-demographic characteristics, loan portfolio characteristics, quality of life characteristics, and open-ended questions. The questionnaire was communicated to both senior researchers and microfinance loan officers to confirm face validity and content validity of items.

The quality of life section of questionnaire included twenty-four questions under headings of "economic-life improvements," "family-life improvements," "health-life improvements," and "decision-making ability." The nine questions under "economic-life improvements" measure respondent perception of income generation, ability to bear costs, savings and purchasing power since loan-taking. The four questions under "family-life improvements" measure respondent perception of spousal relations, family respect, quality-time, and ability to bear children's educational expenses since loan-taking. The six questions under "health-life improvements" measure respondent perception of ability to purchase medicine, pay for consultation, and nutritional intake since loan-taking. The five questions under "decision-making ability" measure respondent perception of ability to make decisions about family matters and business affairs and social participation since loan-taking. A 3-point scale including improved, same, and not improved was used for response categories.

### *Sample*

Twenty-one microfinance providers who are members of the Pakistan

Microfinance Network submitted financial and social development reports to Microfinance Information Exchange in 2009 (Haq & Khalid, 2011). Of these providers, seven are listed as banks, nine as institutes, and five as NGOs. Random sampling was used to select five microfinance providers from the twenty-one providers for this study. Site offices in five different districts were selected to avoid geographical bias, including two banks (The First Microfinance Bank and Khushhali Bank Ltd.), two institutes (Kashf and Damen), and one NGO (Center for Women's Cooperation and Development).

To avoid microfinance provider bias thirty respondents were targeted for interviewing from each of the five microfinance providers. Interviews were not conducted from home to ensure the safety and privacy of women respondents. Given the conservative nature and traditional socio-cultural values of Pakistani society, it was not considered appropriate for respondents to be overheard discussing confidential topics related to spousal and family life by male household members and in-laws.

Quota sampling was used to interview 149 women users of microfinance during a period of two weeks in January 2012. Willing participants were requested for interviews as they visited microfinance provider site offices for loan installment returns. Anonymity and confidentiality was maintained by conducting the interview in a private room of the loan office with only the interviewer and respondent present. The researcher was present to fill in the questionnaire for illiterate respondents and provide clarification and translation when necessary. Researcher presence ensured the validity of responses in terms of respondents understanding the questions and also gave researcher the opportunity to note additional comments and explanations from respondents. This was important given that respondents were mostly illiterate and had information to supply but were not able to fill details in the "open-ended questions" section of survey. Findings are described using a mixed methods approach of quantitative and qualitative analysis for optimal understanding (Creswell, Klassen, Plano Clark, & Smith, 2011).

### *Data Analysis*

Researchers from the developing world have effectively and frequently used adjusted odds ratio to measure the impact of microfinance on women's empowerment (Goldberg, 2005; Hashemi, Schuler, & Riley, 1996), women's emotional stress (Masud Ahmed et al., 2001), reduction in child labor (Chakrabarty, 2012), improvement in health decisions (Seiber & Robinson-Miller, 2004) and skill development (Agha, Balal, & Ogojo-Okello, 2004). The advantage of using adjusted odds ratio is that it controls for influence of other variables, is easily interpretable for communication and is commonly used for quality of life research (Lamarca, do C Leal, Leao, Sheiham, & Vettore, 2012; Zhu et al., 2013).

All analysis was performed using SPSS version 17. Descriptive statistics were calculated using frequencies for socio-demographic and loan portfolio characteristics of respondents including age, marital status, literacy, spousal literacy, household income, occupation, and different loan features. Socio-demographic categorical variables were tested for association with quality of life by means of chi-square test. Odds ratio and 95% confidence intervals were calculated in univariate analysis. Multivariate logistic regression was applied to all variables that had at least a marginal univariate predictive value of  $p < 0.05$  to confirm the relationship between quality of life improvement and socio-demographic characteristics and loan characteristics of respondents. The 24-item quality of life improvement list was compounded into one variable and for each respondent the dummy variable takes the value one for a user who experiences improvement in quality of life and zero if user does not experience improvement in quality of life (Kaliterna, Prizmic, & Zganec, 2004). Variables held constant were age (as a continuous variable), literacy, and household income. A 5% significance level ( $p < 0.05$ ) was considered to be statistically significant.

## **Results**

### *Descriptive statistics of Socio-demographic characteristics*

Table 1 provides an overview of sampled women user characteristics. The final sample consisted of 149 women users of microfinance. The



age-group ranged from 20-59 (149 valid cases,  $M=37.5$ ,  $SD=7.74$ ) with a relatively evenly distributed sample across the three age brackets of 20-29 years (32.2%), 30-39 years (40.3%) and those above 40 years (28.2%). Of the respondents 116 (78.9%) are currently married and living with spouse and 91 (61.1%) are illiterate. Respondents commented that microfinance providers prefer married clients because they are more credit worthy and presumably have higher combined household income.

The household income ranged from USD 51.38 to USD 462.39 per month. Average household income per person living in the house stood at USD 0.98 per day. This means that on average respondents are living below poverty lines of USD 1.25 per day<sup>2</sup>. Spouse literacy for the sample stood at 44.3%, with the majority of women users either unemployed (25.8%) or employed in unskilled labor (29.9%). Group borrowers and loan-takers for longer than one year stood each at 40.3%. According to respondents, 73.2% were using the loan for themselves and 42.3% were receiving household help in loan repayment. Respondent occupation, type of loan taken (group-based on individual), loan taken for self, and loan repayment assistance all display significantly high association with quality of life ( $p < 0.01$ ). There is borderline association between marital status, loan-taking length, spouse literacy, and household income of respondent and quality of life ( $p < 0.05$ ).

It is to be noted that 25% of the women in our sample are unemployed. Skilled workers were employed in embroidery and stitching (36%), running a beauty parlor (08%), home tuitions (03%), and lady healthcare work (03%), whereas unskilled workers were employed in running a general store from home (09%), warehouse purchase and retailing (07%), domestic cleaning work (03%), and agricultural production from home (06%). The entire sample belonged to the informal sector of employment characterized by low and erratic pay and the absence of labor contracts and employee benefits. The majority of the employed sample confirmed that they were working from home due to socio-cultural barriers and community norms against working outside the home.

---

<sup>2</sup> The exchange rate used has been PKR 97.32 to USD 01.00, dated 12/01/13, source: [http://likeforex.com/currency-converter/euro-eur\\_pkr-pakistan-rupee.htm/97](http://likeforex.com/currency-converter/euro-eur_pkr-pakistan-rupee.htm/97)

**Table 1**  
***Socio-demographic characteristics of respondents***

Variables (n=149)	n(f)	Quality of life Improved <i>f</i>	Quality of life Not Improved <i>F</i>	P-Value <sup>a</sup>
<b>Age</b>				
20-29	48 (32.2%)	41%	59%	*
30-39	60 (40.3%)	27%	73%	
40+	42 (28.2%)	23%	77%	
<b>Marital Status</b>				
Not Married	33 (22.1%)	18%	82%	**
Married	116 (78.9%)	27%	73%	
<b>Literacy</b>				
Illiterate	91 (61.1%)	31%	69%	
Literate	58 (39.9%)	27%	73%	
<b>Spouse Literacy</b>				
Illiterate	66 (44.3%)	27%	73%	**
Literate	83 (56.7%)	44%	56%	
<b>Household Income</b>				
< 10,000 PKR	18 (12.1%)	22%	78%	**
> 10,000 PKR	131 (88.9%)	31%	69%	
<b>Occupation</b>				
Unemployed	37 (25.8%)	18%	82%	***
Unskilled	43 (29.9%)	31%	69%	
Skilled	69 (46.3%)	22%	78%	
<b>Loan-taker since</b>				
< 1 year	89 (59.7%)	13%	87%	**
> 1 year	60 (40.3%)	26%	74%	
<b>Group Loan</b>				
No	89 (59.7%)	22%	78%	***
Yes	60 (40.3%)	44%	56%	
<b>Loan Taken For</b>				
Others	40 (27.8%)	23%	77%	***
Self	109 (73.2%)	33%	67%	
<b>Repayment Help</b>				
Yes	63 (42.3%)	38%	62%	**
No	86 (57.7%)	26%	74%	

<sup>a</sup> Pearson Chi-Square ( $\chi^2$ )

P-value significance: \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$

### *Loan Satisfaction*

Loan portfolio findings have been listed in table 2. Findings reveal that women users have been provided annual loan amounts ranging from USD 103 to USD 514, which they have to return through monthly installments at interest rates ranging from 10 to 11% of the total loan amount. Respondents commented that the microfinance provider was reluctant to provide larger loans to prevent client default. Though predominant users are satisfied with current loan amount and current installment rate, comments indicated the need for larger loan amounts to support business expansion and a reduction in interest rates for repeat clients who had successfully completed the loan cycle. Findings indicated that 58% of users are attending monthly meetings. However only 05% of users are being provided skill and development training, with no provision for compulsory savings and health insurance by the microfinance provider. Demand for skill development was described in terms of need for financial literacy, the provision of grants for buying furniture for home-tuitions, and running a beauty parlor from home. 95% of users indicated plans to re-take a loan after the current loan cycle was completed, with comments indicating that they would not be able to sustain their business without loan renewal.

**Table 2**  
*Descriptive statistics for Loan Portfolio*

Variable	<i>f</i>
Average Loan Amount (annual)	
USD 103-297	57%
USD 298-514	43%
Current Loan Amount	
Satisfied	89%
Not satisfied	11%
Current Installment Rate	
Satisfied	85%
Not satisfied	15%
Availability of monthly meetings	
Yes	58%
No	42%

Variable	<i>f</i>
Provision of skill and development	
Yes	05%
No	95%
Compulsory Savings and Health Insurance Schemes	
Yes	0%
No	100%
Plan to re-take loan	
Yes	95%
No	05%

### *Descriptive analysis of quality of life improvements*

Table 3 shows the percentage improvement in four categories of quality of life. Women users experienced important levels of economic improvements in terms of “*participation in income generation activities*” (52%), “*ability to bear transport costs*” (42%), “*ability to pay utility bills*” (40%), and “*purchasing power of food items*” (42%). Comments revealed that without microfinance loan provision, trade needs for business mobilization, transport and utility expenses, and household needs for food purchasing would become very difficult due to rising inflation and reduced purchasing power parity in the region.

Comments indicated that users who are not experiencing significant improvement in “*ability to work outside home*” (74%) faced problems related to mobility, uncomfortable work environments outside home, difficulty in leaving domestic and child-care responsibilities, and personal distaste for working outside home. None of the respondents are being provided a compulsory saving scheme by microfinance providers and the lack of significant improvement in “*personal savings*” (73%) is of concern. Comments indicated that savings are hard to accumulate due to rising costs in the economy, insufficient loan amount for business investment, and pressure to pay monthly loan installments. It is also of concern that the ability to pay rent has not improved for a majority (93%) of the respondents, and comments indicated a need for microfinance services to be extended to specialized loans for home ownership in the face of rising house rental costs.

Findings revealed that women users also experienced some non-reco-

conomic improvements in quality of life after loan utilization with respect to “*respect from family members*” (21%), “*ability to cope with work-related stress*” (29%), and “*decision-making ability for business and family matters*” (44% and 22% respectively). Decision-making ability for business and family matters was explained to the respondents in terms of business plans and investment decisions, education of children, marriage plans for children, and small and large household purchases. Some respondents recalled that before loan-taking it had not been possible to participate in any kind of decision-making, and loan access had brought a radical change in their life. Comments clarified that microfinance access has not improved the quality of life with regard to “*spouse relations*” (83%) and “*quality time with family*” (85%) due to changes in the traditional role of women, who were exclusively available for spouse and family before loan-taking and are now busy with the additional burdens of business mobilization. Though “*ability to bear educational expenses*” (28%) showed some improvement, the respondents’ comments indicated that despite the presence of free public schools, it is difficult to bear miscellaneous costs related to homework tuition, books, transport, lunch money, and uniforms of school-going children.

There is mostly no improvement in ability to “*purchase prescribed medication*” (85%), “*nutritional intake of meat, milk and fruit*” (92%, 71% and 81% respectively), “*cultural and social participation*” (82% and 75% respectively), and “*visitation to friends and relatives*” (84%). Comments indicated that these items were not a priority for women users and their families due to multiple reasons: belonging to an impoverished class, local price inflation, shortage of cash liquidity, regional insecurity, and lack of personal preference.

**Table 3**  
*Descriptive statistics for four categories of quality of life*

Measure	Improved	Not Improved
<b>Economic Improvements</b>		
<i>Participation in income generating activities</i>	52%	48%
<i>Ability to work outside home</i>	26%	74%
<i>Ability to bear transport costs</i>	42%	58%
<i>Ability to pay rent</i>	07%	93%

Measure	Improved	Not Improved
<i>Ability to pay utility bills</i>	40%	60%
<i>Ability to save</i>	27%	73%
<i>Purchasing Power of food items</i>	42%	58%
<i>Purchasing Power of clothing</i>	27%	73%
<i>Purchasing Power of fruits</i>	21%	79%
<b>Family-life improvements</b>		
<i>Spousal relations</i>	17%	83%
<i>Respect from family members</i>	21%	79%
<i>Ability to spend quality time with family</i>	15%	85%
<i>Ability to bear educational expenses of children</i>	28%	72%
<b>Health-life improvements</b>		
<i>Ability to consult with medical expert</i>	17%	83%
<i>Ability to purchase prescribed medicine</i>	15%	85%
<i>Ability to cope with work-related stress</i>	29%	71%
<i>Nutritional intake of meat</i>	08%	92%
<i>Nutritional intake of milk</i>	29%	71%
<i>Nutritional intake of fruit</i>	19%	81%
<b>Decision-making ability</b>		
<i>Decision-making related to business matters</i>	44%	56%
<i>Decision-making related to family matters</i>	22%	78%
<i>Social participation</i>	25%	75%
<i>Cultural participation</i>	18%	82%
<i>Ability to visit friends and relatives</i>	16%	84%

### Regression Analysis

Multivariate logistic regression results in table 4 display the odds of improved quality of life in women users of microfinance. Findings reveal that married respondents (AOR, 0.42; 95% confidence interval (CI); 0.12-1.53) have lower odds of improved quality of life compared to unmarried women who are single, divorced, widowed, or separated. Similarly women users with literate spouses (AOR, 0.54; 95% confidence interval (CI); 0.21-1.33) do not display better odds of experienc-

ing improved quality of life over women users with illiterate spouses. Loan-taking women of longer than one year (AOR, 0.63; 95% confidence interval (CI); 0.06-2.18) also do not have significant odds of improved quality of life over recent borrowers of less than one year.

Regression results also show that women users who are taking a group loan (AOR, 2.10; 95% confidence interval (CI); 1.51-2.72) have two-fold better odds of improved quality of life. Similarly respondents using loan for self (AOR, 2.44; 95% CI; 1.21-2.94) also have two-fold better odds of improved quality of life. In addition, women users not receiving loan repayment assistance from household members (AOR, 2.36; 95% CI; 1.19-2.71) also have twice the odds of experiencing improved quality of life. Both employed categories of skilled users (AOR, 1.43; 95% CI; 1.02-1.83) and unskilled users (AOR, 1.67; 95% CI; 1.03-2.01) are associated with increased odds of improved quality of life compared to unemployed users. Women respondents attending monthly meetings (AOR, 2.67; 95% CI; 2.12-2.93) displayed double the odds of improved quality of life. Users receiving skill and development (AOR, 3.14; 95% CI; 2.83-3.54) from microfinance provider displayed three-fold odds of improved quality of life.

**Table 4**  
*Association between quality of life improvements and socio-demographic characteristics of respondents<sup>a</sup>*

Variables	Quality of life Improvements AOR (95% CI)
Marital Status	
Not Married	1
Married	0.42 (0.12-1.53)*
Spouse Literacy	
Illiterate	1
Literate	0.54 (0.21-1.33)*
Loan-taker since	
< 1 year	1
> 1 year	0.63 (0.06-2.18)*
Group Loan	
No	1
Yes	2.10 (1.51-2.72)***
Loan Taken For	
Others	1
Self	2.44 (1.21-2.94)***

Variables	Quality of life Improvements AOR (95% CI)
Repayment Help	
Yes	1
No	2.36 (1.19-2.71)***
Occupation	
Unemployed	1
Unskilled	1.43 (1.02-1.83)**
Skilled	1.67 (1.03-2.01)**
Monthly Meetings	
No	1
Yes	2.67 (2.12-2.93)***
Skill and Development	
No	1
Yes	3.14 (2.83-3.54)***

Abbreviations: 1, reference category; AOR, adjusted odds ratio; CI, confidence interval

<sup>a</sup> Multivariate logistic regression analysis was carried out to obtain AOR after controlling for respondent illiteracy, low household income and age (continuous variable)

P-value significance: \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$

## Discussion

Microfinance loan availability and financial access ignores the subjective impact resulting from non-traditional changes in women user's lives as loan taker. This study contributes to the need to understand quality of life improvements in the lives of women users of microfinance through recognition of non-economic variables such as family life, health and decision-making ability. Our findings confirm that majority women users of microfinance are illiterate and live below poverty lines (Setboonsarng & Parpiev, 2008). The indication is that if they do not re-take their loan they are in danger of falling further below poverty lines. Thus the presence of microfinance services is critical for women user business sustainability and autonomy in Pakistan. Mainly married women are being provided loans due to their supplementary household income status and credibility in loan returns. Our findings suggest that unmarried, divorced, separated, and widowed clients from more disadvantaged backgrounds are being excluded from loan provision. International research also confirms that microfinance providers limit loan services to exclude the poorest strata (Scully, 2004; Simanowitz, 2000).

Findings of our study confirm other research in that microfinance provi-



sion is associated with positive increases in income generation and business investment (Chowdhury, 2009; Doocy et al., 2004; A. K. Ghalib et al., 2011). Other economic quality of life features assessed, including income generation, transport costs, utility expenses and purchasing power of food, have shown *not* considerable *but* certain improvement. It is concluded that these are not insignificant discoveries given rising inflation, economic instability, and socio-cultural constraints against women's decision-making and work participation in developing nations and in South Asia (McCarter, 2006).

However major barriers to improvement in quality of life exist in terms of ability to work outside, pay rent, save, and spend quality time with family and spouse. Even though inability to save and afford rent is directly related to poverty levels and inflated prices, the inability to work outside the home and relations with family and spouse are socio-cultural obstacles for working women in Pakistan (Sadaquat, 2011). Patriarchal values, male-dominated work environments, and the absence of substitute help for domestic duties and child-care all contribute to women's powerlessness in working outside the home and maintaining a balance in their personal relationships (Hofstetter, 2007).

Our findings add to the literature in that non-economic quality of life variables of users have been found to show *specific* improvement with regard to respect from family members, ability to bear educational expenses, ability to cope with work-related stress, and decision-making ability for business and family matters. Contrarily prior research from developing regions has suggested that women users do not benefit from microfinance provision in non-economic areas related to decision-making ability and family life (Asim, 2009; Hermes et al., 2011). International research suggests that continued investment in microfinance loan provision enables women users to improve non-economic areas of life related to choice of employment, independent investment of loan, self health, self and child education, and household decision-making (Chemin, 2008; Goldberg, 2005; Jabeen & Iqbal, 2010).

Findings reveal no significant improvement in quality of life related to medical consumption, nutritional intake, and social participation. The implication is that at present there is little awareness, financial ease, and personal willingness of women users to invest in significant areas related to nutrition and health for self and household, contradicting the sugges-

tion of some analysts (Amin, St Pierre, Ahmed, & Haq, 2001). Findings highlight that awareness for health and nutritional needs of women client must be raised to improve health quality of life, reproductive health, girl-child health, and old-age health. Analysts confirm that investment in financial access without investment in self-health is not beneficial for women or their household in the long-run (Pronyk, Hargreaves, & Morduch, 2007).

International literature has suggested that married women would experience improved quality of life compared to unmarried women due to higher combined household income (Goldberg, 2005). However our study has found that married women do not have higher odds of experiencing quality of life improvements over unmarried women. This is because married women in Pakistan from low income strata have less benefits of marriage due to lack of substitute help for child-care and domestic duties and discriminatory socio-cultural values against working women. It is implied that married women need serious support through improved social and community values in order to stabilize domestic relations and gain emotional and physical assistance to manage additional workloads as employed women in society (Syed, Ali, & Winstanley, 2005).

Unlike international research (Duvendack et al., 2011), our findings reveal that repeat clients of microfinance do not experience improved quality of life over new users. This is because repeat clients have not benefited from loan service changes in terms of lower interest rates and larger loans; neither have they been able to emerge from the cycle of poverty due to regional economic constraints, despite timely repayment, and successful completion of loan cycle. Findings confirm the inflexibility of loan portfolio design, dire regional economic conditions of rising inflation, declining purchasing power parity, dependency on loans, and need for microfinance services in developing economies (Bakhtiari, 2011; Littlefield et al., 2003).

Previous studies confirm the association of improved quality of life of user with group loan-taking and when the loan is used by self (Cheston & Kuhn, 2002; Duvendack et al., 2011; Swain & Wallentin, 2007). Our study confirms these associations with improvement in quality of life. Group loan-taking improves group solidarity and the social network amongst women of the community and provides emotional

bonding whereas the ability to use loan for self-initiated business has advantages for women's autonomy and decision-making power compared to having to hand the loan to a family member. International research confirms that poor women users of microfinance seek the community solidarity and social cohesion afforded by microfinance services even more than they seek financial access and autonomy (Swain & Wallentin, 2007).

Surprisingly, our study findings reveal that users do not have a comparatively significant association with improved quality of life when receiving help from household members for loan repayment in contradiction to what is implied by international research (Goldberg, 2005; Hermes et al., 2011). This is because loan repayment assistance has adverse consequences for women user autonomy in terms of the user's inability to utilize the loan independently and her being required to pay back assisting family members through non-financial means. Non-financial payment by women users was described in terms of having to concede to family decisions, having less choice in business investment, and being forced into an inferior status position within the household.

International literature suggests that skilled workers would experience higher rates of improvement in quality of life compared to unemployed and unskilled borrowers (Kellogg, 2009). Though our study shows a higher rate of improvement in quality of life for employed women over unemployed women, there is nearly comparable improvement in quality of life between unskilled and skilled workers. This is because unemployed women users of microfinance take loans on behalf of male household members and have little benefits that accrue from work participation, business mobilization, independent incomes or decision-making related to family and business matters (Goetz & Gupta, 1996). With regard to the skilled population of sample, they do not have benefits over the unskilled users because both belong to the informal sector of the economy constrained by low pay, lack of labor contracts, erratic work hours, and absence of substitute help for domestic and child-care duties. It is thus implied that lack of formal sector employment limits the quality of life improvement in women users of microfinance and reduces their chances for social mobility and business expansion. Our findings confirm other legal research in that national structural problems related to absence in legal protection for working women, inequality at

workplace, and lack of formal sector employment opportunities contribute to female subjugation (Bakhtiari, 2011; Hussain, 2008).

It is predicted that women clients with literate spouses would have improved quality of life (Mukherjee & Kundu, 2012); however, the findings of our study reveal otherwise. Spouse characteristics of basic literacy, belonging to low-socio economic strata, and informal sector employment do not help improve the lives of women borrowers. The labor ministry and labor laws need to provide desperate attention to minimum wage levels, industrial labor contracts, and labor rights in the country, especially for poor, unskilled, and low literacy population groups (Saget, 2008).

Findings support other research in that monthly meetings with loan officers and skill and development provision by the microfinance provider yield improved quality of life in women users (Rai & Ravi, 2011; Zeller, Lapenu, & Greeley, 2003). Monthly meetings provide a platform for users to discuss their problems, get counseling for improved business decisions, and get updates on loan service changes. Skill and development is beneficial for women users due to their background of illiteracy or basic literacy and inexperience in business dealing and expansion.

### *Limitations and Recommendations for Further Studies*

The main limitation of the present study is the absence of a standardized tool to measure quality of life for women users of microfinance, the cross-sectional design, and the limited sample. Further studies are recommended through a longitudinal approach to measure change and impact in user life in wider settings across other developing nations. Pakistan's patriarchal and male-dominated socio-cultural background offers unique problems for working and loan-taking women. It is recommended that coping strategies of loan-taking working women in Pakistan are researched in a contextual manner, taking into account social barriers, cultural norms, and community backlash faced by these women during the process of loan utilization.

### *Concluding Implications for Microfinance Provider*

No easy solution exists for the poverty-ridden microfinance women

users of Pakistan and the developing world. A need exists for microfinance providers to return to the original intent of microfinance services, which is to ensure improvement in holistic quality of life of women users through investment in social and gender development. Vital changes need to be mobilized, without which microfinance providers are at risk of becoming mere commercialized ventures (Dowla & Alamgir, 2003; Helms, 2006). Internally, microfinance providers need to alter loan portfolio services to include bi-weekly meetings, compulsory savings and health insurance schemes, group borrowing, and skill and development trainings. Additionally there is a vital need for expansion of services to poorer women, provision of larger loan amounts, flexible pay-back schedules, introduction of specialized loans for home ownership, and altered portfolio design for successful repeat clients to improve client quality of life (Hulme & Moore, 2006; Karnani, 2007). Microfinance providers must also conduct awareness programs for spouse and family relations and health needs of client. Externally, microfinance providers must raise a collective voice about women client problems. Communication with regulatory bodies, government policy-makers, and women development bodies can help mobilize progress in vital areas of higher educational opportunities, structural support for working mothers, formal sector employment opportunities, and altered community norms for working women.

## References

- Agha, S., Balal, A., & Ogojo-Okello, F. (2004). The impact of a microfinance program on client perceptions of the quality of care provided by private sector midwives in Uganda. *Health services research, 39*(6Pt2), 2081-2100.
- Akram, M., & Hussain, I. (2011). The Role of Microfinance in uplifting Income Level: A study of District Okara–Pakistan. *Interdisciplinary Journal of Contemporary Research in Business, 2*(11), 83-94.
- Alkire, S. (2008). The capability approach to the quality of life. Background report prepared for the Commission on the Measurement of Economic Performance and Social Progress, Paris.
- Amin, R., St Pierre, M., Ahmed, A., & Haq, R. (2001). Integration of an essential services package (ESP) in child and reproductive health and family planning with a micro-credit program for poor women: experience from a pilot project in rural Bangladesh. *World Development, 29*(9), 1611-1621.
- Arif, G. M., & Farooq, S. (2011). Poverty, Inequality and Unemployment in Pakistan. *Pakistan Institute of Development Economics and Islamic Development Bank*. Retrieved from [http://www.isdb.org/irj/go/km/docs/documents/IDBDevelopments/Internet/English/IDB/CM/Publications/Partnership\\_Strategies/Pakistan\\_MCPS\\_Background.pdf](http://www.isdb.org/irj/go/km/docs/documents/IDBDevelopments/Internet/English/IDB/CM/Publications/Partnership_Strategies/Pakistan_MCPS_Background.pdf)
- Asim, S. (2009). *Evaluating the impact of microcredit on women's empowerment in Pakistan*. Lahore school of economics. Centre for research in economics and business (CREB).
- Bakhtiari, S. (2011). Microfinance and poverty reduction: some international evidence. *International Business & Economics Research Journal (IBER), 5*(12).
- Bali Swain, R., & Wallentin, F. Y. (2007). Does microfinance empower women? Evidence from self help groups in India. *International Review of Applied Economics, 23*(5), 541-556.
- Bandyopadhyay, S. (2008). Microfinance in the Improvement of Living Standard and GNH. In *Towards Global Transformation: Proceedings of the Third International Conference on Gross National Happiness* (pp. 248-271). Thimphu: The Centre for Bhutan Studies.
- Becchetti, L., & Castriota, S. (2010). The effects of a calamity on income and wellbeing of poor microfinance borrowers: the case of the 2004 Tsunami shock. *The Journal of Development Studies, 46*(2), 211-233.
- Brown, J., Bowling, A., & Flynn, T. (2004). *Models of quality of life: A taxonomy, overview and systematic review of the literature*. European Forum on Population

- Ageing Research.
- Chakrabarty, S. (2012). *Does micro credit increase child labour in absence of micro insurance?* Project Report. International Labour Office, Geneva, Switzerland.
- Cheema, A., Khalid, L., & Patnam, M. (2008). The geography of poverty: Evidence from the Punjab. *The Labour Journal of Economics*, 13, 163-188.
- Chemin, M. (2008). The benefits and costs of microfinance: evidence from Bangladesh. *The Journal of Development Studies*, 44(4), 463-484.
- Chen, S., & Ravallion, M. (2008). The developing world is poorer than we thought, but no less successful in the fight against poverty. *World Bank Policy Research Working Paper Series, Vol.* Available at SSRN: <http://ssrn.com/abstract=1259575>
- Cheston, S., & Kuhn, L. (2002). Empowering women through microfinance. Draft, Opportunity International.
- Chowdhury, A. (2009). Microfinance as a poverty reduction tool—A critical assessment. *United Nations, Department of Economic and Social Affairs (DESA) working paper*, (89).
- Creswell, J. W., Klassen, A., Plano Clark, V., & Smith, K. C. (2011). Best practices for mixed methods research in the health sciences. Bethesda (Maryland): National Institutes of Health.
- Daley-Harris, S. (2009). State of the microcredit summit campaign report 2009. Microcredit Summit Campaign, Washington.
- Dichter, T. W., Harper, M., & Action, P. (2007). *What's wrong with microfinance?* Rugby, UK: Practical Action Publishing Rugby.
- Diener, E., & Chan, M. Y. (2011). Happy People Live Longer: Subjective Well-Being Contributes to Health and Longevity. *Applied Psychology: Health and Well-Being*, 3(1), 1-43.
- Diener, E., & Suh, E. (1997). Measuring quality of life: Economic, social, and subjective indicators. *Social indicators research*, 40(1-2), 189-216.
- Diener, E., & Suh, E. M. (2000). Measuring subjective well-being to compare the quality of life of cultures. *Culture and subjective well-being*, 3-12.
- Doocy, S., Norell, D., & Teferra, S. (2004). The Emerging Role of Microfinance Programs in Mitigating the Impact of Natural Disasters: Summary Findings of an Impact Assessment of World Vision's Ethiopian Affiliate (No. 4). Progress Note.
- Dowla, A., & Alamgir, D. (2003). From microcredit to microfinance: evolution of savings products by MFIs in Bangladesh. *Journal of International Development*, 15(8), 969-988.

- Dunford, C. (2006). Evidence of microfinance's contribution to achieving the millennium development goals. Freedom from Hunger, USA.
- Duvendack, M., Palmer-Jones, R., Copestake, J. G., Hooper, L., Loke, Y., & Rao, N. (2011). What is the evidence of the impact of microfinance on the well-being of poor people? London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Frank, C., Lynch, E., & Schneider-Moretto, L. (2008). *Stemming the tide of mission drift: microfinance transformations and the double bottom line*. Washington, DC: Women's World Banking.
- Ghalib, A. (2007). *Measuring the impact of microfinance intervention: a conceptual framework of social impact assessment*. Paper presented at the Singapore Economic Review Conference, Meritus Mandarin Hotel, Singapore.
- Ghalib, A. K., Malki, I., & Imai, K. S. (2011). The Impact of Microfinance and its Role in Easing Poverty of Rural Households: Estimations from Pakistan. Kobe University.
- Goetz, A. M., & Gupta, R. S. (1996). Who takes the credit? Gender, power, and control over loan use in rural credit programs in Bangladesh. *World Development*, 24(1), 45-63.
- Goldberg, N. (2005). Measuring the impact of microfinance: taking stock of what we know. Grameen Foundation USA publication series.
- Haq, A., & Khalid, Z. (2011). Social Performance Report 2009: A look at the Social Performance of Pakistans Microfinance Sector. Pakistan Microfinance Network. Retrieved from <http://www.microfinanceconnect.info/articles/Social%20Performance%20Report%202009.pdf>
- Hashemi, S. M., Schuler, S. R., & Riley, A. P. (1996). Rural credit programs and women's empowerment in Bangladesh. *World Development*, 24(4), 635-653.
- Helms, B. (2006). *Access for all: building inclusive financial systems*. Washington, DC: C-GAP.
- Hermes, N., & Lensink, R. (2007). The empirics of microfinance: what do we know? *The Economic Journal*, 117(517), F1-F10.
- Hermes, N., Lensink, R., & Meesters, A. (2011). Outreach and efficiency of microfinance institutions. *World Development*, 39(6), 938-948.
- Hiatt, S. R., & Woodworth, W. P. (2006). Alleviating poverty through microfinance: Village banking outcomes in Central America. *The Social Science Journal*, 43(3), 471-477.
- Hofstetter, S. (2007). Interaction of Customary Law and Microfinance: Women's Entry into the World Economy. *William & Mary Journal of Women and the Law*,



- 14(2), 337-361.
- Hulme, D., & Moore, K. (2006). Why has Microfinance been a policy success in Bangladesh (and beyond)? Economic and social research council (ESRC). Global poverty research group (GPRG).
- Hussain, I. (2008). *Problems of working women in Karachi, Pakistan*. Newcastle, UK: Cambridge Scholars Publishing.
- Jabeen, N., & Iqbal, M. Z. (2010). Gender and local governance in Pakistan: promoting participation through capacity building. *South Asian Studies*, 25(2), 255-281.
- Jackson, C. (1996). Rescuing gender from the poverty trap. *World Development*, 24(3), 489-504.
- Kaliterna, L. L., Prizmic, L. Z., & Zganec, N. (2004). Quality of life, life satisfaction and happiness in shift-and non-shiftworkers. *Revista de Saúde Pública*, 38, 3-10.
- Karnani, A. (2007). Microfinance misses its mark. Retrieved December 17, 2013, from [http://www.ssireview.org/articles/entry/microfinance\\_misses\\_its\\_mark/](http://www.ssireview.org/articles/entry/microfinance_misses_its_mark/)
- Kellogg, C. G. (2009). Evaluating poverty outreach of small business lending: a study of BRAC Bank, Bangladesh. *Enterprise Development and Microfinance*, 20(3), 188-204.
- Khan, M. A., & Rahaman, M. A. (2007). *Impact of microfinance on living standards, empowerment and poverty alleviation of poor people: a case study on microfinance in the Chittagong District of Bangladesh*. Master's Thesis, Umea University, Sweden.
- Khandker, S. R. (2005). Microfinance and poverty: Evidence using panel data from Bangladesh. *The World Bank Economic Review*, 19(2), 263-286.
- Lamarca, G. A., do C Leal, M., Leao, A. T., Sheiham, A., & Vettore, M. V. (2012). Oral health related quality of life in pregnant and post partum women in two social network domains; predominantly home-based and work-based networks. *Health and quality of life outcomes*, 10(1), 5.
- Littlefield, E., Morduch, J., & Hashemi, S. (2003). Is microfinance an effective strategy to reach the Millennium Development Goals? *Focus Note*, 24(2003), 1-11.
- Lopez-Claros, A., & Zahidi, S. (2005). Women's empowerment: Measuring the global gender gap. World Economic Forum.
- Masud Ahmed, S., Chowdhury, M., & Bhuiya, A. (2001). Micro-credit and emotional well-being: experience of poor rural women from Matlab, Bangladesh. *World Development*, 29(11), 1957-1966.
- McCarter, E. (2006). Women and microfinance: why we should do more. *U. Md*

- LJ Race, Religion, Gender & Class*, 6(353), 353-366.
- Moghadam, V. M. (2005). The 'feminization of Poverty' and Women's Human Rights. Retrieved December 16, 2013, from [http://www.cpahq.org/cpahq/cpadocs/Feminization\\_of\\_Poverty.pdf](http://www.cpahq.org/cpahq/cpadocs/Feminization_of_Poverty.pdf)
- Mukherjee, A. K., & Kundu, A. (2012). Microcredit and Women's Agency: A Comparative Perspective across Socioreligious Communities in West Bengal, India. *Gender, Technology and Development*, 16(1), 71-94.
- Mumtaz, S. (2000). Targeting women in micro-finance schemes: objectives and outcomes. *The Pakistan Development Review*, 39(4), 877-890.
- Organization, W. H. (2004). The World Health Organization Quality of Life (WHOQOL). Position paper from the World Health Organization. *Soc sci med*, 41(10), 1403-1409.
- Pronyk, P. M., Hargreaves, J. R., & Morduch, J. (2007). Microfinance Programs and Better Health. *JAMA: Journal of the American Medical Association*, 298(16), 1925-1927.
- Qureshi, M. N., Ali, K., & Khan, I. R. (2010). Political Instability and Economic Development: Pakistan Time-Series Analysis. *International Research Journal of Finance and Economics*, 56, 179-192.
- Rai, A., & Ravi, S. (2011). Do Spouses Make Claims? Empowerment and Microfinance in India. *World Development*, 39(6), 913-921.
- Rosenberg, R. (2010). Does microcredit really help poor people? *Focus Note*, 59, 1-8.
- Sadaquat, M. B. (2011). Employment situation of women in Pakistan. *International Journal of Social Economics*, 38(2), 98-113.
- Saget, C. (2008). Fixing minimum wage levels in developing countries: Common failures and remedies. *International Labour Review*, 147(1), 25-42.
- Scully, N. D. (2004). Microcredit no panacea for poor women. The Development Gap Organization. Retrieved December 16, 2013, from <http://www.gdrc.org/icm/wind/micro.html>
- Seiber, E., & Robinson-Miller, A. (2004). The impact of a microfinance program on private health care providers in Uganda. Washington, DC: USAID/ Commercial Marketing Strategies Project.
- Setboonsarng, S., & Parpiev, Z. (2008). Microfinance and the Millennium Development Goals in Pakistan: Impact assessment using propensity score matching: ADB Institute Discussion Papers.
- Simanowitz, A. (2000). Targeting the poor—comparing visual and participatory methods. *Small Enterprise Development*, 11(1), 29-39.

- Swain, R. B., & Wallentin, F. Y. (2007). Does microfinance empower women? Evidence from self help groups in India. Uppsala University, Department of Economics.
- Syed, J., Ali, F., & Winstanley, D. (2005). In pursuit of modesty: contextual emotional labour and the dilemma for working women in Islamic societies. *International Journal of Work Organisation and Emotion*, 1(2), 150-167.
- Veenhoven, R. (2009). How do we assess how happy we are? Tenets, implications and tenability of three theories. In A. K. Dutt & B. Radcliff (Eds.), *Happiness, Economics and Politics: Towards a multi-disciplinary approach* (pp. 45-69). Cheltenham, UK: Edward Elger Publishers.
- Yunus, M. (1999). The Grameen Bank. *Scientific American*, 281(5), 114-119.
- Zeller, M., Lapenu, C., & Greeley, M. (2003). Measuring social performance of micro-finance institutions: A proposal. Social Performance Indicators Initiative (SPI)-Final Report, Argidius Foundation and Consultative Group to Assist the Poorest (CGAP).
- Zeller, M., & Meyer, R. L. (2002). *The triangle of microfinance: financial sustainability, outreach, and impact*. Johns Hopkins University Press, International Food Policy Research Institute (IFPRI).
- Zhu, C., Geng, Q., Yang, H., Chen, L., Fu, X., & Jiang, W. (2013). Quality of life in China rural-to-urban female migrant factory workers: a before-and-after study. *Health and quality of life outcomes*, 11(1), 123.



Q16. Do you have electricity connection in your house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Q17. Do you have gas connection in your house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q18. What type of energy is being used for cooking?	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other If option 5, specify type:		
Q19. Do you have toilet facility in your house?	<input type="checkbox"/> No toilet <input type="checkbox"/> Toilet without flush <input type="checkbox"/> Toilet with flush		
Q20. How do you dispose your garbage?	<input type="checkbox"/> Dump it outside house <input type="checkbox"/> Burn it <input type="checkbox"/> Carry to public disposal <input type="checkbox"/> Garbage collector visits <input type="checkbox"/> Other If option 4, specify frequency (d/w): If option 5, specify:		
Q21. List the type of consumer durables and HH assets you own:			
a. TV	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Air-Conditioner	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Cable	<input type="checkbox"/> Yes <input type="checkbox"/> No	i. Air Cooler	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No	k. Land-line	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Sewing Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	l. Mobile	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Washing Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
j. Please indicate which type of vehicle is available in the house.	<input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Rickshaw <input type="checkbox"/> No vehicle <input type="checkbox"/> Multiple vehicles		
<b>Section III: Loan Profile</b>			
Q22. How long have you been utilizing microfinance loan?			
Q23. What is the nature of loan?	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Family-Group <input type="checkbox"/> Other		
Q24. What is current loan amount (in PKR)?		Q25. What is monthly loan repayment installment (in PKR)?	
Q26. What are reasons for utilizing microfinance loan?			
Q27. Did the loan officer provide you complete information about proper utilization of loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Q28. Did you receive any skill development training from your loan provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what that training was about?		
Q29. Did the amount of loan satisfy the purpose for which loan was taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Q30. Are you required to attend any meeting with regard to monitoring the purpose for which loan was taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, skip to Q.33		
Q31. What is the focus of discussion in these meetings?	Only installment issues	1		
	1 + employment issues	2		
	1 + 2 + regional & legal issues	3		
	1+ 2 + 3+ HH & personal issues	4		
	Other	5		
	If option 5, please specify:			
Q32. Are you satisfied these meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, specify reason:		
Q33. Are you satisfied with the amount of repayment installment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, specify reason:		
Q34. Does anyone help in repaying installments dues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify who:		
Q35. How much of the loan that you have taken has been invested?				
<b>Section IV: Respondents' Quality of Life</b>				
Q36. How has your purchasing power with regard to the following items changed since loan-taking?				
a. Food items (e.g, flour, vegetable oil, sugar, other grocery items, vegetables, meat etc.)	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
b. Fruits	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
c. Clothing	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
Q37. How is your ability to pay utility bills since loan-taking?	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
Q38. How is your ability to pay house rent since loan-taking?	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worst	<input type="checkbox"/> NR
Q39. How is your ability to bear transport costs since loan-taking?	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
Q40. How is your ability to bear the expenses of your children's education since loan-taking?	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worst	<input type="checkbox"/> NR
Q41. How is your ability to consult doctor since loan-taking?	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
Q42. How is your ability to purchase prescribed medicines (in case recommended by doctor) since loan-taking?	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worst	<input type="checkbox"/> NR
Q43. How is your intake in following food items since loan-taking?				
a. Meat	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
b. Milk	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	
c. Fruits	<input type="checkbox"/> Improved	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	

Q44. How is your decision making with regard to family matters since loan-taking?	Improved	Same	Worst	Not Involved
Q45. How is your ability to manage spousal relations since loan-taking?	Improved	Same	Worst	NR
Q46. How is your decision making with regard to business related matters since loan-taking?	Improved	Same	Worst	Not Involved
Q47. How is your participation in income generating activities since loan-taking?	Improved	Same	Worst	Not Involved
Q48. How is your social participation (e.g. wedding ceremonies, birthdays, family functions, neighborhood functions etc) since loan-taking?	Improved	Same	Worse	
Q49. How is your participation in cultural activities (e.g. fairs, festivals etc) since loan-taking?	Improved	Same	Worse	
Q50. How is your personal savings since loan-taking?	Improved	Same	Worse	
Q51. How is your ability to work outside home for wages since loan-taking?	Improved	Same	Worst	Not Involved
Q52. How are your visits to relatives/friends since loan-taking?	Improved	Same	Worse	
Q53. How do you command respect in family since loan-taking?	Improved	Same	Worse	
Q54. How is your ability to give quality time to your family since loan-taking?	Improved	Same	Worse	
Q55. How is your ability to cope with work-related stress since loan-taking?	Improved	Same	Worst	Not Involved
<b>Section V: Open-ended Questions pertaining to Microfinance loan-taking and Quality of Life</b>				
Q56. In your view, should women be provided microfinance loans to for business purpose?				
Q57. Would you like to share or comment about your personal experience pertaining to microfinance utilization?				
Q58. In your view, what are the problems you or other women users face with regard to availing microfinance loans?				
Q59. In your view, what steps should be taken to improve microfinance services for women?				

### Appendix B- Study Sampling Zones in Administrative Towns of Urban Lahore



Source: Lahore Administrative Towns, Lahore City District Police Site 2012.

#### *Locations for Data Collection (indicated with red arrows on map)*

Administrative Towns of Lahore*	Data Collection Zones	Microfinance Provider
1. Ravi Town		
2. Shalimar Town		
3. Wagah Town	North of Wagah Town	FMFB
4. Aziz Bhatti Town		
5. Data Ganj Baksh Town		
6. Gulberg Town		
7. Samanabad Town	North-West of Samanabad Town	KBL
8. Nishtar Town	South of Nishtar Town	Kashf
	North-West of Nishtar Town	Damen
9. Lahore Cantonment	South-west of Lahore Cantonment	CWCD

Key:

Administrative towns as defined by Lahore City District Police Site 2012



*Biographical Notes:* **Sara Rizvi Jafree** has obtained her BSc. Honors degree from the London School of Economics (London, UK) and her M-Phil degree from The Institute of Social and Cultural Studies, University of Punjab (Lahore, Pakistan). She is currently a Ph.D. scholar at University of Punjab in the subject of Sociology and a lecturer at Forman Christian College (Lahore, Pakistan) in the Sociology Department. Her research is centered on nurse organizational culture and its influence on error reporting. E-mail: sararizvijafree@gmail.com

*Biographical Notes:* **Khalil Ahmad** obtained his Ph.D. degree from University of Punjab (Lahore, Pakistan). He is an Assistant Professor at The Institute of Social and Cultural Studies, University of Punjab (Lahore, Pakistan) and his research interests include Social Gerontology and Medical Sociology. E-mail: ahmad.rajan@gmail.com