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Meeting Needs and Seeking Peace: Experiences of Micro-Finance Loan Recipient Women of Karachi, Pakistan

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ABSTRACT

The association between socio-economic status and health is well established. While involvement in a micro-finance program has been shown to reduce poverty among women, little is known about how this involvement impacts their mental health. Using interpretive descriptive methodology, this qualitative study explored women's perceptions of how their participation in micro-finance programs influenced their mental health. Data were collected and analyzed through interviews with 32 urban-dwelling women from Karachi, Pakistan who have been micro-finance loan recipients for a period of 1 to 5 years. Women recognized micro-finance programs as being a major inspiration towards enhancing their mental health. The majority of participants, regardless of the number of years they held a micro-finance loan, revealed that seeking micro-loans and establishing income-generation activities assisted them to reduce tensions related to meeting their fundamental needs. Among the few participants who were not experiencing positive mental health at the time of the interview, they could foresee hope towards a better and an improved state of mental health. The need for and the importance of vocational skills training, economic stability, opportunity for education and environmental safety were echoed by these "everyday women" of Pakistan. Multiple stakeholders and micro-finance program should work collaboratively for the promotion of mental health determinants.

KEYWORDS: Women, mental health, micro-finance, Pakistan, Qualitative Research.

The World Health Organization ([WHO], 2005) has recognized that the participation of women in micro-finance programs contributes to their social and economic empowerment. Studies that examined socio-economic wellbeing as a measure of women's empowerment revealed strong evidence of empowerment across several indicators such as mobility, decision-making, (Gichuru et al., 2019; Hashemi et al., 1996; Kabeer, 2001; Yount et al., 2021), reduced domestic violence, and improved purchasing power (Hashemi et al., 1996; Huis et al., 2020; Kabeer, 2001; Varsha et al., 2019) among women loanees of micro-finance programs. There was a significant shift in overall decision-making patterns from norm-guided behaviour and male-led decision-making to more joint and female-led decision-making (Holvoet, 2005). Women loanees typically experience a greater sense of "courage and confidence" (Kabeer, 2001, p. 70) in decision-making (Addae-Korankye & Abada, 2017; Huis et al., 2020; Varsha, et al., 2019) both within their households and extended community (Lutfun & Khan, 2007). Associated with the receipt of a micro-finance, loan, the subsequent increased economic

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contribution to the household improved women's self-esteem and increased their confidence in interacting with individuals external to their families (Afrin et al., 2008; Ahmed et al., 2011; Huis et al., 2020). This confidence was also reflected in a Pakistani study of women in 139 rural villages and three urban cities where wives of male bank borrowers showed improved scores in autonomy or decision-making power after the household received the loan (Montgomery & Weiss, 2011). The results suggest that access to micro-finance loans empowers women, even if they are not the direct borrower. A systematic review examining the impact of micro-finance programs in South Asia, Sub-Saharan Africa, Latin America and the Caribbean suggested that involvement in micro-finance has both positive and negative impacts on women's empowerment (Gichuru et al., 2019; Rooyen et al., 2012; Stewart et al., 2010). The authors hypothesized that this mixed response may be due to the complex nature of the varied constructs that together create the concept of empowerment and the methodological challenges associated with measuring and analyzing this concept. Hence, empirical studies on women's empowerment in the context of micro-finance were found to be enormous and diverse. Considering that empowerment has been shown to improve mental health (Mayoux, 1998), it important to examine the impact of micro-finance program on women's mental health.

Literature Review

There is a paucity of evidence that documents the relationship between women's participation in micro-finance and their mental health outcomes. The existing evidence tends to focus predominantly on measurements of mental health disorders, such as perceived emotional stress and depression (Ahmed et al., 2001; Fernald et al., 2008; Glass et al., 2014; Goodman et al., 2021; Hamad & Fernald, 2015; Mohindra et al., 2008; O'Malley & Burke, 2017) rather than positive aspects (such as autonomy, self-worth, etc.) that contributes to positive mental health and well-being. What has been established is that women who become micro-finance participants typically enter the programs with high rates of emotional stress or depression, often related to vast experience of chronic poverty or other sources of trauma. Poverty was the significant contributor to emotional stress among both Bangladeshi micro-finance women members with low socio-economic and women non-members (Ahmed et al., 2001; Sica, 2019). In "Pigs for Peace", a study conducted in the Demographic Republic of Congo, the authors reported increased exposure of multiple trauma with poor mental health outcomes among women enrolled in micro-finance and training programs (Kohli et al., 2015).

Across the literature however, there is evidence that the length of time spent in a micro-finance program can contribute positively to improving mental health outcomes. In cross-sectional data from a household survey conducted in Panchayat, India 928 (18-59 years) women answered questions about well-being, including rates of emotional distress (Mohindra et al., 2008). While 88%of respondents reported some degree of emotional distress, women who were micro-finance members for more than two years demonstrated significant lower levels of self-reported emotional stress as compared to non-members. Similarly, decreased depressive symptoms were reported among women with longer program participation as compared to those with a shorter length of participation (Hamad & Fernald, 2015). A recent study from Kenya reported a decrease in depression and loneliness among women after a year of participation in the micro-finance program (Goodman et al., 2021).

The studies that support the notion that involvement in micro-finance activities increases financial security and improves mental health outcomes over time. In a randomized controlled trial from South Africa revealed increased family income significantly decreased symptoms of depression (OR=-0.88, CI= -1.58, -0.19). Among the sample size of 257 men and women, 53% were micro-finance new applicants who had been previously rejected for a loan and were assigned to the intervention group. Participants were assessed for psychological stress using Cohen's Perceived Stress Scale and symptoms of depression through the Center of

Epidemiologic Studies-Depression Scale at 6 and 12 months. Regression analysis showed an increase in the level of perceived psychological stress in the combined sample of men and women (OR=0.64, CI=0.04, 1.23), with higher symptoms among men in the treatment group. On the other hand, access to loans was associated with decreased depressive symptoms in men (OR=-1.18, CI=-2.34, -0.02) but not in women (OR=1.53, CI=0.13, 2.93). Further, among women members, increased duration and involvement in micro-finance activities resulted in greater economic independence and financial security, thereby alleviating the stress and tension related to future income (Fernald et al., 2008). One of the systematic reviews focused on microfinance issues related to women's mental health revealed mixed outcomes on depression among the five studies selected for the review. The review emphasizes the importance of creating high-quality evidence to determine a clear conclusion to improve women's mental with their participation in the micro-finance program (O'Malley & Burke, 2017). Prince (2014) reports that show that access to financial services, such as loans and savings, did not increase stress or depression, nor did this access have an impact on life satisfaction. However, among financial service participants who reported having an outstanding loan, increased stress and decreased life satisfaction was reported. Influenced by these finding, Prince (2014) subsequently recommends that in designing future loan programs, that attention to participants' mental health outcomes is attended to.

While there is increasing recognition of women's mental health and well-being in developing countries, there is little information about women's subjective conceptions of their mental well-being in general and as an outcome of their participation in micro-finance in particular. Experts in women's health studies in the context of micro-finance have urged researchers and policy makers to incorporate women's voices in projects and program planning to understand the complete picture of the impact of micro-finance on women's mental health and well-being (Kabeer, 2001). Therefore, in the absence of empirically-derived studies from Pakistan, the present study aims to identify the meaning of micro-finance participation to women loanees and to explore the perceived impact participating in micro-finance programs on their mental health and well-being.

Methodology

Study Design

The principles of interpretive description (Thorne, 2008) guided the conduct of this qualitative research to answer the overarching question, "How do Pakistani women describe the influence of their participation in a micro-finance program on their mental health and well-being?" Interpretive description is a "noncategorical" methodological research approach for examining a clinical phenomenon with a focus on "human health and illness experiences" (Thorne et al., 1997, p. 173). The method is associated with the naturalistic orientation to inquiry and informed by the key axioms proposed by Lincoln and Guba (1985). For instance, interpretive description is a methodology that assumes multiple realities and aims to understand how individual experiences are influenced by their context (Thorne, 2008). The current study describes the specific experiences of women as they relate to their own perceptions of mental health and their mental health challenges, within the context of the responsibilities of seeking loans and other forms of economic sustenance, along with their traditional role as women in Pakistani society.

Setting and Sampling

This study was conducted in Karachi, Pakistan, from August 2013 to July 2014. Thirty-two women who had been loan recipients were recruited from two micro-finance institutions selected for this study. To maintain confidentiality and privacy, as well as the anonymity of the programs, in this article the institutions are referred to as the micro-finance program 1 (MFP-1) and the micro-finance program 2 (MFP-2). Both institutions are considered to be the top two providers of micro-finance in the country (Pakistan Microfinance Network, 2014). Women were recruited from three different branches of MFP-1 and from one branch of MFP-2. Purposeful sampling was employed to locate women who; (a) had been loan recipients of these micro-finance programs for a period of one to five years; (b) had received at least one loan in the last five years; (c) spoke Urdu (the national language of Pakistan); (d) expressed willingness to participate and; (e) was available to be interviewed, and provided oral or written consent. In this study, five micro-finance administrative personnel were also invited to participate and to share rich descriptions of their experiences and observations in terms of the opportunities and challenges women loan recipients experience within their program, as well as the support received from the micro-finance institutions. The study received ethics approval from Hamilton Integrated Research Ethics Board of McMaster University.

Data Collection

A single in-depth, semi-structured face-to-face interview was conducted with each study participant. Interviews with micro-finance loanees focused on exploring their experiences of mental health and opportunities and challenges in terms of their mental health promotion with their involvement in micro-finance. The interviews also explored how and in what way different measures of micro-finance programs could or could not be a source of their mental health promotion. These interviews ranged from 75-90 minutes and were arranged at a mutually agreed upon time, taking into consideration the availability of space in the selected micro-finance branches. Interviews with micro-finance personnel were also conducted at their respective micro-finance area branch and were carried out individually and were ranged from 40-60 minutes. All the recorded interviews were transcribed verbatim with identifying information removed.

Data Analysis

To maintain the original meaning and relevance of the information from the culture where the text was constructed, interviews were conducted in Urdu and data were subsequently analyzed in the source language (Urdu). The summaries of participants' narratives and the categorized data were then translated into the target language (English). Two bilingual translators and an expert panel with language, cultural, subject and methodological expertise were engaged to review the translations and to work with the lead researcher (who is also bilingual in Urdu and English) resolve any discrepancies that arose during the translation process. Further, a portion of data was translated and double coded by a qualitative expert. These measures have strengthened the trustworthiness of the study.

Consistent with qualitative data analysis, the Content Analysis framework was employed to generate new evidence about the phenomenon (Hsieh & Shannon, 2005; Thorne, 2008). Both inductive and deductive approaches to content analysis to coding and categorizing the data were used. Codes were generated from the data by examining transcripts and reading small sections and paragraphs. These codes and their definitions were recorded in a separate file to ensure consistency across the data. Next, the sub-categories were combined and reduced to a small set of categories that were similar in nature. Commonalities and dimensions of each

category were explored, and linkages and relationships between categories were arranged into major themes. Constant comparative analysis was employed until no new categories emerged and no new insights were identified. The lead author continued to ask broad questions, "What does it mean?," "What is happening here?," and "What am I learning here?" to develop an analytic framework and a deeper understanding of the women's mental health experiences.

Table 1

Demographic Characteristics of Study Participants

Participants' Attributes	MFP-1	n	MFP-2	n	Total n (%)
Participants from Micro-finance Branches	Branch 1	5	Branch 1	10	32
	Branch 2	7			
	Branch 3	10			
Mean Age in Years (ranges)	38.2 (20-57)		34 (27-48)		38 (20-57)
Formal Schooling					
Yes	12		8		20 (63%)
No	10		2		12 (37%)
Years of Schooling					
Grade 1-5	5		2		7 (22%)
Grade 6-10	6		5		11 (35%)
Grade 11-12	1		0		1 (3%)
Grade >12	0		1		1 (3%)
Informal Schooling					
Yes	13		6		19(59%)
No	9		4		13(41%)
Mother Tongue					
Sindhi	10		0		10(31%)
Panjabi	7		9		16(50%)
Urdu	4		1		5(16%)
Gujarati & Kachi	1		0		1 (3%)
Marital Status					
Married	18		10		28(88%)
Single	2		0		2(6%)
Widow	2		0		2(6%)
Mean Number of Children (ranges)	3.7 (0-8)		3.8 (0-8)		4 (0-8)
Mean Family Size (ranges)	6.4 (3-10)		6.4 (4-10)		6 (3-10)
Head of the Family					
Self	9		1		10(31%)
Husband	7		9		16(50%)
Others	6		0		6(19%)
Women working in Addition to Loan Investment					
Yes	8		3		11(35%)
No	14		7		21(65%)
Husband's Work Status					
Employment	7		6		13(41%)
Self-Employed	7		4		11(35%)
Not working	2		0		2(6%)
Deceased	4		0		4(12%)
Women not married/Single	2		0		2(6%)

Findings

Table 1 summarizes the demographic characteristics of women who are loan recipients. A total of 32 women loan recipients participated in this study. Among this sample, the mean age was 38 years, and 63% (*n*=20) had some form of formal schooling. Two participants completed high school, one of whom had a university degree. The primary language among the majority of the participants 50% (*n*=16), was Panjabi. Of the 32 women in the sample 88% (*n*=28) of women were married, 6% (*n*=2) were single and a similar number of women were widowed. The mean number of children among the married and widowed women was four. Ten (31%) participants considered themselves head of the family, whereas half (50%, *n*=16) acknowledged their husbands and 19% (*n*=6) viewed some other person, such as a father-in-law, mother-in-law, brother-in-law, or elder son as the head of the family. Thirty five percent (*n*=11) women indicated that they were employed in addition to the loan investment. Among husbands of study participants, 75% (*n*=24) were presently working, either as employees or owners of a small business, whereas 6% (*n*=2) were not working. Participants whose life partner was deceased were almost 13% (*n*=4), and 6% (*n*=2) of participants were single. Although women were not specifically asked about their loan size, some of them shared this information ranging from Pakistani Rupee (PKR) 5000 to 25000. The average exchange rate of US Dollar (USD) to PKR in 2014 was 101.0138 PKR.

In response to women's experiences of how seeking loans from micro-finance programs has influenced their mental health and well-being, a series of three interconnected themes were identified: (a) When there is peace, there is mental health, (b) When unresolved tension exist, mental health deteriorates, and (c) When there is hope, mental health thrives. Each theme represents women's descriptions of the state of their mental health and the unique features that they believed influenced their mental health experiences.

When There is Peace, There is Mental Health

This theme reflects women's positive states of mental health. In this study, the majority of women (*n*=22) described themselves in a state of mental peace and positive mental health. Women reported that access to basic resources was identified as a key component of mental health, women shared stories that reflected issues related to being poor and indicated that the ability to meet their day-to-day essential needs reduced their tension.

Since peace and happiness were considered opposites of tension, women listed activities that made them feel happy and kept them away from tension and worries as contributors to their positive mental health and overall well-being. A sense of satisfaction that women referred to is reflected when a participant said "I am happy . . . I earn less, eat less and try to stay in peace at my home…" Typical examples of these activities or conditions included having a consistent source of income, or being employed.

Children's Well-being

For mothers in this study, there was a clear connection between their own mental health and their perceived well-being of their children. Women articulated the connection between their positive state of mental health and their children's access to hard work at school. A participant, who initiated her fourth loan, described her state of mental health in the following way: "my husband has work, he makes money, I also work from home . . . and my children are in school, I am happy, I do not have any tension." Women were explicit in seeing a promising future for their children as a major component of flourishing mental health. Women also acknowledged that besides being happy, being contented is also crucial for their positive mental health.

Schooling and Literacy

The women also expressed that having some level of literacy and especially exposure to schooling were also considered vital in how one views oneself and how one is viewed by others. Many women explicitly associated education with their positive mental health. One participant in her fourth loan, articulated that her high school diploma had given her the "confidence and ability to lead a positive life" as she finds herself contented to achieve a certain level of education. The women also discussed feeling privileged when others sought out their opinions and respected them due to their education. Participants expressed that it was positive for their mental health to be respected in such a way by neighbors and to be viewed as a leader in the community. With this increased respect and local credibility, came increased confidence in decision making, as one participant explained, when others "push you forward where there is a need to understand things and make decisions." On the contrary, one participant who had completed post-secondary education, but had not been able to achieve the increased status or advanced career opportunities in alignment with the completed education, resulted in a sense of despair. This woman expressed that though education is important in how we view the world, it results in higher expectations from society, as well as greater responsibilities. Considering her level of education, "initiating a small business at the flea market was a source of tension;"

Support and Recognition

Several participants were explicit in their responses about the supportive roles of their family members towards their mental health and well-being. The women valued collaborative approaches, especially with spouses and other significant family members, to handle their day to day issues. Though the women acknowledged the culturally based asymmetrical power between males and females, they emphasized the importance of both partners being in the workforce to meet the high demands of inflation. The women identified circumstances when they are dependent on their male partners and were challenged by safety issues. One participant who initiated her first loan described valuable support provided by her spouse when she initiated a new business funded by the micro-finance loan.

> *My husband is my support, he came with me to micro-finance office to apply for a loan, he even took two months off from his work to help me to establish my business, he went with me everywhere, to buy . . . to do things that needed to be done for my work.*

It was also important for participants that they were praised and recognized for their effort by their families and neighbours towards the improvement of their family's socio-economic status (SES). Women were very thoughtful in their description of how they can achieve more with a little support and encouragement from their spouse. A participant recalled her experiences and said "as my work started making profit, I received encouraging comments from my spouse . . . which increased my confidence." Micro-finance administrative personnel also reflected that when they observed strong, cohesive family dynamics among their loanees that they felt this enhanced the overall well-being of families. A male personnel participant with more than five years of experiences stated that simply having "a say in family matters" encourages them and "must make them feel proud of themselves."

The women in this study also emphasized ways that engaging in a micro-finance program benefited them. Women who self-reported improved mental health attributed their participation in a micro-finance program as a critical positive influence as these programs created opportunities to use their skills, increase their self-confidence, and experience a sense of satisfaction in productively contributing to their family and society.

Participants expressed their admiration for and appreciation that micro-finance efforts prioritized "giving loans to females, because whatever was done in past was always done for males." A common response echoed was that "micro-finance has done enough for poor people." Though many women were not very elaborate in their praise of micro-finance institutions, their selection of words and the glimmer in their eyes reflected their satisfaction. One participant said, "They [micro-finance program] have not done less but have done too much for poor people."

Loan Duration

The women shared many stories about their varied years of experience in micro-finance. Several women in the early years of a loan, described loans as beneficial due to the access they provided to a suitable source of income as well as the major relief of tension the loan brought them. Though many women shared their fear of this new experience, their gradual success had overcome their distress. A participant, who initiated her third loan at the time of interview, said,

> *Now I am mentally set, in the earlier days when I did not have a sufficient source of income, I kept getting worried that I have spent a big amount of loan in my business. But as my work started expanding, God willed it. I am happy, I have work, there is no mental worries.*

For those who had loans for more than four years and reported being successful, they described their initial years of loan disbursement as challenging, followed by more successful years. Among these participants, there was a gradual consensus that "an increase in a loan assisted them to improve their economic activity and improve their overall mental well-being." Among this group of women with positive mental health, only one participant who was in her fifth year of a loan shared her opinion of obtaining a future loan. As she reflected on her past, she questioned the possibility of seeking a loan in the future and said,

> *I am happy after seeking a loan from micro-finance . . . earlier days were difficult because it took some time for my business to make profit, slowly and gradually my work started progressing . . . even now if I decided to stop taking loan in a few years, I will be fine…I have a good source of income and my mental health is good.*

The impact of a loan on women's economic empowerment was also reported by the majority of participants. Though the women did not explicitly mention how the loans influenced their status in their homes, ten women identified themselves as a head of their household. It is important to note that despite the cultural norm where males are traditionally considered the head of the family due to his financial responsibilities, a little less than half of the participants viewed themselves in this role. Among this group, two women were widows and two spouses were not employed, therefore these women's role may be related to these circumstances. A shared belief among the others was that the "loan allowed them to make decisions related to family income."

As many as 11 women in this study had additional employment apart from their loan. Women expressed the dire need to improve their SES and the pride they felt when their economic contribution towards their family income helped them meet basic needs. While the additional workload caused some stress for many of the women, it also facilitated access to resources and brought some peace to their lives. There were women in this study, who had not been able to work in the past due to their responsibility for young children. They detailed their

past experiences of how "limited funds with one person's salary" was never sufficient and how their participation in workforce helped them to move to a better state of mental health.

When Unresolved Tensions Exist, Mental Health Deteriorates

The group of participants whose data contributed to the development of this theme self-reported poor or an absence of mental health. Five women explicitly stated that "my brain is not functioning," or "I have many tensions." Every woman had diverse experiences to share, which were either associated with issues related to consistent employment, their children's well-being, issues related to fate, seeking health care, and lack of positive family dynamics. In contrast to participants who reported being in positive mental health, a common phenomenon that connected these women was a history of living in an impoverished situation. Women also shared their experiences with their involvement in micro-finance programs and its influence on their mental health. It is noteworthy that when women talked about their poor state of mental health, their tensions and worries were clearly visible on their faces. Many women tried to avoid responding to the question, looked down, avoided eye contact, or cried in silence.

Poverty and Unemployment

Participants discussed the complexity of issues related to their low SES. These women recognized that a lack of funds, due to an insufficient source of income was a key contributing factor towards their poor mental health. The women articulated how their impoverished status connects them to a limited ability to meet basic needs, their children's well-being, and adequate health care services. During the interview process, seven women in particular reported unreliable employment as a source of their poor mental health. Among this group of seven women, there were three who were in their initial years of a loan and were challenged because their income-generation activity had not been successful. These women reported "being stressed and worried," and reflected on how they would manage to return their loans. A typical issue was identified by two women who lost their livelihoods and funds related to the city crisis. Women complained that lack of safety affected their employment and their lives. "How do you survive when so much is going on…how do you get mental health," asked one participant whose family lost a large fortune invested with loan funds. A participant explained,

> *You know how things are in Karachi, when the city shuts down, no one can go out to make money . . . female clients get stressed out when they were not able to do well in their work and they have to return loan.*

Unproductive Use of Loan

Participants questioned the role of law enforcement in the country and shared their despondency about the city and for the country. Among this sample of participants who believed their low SES was responsible for their poor mental health, there were two women who were utilizing their loans exclusively for purposes other than income generation. Since their households had insufficient sources of income from employment, these families decided to take loans to make ends meet. They shared that they spent a major portion of these loans towards payment of groceries and utility bills. Though these women articulated their lack of skills to initiate an income-generation activity, they also acknowledged "a lack of courage and confidence" in themselves. Having sought a loan and used it for other purposes, these women were struggling to return their loan instalments. The women then collected additional funds with high interest rates to pay back their loans to the micro-finance program. This vicious cycle of fund movement with additional interest thus became a major source of tension that resulted

in lack of peace in their lives. It is also important to note that this issue was also shared by those have sought an income-generation activity through their loan. “Women go through hard time when the loan is not been utilized, it is meant for . . . It is very important that micro-finance give correct loan to women,” a female staff member from a micro-finance program suggested in reference to evaluating women’s ability and skills to utilize funds they seek from the micro-finance program.

Unfortunate Fate

The role of fate in women’s poor mental health was also recognized by three women. A general belief among this group was that fate is a constant notion and is related to their negative life events only. Women articulated that “poverty brings lots of adversity in life,” and they feel powerless to reverse their fate and thus have learned to live with it. “I worked hard throughout my life, but poverty never left me,” a participant in her second loan said. It is also interesting to note that women also felt that “unfortunate fate runs in families.” Women reported a life history of misery and suffering beginning from their mothers to themselves and how it will be passed onto to their daughters.

When There is Hope, Mental Health Thrives

This theme represents women who expressed that certain variations in their day-to-day living have challenged the state of their mental health. Participants in this category discussed the complexity of their existing issues and how it relates to their alteration in mental health. These participants agreed that if a situation goes in their favour, they would feel happy and peaceful. Participants acknowledged that “suffering and pleasure are the part of life” and five women associated changes that occurred over the last few months and days before they were interviewed as influencing their mental health. For instance, some of the conditions that hampered women’s positive mental health and overall well-being were living as a single parent, alteration in the health status of a family member, and a lack of a spouse’s contribution to family income.

Safety and Security

As discussed earlier, Pakistan’s geopolitical situation influences women’s mental health and overall well-being. One participant associated her poor mental health with the condition that she is forced to live without a companion in a country where safety is a pressing issue. A participant reflected that her mental health was good until her spouse had to leave the country to seek employment elsewhere. She identified many issues that have affected her overall well-being, most frightening of which was the safety and security of her family. For her, “travelling alone in the city”, especially when she had to leave her daughters behind at home, was her biggest concern. As she continued sharing her concerns, she displayed her despair and hopelessness for her country. Though improvement in SES status through a consistent source of income was extensively considered a significant aspect for positive mental health, she argued that it is not when it comes at the cost of being away from her loved ones.

Health Care/Access

Among this group, women also shared how changes in the health status of their loved ones influenced their mental health. With the illness of the bread-earner of the family, and the absence of a consistent source of income this means, there are more basic questions of meeting basic needs. Participants were explicit about the importance of improving their SES to get a

better control over their situation. A participant who initiated her third loan described, "if you have money, a lot of your work can be done." Though some women feel powerless over their circumstances when there is a crisis in the family, they foresaw hope in the future. Some of the situations these women shared in the interview process, may question one's optimistic attitude towards life and resilience during adversity. A participant expressed how she has adapted herself to the situation, when she said, "I tried to stay happy whatever is the circumstances…things will change one day, it has to change."

Similarly, another woman's story revealed many examples of suffering, as her young child was mis-diagnosed with a life-threatening condition, her husband lost his job, and she had to leave her work due to her high-risk pregnancy. Although she went through a difficult time in order to return her very first loan which she sought from micro-finance, she was hopeful that her second loan would result in more positive outcomes for her and her family. This participant reflected how a little change in her life events influenced her mental health and how her faith helped her see a positive future, when she said,

> *My mental health was good, when my children used to go to school, I used to go to work, my husband had a good job . . . with God's permission when I will receive a loan my economic situation will be better again, and I will be able to send my children to school again.*

It is important to note that although the women saw that loans from micro-finance may bring changes in their lives, they believed that what change is good for them is very much dependent on what God decides for them. Participants explicitly shared their views about their faith regardless of their religion.

Family Dynamics

Having an anguished family relationship with others is also considered a source of tension. Women shared many stories of troubling relationships with spouses and in-laws and how this impacts their mental health. A multitalented participant who was involved in multiple income-generating activities had mixed feelings about her state of her mental health. Though she feels "powerful and happy" because she had gained the trust of people in her neighbourhood through her work and words, she felt worthless when she failed to receive support from her spouse. This survivor of intimate partner violence (IPV) reflected that although her economic empowerment has helped her to respond to abuse confidently, repaying her loan was a burden, especially when there was limited contribution from her spouse. The participant emphasized the need to do the best possible within her situational limitation; however, she recognised how her challenges could be overcome. For instance, a participant said,

> *Through my work and loan I was able to feed my children and other needs . . . paying off is hard . . . but it has to be returned, I feel pressure and tension . . . things will improve if I get some of his [spouse] support.*

Participants in this study expressed in multiple ways their experiences of mental health. For many, being able to afford basic needs, including those that support their children's well-being, through a steady source of income brought a ray of light and peace to their lives. The women described mental health as a state, but also as a process whereby they move forward to attain a stronger sense of positive mental health and overall well-being. During this discussion, the women spoke about circumstances in which they decided to seek loans and looked forward to challenging their courage and motivation once they received them. Not being able to meet day-to-day challenges was a cause of distress for many participants, causing them to feel

powerless and unfortunate. The several moments when these women where silent and crying possibly revealed their limitations to verbally express the pain and suffering during the interview process. Women in this study shared stories of their struggle and how they longed for a better life for themselves, their children, their families, and for their country as well.

Discussion

In this qualitative study of women's experiences of participating in micro-finance loan programs in Pakistan, the majority reflected that these opportunities positively influence their overall mental health and well-being. Most participants, regardless of the number of years they had held a micro-finance loan, revealed that seeking micro-loans and establishing income-generation activities assisted them to reduce tensions related to meeting their fundamental needs. More than one half of the study participants reported experiencing positive mental health as compared to a quarter who considered themselves in a poor state of mental health. Study participants who were not in a state of positive mental health could foresee hope and believed that certain positive developments in their lives could move them towards a better and an improved state of mental health.

While this study focused exclusively on urban-dwelling Pakistani women loanees, the results compliment findings from broader evaluations of micro-finance programs that included measures of mental health and well-being. The Bangladesh Rural Advancement Committee (BRAC) study findings showed a significant improvement in mental health using a 36-item short-form health survey among poor BRAC members compared with poor non-members ($p<0.01$). However, the depression scale was non-significant when controlled for other variables (Ahmed et al., 2002). In contrast to this finding, a previous study conducted in South Africa among micro-finance recipients revealed an increased level of perceived stress among both men and women who received a second chance for a loan to improve their mental health with an increase in SES (Fernald et al., 2008). Stress related to the early period of involvement in micro-finance (Fernald et al., 2008; Goodman et al., 2021) and the recovery of loans was also consistent among a quarter of women participants in the current study who recalled the experiences of their early years with micro-finance. However, a few women found receiving a loan a source of relief because it fulfilled their immediate needs and provided a platform to have meaningful work.

Our findings highlight that when women live in conditions of social and economic disadvantage, most notably extreme poverty, that women note this as a significant factor that contributes to their experiences of poor mental health. Consistent with previous studies (Fryers et al., 2003; Patel & Kleinman, 2003), poverty was considered the biggest contributor to poor mental health among the participants across one to five years of a loan period, where meeting fundamental basic needs was a challenge for many participants. However, seeking a loan is only beneficial to their mental health if it is correctly utilized for the purpose it was meant. Initiating an income-generation activity and being able to maintain a consistent source of income were the vital elements in positive mental health. Among poor Bangladeshi loan recipients, poverty was similarly reported as the most significant reason for emotional stress, as well as among poor women who did not have loans. That is, stress resulted as these women faced extreme difficulty in making financial ends meet (Ahmed et al., 2001). The impact of micro-finance programs on poverty alleviation has been explored for many decades. Researchers focusing on these studies find it particularly challenging to evaluate micro-finance as a variable using rigorous research design because of the complexity and variation of micro-finance programs across the globe (Rooyen et al., 2012; Sica, 2019; Stewart et al., 2010; Stewart et al., 2012).

The mixed findings of a systematic review of 17 robust studies revealed that micro-credit and micro-saving sometimes influenced poor people to engage in economic opportunities and therefore might impact their income. However, loan recovery with high interest also demands borrowers to sell non-financial assets to raise funds for the repayment of loans (Stewart et al., 2012). A study from Ghana reported that approximately 27% of the women reported being "worse off" due to the high interest rate and unfriendly terms of loan by the micro-finance program they were enrolled (Addae-Korankye & Abada, 2017, p. 228). Two other systematic reviews citing Sub-Saharan African studies (Rooyen et al., 2012; Stewart et al., 2010) showed that involvement in micro-finance can entrench poverty and place individuals in additional debt for repayment. Fernald et al.'s (2008) in their RCT study found that incurring loan debt and coping with an increased financial burden may augment psychological stress, and increase poor mental health for some impoverished South Africans.

These findings were reflected by the Pakistani women who participated in the current study, as loan recovery was considered a tension among the women across one to five years of the loan period. However, this was reported only by those women who did not have any consistent employment or were challenged with geo-political adversity. Interestingly, very few women were concerned about the high interest associated with their micro-finance loans. In the absence of any financial support from government, loans received from micro-finance programs, regardless of high interest, were considered an asset among the women.

Loan Duration and Women's Mental Health

Researchers focusing on micro-finance studies have also examined the relationship between the length of women's participation in micro-finance programs and their mental health outcomes. For instance, Ahmed et al.'s (2001) did not find any effect on women's emotional stress overall. However, they found a gradual increase in emotional stress with involvement in a micro-finance program from the first year onward, reaching a peak around three years, and then declining. Similarly, Varsha et al.'s (2019) found the similar outcome however the tension was mainly due to the increase in decision making on the expansion of business. In contrast to the above findings, the present study indicated a mixed outcome. Women in the second year of a loan represented the majority of the study sample and most of them recognized themselves as having positive mental health. The women who were in the third to fifth years of loan also reported positive mental health. Interestingly, one woman out of three also reported less tension and worries while she sought her first loan only. It is noteworthy that the women who did not recognize themselves in a state of positive mental health but foresaw hope with positive change in their lives were primarily in their second, third, or fifth year of the loan period. Considering the variations in years and uneven representation of women in each year, it was challenging to make a clear conclusion. However, similar to previous studies it may not be wrong to say that women who stayed longer with micro-finance for two years or more than two years reported less tension. Researchers focusing on examining women's mental health with participation in micro-finance programs should also assess the baseline mental health status of women who seek a loan for the first time. This will enable us to understand what kind of women join micro-finance programs. If women with positive mental health are more successful in receiving loans, are they more likely to stay in a positive state of mental health in the early years of a loan?

In the current study, women in the early years of a loan also considered themselves to be in a state of positive mental health may bring new insights. Although this is a promising outcome for micro-finance and women's mental health, it is vital to note that a considerable number of women (34%) held two loans. Further, many women were involved in earning an additional source of income besides the loan investment. Activities such as working as a housemaid or as a cleaning lady at a clinic or a school were commonly reported among these women who were in their early years of micro-finance. Among these women, many have either

shared or redirected their loan to other family members for economic purposes. It could be assumed that sharing loan resources may enable women to seek additional employment. These findings related to women's dual role to improve their SES reflect the additional responsibilities these women hold, along with their home and child care duties. It could be argued that improving SES and women's participation in economic activity results in a "newly adopted non-traditional role" in a patriarchal society (Ahmed et al., 2001, p. 1964), such that participants of this study were challenged by their dual responsibilities both in and outside the home. This poses two important questions: (a) will an additional work load place these women at risk for poor mental health outcomes if they consistently engage themselves to improve their SES?; and (b) is promoting women's participation in micro-finance along with an additional source of income an appropriate intervention in terms of their mental health outcomes? Further, women's motivation to seek an extra loan and its impact on their mental health and overall well-being should be another area of discussion for policy makers and program planners of micro-finance institutions.

Non-Productive Use of Loans and Women's Mental Health

Non-productive use of loans is another area of discussion in the literature (Goetz & SenGupta, 1996; Mahmood, 2011; Mayoux, 1997; Rahman, 1999; Singh, 2015). Similar to another Pakistani study (Mahmood, 2011), in the current study, the majority (94%) of women reported that the loan sought from the micro-finance program was utilized appropriately for economic opportunity; however, two participants (6%) employed their loans exclusively for household and utility expenses. Both of these women experienced poor mental health. Their loans were only a temporary source of resources and brought additional tension and worries. In the presence of a marginal monthly family income, the consistent increase in loan debt and need to seek additional loans from other sources to cover the previous loans further moved them towards deeper levels of poverty and poor mental health (Arnold & Booker, 2013). United Nations and WHO (2008) indicated that people living in poverty generally lack common knowledge about improving their standard of living. This is evident among populations where illiteracy limits one's ability to make effective interventions specific to poverty reduction (Ali & Hatta, 2012).

Along with studies that documented benefits to women participating in micro-finance programs, studies document the need and the importance for vocational skills (Agbeko et al., 2017; Brixiova, 2010; Kennedy et al., 2014; Mahmood, 2011; Newman et al., 2014; Shaw, 2004; Varsha et al., 2019). In the absence of sufficient employment skills, the women loan recipients in the current study emphasized accessing vocational skills training to have a consistent source of income and to prevent cycle of poverty and poor mental health (Madhani et al., 2015). This would eventually mitigate redirection of their loans to their male family members or to use their loans for non-productive purposes.

Women's Mental Health and Experiences of IPV

There is sufficient literature related to effects of IPV on poor metal health outcomes. Studies suggested that women experiencing IPV are more likely to report symptoms of anxiety and depression (Kumar et al., 2005; Mapayi et al., 2013). The findings of the current study revealed some promising outcomes. When women described their mental health outcomes as linked to their involvement in micro-finance programs, three women (9.4%) disclosed current or past exposure to IPV. Although women were not specifically asked about their perceptions and experiences of violence, their description of their experiences indicated that they experienced multiple types of IPV (i.e. verbal, emotional, physical, and sexual violence in the early years of their marital lives). Although three previous systematic reviews indicated a mixed

relationship between women's economic involvement and their experiences of IPV (Madhani et al., 2015; O'Malley & Burke, 2017; Vyas & Watt, 2009), women from the current study recognized that their micro-loan had been a valuable asset to reduce the recurrence of IPV in their lives. These women pursued moving towards positive mental health and well-being with their participation in income-generation activities and increased control of their resources.

An exploratory qualitative study conducted on female survivors of IPV and domestic violence identified engagement in employment as a major contributor of increasing their self-esteem, empowerment, and mental relief (Rothman et al., 2007). Similarly, self-esteem was positively related to more power in intra-household decision-making on small expenditures, among Vietnamize women entrepreneurs who experience IPV (Huis et al., 2020). These findings are consistent with the current study that shows when women becoming economically independent through employment activities, they are more likely to demonstrate higher self-confidence or self-efficacy. Further, one participant specifically talked about increased protection offered by her children, especially her sons as they grew older, and indicated that moving into the workforce reduced family violence. In light of the current evidence, it could be assumed that women survivors of IPV in the current study had gained higher self-confidence through employment and protection from their children. This area needs further exploration and discussion in the context of micro-finance.

Maintaining Family Dignity and Women's Mental Health

Women were respected for receiving a loan by other members of the community as the recipients are seen to be reliable and trusted. Therefore, keeping and maintaining self and family dignity and integrity were considered a vital element for mental health. When women sought loans, they felt more responsible to return it irrespective of who and how the loan was employed. This sense of responsibility was not only related to staying in the good books of the micro-finance records to receive future loans, but also to the women's belief that poverty is mediated by shame. Therefore, micro-finance loans helped the women maintain their dignity while living in poverty, but they also felt that the loan recovery process challenged that sense of dignity. As women in this study conceptualized mental health as the presence of peace and the absence of tension, protecting their prestige safeguards their mental health. The psychological impact of living in poverty has been the discussion of much literature (Ali et al., 2018; Lund et al., 2011; Malik, 2019). Mahmood et al.'s (2014) recognize issues related to dignity and autonomy among this population and Benjamin (2020) and Narayan et al.'s (1999) studied the relationship between poverty and humiliation outside the context of micro-finance. Their unique findings pose two important questions: (a) if poverty causes shame and humiliation and influences an individual's mental health, would seeking a loan and being unable to make the timely payments place them under additional mental pressure and lead them to poor mental health?; and (b) what interventions are required by micro-finance institutions to help their loan recipients protect their family dignity?

Women's Demographics and their Mental Health

Interpreting the study outcome in the light of major demographic variables will enhance the understanding of the phenomenon of mental health within a low-income cultural context. The findings illustrate the degree to which socio-demographic variables are associated with women's mental health outcomes. Among the 32 participants, those who reported experiences of poor mental health ranged from 38-57 years of age with a mean age of 40. This finding is consistent with other studies from Bangladesh, Kenya and India, which indicated that women older than 30 were at risk for emotional stress. (Ahmed et al., 2001; Goodman et al., 2021; Mohindra et al., 2008). A systematic review of women's mental health experiences and their

participation in micro-finance programs, also speculated that older women might be at risk for stress and tension due to difficulty in adjusting to the new role of income generator and learning new skills (Madhani et al., 2015). However, this relationship between age and symptoms of stress and depression were not significant in a South African RCT (Fernald et al., 2008).

Education is one significant variable studied over time in relation to SES and mental health (Patel et al., 2007; WHO, 2001). Results of the present study indicated that 63% of participants were exposed to at least some form of secular schooling, whereas only 50% had completed primary schooling. These women predominantly represented the group of women who either experienced a positive state of mental health or were hopeful for a positive future. Participants who recognized themselves in a poor state of mental health were mostly those who either had no basic schooling or had limited years of secular education. These findings suggest support for the literature indicating illiteracy as a consistent factor for poor mental health (Patel & Kleinman, 2003). Studies in the context of micro-finance and mental health also indicated that attainment of high school (Mohindra et al., 2008), or having education greater than grade 12 (Fernald et al., 2008) are associated with less emotional stress as well as lower combined depression and stress symptoms respectively. Further, formal schooling of the household head was associated with less emotional stress (Ahmed et al., 2001).

Micro-finance programs generally target women who are marginally educated and for whom socio-cultural issues restrict their mobility (Holvoet, 2005). The demographic data for the participants of this study indicated that the majority of woman meet these criteria; however, one woman had a university degree and one had a high school diploma. This makes one wonder if women with higher education find micro-finance an attractive or easily attainable method to improve their SES by investing micro-finance loans?

The notion of being the head of the family or having a dominant role in decision-making is important and relevant to the socio-cultural context of Pakistan. Due to the male dominance in Pakistani society, males are usually considered the head of the family without much debate. An interesting finding of this study showed that 31% of female participants identified themselves as the household head, either in the presence or absence of their male family member. When women defined themselves as the head of the household they considered their dominant role and contribution in economic improvement, as well as their role in family decision-making. Women who identified themselves this way utilized loans independently, half of them did not have any secular education, and they claimed to be in a state of positive mental health. An opposite outcome was revealed in a study in Bangladesh where the level of emotional stress was reported to be much higher among women micro-finance members who were perceived by their household head to be contributors toward household income as compared to non-contributors among non-members (Ahmed et al., 2001). Considering the scarcity of literature focusing on women's empowerment with their involvement in micro-finance, the notion of women's understanding of being the self-perceived household head is an important area for further discussion.

Studies conducted to examine women's mental health outcomes in the context of micro-finance determined that being divorced, separated, or widowed; having more than three living children (Fernald et al., 2008); having family members with poor health status; a low level of schooling of household heads; and family in economic crisis place women at higher risk for poor mental health (Ahmed et al., 2001; Mohindra et al., 2008). These findings corroborate with the current study to an extent, where a larger family size and poor physical health status of a family member makes it difficult for many families to make ends meet. However, widowed women reported positive mental health as they have adapted to a role change over time.

Strengths and Limitations

This qualitative study is one of its kind in the context of micro-finance and in examining the experiences among Pakistani women. Previous studies in the field of women's mental health in the context of micro-finance are predominantly quantitative; however, the descriptive nature and qualitative research methodologies of this study means that it does resonate with the research of others. The study employed urban-dwelling women who were loan recipients of the micro-finance programs and micro-finance administrative personnel responsible for managing the programs, provided a purposeful sampling strategy. Multiple data type and obtaining data from two different micro-finance programs, different sites, and through varied years of participants' experiences in micro-finance programs provided an in-depth understanding of women's perceptions of mental health and well-being and experiences with their participation in a micro-finance program. Data was analyzed in the source language (Urdu) which preserved women's voices, avoided data wasting and distortion, and further enhanced the study credibility. Prolonged immersion in data, underlining commonalities and variations within findings, constant comparison, iterative processes, and the pursuit of content inductive analysis steps, endorsed analytic rigour. These measures have strengthened the trustworthiness of the study.

Along with study strengths, there are few limitations of this study that are important to note. Firstly, most of the participants shared a positive understanding of mental health and well-being, as well as positive experiences of their mental health with the micro-finance program. They can thus be considered typical cases. Increasing and broadening the sample through recruiting women from other institutions or other branches of the selected micro-finance programs may have led to identifying atypical cases of the phenomenon of inquiry. Secondly, all of the interviews took place in private in the offices of micro-finance programs. The fear of being overheard, and its influence on any future loans, may have encouraged women to share only a positive view of the micro-finance programs. Perhaps their responses would have been different if they had been interviewed at their homes or at some neutral place. Finally, measures were taken to maintain study rigour. However, in the absence of formal member checking and validation of a thoughtful clinician test, study dependability may have been affected to a certain extent.

Recommendations and Conclusion

Although women participants represent the average low-income woman in urban Pakistan, the findings from future studies with diverse samples could build on the evidence of the current study. Therefore, future research studies should include women from urban and rural settlements, with various SES and educational backgrounds, to fully understand the varied perspectives and understandings of mental health among the Pakistani women population. These studies should aim at developing a socio-culturally appropriate mental health framework or assessment tool with indicators of positive mental health relevant for this population. The women participants in this study shared many examples of resilience as an asset for improving their quality of life. This notion needs further exploration especially among women from low income countries where they are the most vulnerable and considered at high risk for mental illness (Patel & Kleinman, 2003). Another reason to study this population is because women have the major responsibility of raising future generations; therefore, it is important that women's overall well-being should be the utmost priority.

The need for and the importance of vocational skills training were echoed by the loan recipients of this study. Women recognized that skills building, and training would help them find a consistent source of income and will improve their lives. Micro-finance program should develop innovative measures to address these needs. Further, micro-finance programs should

revise their screening procedures for loan assignment and distribution to prevent non-productive use of loans. These will eventually reduce the non-productive use of loans and prevent women from deeper entrenchment in poverty and poor mental health.

The women participants of this study represented "everyday women" of Pakistan, who see political and economic stability, opportunity for education and environmental safety as basic priority needs and precursors of mental health. As many of these determinants of mental health lie outside the health sector, addressing and collaboration of many stakeholders (Sturgeon, 2006) would be a useful first step towards mental health promotion for Pakistani women.

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Catherine Tompkins is a retired faculty member. She joined McMaster University in 1977 as a Lecturer in the School of Nursing. Between 1977 and 1988 she was promoted to Assistant Professor and then to Associate Professor within the School. In 1998, she became the Assistant Dean of the Undergraduate Nursing Education Programs. Subsequently, she served as the Associate Dean of the Faculty of Health Sciences (Nursing) from 2004 to 2014. Her primary research interests include women's health; women's and family issues in chronic illness and disability; educational research and qualitative research methods.

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