

Impact case study (REF3)

Institution: University of East London (UEL)		
Unit of Assessment: 21 Sociology		
Title of case study: What's in a signature; Signature literacy and women's empowerment in rural India		
Period when the underpinning research was undertaken: 2009 – 2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Meera Tiwari	Reader in International Development	2004 – present
Period when the claimed impact occurred: 2013 – 2020 (ongoing)		
Is this case study continued from a case study submitted in 2014? No		

1. Summary of the impact (indicative maximum 100 words)

The research undertaken in Bihar, India resulted in a profound change to the livelihoods of over 1 million women and their communities. The stigma of 'angutha chaap' - women who could not write their own name and had to sign documents with their fingerprints - has been greatly reduced by a new mandatory policy of 'signature literacy' in Bihar which empowered disadvantaged women to pursue better access to public provision, form their own advocacy group and create improvements to their village infrastructures.

2. Underpinning research (indicative maximum 500 words)

Figure 1 Woman learn how to sign her name

The research investigated role of individual and collective agency in improving economic, social and health opportunities for the rural disadvantaged communities in Bihar, India (**R4**, **R5**). This longitudinal inquiry between 2009-2013, entailed in-depth study of 240 members of the Jeevika Self-Help-Group (SHG) network of poor women in Bihar. Jeevika network is a platform through which the state supported World Bank funded organisation Bihar Rural Livelihoods Programme (BRLP) delivers development programmes (**R2**).

The research is part of Tiwari's work within Centre for Social Justice and Change. She has investigated multidimensional poverty (**R1**) in various geographical regions using Sen's Capability Approach. Each project enhanced specific dimensions of human wellbeing, offering insights into effective development methodologies.

Tiwari's research in Bihar found two key trends regarding women's empowerment and expenditure being drawn from group resources to

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meet payments for chronic illness. In the domain of women's empowerment, the research found some Community Mobilizers were taking initiative to teach SHG members to sign their name instead of using thumb imprint for signature.

Those using thumb imprint are considered having lower levels of understanding of how to access public service provision by the society. Furthermore, the cohort using thumb imprint did not fully engage with financial inclusion and showed poor grasp of information related to health matters, education and livelihoods.

In addition to being treated with disrespect, use of thumb imprint created a hierarchy as some women had basic literacy (34 percent in 2006 - World Bank data, current female literacy in Bihar is 54 percent - Government of India data). These large borrowings were syphoning much of the collective group resources, leaving meagre amounts to improve their livelihoods, which was the key objective of SHG network fund (**R2**). Tiwari's research showed most members were taking out SHG weekly loans to pay for treatment of chronic illness in the family. However, with poor health provision, villagers were using services of local health providers who were unqualified practitioners which were much cheaper but ineffective, requiring frequent visits and eventually taking the patient to city. (**R2, R4**)

Having carved relationships with SHG women and officials for over ten years, Tiwari led the institutional GCRF funded project to examine the role of dignity in improving menstrual health in rural Bihar and Uttar Pradesh in India with colleagues Pickering-Saqqa and Brimicombe (**G2, S6**).

3. References to the research (indicative maximum of six references)

R1. Tiwari, M. 2009. The meaning of wellbeing: a grassroots level perspective – how much of it is visible to the researchers? *Social Indicators Research* 90 (1), 127-140.

<https://doi.org/10.1007/s11205-008-9316-6>

R2. Tiwari, M. 2010. 'Didi' of rural Bihar: the real agent of change? *Economic and Political Weekly*, 45 (33), 27-30.

<https://repository.uel.ac.uk/download/8105e23a6880e0b2575d1b194436b9cc72395baeb492834385ff4c767d95ff78/64107/Tiwari%2C%20M%20%282010%29%20EPW%2045%20%2833%29.pdf>

R3. Tiwari, M and Ibrahim, S. 2012. Sustainable Human Development at the Grassroots: Different Contexts, Similar Ingredients? *Oxford Development Studies*, 40(1), 69-86.

<https://doi.org/10.1080/13600818.2011.650161>

R4. Tiwari, M. and Ibrahim, S. 2014. *Capability approach: from theory to practice*, Palgrave.

<https://doi.org/10.1057/9781137001436>

R5. Tiwari, M. 2017. Exploring the role of capabilities in social innovation, *Journal of Human Development and Capabilities*, 18 (2), 181-196.

<https://doi.org/10.1080/19452829.2016.1271312>

G1. Meera Tiwari, The role of Women's Collectives in livelihoods and development in rural Bihar, ESRC-ICSSR (Indian Council for Social Science Research), 2008-2009, GBP5000.

G2. Meera Tiwari, Dignity and Menstrual Health in rural India, UEL QR GCRF Global Challenge Research Fund, 2018-2019, GBP21,230.

4. Details of the impact (indicative maximum 750 words)

Jeevika policy makers made signature literacy mandatory in its entire network in 2013-14 (**S1, S2**). The roll out has been ongoing resulting in over 90% rural women from marginalised communities signing their name in official documents. Due to its significant empowering impact, signature literacy has been included in national rural livelihoods mission (**S3**). Women who had learned to sign their name instead of using thumb imprint, exhibited different levels of confidence to those still using a thumb imprint (**R5**).

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Women who had become signature literate gained societal respect, for example by being offered a chair to sit and given a pen to sign by officials (R2). This immensely boosted the self-confidence and respect of these women helping them to become emboldened in several domains including:

- The women's collective felt confident to report this to authorities and approached the teachers directly to ensure regular presence. Village schools in Bihar had over 40% absent teachers (S7).
- Concerned at poor quality of food being served as part of school mid-day meal scheme, SHG women joined the School Committee to monitor quality of food and hygiene following the Bihar food poisoning incident, which killed 23 students and poisoned dozens more.
- SHG women exposed black-marketing activities of the local dealer for subsidized consumables, resulting in cancellation of his license. In fear of losing licenses, other dealers improved services in surrounding villages benefiting a population of around 10,000 people. (R5)

Signature literacy led to rural women's increased participation in financial inclusion activities and uptake of new livelihoods opportunities such that 6 million households had improved income and nutritional availability by 2019 (S4, S5).

With over 900 participants, NGO leaders, experts, government and World Bank officials, Jeevika women sat alongside sector leaders, making presentations substantiated with evidence without any visual or written aids. Their body language and communication skills indicated significant improvement in overcoming barriers of gender-based low esteem and speaking confidently in presence of men. (S6)

Health Risk Fund (HRF) and financial support and protection

Jeevika weekly loans' data indicated large amounts of borrowing to pay for chronic illnesses, leaving meagre funds towards livelihoods support. This influenced the decision makers to establish a separate Jeevika HRF for meeting the health-related expenses of Jeevika women and their families. Using regular, albeit small savings from each SHG member, Jeevika funds were augmented to the HRF with just under 38,000 village organisations (VO) accessing the funds by 2018-19 (S5).

HRF freed up resources for livelihoods improvement. The HRF facilitated rapid access to funds for health emergencies, substantially reducing hardships villagers faced to have ready cash available for health-related incidents that required urgent and life-saving treatment in the city (S1, S4). New opportunities for over 60% of Jeevika members included setting up of village shop, incense making, poultry, beekeeping to purchasing tractor with group and bank support (S2, S5).

In tandem with creation of HRF, efforts by Jeevika officials urging the state to improve public health provision resulted in better equipped primary health care centres (PHCs). It resulted in better coordination of VOs with PHCs and district general hospital to facilitate treatment and follow up of chronic illnesses (S4).

Dignity and Menstrual Health (MH):

Tiwari's research found high prevalence of stigma around MH, societal restrictions and 87% of the 600 women interviewed learnt about MH when they first had their period (S8, S9), and there is a reluctance to talk about MH issues in the community. A girl's street theatre group, Udaan, was formed with partner organisation RGMVP to perform stories about the importance of MH. The group performed MH focused theatre in over 12 different regions before travel was halted because of the pandemic. Local male researchers were trained to conduct MH research, and to collect data on the crowd's reactions to the theatre performance. This challenged cultural stigma

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and raised their awareness, encouraging them to be confident in interviewing other males and discussing the research with their female colleagues. (S10)

5. Sources to corroborate the impact (indicative maximum of 10 references)

S1. Testimonial letter from Mr Arvind Choudhary, Rural Development Secretary, Government of Bihar.

S2. Testimonial letter from Mr Bala Murgan, CEO Jeevika.

S3. Testimonial letter from Mr Anjani Kumar, Senior Programme Manager India, Bill and Melinda Gates Foundation.

S4. BRLP (Bihar Rural Livelihoods Promotion Society) Annual Reports, 2013-2014. <http://brlp.in/annualauditreports>

S5. BRLP (Bihar Rural Livelihoods Promotion Society) Annual Reports, 2018-2019. <http://brlp.in/annualauditreports>

S6. Jeevika's Newsletter December 2019, 1-5. <http://brlp.in/newsletter>

S7. Jaivir Singh. 2018. Why rural India still has poor access to quality education. The *Financial Times*. <https://www.financialexpress.com/education-2/why-rural-india-still-has-poor-access-to-quality-education/1393555/>

S8. The Role of Dignity in Improving Menstrual Health: Rural Bihar and Uttar Pradesh, India. <https://bit.ly/DignityMHBriefingPaper1>

S9. The Role of Dignity in Improving Menstrual Health: Rural Bihar and Uttar Pradesh, India <https://bit.ly/DignityandMHBriefingPaper2>

S10. Testimonial letter from Mr Ravi Kumar Singh, Senior Project Manager, RGMVP <http://rgmvp.org/>