

RESEARCH PAPERS

Impact of Microfinance on Household Income and Consumption in Bangladesh: Empirical Evidence from a Quasi-Experimental Survey*

(*The Research work has been carried with the technical support of DISA during field based data collection and analysis)

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Abstract

This paper analyses the impact of microfinance programs on income and consumption of households in Bangladesh. Primary data on 439 households across 20 villages in 4 districts were collected using a quasi-experimental survey approach. The sample was designed so that member households of microfinance programs were compared with non-member households of similar characteristics. In our econometric analysis, economic wellbeing is proxied using measures of household income and consumption. The empirical results indicate that despite our survey design effort, microfinance members remain poorer than non-members. But participation in microfinance has positive impacts: one percent increase in the duration of microfinance membership is associated with an increase of income and consumption per adult equivalent by 0.19 and 0.16 percent, respectively. Also, an additional month of participation in microfinance is associated with the lower probability of being poor (using \$1.25 PPP per person per day) by 7 Percentage points.

Microfinance, Health Seeking Behaviour and Health Service of Rural Households: Evidence from a Cross-sectional study in Bangladesh*

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Abstract

This paper attempts to examine whether participation in microfinance program improves health seeking behaviour and health knowledge of the participants. The study is based on the primary data of 439 households across 20 villages of four different districts in Bangladesh. The data were collected on a field survey. Our results suggest that the overall impact of microfinance operations on the health services and health seeking behaviour of the participants is mostly positive. Microfinance participants' health related issues as indicated by antenatal care, maternal care, family planning, diarrhoea remedial, immunization provided, malaria/TB treatment, and medicines accessibility improved significantly after joining the microfinance. Further research should aim to figure out whether there is any substantial difference in the health seeking behaviour of the members (treatment) and non-members (control) of microfinance institutions (MFIs).

Microcredit Participation and Child Health: Empirical Evidence from Bangladesh from a Cross-sectional Survey*

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Abstract

This paper investigates the impact of microfinance programs upon the health status of child of the rural households in Bangladesh. Our analytical framework is built upon the Beckerian household utility model. Primary data on 439 households across 20 villages were collected using a quasi-experimental survey approach. It attempts to identify the impact of microfinance embedded with the socioeconomic factors such as household characteristics, parental characteristics, community characteristics and parental health awareness variables on the health (measured by height and weight) of children.

Microfinance Participation and Impact on Socio-Economic Wellbeing of Rural Households: Evidence from Bangladesh Using FGD*

(*The Research work has been carried with the technical support of DISA during field based data collection and analysis)

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Abstract

Microfinance has become one of the most important mechanisms to enhance economic as well as social wellbeing. This paper aims at testing the following hypothesis: microfinance programs has positive impact on income/consumption and on the health status and schooling of child of the households in Bangladesh. Our analytical framework is built upon the household economic portfolio model. The study is conducted based on four focus group discussions on four districts in Bangladesh. In our analysis the impact of microfinance on economy is proxied by income and consumption whereas the impact on social wellbeing is proxied using measures of child's health condition and child schooling of the household.