



IMPACT OF SELF-HELP GROUPS UPON HEALTH OF PARTICIPATING WOMEN: EVIDENCE FROM RANCHI DISTRICT IN JHARKHAND STATE, INDIA

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ABSTRACT

This working research paper examines the impact of Self-Help Groups (SHGs) upon the health status of participating women across two blocks of the Ranchi District in the state of Jharkhand, India. Predominantly SHGs function as a tool for socio-economic development of women by engaging them in income generation activities and providing them customized financial services in a need-based manner to make them economically self-reliant. In recent times SHGs have also emerged as a tool for providing health care services to the participating rural women who have been facing exclusion from the mainstream medical services which are available for urban people. The study aims to assess and analyze whether participation in SHGs has a noticeable impact upon women's health through participation in SHGs.

Keywords: Self-Help Group; Health Care; Rural women; Socio-economic development; India;

1. INTRODUCTION

In developing countries the problem of poverty is a major concern and the inseparable link between poverty and health remains a critical issue to be examined and resolved taking into account the fact that burdens of poor health and related expenditure for access to health care is

very high for the poor people (World Health Organization 2001; Wagstaff, A. 2001). Further, in context of a developing country like India where gender discrimination is of a very high degree it has been reported that when expenditure on health services are incurred, the money spent on treatment of men is much higher than that on women (Iyer A. et. al. 2007).

Given such a scenario, tackling the challenges of exclusion from satisfactory health service access for poor women residing in rural areas is very difficult as factors like high costs of care (often beyond the reach of poor people), lack of needed information and other related issues act as barriers very difficult to overcome (McNamee P. et. al. 2009; Ensor T. & Cooper S. 2004).

This paper aims to examine and analyze the relationship between the health status and women participation in Self-Help Group (SHGs), a very well known micro-credit scheme for poor women in operation in India for the last few decades.

Concept of SHGs

SHGs refer to a homogeneous group of people (generally women) who come together to solve their problems based upon mutual help and collective help basis. The reason behind the organizing of poor people in groups is that poor people find it extremely difficult to solve their problems alone but once they come together as a group they feel empowered to tackle their problems effectively (Chakravarty S. and Jha A.N. 2012).

Major objectives of micro-credit facilities provided through SHGs are to ensure need-based access to credit for the members to ensure income generation and thereby positively impact their socio-economic status (Microcredit Summit, 1997).

SHGs and access to health care for participants

Of late, SHGs apart from their major objectives of facilitating access to savings and credit facilities for their members are also being actively engaged in providing health related information and services to the participating women and this new emerging dimension of SHGs has prompted practicing researchers to explore whether SHG participation may be a viable and noteworthy option for providing health related benefits to the poor women (Mushtaque et. al. 2001; Nanda P. 1999; Bhuiya A. & Chowdhury M. 2002).

Policy makers and social activists worldwide have stressed upon the need for empowerment of communities so that they are in charge of handling their health related issues working along the principle of *people's health in people's hand* (Robinson D. 1980). Further, the guiding principle of help-help is based upon the belief that persons facing similar problems are in a position to truly appreciate and help each other (Robinson D. 1981). It should be noted that SHGs in context of providing health awareness and related services to their members function in a way that differs from conventional medical self-care in the sense that members act independently without the coercion of or being prompted by any outside agency which is generally the case with the latter (Katz A.H. 1981).

2. THE STUDY IN THE CONTEXT OF RANCHI DISTRICT IN JHARKHAND

The State of Jharkhand which came into being on November 15th 2000 after the bifurcation of the state of Bihar has been plagued by adverse economic and development indicators ever since its inception. The development indicators of Jharkhand are well below the same as compared to other states.

Our study is based upon field surveys, interviews and select case studies on a sample of 200 women self help group members across the Kanke and Namkum blocks in the Ranchi district of Jharkhand State. Ranchi, Capital of Jharkhand is divided into Ranchi and Bundu subdivisions and each subdivision is further divided into blocks, panchayats and villages. It consists of 18 blocks and 303 panchayats. Under Ranchi Sub-division, there are 14 blocks and Bundu Sub-division consists of 4 blocks

The Ranchi district was purposively selected for the purpose of the study among the 24 districts of the Jharkhand state owing to the presence of a large number of renowned NGOs working with women SHGs. The reasons behind the selection of Kanke and Namkum blocks were the presence of a larger number of villages and functional SHGs working in collaboration with reputed NGOs of the region.

3. RESEARCH

Research Sample and Methodology

The present study was undertaken with the purpose of assessing the impact of SHGs upon the health status of participating women. Previous studies had been conducted in Ranchi district, related to the empowering aspects of SHGs for rural women but no study has been conducted till-date to specifically assess the impact of SHGs upon the health of participating rural women. In Ranchi the relatively newer SHGs, function with the help of a President and Secretary. However, for the purpose of this study only those SHGs were taken into consideration which have been operational for more than 3 years. Reason behind the same was that older SHGs with proven track record were expected to result in more reliable data. Members were randomly selected from 20 SHGs (10 from each block) with one leader and one animator from each group. The study employed both qualitative and quantitative methods of data collection. Select focus group discussions (FGDs) were also conducted with members of selected SHGs.

Impact of SHGs upon the health of participating women was assessed by means of the semi-structured questionnaire administered to the members and also through the interviews and FGDs conducted with select SHG leaders and project coordinating staff.

4. IMPACT OF SHGs UPON HEALTH OF PARTICIPATING WOMEN

Findings based on the semi-structured questionnaire administered to the respondents were analyzed quantitatively and the results are presented in a tabular form below. The tables show the impact of SHGs upon the health of participating women across the various identified parameters:

Table 1: Impact of SHGs upon Health Knowledge & Awareness

Impact of SHG upon information related to:	Degree of benefit experienced	Count	Column N %
Health & Hygiene	Increase	190	95
	Decrease	0	0
	No Change	10	5
Immunization	Increase	116	58
	Decrease	4	2
	No Change	80	40
Contraceptives	Increase	60	30
	Decrease	4	2
	No Change	136	68
Care during pregnancy	Increase	88	44
	Decrease	6	3
	No Change	106	53
Care of Infants	Increase	118	59
	Decrease	8	4
	No Change	74	37
Care of small children	Increase	114	57
	Decrease	8	4

	No Change	78	39
Awareness of Personal healthcare/needs and existing health services	Increase	174	87
	Decrease	00	00
	No Change	26	13

Table 2: Impact of SHGs upon Health Perception & Behaviour

Impact of SHGs upon Women's Health perception & Behaviour		Total	
		Count	Col %
Is your health important?	Yes	200	100
	No	0	0
How often have you felt sick over the last few years?	Rarely	118	59
	Often	56	28
	Sometimes	26	13
Do you visit doctor at times of illness?	Yes	166	83
	No	34	17
Where do you visit doctor when ill?	Nearby Village	36	18
	Government Hospital	110	55
	Nearby city/town	54	27
	Private Practitioner	10	5
Visit to the primary health care centre	Increase	66	33
	Decrease	20	10
	No Change	114	57
Visit to Doctors/Private nursing homes	Increase	34	17
	Decrease	10	05
	No Change	156	78

Table 3: Impact of SHGs upon Reproductive Health & Perception

Impact of SHGs upon Women's Reproductive Health & Perception		Total	
		Count	Col %
Are you aware of family planning	Yes	144	72
	No	56	28
Do you discuss reproductive health related issues with your husband?	Yes	90	45
	No	110	55
How often are you satisfied with your husband's decision related to reproductive issues like contraceptive use, deciding about family planning etc?	Always	100	50
	Often	80	40
	Sometimes	16	8
	Never	4	2
Reasons for agreement/disagreement with husband's decision?	To avoid dispute	64	32
	He is the head of the family	110	55
	Wife should always obey husband	12	6
	Fear of physical torture	10	5
	No other option	4	2
	I am weak	0	0
	No dispute	0	0
	I do not care	0	0
	Others	0	0

Table 4: Impact of SHGs upon Ante-Natal and Post-Natal services

Impact of SHGs upon Ante-Natal and Post-Natal services		Total	
		Count	Col %
Pre-Natal care during pregnancy	Increase	74	37
	Decrease	22	11
	No Change	104	52
Ante-Natal care during pregnancy	Increase	60	30
	Decrease	00	00
	No Change	140	70
Post-Natal care during pregnancy	Increase	64	32
	Decrease	10	5
	No Change	126	63
Post-natal care after delivery	Increase	106	53
	Decrease	26	13
	No Change	68	34
Post pregnancy care	Increase	104	52
	Decrease	0	0
	No Change	96	48

5. FINDINGS FROM THE INTERVIEW SCHEDULES, FGDs & CASE STUDIES

Findings from the FGDs conducted with the selected SHG leaders and members brings to light the fact among the participants the expenses related to health of the family members is the single-most important contributing factor towards their indebtedness and reliance upon the local money lenders. In case of medical problems they are forced to rely upon petty lending and a major portion of their earnings and savings are spent on account of acquiring medicines and medical facilities.

The findings also show that the living conditions of the women in the villages have not improved considerably as the basic amenities like water facilities and proper sanitation are missing. There have been various government initiatives to improve the standard of living for village inhabitants both at block and district levels, but the results of the same are not very encouraging.

The diversified activities of SHGs which include providing health related information and services to the women has met with extremely mixed results and it is seen that majorly the SHGs have only focused upon providing savings and credit facilities to the women. The same has brought about increase in income for the women but it has not necessarily translated into better health as in most of the cases the women have access to loans but they don't have the rights to utilize it for their health care needs.

The NGOs functioning in collaboration with the SHGs have over the last few years realized that their role in enhancing the quality of life of the poor women should extend beyond providing them with savings and credit facilities and therefore they have initiated other activities like organizing sessions, training programmes, special classes for the women etc but the results of the same have not been noticeable till-date.

Findings also indicate that the economic benefits translating out of SHGs for the participating women has not resulted in influencing their health status in a significant way. While a majority of the women reported that SHGs have brought about an increase in their awareness levels related to health related services available to them, only 30% of the respondents felt that participation in SHGs have brought about a noticeable change in their health status. Changes across important parameters like visits to private doctors, immunization of children and use of contraceptives for family planning have largely been unsatisfactory despite the information that the women received post joining the group.

6. CONCLUSION

It has been mentioned in context of SHGs that they have emerged as a tool for poverty alleviation and women empowerment by ensuring that the participating women are engaged in income generation activities and are made more active within the community. The goals of SHGs are to ensure that rural women become more confident, play a more active role both within the household and outside among various others. Further, it has also been said that SHGs can play a very crucial role in enhancing the health status of women by enhancing their awareness levels about the importance of health and the various health services available to them.

This working research paper confined itself to the impact assessment of SHGs upon the health of the participating women relying upon survey conducted across two blocks of the Ranchi district

in Jharkhand. It can be said based on the study that the SHGs have essentially been focusing upon the economic aspects (providing savings & credit facilities) but, they have not been able to satisfactorily raise the levels of health knowledge and awareness among the participating women.

The need of the hour is that SHGs should seriously examine the reasons behind the fact that despite being made aware of the health related services through group meetings and specific sessions why the health status is yet to noticeably improve? They should realize that mere focus upon economic up-liftment through SHGs is not going to translate into better health for the participants unless the issue is tackled more comprehensively. They need to focus deeply upon health status improvement for women by addressing specific issues that are acting as hindrances towards improving the health of women like lack of literacy, gender inequity, the freedom to spend money for health services etc. SHGs should seriously consider holding meetings exclusively devoted to discussing the health related issues of women and develop a greater sense of peer-support and also sensitize the family members of the women towards the importance of health.

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