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A Study on the Effect of SHG Participation on Women's Health: Empirical Evidence from Kerala, India

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Abstract:
This paper examines the effect of SHG participation on women's health via social determinants of health. The study was conducted in the South Indian State of Kerala among the SHGs under the state driven Self Help Group programme named Kudumbashree. Social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. The study was focused on non elderly poor women i.e. women in the age group of 26 to 50 years, participating in SHGs formed under Kudumbashree Mission of Kerala. Population for the study was divided into two groups namely, women who were members for five years or more and women who were members for less than five years. Women who were members for five years or more were regarded as early joiners and women who were members for less than five years were regarded as late joiners.The study was done with twin objectives :a) To find out the association between the duration of participation in self help groups and the social determinants of health.(b)To analyze whether there is difference in health achievements between early joiners and late joiners in self help groups .It was concluded that SHGs influence the health of poor women via social determinants of health. By providing microcredit, SHGs extend access to credit to poor women in order to generate income. They can contribute immensely to improve the health of poor women through provision of financial support for health care, hygiene, opportunities for income generation and provision of social support. Participation in SHGs can help to ensure that poor women are able to adequately access health care, improve food habits and hygiene and there by improve their health.

Keywords: *Kudumbashree Mission, Social determinants of health, Early joiners, Late joiners,*

1. Introduction

Poverty is a multidimensional concept which covers not only income and consumption, but also health, education, vulnerability, marginalization and exclusion of the poor from the mainstream society (Chelliah and Sudarshan 1999).Microcredit through self help groups is increasingly used as an intervention in poverty alleviation programme all over the world. Microcredit refers to programmes that can provide credit for self employment and other financial and business services including savings, technical assistance, training, networking, and peer support to poor persons(Micro Credit Summit, 1997).Micro credit loans are generally advanced for self-employment projects, they are also advanced for consumption, repayment of earlier debts and other social needs, as well. A self help group (SHG) is a small, economically homogenous group of rural or urban poor voluntarily formed to save and contribute to a common fund to be lent to its members as per decision and for working together for social and economic upliftment. These groups were designed as a poverty alleviation strategy and as a means to increase women's access to resources and decision-making powers.

2. Kudumbashree

Kudumbashree the state poverty eradication programme launched by the government of Kerala with the active support of the government of India and the NABARD for wiping absolute poverty from the state of Kerala. The project implemented by the state poverty eradication mission of the government of Kerala through the local self governments envisages eradication of absolute poverty by facilitating organization of the poor combining self help with demand led convergence of available services and resources to tackle the multiple dimensions and manifestations of poverty holistically. For effective convergence of the programme, a three tier community based organization has been adopted. The lower most tier constitutes the Neighborhood Groups (NHGs) comprising about 15 to 20 women members selected from the poor families. Meetings are convened once in a week in the houses of the NHG members. In the weekly meetings, all members bring thrift which will be collected and recycled and the various problems faced by the members

will be discussed. The second tier is the Area Development Society (ADS) which is formed at ward level by federating 8to 10 NHGs. The third tier is Community Development Society (CDS) at the panchayat level. The CDS is a registered body under the Charitable Societies Act formed foe federating the various ADSs.
Kudumbashree promotes thrift mobilization by setting of thrift and credit societies at NHG level to facilitate the poor to save and to provide them cost effective and easy credit. A member can avail loan up to a maximum of four times of his savings. The amount of loan and the priority of disbursement are decided by the NHG.The repayment is collected weekly during the routine NHG meetings. The income towards interest from thrift is generally used for re-loaning. Kudumbashree views microenterprise development as an opportunity for providing gainful employment to the people and thereby improving their income and living standards.

3. Social Determinants of Health
The field of social determinants of health is perhaps very complex and challenging. It is concerned with key aspects of people's living and working circumstances and with their lifestyles. According to World Health Organization (WHO) social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries**.**

4. Review of Literature
In this section, an effort is made to review certain studies that were undertaken in respect to impact assessment related to SHGs in India. Centre for Micro Finance (2006) examined the social and economic impact of microfinance program of People's Education and Development Organisation (PEDO) on SHG members' households The study findings revealed that that were evidences for increase of household income and improvement in the standard of living and the food security of the program clients. It was also found that program participants' self esteem,level of awareness and access to formal institutions had also increased.Debadutta Kumar Panda (2008), analyzed the role of SHGs in bringing about paradigm shift in the state of Orissa. The findings of the study revealed that the groups developed a good linkage with various nongovernmental organizations and government institutions. The average income of the members , level of literacy , level of awareness of health and hygiene had increased.
Bulks of studies have come up exploring the impact of SHG programme focusing on social empowerment and economic empowerment. This paper also contributes to the same body of literature, but giving focus specifically to the influence of SHG participation on health via social determinants of health.. The study was conducted in the South Indian State of Kerala, among the SHGs under the state driven SHG programme namely, Kudumbashree.

5. Objectives of the study
i. To find out the association between the duration of participation in self help groups and social determinants of health.
ii. To analyze whether there is difference in health achievements between early joiners and late joiners in self help groups.

6. Methodology
The study was focused on non elderly poor women i.e. women in the age group of 26 to 50 years, participating in SHGs formed under Kudumbashree Mission of Kerala. Kudumbashree mission provides participation in SHGs for women based on a poverty index developed for the purpose. Population for the study was divided into two groups namely, women who were members for five years or more and women who were members for less than five years. Women who were members for five years or more were regarded as early joiners and women who were members for less than five years were regarded as late joiners. For the purpose of the study, a survey was conducted in Peruvayal Panchayath in Calicut District of Kerala state. Peruvayal Panchayath was purposely selected as many SHGs under Kudumbashree were functioning in this Panchayath. Two wards were selected from the Panchayath on random basis and all SHGs under Kudumbashree involved in income generation activities in two selected wards were listed out. Within the list, SHGs were categorized into two, SHGs completed five years and SHGs not completed five years. Then two SHGs were selected from each category from two wards. Within each SHG, 100 respondents were selected falling in the age group 26 to 50 years.
To know the association between duration of participation in SHGs and the social determinants of health, five variables under social determinants of health were used. The variables were accessibility to health care, hygienic living conditions, food habits, income and social support. Under each variable, improvement in that variable after joining SHG was surveyed for both early joiners and late joiners. To validate the association, five hypotheses were used representing each variable and were tested using Chi square.
To analyze whether there is any difference in health achievements between early joiners and late joiners, four measures were used. Out of which, two were measures of physical health and two were measures of mental health. Measures of physical health were self perceived health and self assessed ability to do activities at home, at workplace and works in their SHG. To measure mental health, respondents were asked to report the frequency in which they experience disturbance in mental peace and to report the level of satisfaction about their life. All the four measures were rated on a five point scale. To validate the difference in health achievements between early and late joiners, a hypothesis was formed and tested using t test.

7. Limitations of the Study
In spite of the limitations inherent in a sample study, this study suffers from some specific limitations.

i. The study fails to give a picture on the overall association between SHG participation and social determinants of health. Rather it gives only the association between SHG participation and each variable individually.
ii. Second limitation is regarding the measures of physical health achievement. Two measures used were self assessed health and self assessed ability to do various activities. This measure does not give a clear indication of state of health but it is a relevant dimension of health which cannot be disregarded.
iii. Third limitation is about the measure of mental health achievement. Two measures used i.e. frequency of experiencing disturbance in mental peace and level of satisfaction of life does capture the full breadth of women's mental health.

8. Results and Discussions

8.1. Association between Duration of Participation in SHGS and Social Determinants of Health

Based on literature survey, five variables under social determinants of health were identified along with their operational definition and five hypotheses were formulated. Improvement in each variable after joining SHG was surveyed for both early joiners and late joiners. Hypotheses were validated using Chi square test. Given below are the variable wise results of the hypotheses and interpretation.

8.1.1. Accessibility to Health Care

Accessibility to health care is concerned with the ability of a population to obtain health care services.

Accessibility to health care	Early joiners	%	Late joiners	%
Improvement	29	58%	15	30%
No improvement	21	42%	35	70%
Total	50	100%	50	100%

Table 1: Accessibility to health care
(Source: Field Survey)

It can be observed from the above table that improvement in accessibility to health care was 58% among early joiners whereas improvement in accessibility to health care among late joiners was only 30%. Hence it can be concluded that the more the women stay in SHG, the more is their accessibility to health care.

- Ho: 1 There is no association between women's accessibility to health care and the duration of their participation in SHG.

Calculated Chi square value	Level of significance	Degrees of freedom	Table value	Result
7.96	5%	1	3.841	Ho rejected

Table 2: Result of Hypothesis 1
(Source: Field Survey)

- Interpretation

Calculated value of chi-square is greater than table value. Hence the null hypothesis is rejected. It can be concluded that there is significant association between accessibility to health care and duration of participation in SHG.

8.1.2. Hygienic Living Conditions

Hygienic living conditions refer to living conditions that serve to promote and preserve health. It includes proper sanitation facility, drainage facility, drinking water facility etc.

Hygienic living conditions	Early joiners	%	Late joiners	%
Improvement	33	66%	8	16%
No improvement	17	34%	42	84%
Total	50	100%	50	100%

Table 3: Hygienic living conditions
(Source: Field Survey)

It can be observed from the above table that improvement in hygienic living conditions was 66% among early joiners whereas it was 16% among late joiners .Hence it can be concluded that the more the women stay in SHG, the more hygienic is their living conditions.

- Ho: 2 There is no association between hygienic living conditions of women and the duration of their participation in SHG.

Calculated Chi square value	Level of significance	Degrees of freedom	Table value	Result
25.834	5%	1	3.841	Ho rejected

Table 4: Result of Hypothesis 2
(Source: Field Survey)

- Interpretation

Calculated value of chi-square is greater than table value. Hence the null hypothesis is rejected. It can be concluded that there is significant association between hygienic living conditions and duration of participation in SHG.

8.1.3. Food Habits

Food habit is concerned with what people eat which serves to preserve health.

Food habits	Early joiners	%	Late joiners	%
Improvement	34	68%	10	20%
No improvement	16	32%	40	80%
Total	50	100%	50	100%

Table 5: Food Habits
(Source: Field Survey)

It can be observed from the above table that improvement in food habits was 68% among early joiners whereas it was 20% among late joiners .Hence it can be concluded that the more the women stay in SHG, the more improved are their food habits.

- Ho: 3 There is no association between food habits of women and the duration of participation in SHG.

Calculated Chi square value	Level of significance	Degrees of freedom	Table value	Result
23.36	5%	1	3.841	Ho rejected

Table 6: Result of Hypothesis 3
(Source: Field Survey)

- Interpretation

Calculated value of chi-square is greater than table value. Hence the null hypothesis is rejected. It can be concluded that there is significant association between food habits of women and duration of participation in SHG.

8.1.4. Income

Income is the consumption and savings opportunities gained by an entity within a specified time frame, which is expressed in monetary terms.

Income	Early joiners	%	Late joiners	%
Improvement	41	82%	23	46%
No improvement	9	18%	27	54%
Total	50	100%	50	100%

Table 7: Income
(Source: Field Survey)

It can be observed from the above table that increase in income after joining SHG was 82% among early joiners whereas increase in income among late joiners was only 46%. Hence it can be concluded that the more the women stay in SHG, the more they earn by participating in income generating activities.

- Ho: 4 There is no association between income of women and the duration of participation in SHG.

Calculated Chi square value	Level of significance	Degrees of freedom	Table value	Result
14.062	5%	1	3.841	Ho rejected

Table 8: Result of Hypothesis 4
(Source: Field Survey)

- Interpretation

Calculated value of chi-square is greater than table value. Hence the null hypothesis is rejected. It can be concluded that there is significant association between income of women and duration of participation in SHG.

8.1.5. Social Support

Social support means friendship, good social relations and strong supportive networks which can improve health at home, at work and in community.

Social support	Early joiners	%	Late joiners	%
Improvement	48	96%	45	90%
No improvement	2	4%	5	10%
Total	50	100%	50	100%

Table 9: Social support
(Source: Field Survey)

It can be observed from the above table that increase in social support after joining SHG was 96% among early joiners and 90% among late joiners. Thus it can be inferred that with the increase in the duration of participation in SHG, social support enjoyed by members increases.

- Ho: 5 There is no association between social support and the duration of participation in SHG.

Calculated Chi square value	Level of significance	Degrees of freedom	Table value	Result
5.528	5%	1	3.841	Ho rejected

Table 10: Result of Hypothesis 5
(Source: Field Survey)

- Interpretation

Calculated value of chi-square is greater than table value. Hence null hypothesis is rejected. It can be concluded that there is significant association between social support of women through SHG participation and the duration of their participation in SHG.

8.2. Health Achievements between Early and Late Joiners

Four measures of health were used to check health achievements. Of the four measures ,two were markers of physical health and two were markers of mental health. Physical health measures include self perceived health and self assessment of ability to do daily activities. Mental health measures were frequency of experiencing disturbance in mental peace and level of satisfaction of life. Given below is the result of analysis.

Variable	Number of sample N	Mean	Standard Deviation
Health achievements in early joiners	50	21.3	4.445
Health achievements in late joiners	50	16.48	2.915

Table 11: Health Achievements
(Source: Field Survey)

It can be observed from the above table that mean value of health achievements of early joiners is 21.3 which is greater than that of late joiners which is 16.48. Hence it can be inferred that health achievements among early joiners are more than that of late joiners.
To test the difference in health achievements between early joiners and late joiners, a hypothesis was formulated and was tested using t test. Hypothesis and its result are given below.

- Ho: 6 There is no significant difference in health achievements between early joiners and late joiners.

Calculated t value	Level of significance	Degrees of freedom	Table value	Result
6.42	5%	98	1.985	Ho rejected

Table 12: Result of hypothesis 6
(Source: Field Survey)

- Interpretation

Calculated t value is greater than table value. So the null hypothesis is rejected. Thus it can be concluded that there is significant difference in health achievements between early and late joiners.

9. Findings

The major findings of the study were as follows:

i. There is significant association between women's accessibility to health care, hygienic living conditions of women, food habits of women, income of the women and the duration of participation in SHG.
ii. Health achievements among early joiners are more than the health achievements among late joiners.
iii. There is significant difference in the health achievements of early and late joiners.

10. Suggestions

SHGs already address some determinants of health by proving improved accessibility to health care, better hygienic living conditions, better food habits, good social support etc. In addition to this, micro credit programs can be used as a platform to spread knowledge and awareness about various health issues. At times of spreading of contagious diseases like H1N1, Dungy fever etc to which poor people are more vulnerable, awareness programs can be conducted within the SHGs or in their federations to make the women informed and cautious about causes of illness and how to prevent it. To improve the mental health of women, periodic counseling programs shall be initiated. Women can be provided training in nursing which would help them to take care of themselves as well as their family members with hygiene during situations of ill health.

11. Conclusion

The study conducted among the self help groups of Kudumbashree Mission of Kerala can be concluded with the following remark. SHGs influence the health of poor women via social determinants of health. By providing microcredit, SHGs extend access to credit to poor women in order to generate income. They can contribute immensely to improve the health of poor women through provision of financial support for health care, hygiene, opportunities for income generation and provision of social support. Participation in SHGs can help to ensure that poor women are able to adequately access health care , improve food habits and hygiene and there by improve their health.

12. References

i. Chelliah & Sudarshan. (1999). Income-Poverty and Beyond: Human Development in India, Social Science Press, New Delhi,
ii. Seemi Wheed, (2009). Does rural micro credit improve well being of borrowers in Punjab, Pakistan Economicand Social Review, 47, (1)
iii. Centre for Micro Finance (2006) ,PEDO SHG Programme Impact Assessment ,Centre for Micro Finance ,Jaipur
iv. Debadutta Kumar Panda (2008), Self Help through Microfinance : A Pradigm Shift in Orissa,India , International Journal of Rural Studies (IJRS), 15 (1), 1-7.
v. Liya,K. , Joseph,M.A., (2010). Exploring the effect of SHG participation on women's health via social determinants of health. In Daniel Lazar, P. Natarajan & Malabika Deo, (Ed), Micro Finance – Enabling Empowerment, Vijay Nicole Imprints Pvt. Ltd, Chennai, January 2010.
vi. Richard Wilkinson & Michael Marmot (Ed), Social determinants of health- The solid facts. Second edition- WHO an International Centre for Health and Society.
vii. K.S.Mohindra, Slim Haddad, & D. Narayana, Can micro credit help improve the health of poor women? Some findings from a cross-sectional study in Kerala, India- Accessed on www.equityhealthj.com
viii. Katherine.S.Mohindra & Slim Haddad. Women's interlaced freedoms: A framework linking microcredit participation and health.
ix. www.who.org
x. www.kudumbashree.org
xi. www.gisdevelopment.net
xii. www.biology-online.org