

Are We Underestimating the Success of Self Help Groups in India? A Systematic Review

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Abstract

This paper offers a comprehensive analysis of Self-Help Groups (SHGs) in India, focusing on their non-financial and indirect impacts that eventually lead to significant financial gains over the long term. Through an in-depth review of the literature on SHGs in India over the past 25 years, the paper explores the influence of SHGs on social capital, political capital, girl child education, healthcare and sanitation, and domestic violence. These factors contribute not only to women's empowerment but also to community and socio-economic development. As such, even groups with limited financial returns, underestimated in capacity, and often labelled as unsuccessful, can be assessed for their potential to drive substantial long-term changes in their communities. Most studies have measured only the short-term impacts of these groups; however, these factors are often impacted over the longer term and thus it becomes important to examine the success of SHGs over a longer time frame. This paper contributes to a more panoramic understanding of SHGs, measured over the long term, and highlights the need for metrics that capture their multifaceted impact on women's holistic empowerment beyond financial outcomes.

Keywords

Self-Help Groups, Microfinance, Social Capital, Political Capital, Empowerment

1. Introduction and Purpose

Microfinance, in its thirty-year journey in India, has often been seen as a conduit to improve the livelihoods of over 100 million rural households on account of increased incomes (Leivang, 2023). However, literature on this subject has questioned whether microfinance generates greater income and if this increased in-

come comes at a cost much higher than the gains it brings. The Self-Help Group Bank Linkage Programme (SHG-BLP) that shaped India's microfinance landscape was launched in 1994 by the National Bank for Agriculture and Rural Development (NABARD). NABARD is India's apex rural development bank, owned by the government and RBI, providing financial support and developmental initiatives for agriculture, ensuring credit flow to rural areas, promoting sustainable practices, and monitoring rural financial institutions. What started as a pilot project with 500 SHGs has now become the world's largest microfinance programme with over 12 million SHGs.

By definition, SHGs are small informal associations of 10 - 20 people, primarily women, created to enable members to reap economic benefits out of mutual help, solidarity, and joint responsibility. They come together to form a savings and credit organisation by pooling financial resources to make small interest-bearing loans to their members. This process creates an ethic that focuses on savings first. The setting of terms and conditions and accounting of the loan are done in the group by designated members. As SHGs mature, they can enrol in the SHG-BLP programme where they are recognised as bankable clients and can link themselves to commercial banks and get access to a line of formal credit. Those who do not enrol can continue to operate privately with the help of NGOs, or with government support, using microfinance facilities within the group itself. Microfinance through these groups provides mobilisation of savings and credit facilities that are primarily loans to pursue group enterprise activities. The group-based approach not only enables the poor to accumulate capital by way of small savings but also helps them to get access to credit facilities.

While several studies have appreciated the financial merits that SHGs bring, some studies have done the opposite, focusing on the failure of the institution to generate greater income for rural households and its shortcomings in providing increased wealth. Considerable literature on these institutions highlights the inefficiencies in some of the credit programmes such as loan defaults, inaccurate accounting of finances within the group, and misuse of funds (Chakraborty & Chaturvedi, 2021), and underlines the imminent and inescapable debt (Kannabiran, 2005) some SHGs place rural families under with data showing that indebtedness has risen at least four times since joining SHGs (Balaji, 2015).

In India, SHGs can thus be segregated into three broad categories: ones that are performing extremely well financially, ones bringing minimal financial returns to their members, and ones running into financial losses and debts. The SHGs in this last category are often unsuccessful for several structural reasons such as the lack of proper accounting within groups, high default rates, and even the unwillingness and eagerness of women to take part in these groups. However, for the other two categories, we must measure their success accurately and holistically as they have the potential to catalyse large-scale socio-economic and gender change within their communities.

When looked at closely, the studies deeming groups to be unsuccessful, ana-

lyse the performance of SHGs over a relatively short period, failing to account for financial benefits, like the ability to purchase large income-generating assets through credit, which usually takes a long time to eventuate. Additionally, these studies often completely fail to account for the socio-economic and cultural benefits that women receive from joining these groups, which also accrue over a longer time frame. Thus, there exists a research gap wherein the success of SHGs is only assessed on their short-term financial merits, making it important to measure the success of the group accurately and holistically to ensure that SHGs that have the potential to empower women in the long term are not deemed as unsuccessful and dissuaded from functioning.

The primary goal of SHGs, which is to provide economic aid to women, is not just achieved via direct lines of credit and financing but through other indirect methods such as improving healthcare practices that increase work productivity, encouraging children's education to increase future job potential, and several other methods elaborated later in this paper. These methods take time to materialise as financial and measurable benefits. Additionally, studies show that in most SHGs substantial importance is given to social, cultural, and capacity-building activities including conducting vocational training sessions in activities like stitching and sewing, entrepreneurial skills, women's rights, political participation, basic education, and justice (Brody et al., 2015), as well as adult literacy programmes, solving water problems, sanitation and immunisation programmes, and anti-alcohol campaigns (Swain, 2007). These activities, however, remain unaccounted for in the evaluation of their success.

By holistically assessing the effect SHGs have on the empowerment of women, defined in this paper as the ability of an individual to participate in decision-making processes, have control over their economic resources, and possess the right to make choices regarding their life (Swain, 2007), this paper draws attention to metrics that while not directly related to quantitative financial outputs, materialise as economic gains for members of the SHG in the long term.

2. Methodology

By reviewing the literature present on SHGs in India over the past 25 years, it was discovered that SHGs impacted the following non-financial factors: social capital, political capital, domestic violence, children's education, and healthcare.

To provide an understanding of how SHGs functioned across India, a culturally, geographically, and economically diverse country, it was ensured that the papers reviewed represented studies that took place across the Northern, Southern, Eastern, Western, and Central regions of India. Chakravarty and Jha's study, for instance, was conducted in Jharkhand, while Ghosh et al's study took place in West Bengal and Mizoram. Similarly, Gordon's study of the Rojiroti SHG was conducted in Bihar, Nichol's study in Chhattisgarh and West Bengal, Banerjee et al.'s in Telangana, and Lee and Singh's in Karnataka.

These studies revealed that despite the country's rich diversity, the function-

ing of SHGs and the mechanisms through which they operate remain largely similar across states and regions. The differences were present only in the subsidiary working of the group that might be specifically tailored to the geographical and social needs of the SHGs region. Gordons study, for example, points out how the Rojiroti SHG operating in rural Bihar places importance on improving the housing conditions of its members, changing the *kutchha* housing (houses made up of wood, straw, dry leaves) norm in their region, which is not sustainable during monsoons, to *pucca* housing (houses made of bricks, cement, iron rods). Other SHGs, like the ones studied by Swain in regions in Andhra Pradesh, Tamil Nadu, and Orissa, focus on activities like solving drinking water problems and starting a school for their own children and those of the village, which may be larger concerns in those regions. These subsidiary workings complement the microfinance programme of the group and impact specific social and geographical issues that arise in the SHGs community, thus differing from group to group.

Additionally, the literature chosen represented a large and diverse sample demographic such that any demographic biases were reduced. For instance, Balaji studies SHGs operating for varying time periods (less than 5 years, 5 - 10 years, and above 10 years), Ghosh et al's study includes data collection from both urban and rural areas of West Bengal, Ghosh and Sengupta's enquiry comprises of 300 girl children purposively selected from different Gram Panchayats, and Jejeebhoy's study synthesizes process data from surveys, meeting observations, and process evaluations across 8 maternal and child health and nutrition interventions across India. Thus, this presents a more holistic and accurate understanding of the functioning and impact of SHGs in India.

Moreover, studies reviewed conducted randomised selection methods to choose SHGs, conduct FGDs, and select members to interview, which would minimise the chances of selection bias. Chakravarty's study randomly selects members from 10 SHGs, Brody et al.'s experimental design uses random assignment to the intervention programme, and Panda's research uses simple random sampling for field survey across 11 states, among others.

In the sections below, the five metrics: social capital, political capital, girl child education, healthcare and sanitation, and domestic violence will each be analysed in depth to understand how they have been impacted by the functioning of SHGs in the community.

3. Social Capital

As defined by Putnam, social capital refers to features of social organisations such as networks, norms, and trust that facilitate coordination and cooperation for mutual benefit. Social capital enhances the benefits of investment in physical and human capital (Nayak, 2015: p. 19). There are broadly three types of social capital (SC) that SHGs work to build: bonding, bridging, and linking (Nayak, 2015: p. 22). In terms of context, SHGs harness strong social ties between rural women based on shared ethnic and gender identities (i.e. bonding SC) as a form

of collateral to leverage financial loans (i.e. physical capital), build broader networks with other SHGs (i.e. bridging SC), and take collective action to negotiate with powerful government, private sector, or NGO functionaries (i.e. linking SC) (Nichols, 2021: p. 2). The benefits of SHGs are maximised when they can harness all three types of social capital. By getting collectively involved in community mobilisation activities such as revolting against alcoholism, planting trees, protecting forests, cleaning the village roads, purifying the village pond, and campaigning for their candidates in the election, all seen in several districts of Orissa (Nayak, 2015), SHGs utilise this social capital to take collective action to demand public goods or regulate norms and sanction “deviant” behaviour (Nichols, 2021: p. 1). The existing social capital accelerates the effective participation of the members in group activities and helps in the smooth functioning of the group. Active participation in group activities helps the members accumulate more social capital which in turn helps them mobilise more resources such as education, political influence, and livestock management to their groups, improving the participation of members, and making the group more effective (Nayak, 2015: p. 20).

A deeper analysis of the link between SHGs and social capital reveals the role of cohesion and expansion as networking advancing mechanisms in achieving all three types of social capital. Cohesion refers to the robust connection between group members. A structurally cohesive group is characterised by dense social relationships, and on this theoretical basis, Coleman has argued that network closure, defined as a network of strongly interconnected elements, creates social capital by facilitating trust, norms, and effective sanctions (Lee & Singh, 2024: p. 562).

In building cohesion within the group, a study conducted by Lee and Singh shows that women are more likely to nominate SHG members for help in emergencies or rely on them for advice. However, with only cohesion present, members disproportionately nominate other members for necessary exchanges, and the SHG is unable to achieve bridging social capital. As a result, the SHG remains isolated from society, reducing its ability to take part in community decision-making. Thus, with the simultaneous working of cohesion and expansion where strong ties within members of groups are complemented by their outreach capabilities, SHGs harness bonding as well as bridging social capital, as depicted in Figure 1 below.

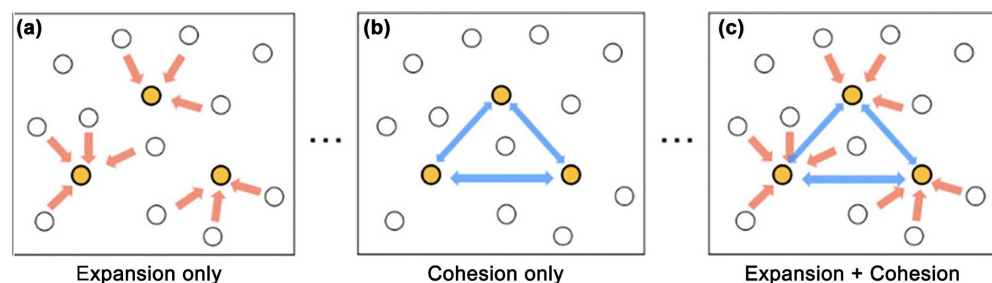


Figure 1. Expansion and cohesion models (Lee & Singh, 2024: p. 564).

This shows that SHGs as an organisation help members expand their social circles as well as provide tight-knit contacts from whom immediate help can be sought reciprocally (Lee & Singh, 2024: p. 581).

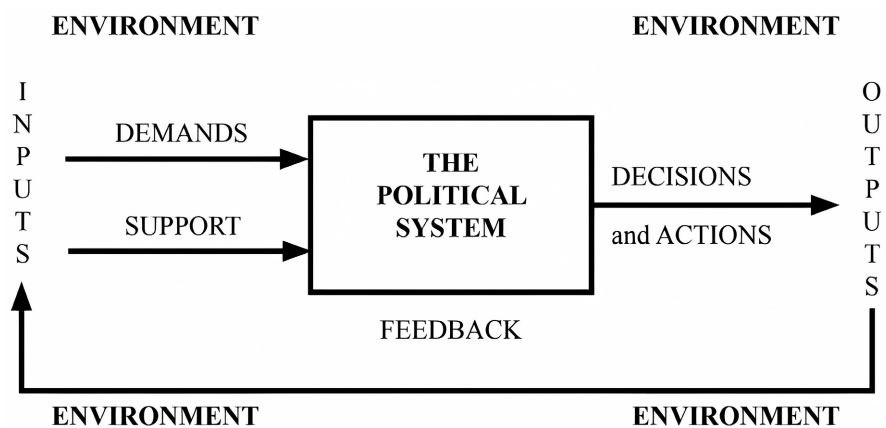
Literature, however, has also spoken about the “dark side” of this social capital. Nichols’ work points out that socio-economic barriers may preclude the most marginal from participating in social capital generating institutions in the first place (Nichols, 2021: p. 4). Lee and Singh’s study shows that SHG members’ composition of contacts tends to exhibit less diversity in terms of same-caste and same-gender ties over exchange and combined relationships (Lee & Singh, 2024). This reaffirms how excessive cohesion amongst members may block out the poorest of the poor from accessing these groups. However, it is important to take into consideration that the longer-term impacts of a heterogeneous group that includes individuals of all castes, relations, and income levels may not work to maximise the financial and social empowerment of its members. In research carried out by Wilkinson in 2006, it was observed in focus group discussions that conversations about the functioning of the group were most productive when participants had commonality and were used to each other’s company (Wilkinson, 2006). Additionally, Lee and Singh’s work later concedes that high homogeneity between women helps the group sustain for a longer period, a crucial factor determining the success of SHGs. It is also important to note that high diversity amongst members of SHGs may result in the poorest of the poor getting compelled to enter these relations due to external pressure on terms that are not beneficial to them (Nichols, 2021: p. 4). Thus, when looking at the sustainability and productivity of SHGs, homogeneity among members produces far better outputs than if there was diversity.

On another note, research conducted by Rahman stated that 60% of husbands were using loans secured by women suggesting that even if household income increases and women are gaining new experiences with financial institutions, they are not acquiring new status or power within the family, and thus are not building more social capital (Rahman, 1999). While in the short run, women may not gain decision-making power in their households, it is evident from Nayak’s study that the direct correlation between a woman’s socio-economic level and the social capital she accumulates, and the direct correlation between the period an SHG has been functioning for and the social capital its members accumulate, that this situation is remedied over time. As women continue to participate in SHGs and gain greater access to income sources via credit, their socioeconomic status rises, resulting in higher social capital which allows them to gain a say in household spending. On the contrary, not participating in SHGs denies women access to even this 40% of income. Thus, in this sense, SHG initiation is centred around saving and lending as an “entry point” to build social capital and trust among women and to provide immediate benefits (in the form of loans), so they may then undertake larger socio-political and collective economic actions in the long run (Nichols, 2021: p. 4).

4. Political Capital

Political capital is an individual's ability to influence political decisions. Building women's political capital in rural India has been an agenda propagated by the state. Starting in 1992, the Indian government gave constitutional status to village-level councils or Panchayati Raj institutions and reserved 33% of the seats for women. This mandate has legitimised the entry of women as a critical mass, to make changes as an influential body in mainstream politics at the grassroots level in India (Ghosh et al., 2015: p. 301). However, it is commonly believed that EWRs (elected women representatives) function merely as "puppet politicians" because male members of the family, primarily husbands, make decisions for them. Data in Ghosh et al.'s study from West Bengal reveals that this percentage is as high as 100% in Domjur and 90% in Bauria, suggesting that most women join because of pressure from family members. In some cases, such as the ones mentioned above, local parties create pressure on male party members to make the women in their family contest elections so that the party members and the male family members can make important decisions about the Panchayat while the women merely remain formal representatives with positions but no real power (Ghosh et al., 2015: p. 304).

Thus, while women have the forum to invoke political capital, they lack the social ability, confidence, and economic resources to do so. SHGs uniquely fill this gap, often serving as a springboard for women to enter Panchayats. This relationship between Panchayats and SHGs is found in David Easton's input-output theory of the political system, seen below in **Figure 2**.



Source: based on Easton 1957: 384.

Figure 2. Representation of David Easton's input-output theory (Fuchs & Klingemann, n.d.: p. 70).

Through the demands and support (via taxes and political participation) of SHGs jointly acting as inputs, the political system (the panchayat) is able to make decisions and take actions that meet their needs and benefit the socio-economic level of women in the village (outputs) (Fuchs & Klingemann, n.d.: p. 70). Over

time, the two institutions become complementary to one another (Salgaonkar & Salgaonkar, 2009: p. 493) as SHGs begin influencing the functioning of panchayats, and panchayats nourish and encourage them, recognizing their needs.

Within SHGs, leadership training is provided in rural India through which women take up responsible positions at the panchayat. Salgaonkar and Salgaonkar's study highlighted that 11% of women participating in SHGs were elected as members of the panchayat in the Netravali village and several more contested for election. This is evidenced by Antonetha Mascartienes, Sarpanch of Netravali village Panchayat in Sanguem Taluka, statement: "The experience gained in running of the group does aid in understanding panchayat administration. The functioning of the group is based on consensus and reaching decisions unani-mously. Every member has a say and her say is important. Panchayat's func-tioning is also based on democracy. Working in a Self-Help group is to help "Self". Working in a panchayat, a basis of local self-government is also for "Self" (Sal-gaonkar & Salgaonkar, 2009: p. 486).

In addition to making women more capable of standing for elections indi-vidually, SHGs can help women create the "critical mass" and make use of the "larger the number, greater the voice" strategy. Through the legitimacy and so-cial capital gained from SHGs, more women attend the Panchayat meetings and also inquire about schemes and agendas in local offices that they can sign up for. The participation of SHG members at the Gram Sabhas (panchayat meetings) would mean the participation of more women in grassroots politics, offering them increased opportunities to influence local decision-making. Thus, this in-crease in number helps women become an effective pressure group through the instrument of collective bargaining (Salgaonkar & Salgaonkar, 2009: p. 487). With the attendance of SHG members in Panchayat meetings and their election as representatives, the critical mass gained by the women's group can convince their women representatives to take up issues affecting women and children in their village (Salgaonkar & Salgaonkar, 2009: p. 490) such as allowing women to participate in more income generating activities that are presently not allowed socially. This was evident in the Guirim village in Goa where women from SHGs asked the Panchayats to repair taps so they are relieved from travelling to far off wells in the summer heat and clean wells within the village to make them usable again. A few days later when a drunk man fell into one of the wells nearby that had not been cleaned because nearby residents claimed the work would damage their septic tank, SHG members gave the Panchayat an ultimatum to cover the well and complete the remaining work within fifteen days, or else they would resort to an alternate resource. The work was completed in three days (Salgaonkar & Salgaonkar, 2009: p. 490).

Crucially contesting for Panchayat elections requires money and through both increased savings and access to credit activities in SHGs, women are able to create the funds (on average Rs, 5000) to do so. In this way, SHGs provide eco-

conomic empowerment and panchayat reservations provide political empowerment and both work together to give women freedom and agency (Salgaonkar & Salgaonkar, 2009). Thus, it is evident that through the social and financial capital generated by SHGs, women are able to gain political capital and no longer act as dummy politicians. This progress makes way for larger socio-economic changes in the villages that can lead to the betterment of their standard of living and pave the way for changing existing gender relations.

5. Girl Child Education

The impact of microfinance on children's education, particularly girls, remains relatively unexplored. This is important to examine because choosing to spend on schooling indicates a shift in women's financial positions, as well as a commitment to support children's education. Investment in children's education is shaped by perceptions of future opportunities and entrenched social norms about the role of women as wives and mothers. In West Bengal moreover, Ghosh and Sengupta's research observed that schooling costs were likely to be higher for girls and that families did not see the benefits of paying this money (Ghosh & Sengupta, 2012). Comprehensive reviews conducted by researchers on barriers to girls' education have agreed that in many contexts this is due to a lack of financial incentive to educate them (Gordon, 2019) SHGs, in their capacity as income generating and socially influential institutions, can act as catalysts in increasing girl child education in rural India.

One pivotal study conducted by Gordon in 2019 on the functioning of the Rojroti Self-Help Group in rural Bihar brought to light three key processes in which SHGs work to increase girl child education. Firstly, general-purpose loans are used for investment and consumption purposes, and women are required to detail what the loans will be used for and their repayment plans to ensure that default rates remain low and loans are used to purchase income-generating assets, to spend on emergencies, or use for productive purposes. Women therefore engage in household repayment strategy discussions with male relatives to prepare their case. This influences a woman's ability to be involved in decision-making helps mothers influence decisions about whether to send girls to school and allows them to practise important negotiating skills. These skills are then used to challenge patriarchal norms in their community affecting her daughter's education (Gordon, 2019: p. 180).

Secondly, asset building activities and flexible credit opportunities give families with SHG members greater protection against income shocks, a frequent occurrence for farmers due to unpredicted rainfalls or droughts. Instead of taking children out of school, assets could be sold in the case of emergencies, representing women's ability to earn a stable income (Gordon, 2019: p. 93). Increased agricultural assets were also often linked to members being able to support children's progress into higher levels of education than before and financial resources helped women purchase uniforms and books required for school (Gordon,

2019: p. 114). This was enhanced by Rojiroti's flexible repayment strategy and the option to take multiple loans. Through flexible repayment, each woman pays back her loan according to her financial position and feasibility, and thus they will not be compelled to borrow money at higher rates from local moneylenders. Moreover, with a flexible repayment mechanism, women can invest in longer-term business strategies.

Thirdly, cohesion and discussions between SHG group members allow them to bring changes in girls' education. The ability to share intimate details is likely to give women greater feelings of social and emotional support, which could be important when dealing with conflicts over issues related to girls' education. "Through meetings, we get a moral boost-up to educate our girls. Meetings give objectives for girls' education, then the means for education is required (Gordon, 2019: p. 143)". Women also mentioned the fact that social pressure from the group members encourages them to ignore outside norms and rules about marriage and to prioritise girls' education. This is supported by Baland et al.'s finding which states that by being exposed to other women raising similar issues, and describing their aspirations and their projects, a woman can feel encouraged to develop more ambitious goals for her children. By experiencing increased autonomy and empowerment within the SHG collective project, she can also be more assertive and proactive concerning her children's education (Baland et al., 2020). Additionally, SHGs spread awareness amongst members about the illegality of child marriage and provide information about the schools they can send their daughters to (Gordon, 2019: p. 164). Furthermore, girls' recognition of their mothers' increased agency makes them more inspired to study and succeed in education (Gordon, 2019: p. 147).

In a study by Ghosh et al., members of SHGs were seen to be more actively participating in education-related activities. Women from Bagnan (Howrah) run free coaching centres for the local children, showing how women who are educated and empowered can positively impact their communities. The links between literacy movements, SHGs, and the education of the second generation emerged as a clear thread (Ghosh et al., 2015: p. 307). This is reaffirmed in Gordon's study where the ability of women to use this role locally to act as representatives for their communities has the potential to influence girls' education if it brings about wider shifts in gender relations (Gordon, 2019: p. 208). Increased rates of girl child education not only improve the working potential of these girls to secure employment in the future but also save the girl and her family from falling into large dowry debts in the case of early marriages.

It is interesting that a randomised control trial conducted in Telangana, India found that urban households in treatment areas were not more likely to have children in school, and the same conclusion was found when looking specifically at girls' enrolment (Banerjee et al., 2015). However, the period of the study was only two years while non-financial factors like education take upwards of 5 years to materialise and show a significant impact. More particularly, in Gordon's

study, loans are less likely to be taken for education in the early stages of group formation, due to the pressing need to pay off previous loans, medical treatment, and house construction. Therefore, the rise in the frequency of educational loans is likely to increase over time as groups are more established and move on to borrowing for investment purposes, which is what many families consider education spending to be.

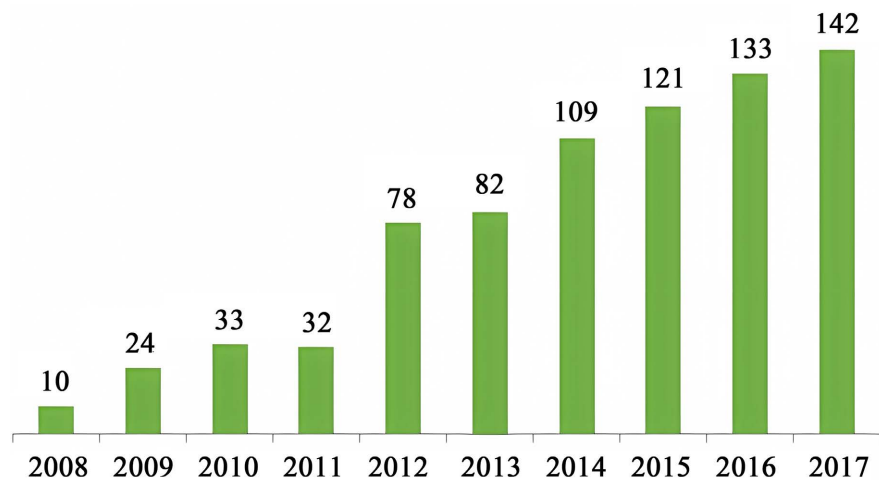


Figure 3. Educational loans taken per year (Gordon, 2019: p. 88).

The graph above, **Figure 3**, taken from Gordon's study, represents the educational loans taken per year in the Rojiroti SHG. In the data presented, educational loans taken vary from 10 loans in 2008 to 24 loans in 2009, 33 loans in 2010 and 32 loans in 2011. This fluctuation was followed by a sharp jump in the number of loans to 142 in 2017. Hence, it is not surprising that Banerjee et al.'s study uncovers no definite increase in girl child education after the initiation of microfinance in the area due to the short time frame for which it records these changes.

6. Healthcare, Sanitation, and Nutrition

Health is a crucial part of well-being. Researchers, policymakers, and policy documents state that no society or nation can achieve the total well-being of its people if health is overlooked (Ahuja, n.d.). In other words, women's empowerment cannot be achieved if we ignore issues related to the health of women (Chakravarty & Jha, 2012: p. 122). However, the poor have limited access to health inputs (e.g. nutritious foods, health services, non-toxic environment), and little capacity to convert (e.g. through education) the inputs they do have into health (Mohindra, 2003: p. 4). A household member who falls ill inevitably reduces their capacity to earn income or perform necessary household tasks, thereby increasing the economic vulnerability of the entire household (Wagstaff, 2001). Moreover, the burden of medical costs is higher for the poor, and in extreme cases, may push families who are just above the poverty line, into destitu-

tion. This possibly explains why poorer households are more price-sensitive, with a higher elasticity of demand in seeking care for children than for adults (Raza et al., 2016: p. 1), and why significantly smaller sums of money are spent on the treatment of women than on men, underlining the gender discrimination that exists in child feeding, health care, and nutrition status in India (Saha et al., 2013: p. 1). This is where SHGs act as equalising institutions and work directly (e.g. through healthcare specific meetings) or indirectly (e.g. through the provision of credit facilities) to propagate better healthcare and sanitation practices amongst women in the group.

SHGs achieve this through organic and inorganic mechanisms. Organic mechanisms involve the SHG using the resources and capital it has built to bring this change. Several studies have found a positive association between social capital, generated from participation in SHGs, and diverse health behaviours and health outcomes as women are able to exert their agency at home and in the community to improve nutrition and sanitation practices and encourage others to do so (Saha et al., 2013: p. 2). Moreover, discussions about the purpose of the loan within the SHG increase health awareness as members discuss possible solutions and experiences with similar challenges and encourage treatment seeking behaviour. These effects reduced the barriers to healthcare utilisation for primary and preventive care (Aranas et al., 2020). Additionally, the availability of loans and credit facilities in microfinance programmes aid in mitigating health cost shocks. The joint working of financial and social capital support SHG members in utilising their money through the use of their agency to make decisions on health care expenditure in the household. This results in SHG members having specific dialogues about their circumstances thereby increasing the autonomy of women's health and linkages of women's health activities through primary healthcare system services (Mehta et al., 2020: p. 2).

Several studies have recorded these effects. In research conducted on an SHG, Rojiroti, in Bihar, the women were able to support the building of hand pipes for access to clean water and latrines which could have major implications for the health of all family members, but particularly for women and girls' health and safety, as the reduces open defecation where they are more vulnerable to sexual and physical violence (Gordon, 2019). Similarly, in a study in Kerala SHG participation helped protect poor women against exclusion from health care and could aid in promoting their mental health by providing an outlet to share and resolve their conflicts (Mohindra, 2003). A study that analysed the entire dataset from the third national District Level Household Survey from 601 districts in India to assess the impact of the presence of SHGs on maternal health service uptake uncovered that respondents from villages with an SHG were more likely to have delivered in an institution, have fed newborns colostrum, have the knowledge of and utilised family planning products and services (Saha et al., 2013), as depicted in **Figure 4** below.

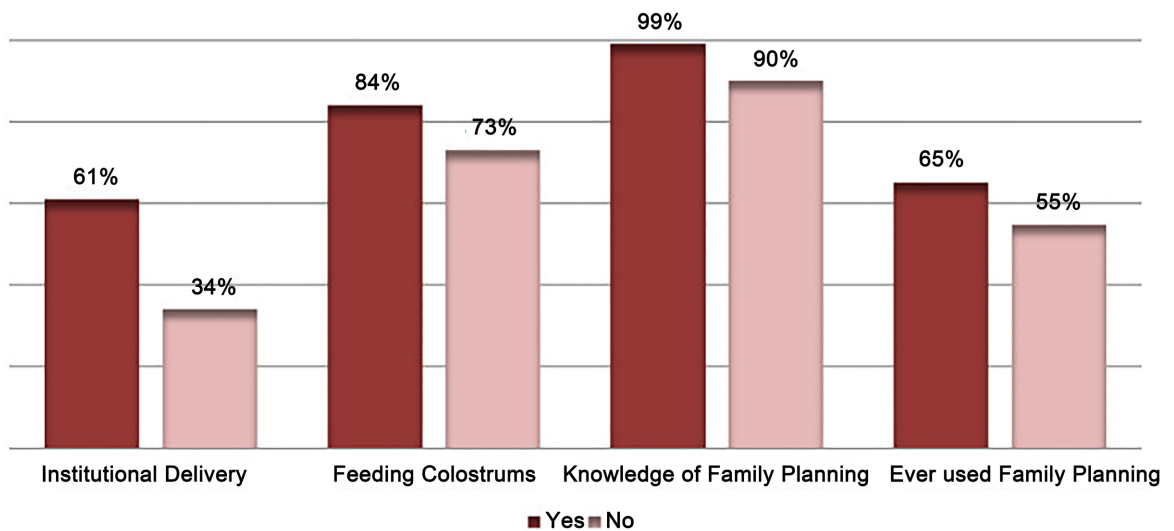


Figure 4. Characteristics of study variables in villages with and without SHG (Saha et al., 2013).

An indirect benefit observed in the Rojiroti SHG was that most women improved their housing environment after joining the group. As one woman explained: “I have converted my mud house to brick house and now I am plastering them. This is possible due to group membership.” Improving their houses helps women by, firstly, providing an increased sense of security, particularly in the case of weather shocks but also, more importantly, being able to better shield homes during the monsoon season could lead to better health and safety of family members. These results are significant and are consistent with existing literature that the social capital generated through women’s participation in SHGs influences health outcomes (Saha et al., 2013: p. 1). Thus, significant progress and equity are built in healthcare practices through organic mechanisms within SHGs.

On the other hand, inorganic mechanisms use interventions from third-party organisations like NGOs or the government to drive better healthcare practices. Building on organic methods, SHGs combine health programs and microfinance activities through collaborative partnerships with health organisations, NGOs, and the government to broaden their impact. One of the most prominent schemes is community-based health insurance (CBHI). CBHI is an emerging concept for providing financial protection against the cost of illness and improving access to quality health services for low-income rural households who are excluded from formal insurance (Mahieu, 2012) where community members pool funds to offset the cost of healthcare, acting as a form of micro health insurance (WHO, 2020). CBHI is introduced in several SHGs, reporting lower health expenditure than non SHG members. In a study conducted by Saha and Annear in 2015, CBHI was found to halve the incidence of catastrophic health events among hospitalised patients and protected up to US\$83 in medical expenses per year

while paying only a US\$3 annual contribution (Aranas et al., 2020). In some rural areas, households can only enrol in the CBHI through their female members who participate in a women's self-help group (Panda et al., 2014: p. 961). In Panda et al.'s study in 2011, treatment groups (groups where households could only access the CBHI through their female SHG members) showed a higher enrolment rate to CBHI than groups without SHGs due to their understanding of the importance of health services. SHG members were about 20 percentage points more likely to enrol in schemes as compared with non SHG members (Panda et al., 2014: p. 967).

Another intervention was the partnership of PRADAN SHGs with the Public Health Resource Society (PHRS) which implemented the Facilitating Action Against Malnutrition (FAAM) program. FAAM's main goal was to leverage PRADAN's large SHG network to increase awareness among women on the underlying causes and practices associated with malnutrition and to trigger a set of actions among women to reduce malnutrition and anaemia through a set of nine perspective-building micromodules around key issues such as early marriage, infant and young child feeding (Nichols, 2021: p. 4). The program helped members increase consumption, nutritional intake, and asset accumulation. Thus, it can be noted that inorganic mechanisms are in several cases exclusive to the members of SHGs, allowing them to make greater progress in healthcare and sanitation practices than non-members. Seward et al.'s study revealed similar findings showing roughly a 2-fold increase in health-promoting behaviours during and after home deliveries among SHG members engaged in health education and participatory learning and action activities (Mehta et al., 2020: p. 2).

A criticism that Ekman's 2004 systematic review of 36 studies published from 1980 to 2002, pointed out is that while such schemes provide financial protection for low-income groups, the magnitude of the effect is small and the lowest-income groups are excluded from enrolment (Ekman, 2004). While it may be true, this is a general issue that lies within the structure of an SHG due to its homogeneity, as discussed earlier, and is a compromise that must be currently made to maximise the impact and benefit of these groups. The statement thus does not undermine any of the healthcare and nutritional advantages that SHG members receive through the organic and inorganic mechanisms which aid in reducing health-seeking behaviour and reducing healthcare costs over the long term.

7. Domestic Violence

Domestic violence, referring to violent or aggressive behaviour within homes, is a reflection of power inequalities in the patriarchal community, and comparably more women than men continue to be targets (Panda, 2014: p. 449). Several studies have analyzed the impacts of microfinance on the level of domestic violence in rural households and have uncovered that SHGs impact the frequency of domestic violence in conflicting ways. An accurate representation can only be sought by looking at the net impact SHGs have on violence over a long period.

In the short term, as SHGs just lift off and begin drawing in members and deposits, the amount available for members to take loans and access other credit facilities is not very high. At this point, loans are only taken for urgent and pressing measures, for instance, to pay off a member's husband's outstanding debt with money lenders, pay for immediate healthcare issues, and house repairs (Gordon, 2019). The use of credit for these payments often benefits the male members of the family and thus is perceived as a positive income flow by them. Thus, in the short term, the SHGs help women resolve immediate financial challenges and this help is well received by the men in the family. In the short run, the frequency of domestic violence does not seem to increase, but rather in some instances has even shown to fall (Sato et al., 2022).

In the medium term, as the SHG spreads its ties into the community, and starts developing cohesion and expansion in the group, accumulating higher levels of funds for credit, engaging in entrepreneurial training, vocational training, and other agency building sessions for its members (Brody et al., 2015) and begin establishing an influential presence in the community, women feel more financially and socially empowered, and confident to make decisions for themselves. In Sato's 2022 study, these factors initially raise tensions because husbands may perceive some aspects of women's empowerment as a challenge to patriarchal cultural norms (Sato et al., 2022). The same findings are seen in Swain and Bali's study where increased tensions arise within households as women seem to drift away from their "traditional gender roles" leading to a 10% increase in domestic violence in the medium term (Swain, 2007). Additionally, in the medium term, Jejheeboy's study also pointed to an increase in emotional violence as women are made to feel guilty for joining SHGs and challenging the male members of their families (Jejeebhoy et al., 2017).

In the long term, however, once the benefits highlighted in the metrics above: political capital, social capital, improved healthcare, and increased education are fully realised and manifest materially in households of SHG members, there is a decrease in domestic violence (Brody et al., 2015). Women now have critical mass in the Panchayat assemblies and can develop assertiveness in terms of their increased desire and ability to protest against socially undesirable habits such as alcoholism, gambling, and violence against women (Gordon, 2019) and this ultimately results in a higher standard of living for the family. In a study conducted by Panda where SHGs were studied across 11 states in India, in the long term, 32% of the beneficiaries have expressed that after availing finance and help from SHGs, domestic violence has decreased completely. Around 48% of the beneficiaries felt that there was a moderate decrease in domestic violence after availing of microfinance (Panda, 2014: p. 460). Additionally, in Gordon's study of the Rojiroti SHG, women revealed that over time, men understood the importance of their access to loans from Rojiroti and their ability to generate an income and provide financial protection in the case of emergencies, and thus supported their group membership. Membership of Rojiroti for women to se-

cure loans for their households was also far preferable to alternative money lending sources that had a much higher rate of interest (Gordon, 2019), thus improving the financial situation of the household over the long term.

8. Policy Recommendations

In this analysis, it is evident that SHGs are institutions that go beyond traditional microfinance practices and provide their members with other non-financial benefits that help improve their agency and contribute to their holistic empowerment in society in the long term. While SHGs are creating significant progress in rural India, there are several ways in which they can create greater impact and perform more effectively in driving women's empowerment. The following section will put forward suggestions that can enhance the influence and contribution of SHGs in their region.

- Group-based interventions will always risk excluding women who are too busy to attend. Several women are unable to attend meetings due to work at home/field, thus volunteers/SHG members must try door-to-door methods to increase awareness, especially for pregnant women who do not attend meetings (Nichols, 2021: p. 11). As these women can also often be more vulnerable or socially excluded community members, group-based programs should not detract from efforts to reach such women individually. More efforts could be taken by existing group members or NGO workers to work with other community members (e.g. men or mothers-in-law) to negotiate labour roles and make time for women to attend (Nichols, 2021: p. 11) so that the SHGs reach is maximised.
- Since groups perform more productively and efficiently with homogeneity within their members, it becomes important to ensure that even the "poorest of the poor" women have access to these microfinance institutions. With the aid of NGOs or governments, SHGs could be set up for the more financially marginalised women in the village. Through this homogeneity is achieved to increase productivity and neither is access to empowerment denied for the poor.
- Intimate partner violence has been shown to increase when women's economic empowerment is not complemented with additional interventions that focus on mitigating the potential adverse consequences at the household and community levels. Thus, several studies recommend implementing interventions with an emphasis on empowering women with interventions that focus on changing the gender norms of men. Do Kadam Barabari Ki Ore is an example of such an intervention that works to reduce domestic violence in rural India by educating and spreading awareness in SHG members along with their male counterparts through gender transformative group learning sessions and community-wide campaigns. Although reaching male counterparts and ensuring their regular attendance was a challenge, the door-to-door method employed by the intervention group helped in increasing their reach.

The interventions have had significantly positive impacts in intervention groups where endline survey results show at least halved the incidence of domestic violence.

- There is much that can be learnt from the Rojiroti SHG which has been operating in rural Bihar for several years and is arguably one of the most successful SHGs present in the country. The unique mechanisms of Rojiroti that make it successful have been highlighted in the paper. Being able to implement these methods (flexibility in payments, detailing repayment plans, and vocational training) in other SHGs may help them achieve success like Rojiroti did where other microfinance groups failed. These mechanisms are implementable only on credit activities within the group. For instance, if the SHG is enrolled in the SHG-BLP programme and is connected to a formal bank to access credit, the interest rate and repayment period are already pre-determined and there is minimal scope for flexibility. However, if the group has not yet enrolled in the BLP programme or continues to provide intra-group lending even after enrolment in the programme, these mechanisms could be incorporated into the group's credit system. While these mechanisms cannot be mandated or enforced in any group, awareness programmes conducted by the government and NGOs may help SHGs realise the benefit of mechanisms like flexible repayment, detailing loan requirements and repayment, and vocational training. Phasing in these mechanisms into the group will help members adjust to the new mechanisms and realise the benefits that come with them.
- SHGs should function more as women's collectives and less as institutions that merely handle their savings. Groups should encourage communal activity and strengthen bonds between the members, to provide an alternative support system for the woman, besides her family. This can be achieved by increasing the number or period of group meetings to allow women to share their challenges and discuss solutions for them. This support system is what provides women the courage to challenge the patriarchal norms within their household and gain autonomy over their finances and expenses. Additionally, in doing so, SHGs should also more regularly implement discussions (for instance fixed bi-weekly meetings) on healthcare, education, and political empowerment in discussions to raise awareness on these topics among members.
- The SHG members should interact more with the local Panchayats, which can be achieved by making it a point to regularly attend Panchayat meetings. Together with the representatives they need to ensure that the children, especially the girl children in their area, are attending school regularly, and have access to books and other kinds of resources. Using this forum to convince reluctant parents to send their children to school may be highly beneficial by using the Panchayat meetings to spread awareness about the necessity and benefits of education. Additionally, having gained substantial influence and

critical mass, forming associations at the gram panchayat like parties and coalitions will help push their agenda further. This is evidenced in a study, wherein the Atmakur village, through the convincing and aid of mobilising groups (such as panchayats), parents who are initially reluctant to send their daughters to college begin doing so. Additionally, mothers even reduce the workload on the fields so the daughters have greater time to devote to homework and assignments (SCFR, 2019).

- There is much literature present on groups like Do Kadam Barabari Ki Ore and PHRS that conduct interventions in SHGs and how they have aided SHGs in incorporating awareness programmes within the group. However, a question that often comes up is can SHGs be sustained even after the intervention period. In a study conducted by Hazra, two-thirds of recorded SHGs dissolved after the intervention period (Hazra et al., 2022: p. 4). To ensure this does not happen, it is important that inorganic interventions conducted are only complementary to the functioning of the SHG and do not become a programme conducted for a group of women that later gets termed as an SHG. In other words, the SHG should already have built a network of members who actively participate in microfinance activities and use organic methods to increase the empowerment of members, and make use of interventions to simply widen their socio-economic impact. Additionally, interventions conducted must be either rotating or cyclical to ensure that members are in constant touch with the practices spread through the programme. Through this, the benefit of interventions is maximised without compromising the sustainability of the SHG.

9. Conclusion

Self-help groups are the torchbearers for women's empowerment in rural India and it is crucial to support and encourage these microfinance institutions in their efforts to bring change in their community. This paper presents how the benefits of the group are in most cases not immediate and rather reflect materially only over a long period. Ignoring the socio-economic impacts that manifest in the long term, even if the group is making only marginal returns in the short term, is an act that can deprive hundreds of women of the opportunity to gain agency and control over their lives.

In this analysis, it is made clear that the longer a group functions, the greater benefits it can reap for its members: financial and social. Even minor financial gains have the power to draw larger social changes highlighted above like increased social and political capital, a higher ability to educate girl children, reduced domestic violence, and greater access to better healthcare facilities and practices. These factors contribute to the independence and autonomy of women in rural India, which is the ultimate precedent for holistic empowerment. Thus, it is important to gauge the group's success over the long term and increased primary research in this field (over a longer time frame) can provide a deeper

understanding of how the factors analysed in this paper pan out in the real world.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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