

## A REVIEW ON SELF HELP GROUPS -FINANCIAL INCLUSION PROGRAMME AND ITS IMPACT IN INDIA

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### **ABSTRACT**

*The impact of SHG and microfinance on economic improvements in households, capacity building and empowerment revealed by integrated studies, with highlighting the harmonious impact of SHGs, NGOs and Micro Finance on the socio-economic aspects of rural households and their pivotal role in sustainable rural development. The microfinance activity is the result of NABARD'S work that started in February 1992 through an initial pilot project promoting 500 SHGs. Reserve Bank of India (RBI) had advised Commercial Banks in July 1991 to extend finance to SHGs as per NABARD guidelines. Subsequently, the linkage project was extended to RRBs and Cooperatives. The SHG-Bank Linkage Model became the largest financial inclusion programme in the world. The small beginning of linking only 500 SHGs to banks in 1992, had grown to over 0.5 million SHGs by March 2002 and further to 8 million SHGs by March 2012 according to a report by NABARD. Millennium Development Goals aimed at reducing poverty, improving health and education, empowerment of women, protecting the environment and enhancing other aspects of human welfare. In India, the goals of millennium declaration were followed even before the adoption by the United Nations General Assembly, in the form of policy framework and number of schemes for rural development. The movement towards sustainable rural development will lead to the achievement of MDG. Such achievement is possible through the modern tool to combat poverty and ensure rural development, commonly known as microfinance through SHGs. Apart from savings and credit; SHGs were also able to address social issues like health, education, sanitation, drinking water, alcoholism etc. This paper makes an attempt to recognize the different beneficial aspects reported from the studies.*

**KEYWORDS:** *Economic Improvements, Commercial Banks, Development, SHGs, NGOs*

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### **Article History**

**Received: 06 Mar 2018 / Revised: 12 Mar 2018 / Accepted: 21 Mar 2018**

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### **INTRODUCTION**

#### **Back Ground**

The origin of SHG is from the brainchild of Gramin Bank of Bangladesh, which was found by the economist, Prof. Mohammed Yunus of Chittagong University in the Year 1975, to provide micro-finance to rural women. In Bangladesh, micro-finance has been established as a most powerful instrument to tackle poverty. The SHGs in India were formed by Mysore Resettlement and Development Agency (MYRADA), an NGO in 1985 due to the breakdown of

the large cooperatives organized by MYRADA. By 1986–87, there were nearly 300 SHGs in MYRADA's projects. MYRADA then approached NABARD for an action research project on self-help groups. Within the same timeline, Asian and Pacific Regional Agricultural Credit Association (APRACA) weighed options and agreed on further action for effectively increasing credit access for the poor. In India, NABARD and a member of APRACA carried out an elaborate study which gave useful insights into the dynamics of group organization, saving potential and repayment ethics of the poor. Encouraged by the results of the study and action research project of MYRADA and NABARD, in consultation with the Reserve Bank of India (RBI), Commercial Banks and NGOs, launched a pilot project in 1991–92 for linking of SHGs with banks. Thus, the microfinance activity is the result of NABARD'S work that started in February 1992 through an initial pilot project promoting 500 SHGs. RBI had advised Commercial Banks in July 1991 to extend finance to SHGs as per NABARD guidelines. Subsequently, the linkage project was extended to RRBs and Cooperatives.

According to the Status of MicroFinance in India 2009-2010 of NABARD, there are 69,53,000 SHGs in the country whose savings are linked with banks and 48,51,000 SHGs having loan outstandings as on 31 March 2010. The estimated number of families covered under this model is about 970 lakhs. The total savings amount of all the SHGs with banks as on 31 March 2010 amounts to Rs.6198.71 crore and the total amount of loans outstanding against SHGs as on 31 March 2010 is Rs.28038.28 crore. The SHG-Bank Linkage Model is the largest financial inclusion programme in the world. The recovery performance is also high where 203 banks out 302 banks have reported recovery of more than 80% of SHG loans as on 31 March 2010. Eight Public Sector Banks have reported a figure of more than or equal to 95% recovery and 10 Public Sector Banks have reported a recovery of 80-94%. While the bankers are generally happy about the recovery performance. The success of microfinance largely depends upon the quality of SHGs and how it functions. Thus SHGs can be treated as the core element of microfinance programs. According to Singh (2011), some of the basic working principles and functions of an SHG are

- Group members usually create a common fund by contributing their small savings on a regular basis;
- Group evolves a flexible system of working (sometimes with the help of NGOs) and manages pooled resources in a democratic way;
- Loan requests are considered by a group of periodic meetings and competing claims on limited resources are settled by consensus;
- Loans are given mainly on trust with minimum paper with and without any security;
- The loan amounts are small, frequent for short duration and are mainly for conventional purposes;
- The rates of interest vary from group to group and the purpose of the loan. It is higher than that of banks but lower than that of moneylenders;
- At periodic meetings, besides collecting money, social and economic issues are also discussed; and
- Defaults are rare due to group pressure and intimate knowledge of the end use of credit.

The small beginning of linking only 500 SHGs to banks in 1992, had grown to over 0.5 million SHGs by March 2002 and further to 8 million SHGs by March 2012 according to a report by NABARD. In southern states, almost 100 percent of the SHGs linked to banks in the pilot stage, while the total number of SHGs linked in southern states shrank to 46 percent by March 2012. On the other hand, the share of Eastern States (especially, West Bengal, Odissa, Bihar) shot up

to over 20 percent as per NABARD data of microfinancing. This means that SHGs are being self-reliant in southern states and are in a mature phase, while it is still gaining its ground in eastern states. But the day is not far away when it will stand with strength in the eastern states too (Archana Kumari, 2013). Poor families living below the poverty line were then organized into SHGs established with a mixture of government subsidy and credit from investment banks (Saha et al., 2013). The main aim of these SHGs is to focus on income generation and raising poor families above the poverty line. The SHGs are supported and trained by nongovernment organizations (NGOs), community-based organizations (CBOs), individuals, banks, self-help promoting institutions, and microfinance institutions (MFI). The most prominent models of delivery for microfinance in India continue to be SHGs, promoted by the state governments, NGOs, a few regional rural banks, and specialized MFIs that use various models to make both group and individual loans. The southern states of India experienced the largest concentration of SHG activities, both with state support, and promoted by private MFIs. The SHGs can also be community platforms from which women become active in village affairs, stand for local election or take action to address social or community issues like the abuse of women, alcohol, the dowry system, schools, water supply and so on.

Millennium Development Goals aimed at reducing poverty, improving health and education, empowerment of women, protecting the environment and enhancing other aspects of human welfare. In India, the goals of millennium declaration were followed even before the adoption by the United Nations General Assembly, in the form of policy framework and number of schemes for rural development. The movement towards sustainable rural development will lead to the achievement of MDG. Such achievement is possible through the modern tool to combat poverty and ensure rural development, commonly known as microfinance through SHGs. Apart from savings and credit; SHGs were also able to address social issues like health, education, sanitation, drinking water, alcoholism etc

### **Women Empowerment**

A set of recent studies has also focused on SHGs in the state of Andhra Pradesh, which accounts for 40 percent of all SHGs in India (Galab and Rao 2003; Aiyar and Narayan, 2007). Various studies conducted by NABARD, National Council of Applied Economic Research (NCAER,2008) and Institute for Social and Economic Change (ISEC) speak in one voice about the paradigm change in the ways rural poor women think and act in the post-SHG phase. SHG members could undertake tasks like traveling alone to the next town or city, going alone to hospitals, handling a certain amount of money, addressing a forum, etc with confidence in post SHG phase. Andhra Pradesh SHGs- a silent revolution in the empowerment of women in rural areas and have achieved a respectable position in the country overall in the states (Vasudeva, 2004)

In behavioral changes, studies found that more than 70% of women respondents reported improvement or even significant enhancement in their ability to face problems. Overall findings indicate that the decision -making capacity of women members with various SHG activities has improved from a pre-SHG situation. SHG members were part of the decision-making process in children's education, purchase of assets, the marriage of their daughters, etc. Members also reported on changing undesirable habits of their husbands. Recent panchayat elections in Kerala brought to focus the active participation of women from Kudambashree project. In another instance, while revamping the Public Distribution System (PDS), the Chattisgarh Government entrusted PDS outlets to community- based organizations, panchayats and SHGs (NABARD, 2010).

Empowering women is one of the most crucial concerns of the Millennium Development Goals of the United Nations. One of the crucial goals is to upgrade the status of women and facilitate their integration into the total social development (Varghese, 2011). SHGs has also empowered women members substantially and contributed to increased self-confidence and positive behavioral changes in the post-SHG period as compared to the pre-SHG period (Sushil Kumar Mehta *et al.*, 2011) and Rama Krishna and Krishna Murthy (2003), the equality status of women as participants, decision maker and beneficiaries in the democratic, economic, social and cultural spheres of life (Palanichamy, 2011). At the individual level, there is evidence that empowerment occurs among some clients through programme participation (Sundaram, 2012). The all-round development of women particularly in rural areas. The impact of Self Help Groups is significant in terms of self-worth like confidence cum capacity -building by providing self employment opportunities to meet the financial crisis. It also improves the decision-making capacity in terms of various social, political, economic, health and educational affairs and mobilizes women to fight against various types of exploitations against them in family and society at large (Heena and Tabasum, 2013).

### **Social Empowerment**

SHG intervention has improved the living standards, inculcated saving and loan repayment habits and had brought about a positive change in attitudes, social skills thereby leading to empowerment (Jaya S Anand 2004; NCAER (2008) and Sarumathi and Mohan, 2011). Acute malnutrition among children, infant and child mortality / premature adult deaths have declined. Children's school enrolment and regularity in school attendance have improved. Further, when SHGs address issues such as the establishing of *Amravati* (Baby care center), made a positive impact on the education of girl children (Joy Deshmukh-Ranadive 2004). The most outstanding was the increase in confidence levels and courage to discuss issues and speak openly (Darshana, 2008). The process of empowerment manifests itself in increased self-esteem and decision-making at the family level (Sundaram, 2012) and increased communication skill (Kondal, 2014). Independent decisions by women on spending money and saving for themselves has increased (Suchetha Shukla, 2004 and Selvaraj, 2005). Specifically agriculture sector, activities of the family and other activities of the family (Kondal, 2014).

### **Impact on Expenditure and Consumption Patterns**

NCAER (2008) found that SHG-Bank Linkage programme has influenced the consumption pattern of member households. The average annual growth rate of expenditure on food items registered an increase of 5.1 percent and 5.4 per cent higher on non-food items. The average annual growth rate of expenditure on food and non food was thus higher than 5 percent respectively at the All-India level (six states), based on primary data collected from 109 SHGs from 9 blocks of 4 districts of Assam during 2007-08, revealed that the SHG Bank Linkage Programme (SBLP) yielded social and economic benefits to a high percentage of the sample SHGs (NABARD and APMAS, 2009). The results of some micro-level studies from De and Sarker (2010), Dhanya and Sivakumar (2010), Kashyap and Kashyap (2010), Kumar (2010), Moyle *et al.*, (2006) demonstrated the positive impact of SBLP on the socio-economic conditions of SHGs members. Increased levels of employment and income of SHG households are expected to raise their expenditure on various items. While the expenditure on food included cereals, pulses, edible oils, vegetables, milk, and milk products, meat and fish, sugar, guar, and other items, the expenditure on non-food included clothing, footwear, consumer durables, pan, beedi & cigarettes, intoxicants, ceremonies, newspaper, travel and also on education and health (Ghosh 2012; Swamy V and Tulasimala BK, 2013).

### Participation in Social Service Activities

SHGs participation have improved childcare and contraceptive use among the members (Hadi, 2001 and 2002), an impressive majority of (86%) women reported having voted in the last election and 74% reported of being influenced by their husbands or being compelled to vote for certain candidate at Panchayath level (Mark *et al.*, 2003). SHGs had a positive impact on participation in the development programmes, ability to meet government officials, awareness about property rights and marketing (Rama Krishna and Krishna Murthy, 2003). Studies in India and Bangladesh have shown the positive effect of SHGs on reducing exclusion (Mohindra *et al.*, 2008). Project that trained women SHG members as health workers, initiated literacy programmes and provided funds for household health emergencies showed in the two decades after 1970 a reduction in infant mortality from 176 to 19 per 1000, a birth-rate decline from 40 to 20 per 1000, nearly universal access to antenatal care, safe delivery, and immunization and a decline in rates of malnutrition from 40% to less than 5% (Rosato *et al.*, 2008).

### Socio-Economic Empowerment

SHGs had a positive impact on social and economic empowerment (Rama Krishna and Krishna Murthy, 2003) and help to transform the rural economy by way of improving the economic status of each and every individual member of the SHG in the rural areas apart from providing scope for women empowerment. Thus, SHGs play a major role in women empowerment, microfinance through bank linkages in collaboration with NGOs and contribute to the rural economy (Arunkumar, 2005) and greater improvement in social, economical, political and health conditions of the rural women after joining in the SHGs in India particular at Andhra Pradesh compared to the other countries like Africa and Indonesia (Anuppalle and Reddy, 2008).

### Micro-credit Finance and Health

Anuppalle and Reddy (2008) observed the improvement in health conditions of the rural women after joining in the SHGs was more in India in particular at Andhra Pradesh compared to the other countries like Africa and Indonesia. Globally, there is emerging evidence to show that microfinance programmes have created non-financial benefits including improvements in health, hygiene, and sanitation (Ahnquist *et al.*, 2012 and Subramanyam *et al.*, 2011). In recent times women have gained appreciably as a result of joining SHGs and thereby being able to meet their health-related expenditure by borrowing money from the group (Saha *et al.*, 2013)

### Income Generation Activities –Benefits

SHG has improved opportunities to generate livelihoods (Joy Deshmukh-Ranadive, 2004; Bharatamma *et al.*, (2006). Employment per household increased from 314 person days in a pre-SHG situation to 400 person days in post-SHG situation, compared to male members, female members have benefited more in terms of employment opportunities from the linkage programme (NCAER, 2008; Nalini *et al.*, 2013). Indian SHG members with longer participation in SHGs, members move away from pure agriculture as an income source towards other sources such as livestock income. Training by NGOs positively affected asset creation (Swain and Adel Varghese, 2009). Increasing enterprise activity within households, expanding employment opportunities for the poor in non-farm enterprises, empowering women, and improving the accessibility of other financial services at the community level (Swamy V and Tulasimala BK 2013).

### **Dietary Pattern and Nutritional Status of Rural Households**

Increased food security of members of households after participation in groups Joy (Deshmukh-Ranadive, 2004). SHGs helped to improve food consumption and nutritional status of the poor. Positive impacts on nutritional intake in program areas, overall heterogeneity of impacts between members of pre-existing and newly formed groups, as well as non-participants (Deininger and Liu, 2009) The mean value of the per family food expenses has increased from Rs. 4849 in the pre-SHG situation to 8216 Rs. after SHG impact registering an improvement to the extent of 69.41% (Swamy and Tulasimala 2013). A great majority of 84.4% and 89.0 per cent of Muslim and Hindu women, respectively participated in decisions regarding food (Jeejebhoy *et al.*, 2001).

### **Household Income and Poverty Alleviation**

Microfinance is such a tool, which directly hits the poverty by helping poor or enabling them not only to survive, but also to improve their standard of living (Geeta Manmohan *et al.*, 2008). A major objective of the SHGs is to alleviate poverty by extending banking services to the poor, thereby helping them to enhance employment and income opportunities to come out of poverty. Evidence shows that the percentage of poor households declined from 58.3 per cent in the pre-SHG situation to 33.0 per cent in a post-SHG situation, indicating that the incidence of poverty among SHG households declined substantially by 25.3 percentage points, after about five years of bank linkage. The annual rate of poverty reduction turns out to be 10.0 per cent at the all India level (NCAER, 2008; Vivek Kumar Tripathi and Tanu Marwah 2013). Poverty declined to the greater extent (92.00%) among rural women of SHGs (Sarumathi and Mohan, 2011; Sushil Kumar Mehta *et al.*, 2011) and increased the income level of the respondents nearby 16 percent respondents were in the income group of 1000 – 1500 before joining the scheme, but that percentage has increased to 18.83 after joining the group. The percentage of respondents of the income group, 1500-2500 was 35 before joining the scheme. It has increased to 36.67 after joining the group (Anila, 2012). Self Help Groups reduce poverty and vulnerability of the poor by increasing capital / asset formation at the household level, improving household and enterprise incomes, enhancing the capacity of individuals and households to manage risk (Swamy and Tulasimala 2013).

### **CONCLUSIONS**

The review of the extent of literature on micro-finance reveals that the existing studies highlight the impact of SHG and microfinance on economic improvements in households, capacity building, and empowerment. Microfinance through self -help groups plays a pivotal role in sustainable rural development. SHGs were used by the government, NGOs and others worldwide to empower women and to give lives to the poor families. Thousands of the poor and the marginalized population in India are building their lives, their families and their society through self help group.

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