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Key to empowerment of Indian women: is position in Self Help Group effective?

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Abstract:

*This study explores the relationship between women's involvement in SHG and their empowerment in the rural areas of Gandhinagar, Gujarat.One set ofquestionnaire**s,** to analyzing the respondent's association with SHG's and corresponding empowerment. Statistical tools, such as descriptive statistics, Pearson's correlation and linear regression and ANOVA was used to analyze the data. This paper finds that the position of members in the SHGs had a significant impact on the intensity of women's social, personal and political empowerment. It also observed that their perceptions on awareness on health and hygiene aspects. Although the study found SHG-led program has the potential to empower women in some aspects, their capacity in ushering social transformation is limited and contingent on some critical factors. Hence the study needed to be widened using larger sample sizes to check whether the empowerment of women is happening or is still a big myth in this country.*

***Keywords*:Self Help Group, Women Empowerment, Position in SHG, Social Empowerment, Political Empowerment, Personal Empowerment, Awareness on Health and Hygiene aspects.**

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1 Introduction

Empowerment can be defined as the development of increased awareness and capability to negotiate a more equitable distribution of power, that requires resources which will facilitate the capability to make fair and just decisions, the outcome of which will be beneficial towards the welfare of home and community as a whole (Banerjee and Ghosh, 2012). In simpler words, the individuals can benefit by having a greater command of

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understanding over their financial and intellectual assets (Minimol and Makesh, 2012) at individual and community levels. Empowerment can be perceived as a multi-faceted, multi-dimensional and multi-layered concept. Primary dimensions involved in empowerment include social, personal, economic, political and legal empowerment (Sinha, 2006; Sangeetha et al., 2013). Along with that, cultural and psychological dimensions are also important (Malhotra et al., 2002). There is a whole range of sub-domains within each kind of empowerment. Banerjee and Ghosh (2012) also elucidated that these dimensions of empowerment vary with each region (moreover with each country), and background circumstances of the concerned people. The National Policy for Empowerment of Women (2001) was implemented by the Government of India, where a progressive environment can be induced for women so that they can comprehend their complete potentiality through the adoption of productive economic and social policies.It is a long-term complex process that will only happen when the attitude of not just women or men change, but there is a change of thought process in the society at large also. Moreover, most of the institutional/ governmental initiatives have been criticized for poor implementation, political motivation, leakages, and misappropriation of funds (Singh, 2008).

As a remedy for the problems faced in the rural community, SHGs have been conceptualized as an effective channel for development in the community solely for the poor women living in the villages (Anand, 2002). These can alleviate the levels of poverty by liberating their families from their debts taken at high interests of the greedy external financiers (Minimol and Makesh 2012). As SHGs are being considered as the answer to the problems faced in the rural community, new SHGs are mushrooming from every corner of the State. It was tacit from the previous studies that the Government of India, was fully supportive of women empowerment obtained through SHG. A research gap found and abundant scope for study was identified. This study undertaken to assess the quality of improvement in terms of personal, social and political empowerment and their perceptions on awareness on health and hygiene aspects.

2 Self-Help Groups

It comprises a group of ten to fifteen poor womenwith homogeneous nature joining voluntary or facilitated either by governmental agencies or other agencies. They have informal homogenous associations of small entrepreneurs or people with certain similarity, who voluntarily come together to enable some kind of financial advantage by mutually helping each other with joint responsibility in a harmonious way (Anand, 2002). This is done in order to facilitate the savings in the one common fund pertaining to each SHG, which can loan it to the members who need it for their developing credit requirements at a particular rate of interest (much lower than the interest of the moneylender) for a particular period of time, specifically fixed by the other group members (Padhi and Singh, 2017).

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Usually, there are two/three elected leadership posts within each SHG. The essential posts are president and secretary; the treasurer is a non-compulsory post. All the members mutually discuss and collectively decide upon important matters related to work, finances, etc., or resolve any dispute following simple but strict rules and regulations.The credit activity begins with the collection of a fixed amount of saving of each member per day, which acts as a rotating fund for lending money. Then, after regularly saving for over six months, the SHG becomes qualified to increase the existing fund by receiving loans from various NGOs, Regional Rural Banks and other monetary institutions. The opening of a bank account in the name of the SHG is mandatory for obtaining any kind of loan from the bank (Padhi and Singh, 2017).

A. Global scenario of SHG's

Mostly, Government-owned banks are the significant providers of microfinance services in countries such as India, Indonesia, Sri Lanka, and Vietnam. Along with that, these institutions are dependent on subsidy for their successful functioning. One major anomaly is Bank Rakyat Indonesia (BRI), where the members are financially self-sustaining, independent but also able to accommodate not so poor households (Morduch, 1999). There is no system of group lending, and depends on the individual borrowers, thereby effectively avoiding the poorest debtor. Along with this, private for-profit financial institutions (Bank Perkreditan Rakyat or People's Credit Banks) contribute to microfinance services (Thapa, 2007). Harper (2002) reviews the differences between Grameen banks and SHGs. There are fundamental differences in the functioning of both the microfinance options because of the diversity due to local environment. In Kenya, self-help (called Harambee) is a part of their strong tradition. However, this practice presented with the consensus of the Government has been misused for a long time, leading to its depletion of value among people. Kenya has more than 30,000 small self-help groups, comprising of economically weaker sections of society. These groups have a similar function to our SHGs. They are helpful in income generation activities, school and hospital fees and other matters related to finances. However, due to lack of mobilization of resources, the majority of people participating in these groups remain extremely poor (Ngau, 1987). In a Japanese study, Momose et al. (2003) described the activities carried out in SHGs more as a community service and did not involve any financial transactions.

B. Indian Scenario

Several studies in the past 10 years have highlighted the spread of SHGs in different Indian states such National Capital Region of Delhi (NCR) (Jitha, 2013), Uttar Pradesh (Padhi and Singh, 2017), Kerala (Anand, 2002, Minimol and Makesh, 2012), Madhya Pradesh (Bammi, 2014), Andhra Pradesh (Garikapati, 2008), West Bengal (Banerjee and Ghosh, 2012, Aluni and Ray, 2015) and Tamil Nadu (Tesoriero, 2006; Jakimow, 2007; Stavrakakis et al., 2008; Palanichamy, 2011; Sangeetha et al., 2013; Thangamani and Muthuselvi, 2013). In a study by Jung

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(2008), Southern India displayed a strong presence of SHGs in comparison to rest of India. Fernandez (2006) has given an exhaustive review on the history and spread of SHGs in India since its inception. The maximum spread (40%) of SHGs was observed in the state of AP, followed by Orissa with 35% coverage, while Rajasthan and Karnataka included about 25% each. Three stages of development of the SBLP have been identified: a) Pilot phase (1992–1995), b) Mainstream phase (1995–1998) and finally, c) Expansion phase (beyond 1998). SHG members can also participate in other NGO programs, such as health, sanitation and Panchayat (the local elected village council and the most local unit of democracy in India) workshops (Jakimow, 2007). Other initiatives by RBI such as no frills account and Kisan credit cards were introduced to draw all the people without any bank account (Bammi, 2014). Some of the state governments (Andhra Pradesh, Tamil Nadu, Orissa and Karnataka) have been the primary agencies promoting the SBLPs (Mohanty, 2013). Also, the GOI formed National Rural Livelihood Mission (NRLM) — 'Ajeevika' with effect from April 2013 to promote the SHGs particularly (Aluni& Ray, 2015).Earlier studies on SHGs and their role in the lives of women indicated a mixed bag of results in terms of empowerment. Malhotra et al., (2002), outlined certain techniques using theories of various subjects such as psychology, demography, economics, sociology, anthropology, and political science as a key to measure and analyse empowerment within women.

Improvement in lifestyle of the rural women who were part of functional SHGs was observed. Studies by Swain and Wallentin (2008) on the factors affecting the empowerment of women among five Indian states (Orissa, Andhra Pradesh, Tamil Nadu, Uttar Pradesh and Maharashtra) showed the development of economic independence in SHG members along with improved management control and behavioural skills. According to Ghosh (2012), high level of empowerment was reported to be attained in many states within India. The top six states are Maharashtra (95.4%), Orissa (94.4%), Karnataka (93.6%), Andhra Pradesh (91.5%), Uttar Pradesh (90.3%) and Assam (86.5%). A logistic regression study of the factors influencing the indicators of village women empowerment in West Bengal identified that the religion of the group members affected women's empowerment in a positive manner (Banerjee and Ghosh, 2012). Muslim women had drastic increase in their level of confidence and became more self-reliant in comparison to number of Hindu women after joining SHGs.

Anand (2002) glorified the need for personal empowerment in rural women of the state of Kerala by testing the following attributes such as confidence, independence, self-respect, mutual respect, family and relative acceptance. The SHG acted as facilitators for health camps, thereby improving the general health in the women folk. Singh (2008) reported that these SHG could acquaint the rural women from 13 Indian states with the banking system and received financial support from NABARD, RashtriyaMahilaKosh (RMK), National Backward Class Financial & Development Corporation (NBCFDC), and Swa-Shakti Project. These states include Gujarat, Madhya Pradesh, Maharashtra, Tamil Nadu, Andhra Pradesh, Haryana, Himachal Pradesh, Rajasthan, Uttar Pradesh, Bihar, West

ISBN : 978-93-87793-82-8

Bengal, Orissa, and Jharkhand. These SHGs demonstrated a substantial increase in certain skills at personal and financial level of the members. However, political interference and high transaction cost weakened the goals of any successful SHG. Minimol and Makesh (2012) reported low levels of participation in the social programs and family support on their studies from Kerala. In some cases, the husbands substituted as the members and controlled the decision making process. The women were either not active in the Panchayat decisions or were completely ignored, even when they were present as a part of the Panchayati meeting (Sinha, 2006). The objectives undertaken for our present study are outlined as follows:

a. Analyse the impact of position in SHGs on empowerment of social, personal, political and awareness of health and hygiene achieved by the members.

b. Examine the relationship of position in SHG with empowerment of social, personal, political and awareness of health and hygiene of the members.

3 Research Methodology

Total 400 primary data of shg members were collected. The respondents selected on the basis ofat least one loan cycle completed and members follows Panchsutra. Participants were assured that the questionnaire responses would be kept confidential. The 5-item Likert-type scale method used to evaluate each attribute (1- Highly disagree, 2-Disagree, 3- Neutral, 4- Agree and 5-Highly agree.The questionnaire had variablesused to measure empowerment. To data analysis, descriptive statistics, linear regression and Pearson's correlation and ANOVA were used.

4 Results

Information regarding position in SHGs has been presented in Table 1, members agreed that their SHGs follow Panchsutra (regular meetings, regular savings, internal lending, regular repayment and bookkeeping). The position of a member within the SHG was inquired to understand the impact of leadership and responsibility of the post held by the member. The majority of respondents participating in this survey were observed to be either at the treasurer or the secretary level of the SHG.

Table 1: Position in the SHG

Position in SHG	Frequency of members	Per cent of members
Leader	80	20.0
Treasurer or secretary	80	20.0
Individual Member	240	60.0
Total	400	100.0

ISBN : 978-93-87793-82-8

Analysis for empowerment of members

Table 2 shows, social empowerment had a high level of empowerment. It observed that increased participation in community activities and increased recognition in the community had the maximum levels of empowerment with 97% and 99%respectively. All members agreed that after joining self help group they improved ability to visit market, hospital, native/friend/ relative's place on their own, visit children's school. It shows there was overall social empowerment among the members participating in the survey.

Table 2: Social empowerment

Opinion on ability to	Mean	Standard deviation
Visit banks, post office	4.02	1.04
Visit government offices	3.78	1.09
Visit market	4.59	0.65
Visit hospital	4.30	0.73
Visit native place, friends/ relative's home	4.62	0.54
Visit children's school	4.28	0.83
Increased recognition in community	4.69	0.53
Increased participation in community activity	4.74	0.46
Address meetings	3.76	1.20
Increased participation in social activities	4.13	0.86

Table 3 shows, similar to the results of social empowerment, there was a high level of personal empowerment in the characteristics verified. 99% participants agreed that enhancement of the negotiation skills among the members improved while 96% reported communicating ideas and thought process improved. Also increased self-esteem of 91% participants and leadership qualities increase of 80%. It was noted that more than 75% members agreed to decide for their child's education plans and 80% of the women had a say in their children's marriages.

Table 3: Personal empowerment

Decision making on	Mean	Standard deviation
Selection of household material	3.98	0.92
Increased Communication skills	4.21	0.72
Child Education	4.03	0.89
Marriage of children	4.01	0.78
Increased Self esteem	4.32	0.66
Increased Negotiation skills	4.57	0.51
Increased Leadership qualities	4.12	0.87
No fear or shyness	4.29	0.65

ISBN : 978-93-87793-82-8

Table 4 shows that political empowerment not similar to social and personal empowerment. Only 14% members were reluctant to contest in the general elections. Only 32 % association with political party. Only 36% of them had participated in any political movement and 50% had been affecting to any political agenda. However, 90% of the members were allowed to cast votes and 92.5% members were capable to stand up against injustice. Therefore, political empowerment is clearly evident to the SHG members in terms of voting rights and stand with justice.

Table 4: Political empowerment

Opinion on	Mean	Standard deviation
Allowed to vote and participate in social movements	4.50	1.142
Able to stand for injustice	4.44	0.622
Participated in local or any election	3.04	1.151
Associated with any political parties	2.70	1.256
You and your SHG affect any political agenda	3.44	1.214
Contested in elections	2.41	1.081

It observed that an increment in awareness on health & hygiene aspects (Table 5). Vaccination of children and the cleanliness of the house received top priority among all the attributes that were studied with 92% and 84% agreements respectively. Approx. 87% understood the use of healthcare during pregnancy although 85% emphasized the use of cleaner sanitary facilities. About 74% understood the importance of having healthy nutritious meals although approx. 50% respondents able to decide the number of children should have. Only 41 % agreed in the decision of usage of any family planning methods.

Table 7: Awareness on health and hygiene aspects

Opinion on	Mean	Standard deviation
Family planning	3.48	1.33
Vaccination of children	4.50	0.78
Cleanliness of house	4.41	0.64
Sanitary facilities	4.25	1.20
Taking nutritious food	3.83	1.35
Healthcare information during pregnancy	4.10	0.70
Decision making in number of children	3.60	1.08
Decision making in use of family planning method	3.25	1.13

ISBN : 978-93-87793-82-8

5 Hypothesis Testing

Following hypothesis formulated to study the empowerment of women through SHG.

Hypothesis H_0: The position in SHG does not significantly influence empowerment in terms of social, personal, political, health and hygiene awareness.

Hypothesis H_1: The position in SHG significantly influences empowerment in terms of social, personal, political, health and hygiene awareness.

These hypotheses were tested with the help of ANOVA using linear regression. The hypotheses are accepted when the standardized co-efficient (β) is significant, i.e., the p-value is < 0.05 at 95% confidence level.One parameters the position of the member in the SHG was chosen as independent variables. To understand empowerment the linear regression was run against them.

6 Results of Hypothesis Testing

The independent variable, position in the SHG was tested using regression. It is clearly understood that the research model is observed to be statistically significant at a confidence level of 95% for both the variables, position of SHG member and social empowerment. The p-value being observed to be 0.000, which proves that the regression model is valid and the null hypothesis, H_1: The position in SHG significantly influences social empowerment, was accepted. The model summary and coefficients can be found in Tables 6 and 7. Position of members was moderately correlated (52.7%) with social empowerment. However, relative position in the SHG had a negative impact on the Social empowerment and contributed to 27.8% of the variation in social empowerment. The unstandardized beta coefficient was -0.253 indicating that the position of the member acts as a deterrent on the social empowerment of rural women participating in SHG.

Table 6: Position of SHG member on Social Empowerment-Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.527	.278	.276	.68156	.278	153.109	1	398	.000

ISBN : 978-93-87793-82-8

Table 7: Position of member on Social Empowerment- coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.497	.253		21.763	.000
	Social empowerment	-.716	.058	-.527	-12.374	.000

Similarly, the effect of position in SHG (independent variable) on the dependent variable (personal empowerment) was analysed (Table 8&9). There was a 56.7% correlation between them. The amount of variation depending on personal empowerment is due to 32% of the position of the member in SHG. The ANOVA table shows the regression equation fits the data for position in SHG. The alternate hypothesis were accepted in this case and the null hypothesis was rejected as the level of significance was observed to be lesser 0.05. Here also, position of members hinders personal empowerment as the unstandardized Beta coefficient was obtained as -0.854.

Table 8: Position of SHG member on Personal Empowerment- Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.567	.321	.319	.66081	.321	188.256	1	398	.000

Table 9: Position of SHG member on Personal Empowerment-coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.110	.272		22.431	.000
	Personal empowerment	-.854	.062	-.567	-13.721	.000

Although a significant relationship (p = 0.000) between the position of SHG member and political empowerment was found (Table 10 &11). Thus, the null hypothesis was rejected and alternate hypothesis was accepted. A moderate degree of correlation (r =0.585) was observed, along with the variation observed in political empowerment was explained 34% by the position of SHG. As with social and personal empowerment, the position of the SHG member also negatively influences political empowerment (unstandardized beta coefficient = -0.558.

Table 10: Position of SHG member on Political Empowerment-Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.585	.342	.340	.65068	.342	206.661	1	398	.000

ISBN : 978-93-87793-82-8

Table 11: Position of SHG member on Political Empowerment- Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.304	.136		31.555	.000
	Political empowerment	-.558	.039	-.585	-14.376	.000

The results of this test (Table 22&23) indicated that the position of SHG member had a significant impact on the health and hygiene awareness with p =0.000. The regression equation fits the data. However, the low value of r^2 (0.145) suggests that the position of SHG member contributed only 14.5% of the variation found in the health and hygiene awareness plan and had a weak correlation between them as observed with social, personal and political empowerment, the relative position of the members also inhibits the awareness on health and hygiene (B= -0.346).

Table 22: Position of SHG member on Awareness on health & hygiene-Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.381	.145	.143	.74167	.145	67.391	1	398	.000

Table 23: Position of SHG member vs. Awareness on health & hygiene-Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.846	.180		21.364	.000
	Awareness	-.346	.042	-.381	-8.209	.000

7 Discussion

The understanding overall improvement due to SHGs, the interaction with participants and information by them was important. The Social empowerment refers to any woman's ability to be able to socialize freely. The personal empowerment, which is related the woman's decision-making ability increased to leading role, self-confidence. The Political empowerment indicate the involvement of participant in political activities, such as using voting right, contesting an election. Our study also found that there was a significant influence on the health and hygiene awareness in terms of family planning, proper sanitary facilities, vaccination for children etc.the results shows a high level of empowerment improved among respondents.

Our study revealed a general rise in empowerment among the rural women here in Gujarat. The results obtained in this study showed a similarity with the studies of Minimol and Mukesh (2012) wherein personal empowerment and

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awareness on health and hygiene was attained through SHGs. However, their studies showed lower levels of empowerment in terms of social and political aspects. Das et al., (2012) also observed empowerment in many variables considering personal aspects. Social empowerment was strongly supported by Sangeetha et al., (2013) and Sahu (2015), comparable to our results. Contrary to our results, the political empowerment was labelled as a medium in their study. Political empowerment was also observed in the women who were part of the SHGs (Sinha, 2006; Guha, 2010; Sahu, 2015), where one out of every four SHG members ran for the local political office such as Panchayat and one out of every five members got elected also. Tesoriero (2006) also reported that sixty seven per cent of the women participated in the Panchayat for the purpose of improving their villages. The SHG members whom we studied were not involved actively in any election related activities.

The regression analysis of our study revealed that the position of SHG member had a significant impact on women's empowerment viz. social, personal, political and health & hygiene awareness. Our study shows that the position of the member has a negative impact on empowerment of any sort of empowerment. This may be due to the sampling population, which consisted primarily of individual members and very few leaders, treasurer and secretary. In all cases the null hypothesis rejected and alternate hypothesis were accepted.

8 Conclusion

As per our knowledge and literature found, it is the first study reporting the role of position in the SHG, which can play a vital role in empowerment of women. There is a lot of scope for enhancement in obtaining more women elected representatives in the Panchayat. This may be seen as part of a wider task of strengthening panchayati raj in India. . It needs to be a cumulative of many forms such as social, personal, political and psychological and not just only in terms of economic empowerment. Even though, SHGs have become a dominant, important, and effective means for empowering women in many parts of India, it is still under a nascent stage. It needs to be checked whether the empowerment of women is happening or is still a big myth in the world.

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