IMPACT OF SHGS ON QUALITY OF LIFE OF SOUTH INDIAN RURAL SHG WOMEN

Dr. Rajani Manikonda

ICSSR Post-Doctoral Fellow, Department of Economics, Acharya Nagarjuna University, Guntur 522510.

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Self-Help Groups (SHGs) are a movement with the goals of reducing poverty, improving people's standard of living, and giving women more agency via increased access to finance. Women have a crucial role as a valuable human resource, and enhancing their well-being in several domains such as the economy, society, health, education, knowledge, and politics may significantly accelerate the progress of socioeconomic development within a nation. Investing in the capacities of women and enabling them to pursue their choices and opportunities is a very effective means of improving their living standards within society while also fostering economic growth. The present paper is an attempt to evaluate the impact of SHGs on quality of life of South Indian rural SHG women based on the primary data collected from 900 sample SHG women from the sample states of Andhra Pradesh, Tamil Nadu and Telangana in South India. The study reveals that implementation of microfinance initiatives through Self-Help Group (SHG) programs has been found to have a noteworthy influence on individuals' self-confidence in managing financial matters, their ability to address social issues, their level of involvement in family decision-making processes, their receipt of respectful treatment from family members, and their enhancement of communication skills. However, the SHG program demonstrates a limited influence on the demand for rights from family, community, and government. The quality of life of female self-help group (SHG) participants has shown improvement after their involvement in SHGs.

Key words: Empowerment, Domestic Violence, Decision making and freedom of Choice.

I. Introduction

SHGs have immense potential for a nation like India, considering the fact that there is about a third of Indian population below the poverty line. The population is predominantly rural oriented and illiteracy and unemployment still continue to adversely affect developmental efforts. The people at grass root level consist of rural poor including small and marginal farmers, share croppers, landless labourers and rural artisans. In India, it is generally agreed that the rural poor have not been benefited in proportion to their number or to their needs from the various programmes of rural development.

The main feature of the India poverty profile is that over eighty per cent of the poor live in rural areas and the bulk of them depend upon on agriculture with its low productivity and allied activities for their livelihood. These households would be able to cross the poverty line only if they have steady employment all

through the year at reasonable wages or have access to adequate productive assets and credit or can derive enough income from both the sources together (Malhotra Sharad, 2016). The self-help groups, which have been growing as a big movement especially among the economically homogenous families living in close proximity particularly in the developing countries are the manifestation of this principle in practice (Jency and Siniya, 2016).

Women empowerment through SHG Bank Linkage Programme is considered as an important component of successful and sustainable poverty alleviation program, and also an important and effective tool to empower women (Nandini R and Sudha N, 2015). The achievement of women's empowerment requires substantial transformation in the broader context of development and providing specific assistance to women in challenging and overcoming gender oppression on an individual level (S. Subbarao, 2015). Increasing women's access to bank linkage helps in business, social, education, economic and political empowerment (N. Prabhakar and Byram Anand, 2015). The Self Help Group (SHG) program is actively advocated from the initial stage. It serves as a crucial component of a broader strategy aimed at empowering women in entrepreneurship, education, economic, social and political empowerment (Suprabha K.R, 2014).

In this background it is proposed to study the role of microfinance in quality of life improvement of rural women across three south Indian states where the programme was initiated three decades ago and it is the time to make suggestions to the existing policy. In this particular context, an endeavor is undertaken to examine the influence of Self-Help Groups (SHGs) on the enhancement of the quality of life among female participants hailing from the states of Tamil Nadu, Andhra Pradesh, and Telangana.

I.1 Objectives

- 1. To evaluate the effect of SHGs on quality of life of South Indian Rural SHG women.
- 2. To identify the challenges faced by Self-Help Groups (SHGs) and provide appropriate strategies to address these issues, promoting their long-term viability and enhancing their role in empowering individuals and communities.

I.2 Methodology

For this study, we use a multi-stage stratified random sampling method. The study analyzed both primary and secondary sources of information. The primary data was collected from three hundred sample SHG members who received at least four bank linkages in selected sample three states of Andhra Pradesh, Telangana and Tamil Nadu through a well-structured questionnaire by face to face interview. The total of 900 sample respondents have taken from 180 SHGs across the three states. Each state 300 sample women SHG members have chosen from 60 SHGs. Primary data has used to analysis of the study.

II. Impact of SHGs on Quality of Life of South Indian Rural SHG Women

Self-Help Groups (SHGs) are a movement with the goals of reducing poverty, improving people's standard of living, and giving women more agency via increased access to finance. Investing in the capacities of women and enabling them to pursue their choices and opportunities is a very effective means of improving their living standards within society while also fostering economic growth. Therefore, it is essential to investigate the potential influence of the Self-Help Group (SHG) program on the quality of life of the selected participants subsequent to their enrollment in a SHG concerning the following dimensions.

II.1 Quality of Life Assessment in Economic perspective

The growth of an individual is contingent only upon positive economic influences. Self-help groups (SHGs) have a significant impact on improving the economic welfare of their members. The enhancements may be seen via the augmentation of savings, asset ownership, borrowing potential, and level of consumption, as well as the supply of job prospects. This study investigates the economic influence of SHGs on the women empowerment respondents. It takes into account respondents' opinions on several economic indicators, such as whether or not they have the freedom to allocate income as they see fit, whether or not they have access to credit, whether or not they have access to savings, whether or not they have access to land, whether or not they use their savings, and whether or not they can borrow Rs. 1,000 and above.

Respondents in the study were requested to provide their perspectives on the alterations seen in the aforementioned economic indicators. Table 1 displays the distribution of the sample respondents according to the indices of change in the quality of economic life. The data reveals that 25.4 percent of the participants in the sample have the authority to make decisions on the allocation of their own income prior to the establishment of self-help groups. The post-SHG condition results in an improvement of around 74.1 percent. Among the respondents in the pre-Self-Help Group (SHG) scenario, a mere 3.3 percent are making independent choices, while the remaining 22.1 percent are utilising their own income based on joint decisions made by both the respondent and her spouse. The percentage has seen a significant growth, reaching a total of 74.1 percent in the post-SHG scenario. Among the respondents, 37.4 percent enjoy the autonomy to spend their money without seeking permission, while 36.7 percent engage in shared decision-making when it comes to expenditure. The post-SHG environment saw a significant rise in the freedom of personal choice, with the percentage rising from 3.3 to 37.4.

Simillarly, there has been a notable enhancement in the capacity for decision-making regarding loan acquisition and expenditure, with the percentage increasing from 23.5 percent in the pre-SHG period to 74.0 percent in the post-SHG period. During the pre-self-help group (SHG) period, a mere 3.8 percent of the respondents were found to make choices alone, while the remaining 19.7 percent were seen to make decisions together. In the post-SHG scenario, it is seen that 34.9 percent of individuals are making choices alone, while 39.1 percent are making decisions together. The percentage of independent options has increased significantly from 3.8 percent in the pre-Self-Help Group (SHG) circumstance to 34.9 percent in the post-SHG situation. Moreover, there has been a notable increase in autonomy in utilizing revenue for personal expenses among the

individuals surveyed, rising from 9 percent in the pre-Self-Help Group (SHG) scenario to 62.2 percent in the post-SHG scenario.

During the pre-SHG context, two percent of the participants had a personal bank account. The condition has shown significant improvement, reaching one hundred percent after implementing the post-SHG measures. Similarly, in the pre-SHG context, just one responder had personal savings. The post-Self-Help Group (SHG) condition exhibits a significant improvement of 100Per cent.

Table-1

Quality of Life Changes in Economic Perspectives of SHG Women

| Sl.No | Change in Indicators | Before | After SHG |
|-----------|--|--------|--|
| 1 | Chair of man line of man line and | SHG | |
| 1. | Choice of spending of personal income | | |
| | Own | 30 | 227 |
| | | | |
| | Joint (Wife and Husband) | (3.3) | (37.4) |
| | Joint (Whe and Husband) | 199 | 220 |
| | | (22.1) | |
| | Total Participation of the | 229 | ` ' |
| | Respondent | (25.4) | |
| 2 | | (23.4) | (74.1) |
| 2. | Choice of Taking Loans and Spending Loans | | |
| | Own | 24 | 214 |
| | | (3.8) | |
| | Isint (Wife and Hughand) | (3.8) | (34.9) |
| | Joint (Wife and Husband) | 177 | 252 |
| | | (19.7) | |
| | Total Participation of the | 211 | ` ' |
| | | (23.5) | |
| | Respondent | | ` ´ |
| 3. | Freedom to use Income for Personal Needs | 81 | |
| | 220000000000000000000000000000000000000 | (9.0) | ` ′ |
| 4. | Owning Bank Account | 18 | |
| | | (2.0) | 337 (37.4) 330 (36.7) 667 (74.1) 314 (34.9) 352 (39.1) 666 (74.0) 560 (62.2) 900 (100.0) 900 (100.0) 82 (9.1) 108 (12.0) 859 (95.4) |
| 5. | Owning Savings on Respondent's Name | 9 | |
| | o wants of the second of the s | (1.0) | ` ′ |
| 6. | Owning Land on Respondent's Name | 63 | _ |
| | o willing Zuna on Respondent 5 I talk | | |
| 7. | Purchase anything for personal needs with savings | 0 | |
| | 2 and control and | (0.0) | |
| 8. | Capacity of Borrowing (At least Rs. 1000) | 315 | |
| Primary D | | (35.0) | (95.4) |

Source: Primary Data.

Note: figures in parenthesis are percentages.

Similarly, it is noteworthy that a mere 7 percent of the respondents owned property in their name before forming Self-Help Groups (SHGs). The percentage has increased to 9.1 percent in the post-SHG scenario. During the pre-Self-Help Group (SHG) environment, respondents did not use their family funds to acquire personal necessities. However, this percentage increased to 12 percent in the post-SHG situation. Moreover, it was observed that in the pre-Self-Help Group (SHG) scenario, only 35 percent of the participants

could borrow at least Rs. 1,000 or more from external sources. However, this percentage significantly increased to 95.4 percent in the post-SHG circumstance. The findings suggest that implementing the Self-Help Group (SHG) program substantially impacted the economic well-being of the selected SHG participants, resulting in a notable improvement in their overall quality of life.

II.2 Quality of Life Assessment in Social perspective

The social quality of life encompasses six indicators: The ability to share sentiments with others openly, Receiving respectful treatment from family members, Experiencing enhanced mobility, The capacity to speak up against injustice and inequality, Addressing issues related to domestic abuse, and The acquisition of confidence and self-esteem. Table 2 displays the indicators that reflect the changes in the quality of social life among the respondents in the sample. According to the findings, a mere 33 percent of the respondents showed a willingness to express their emotions to others in pre-SHG situations openly. The percentage has increased to 83.1per cent in the post-SHG scenario. In the pre-SHG context, it was observed that just 26.7 percent of the respondents in the sample exhibited an increase in confidence and self-esteem. The post-SHG condition resulted in an improvement of 79.7 percent. Similarly, it is noteworthy that 9per cent of the participants showed a proclivity for advocating against injustice and inequality in the pre-self-help group (SHG) context. However, this figure substantially increased to 54.6per cent in the post-SHG scenario. Moreover, the respondents have reported an enhancement in the caliber of care provided by their family members. Approximately 94.6per cent of individuals reported an improved level of familial support after the self-help group (SHG) intervention, compared to a mere 29.3per cent who experienced similar levels of support before the SHG intervention.

However, after adopting the Self-Help Group (SHG) program, domestic violence was significantly decreased inside the family unit in the post-SHG context. Approximately 11per cent of the participants said they had experienced instances of family violence, in contrast to the 24.8per cent recorded before implementing the self-help group (SHG) intervention. Regarding the respondents' mobility, around 29.6 percent of individuals had engaged in unrestricted movement before their involvement in the Self-Help Group (SHG). Nevertheless, there was a notable improvement in the condition, with around 73.8per cent of the participants in the sample reporting enhanced mobility in the aftermath of the self-help group intervention. The advancement of women's liberation from conventional constraints and the promotion of their social mobility need an enhancement in the economic state. The findings suggest that the implementation of the Self-Help Group (SHG) programme had a substantial effect on the social well-being of the individuals who participated in the programme.

Table - 2 Quality of Life Changes in Social Perspectives of SHG Women

| Sl. No | Change in Indicators | Before SHG | After SHG |
|--------|--|---------------|-----------|
| 1. | Confidently, solve Feelings with Others | 297 | 748 |
| | Confidently sahre Feelings with Others | (33.0) | (83.1) |
| 2. | Have Confidence and Self Esteem | 240 | 717 |
| | | (26.7) | (79.7) |
| 3. | Check shout Inequality and Injustice | 81 | 491 |
| | Speak about Inequality and Injustice | (9.0) | (54.6) |
| 4. | Despectful Treatment from Family Members | 264 | 851 |
| | Respectful Treatment from Family Members | (29.3) | (94.6) |
| 5. | Domostia Violence | 223 | 99 |
| | Domestic Violence | (24.8) | (11.0) |
| 6. | Increased Mobility | 266 | 664 |
| | | (29.6) | (73.8) |

Note: figures in parenthesis are percentages.

II.3 Quality of Life Assessment in Health perspective

This section examines the influence of self-help groups (SHGs) on the overall quality of life in terms of health among the participants in the study. The Self-Help Group (SHG) facilitates the dissemination of health-related information and promotes health consciousness among its members. The study investigates the perspectives of the participants regarding the health implications by utilizing health indicators such as seeking assistance from certified medical professionals, knowledge about family planning, immunization for children, hygiene practices, availability of healthcare services, provision of sanitary facilities, consumption of nutritious food, and obtaining an insurance policy. The participants in the study were asked to provide their perspectives about markers of health effects. The information about the indicators of change in health features of the sample respondents is shown in Table 3.

Table - 3

Quality of Life Changes in Health Perspectives of SHG Women

| Sl. No | Change in Indicators | Before SHG | After SHG |
|--------|------------------------------------|---------------|---------------|
| 1. | Having Service of Qualified Doctor | 112 (12.4) | 630 (70.0) |
| 2. | Family Planning | 190 (21.1) | 592 (65.8) |
| 3. | Vaccination | 194 (21.6) | 714 (79.3) |
| 4. | Cleanliness | 157 (17.4) | 766 (85.1) |
| 5. | Access to Health Service | 186 (20.7) | 764 (84.9) |
| 6. | Sanitary facilities | 154 (17.1) | 744 (82.7) |
| 7. | Taking Nutritious Food | 182 (20.2) | 721 (80.1) |
| 8. | Take Insurance Policy | 6 (0.7) | 504 (56) |

Note: figures in parenthesis are percentages.

According to the data shown in Table 3, it is evident that a mere 12.4 percent of the participants sought the assistance of a certified medical professional before the self-help group (SHG) intervention. The post-SHG condition results in a 70per cent improvement. The data reveals that a mere 21.1per cent of the participants knew and utilized family planning methods before the self-help group (SHG) intervention. However, this figure notably increased to 65.8per cent after the SHG intervention. Similarly, 21.6 percent of individuals administered vaccinations to their children in the pre-SHG context. Participation in the Self-Help Group (SHG) increased by 79.3 percent. A total of 17.4per cent of the participants demonstrated adherence to and awareness of the significance of cleanliness within the context of health before the self-help group (SHG) intervention. The percentage has increased to 85.1per cent in the post-SHG scenario.

Moreover, the study found that before the implementation of self-help groups (SHGs), a mere 20.7 percent of individuals knew about the availability of health services. However, this figure significantly increased to 84.9 percent after establishing SHGs. In the pre-Self-Help Group (SHG) context, it was found

that only 17.1 percent of the participants had access to adequate sanitary facilities. Participation in Self-Help Groups (SHGs) resulted in a notable improvement, with an increase of 82.7 percent. A mere 20.2 percent of the participants in the sample reported consuming healthful meals in the pre-SHG context. The percentage has increased to 80.1per cent in the post-SHG scenario. Moreover, the data reveals that a mere 0.7per cent of the participants had insurance coverage before the self-help group (SHG) intervention. However, this figure rose significantly to 56per cent after the implementation of the SHG program. The findings suggest that the performance of Self-Help Groups (SHGs) substantially improves the health quality of the individuals included in the sample.

II.4 Quality of Life Assessment in Educational perspective

Self-help groups (SHGs) are involved in the educational empowerment of their members, aiming to improve their knowledge and promote increased awareness. The educational influence of Self-Help Groups (SHGs) on the individuals surveyed encompasses several indicators, such as the development of Speaking, Learning, Writing (LSRW) skills and Reading. the acquisition of reasoning and questioning abilities, and the engagement in school visits pertaining to their own children. Table 8.8 presents the information pertaining to the indices of improvement in educational quality among the respondents of Self-Help Groups (SHGs).

The data reveals that a mere 1.9 percent of individuals acquired literacy skills in reading and writing before implementing self-help groups (SHGs). The percentage has increased to 12.3per cent in the post-SHG scenario. A mere 6.8per cent of the participants reported acquiring skills in thinking and questioning in the pre-self-help group (SHG) context. The percentage has increased to 48.1per cent in the post-SHG scenario. Moreover, 8.8 percent of the participants reported having visited their children's schools before implementing the Self-Help Group (SHG) intervention. The percentage has increased to 71.8per cent in the post-SHG scenario. The findings suggest that Self-Help Groups (SHGs) had a considerable influence on the educational indicators of the respondents in the sample.

Table - 4

Quality of Life Changes in Educational Perspectives of SHG Women

| Sl. No | Change in Indicators | Before SHG | After SHG |
|--------|---------------------------------------|---------------|---------------|
| 1. | Skills of Communication (LSRW Skills) | 17 (1.9) | 111 (12.3) |
| 2. | Learn Reasoning and Questioning | 61 (6.8) | 433 (48.1) |
| 3. | Visit the School of Children | 79 (8.8) | 646 (71.8) |

Note: figures in parenthesis are percentages.

II.5 Quality of Life Assessment in Knowledge perspective

The following part presents the perspectives of the participants in the study about the influence of knowledge. The Self-Help Group (SHG) offers opportunities for enhancing its members' knowledge and awareness levels. The knowledge impact encompasses the utilization of technological devices such as mobile phones, computers, and electric kitchen appliances. It also involves acquiring technical skills such as driving, computer programming, tailoring, painting and operating machinery. Furthermore, this encompasses an understanding of women's rights and legal frameworks and familiarity with the allocation of Gramme Panchayat seats specifically for women and women from Scheduled Tribes and Scheduled Castes. Furthermore, it encompasses the habits of reading newspapers and watching television. Table 5 presents data about the incremental change in knowledge markers among the female participants within the sample. The data reveals that a mere 3.6 percent of the participants used technology equipment in the pre-Self-Help Group (SHG) context. The percentage has increased to 89Per cent in the post-Self-Help Group (SHG) scenario. In the pre-SHG era, individuals lacked proficiency in technical skills. However, the percentage rises to 10 percent after the self-help group (SHG) scenario. Moreover, 5.7 per cent of the participants demonstrated knowledge of women's rights and legislation before their involvement in self-help groups (SHGs). The percentage has increased to 61.1 per cent in the post-SHG scenario.

Table - 5

Quality of Life Changes in Knowledge Perspectives of SHG Women

| Sl. No | Change in Indicators | Before SHG | After SHG |
|--------|-----------------------------------|---------------|---------------|
| 1. | Technical Appliances usage skills | 32 (3.6) | 801 (89.0) |
| 2. | Learn Technical Skills | 0 (0.0) | 90 (10.0) |

| 3. | Awareness about Women Rights and Acts | 51 (5.7) | 550 (61.1) |
|----|--|---------------|----------------|
| 4. | Know about Women reservation in Gram Panchayat | 36 (4.0) | 494 (54.97) |
| 5. | Know about SC and ST Women Reservation in Gram Panchayat | 42 (4.7) | 476 (52.9) |
| 6. | Habit of Read News Papers | 27 (3.0) | 130 (14.4) |
| 7. | Habit of Watching Television | 210 (23.3) | 743 (82.6) |

Note: figures in parenthesis are percentages.

The data reveals that a mere 4per cent of the participants were found to possess knowledge of reserving Gramme Panchayat seats for women in the context of pre-Self-Help Group (SHG) circumstances. The percentage has increased to 55per cent in the post-SHG scenario. Likewise, a study revealed that 4.7per cent of the participants exhibited knowledge of the reserving of Gramme Panchayat seats for women belonging to Scheduled Castes (SC) and Scheduled Tribes (ST) during the pre-Self-Help Group (SHG) period. The percentage has increased to 52.9per cent in the post-SHG scenario. Therefore, the rate of respondents who reported reading newspapers under the pre-SHG condition was just 3per cent, which increased to 14.4per cent in the post-SHG environment. In the pre-SHG environment, around 23.3per cent of individuals reported engaging in television viewing, which increased to 82.6per cent in the post-SHG circumstance. The findings suggest that the influence of Self-Help Groups (SHGs) on the knowledge indicators of the individuals in the sample is statistically significant.

II.6 Quality of Life Assessmentin Political perspectives

Under political empowerment, five indicators are encompassed, namely: the determination of decision-makers who influence the voting choices of respondents, the utilization of voting rights, their participation in electoral contests, the involvement of respondents in political gatherings, and their engagement in various social activities such as promoting cleanliness, vaccination, polio eradication, raising awareness about HIV/AIDS and other diseases, and advocating for the prohibition of alcohol consumption in rural areas. The pursuit of economic independence motivates those living in rural areas to engage in political matters. Table 6 displays the indices of change in political involvement among the sample respondents. The data indicates that in the pre-SHG context, 97.4 percent of the participants had exercised voting in electoral processes. Although there is a marginal increase in the percentage of respondents who exercised their rights during the post-SHG circumstances, it is essential to note that this improvement is relatively slight. Moreover, a mere 36.1per cent of the participants had the autonomy to exercise their options about their voting preference in the pre-self-help group (SHG) context. The percentage has risen to 51.8per cent in the post-SHG scenario. The data demonstrates a substantial influence of the Self-Help Group (SHG) on the respondents' freedom to use their voting rights. Approximately 27.4per cent of the participants said that their voting

behavior during the pre-self-help group (SHG) period was influenced by their and their husbands' collective choice. The percentage decreases to 24.1per cent in the post-SHG scenario, indicating a heightened significance of individual decision-making over collective decision-making.

63.5 percent of the participants said they had the autonomy to choose their voting preferences via individual or collective decision-making in the pre-self-help group (SHG) context. The percentage has increased to 75.9per cent in the post-SHG scenario. During the pre-Self-Help Group (SHG) condition, a mere 11.3 percent of individuals actively engaged in political meetings. However, this figure notably rose to 30.4 percent in the post-SHG environment. During the pre-Self-Help Group (SHG) environment, it was discovered that 1.7 percent of individuals participated in disputed elections. The improvement seen during the post-SHG condition is a 2 percent increase. Moreover, 55per cent of individuals engaged in additional social activities after the self-help group (SHG) intervention, while no participation in social activities was seen before the SHG intervention. The analysis suggests that the SHG project had a limited impact on women's political participation.

Quality of Life Changes in Political Perspectives of SHG Women

| Sl. No | Change in Indicators | Before SHG | After SHG |
|--------|--|---------------|-----------|
| 1. | Casting of Vote | 877 | 900 |
| | | (97.4) | (100.0) |
| 2. | Decision making on Respondent's Vote | | |
| | Own | | |
| | | 325 | 466 |
| | | (36.1) | (51.8) |
| | Both (wife and Husband) | | |
| | | 247 | 217 |
| | | (27.4) | (24.1) |
| | Total decision making power of the | 572 | 683 |
| | Respondent | (63.5) | (75.9) |
| | in her vote | | |
| 3. | Participation in Political Meetings | 102 | 274 |
| | | (11.3) | (30.4) |
| 4. | Contested in Elections | 15 | 18 |
| | | (1.7) | (2.0) |
| 5. | Participate in other Social Activities | 0 | 495 |
| | | (0.0) | (55.0) |

Source: Primary data.

Note: figures in parenthesis are percentages.

The analysis suggests a gradual shift in economic variables pertaining to women's empowerment after they participate in Self-Help Groups (SHGs). The findings indicate that self-help groups (SHGs) substantially influenced the economic indicators of the individuals included in the sample. Enhanced economic conditions

provide economic power, which may then be used to attain political and social influence. The attainment of economic independence is associated with social respect and regard within society. Moreover, it can be inferred that the participation of rural women in self-help groups (SHGs) in South India has led to notable improvements in their quality of life, particularly in social, health, education, and knowledge. However, the impact on their political engagement remains relatively limited.

III. Findings and Conclusions

In the southern region of India, there has been a noticeable enhancement in the decision-making authority of women belonging to self-help groups (SHGs) in rural areas. The implementation of microfinance initiatives through Self-Help Group (SHG) programs has been found to have a noteworthy influence on individuals' self-confidence in managing financial matters, their ability to address social issues, their level of involvement in family decision-making processes, their receipt of respectful treatment from family members, and their enhancement of communication skills. The group experience further leads to questioning and mobility in learning technical skills, usage of appliances like mobile phones, internet and know about women reservation's. Sample women have participated in casting vote by self-choice, shown interest in attending political meetings, social activities and coming forward to contest local bodies' elections after joining SHGs. However, the SHG program demonstrates a limited influence on the demand for rights from family, community, and government. The quality of life of female self-help group (SHG) participants has shown improvement after their involvement in SHGs.

IV. Suggestions

- ❖ The connotations associated with women. Self-help group (SHG) entrepreneurs are established to provide a venue for sharing information on challenges and performance, as well as to draw the government's attention to existing issues.
- ❖ Encourage women themselves to form as a mutual support groups to combat with domestic violence, inequality and for their rights in the society though educate them about social issues.
- The government implements many sub-schemes to support the Self-Help Group (SHG) project. Policy makers and authorities need to ascertain these sub-schemes' suitability and effectiveness in reaching women beneficiaries.
- ❖ Government authorities should prioritize raising awareness among women about insurance to mitigate asset risks. It is necessary to develop appropriate micro-insurance solutions.

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