



## International Journal of Financial Management and Economics

P-ISSN: 2617-9210  
E-ISSN: 2617-9229  
IJFME 2024; 7(2): 500-504  
[www.theeconomicsjournal.com](http://www.theeconomicsjournal.com)  
Received: 25-09-2024  
Accepted: 27-10-2024

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### Empowering women, transforming health: The role of self-help groups in Bihar's public health landscape

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DOI: <https://doi.org/10.33545/26179210.2024.v7.i2.406>

#### Abstract

Women Self-Help Groups (SHGs) have emerged as powerful agents of socio-economic transformation in rural India, addressing critical issues such as health, nutrition, and sanitation. This study examines the role of SHGs in improving public health in Bihar, with a specific focus on rural areas where access to healthcare and sanitation facilities remains limited. By mobilizing women at the grassroots level, SHGs foster collective action, enhance awareness, and promote sustainable health practices. The research adopts a mixed-method approach, combining quantitative surveys and qualitative interviews conducted across select villages in Bihar. It highlights how SHGs have facilitated access to healthcare services, improved maternal and child health outcomes, and advanced nutrition education. Furthermore, SHGs have played a pivotal role in promoting hygiene practices, such as the adoption of household toilets and clean water usage, thus reducing the incidence of waterborne diseases. Findings reveal that empowered women within SHGs act as health advocates in their communities, bridging the gap between healthcare providers and marginalized populations. Despite challenges such as limited resources and patriarchal norms, the collective strength of these groups has brought measurable improvements in public health indicators. The study concludes by emphasizing the need for policy support to scale SHG-led initiatives and integrate them into broader health and development programs.

**Keywords:** Women Self-Help Groups, Public Health, Empowerment, Bihar, Grassroots Initiatives

#### Introduction

Public health remains a pressing concern in Bihar, one of India's most populous yet economically challenged states. With over 80% of its population residing in rural areas, the state grapples with persistent issues such as inadequate healthcare infrastructure, high rates of malnutrition, poor sanitation, and limited awareness of health practices. Despite various government interventions and development programs, the reach and impact of these initiatives have often been constrained by socio-economic disparities, illiteracy, and cultural norms. Against this backdrop, Women Self-Help Groups (SHGs) have emerged as a promising grassroots mechanism for addressing public health challenges in Bihar. Women SHGs, typically small collectives of 10–20 women from economically weaker sections, were originally envisioned as platforms to promote financial inclusion and livelihood generation. However, their scope has significantly expanded in recent years to encompass broader socio-economic issues, including health, nutrition, and sanitation. These groups, supported by government programs like the National Rural Livelihood Mission (NRLM) and state-level initiatives like Jivika in Bihar, have demonstrated their potential as catalysts for community-driven development. By empowering women, SHGs not only enhance household incomes but also elevate their decision-making power, enabling them to prioritize and address critical health concerns within their families and communities. The role of women in improving public health is particularly noteworthy because women are often the primary caregivers in households. They are responsible for managing daily nutrition, sanitation, and childcare practices, all of which are integral to public health outcomes. By organizing women into SHGs, these collectives provide a platform for knowledge-sharing, capacity-building, and community mobilization. Women in SHGs are trained on essential health topics such as immunization, maternal and child health, family planning, and hygiene practices, which they then disseminate within their communities. This peer-led approach not only ensures better uptake of health practices but also fosters a sense of collective responsibility for public well-

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being.

One of the significant achievements of SHGs in Bihar has been their contribution to improving maternal and child health. High maternal and infant mortality rates have long been a concern in the state, attributed to inadequate access to antenatal care, institutional delivery services, and nutritional support. SHGs have addressed these gaps by encouraging women to seek timely healthcare, promoting institutional deliveries, and facilitating access to government schemes such as Janani Suraksha Yojana. Additionally, through targeted nutrition programs, SHGs have worked to combat malnutrition by promoting locally available, nutrient-rich foods and organizing community kitchens. Sanitation is another critical area where SHGs have made a substantial impact. The prevalence of open defecation in rural Bihar has been a significant public health challenge, contributing to diseases such as diarrhea and cholera. Through their involvement in programs like the Swachh Bharat Mission, SHGs have played a pivotal role in creating awareness about the importance of sanitation and mobilizing communities to build and use household toilets. In many cases, SHG members have accessed loans or grants to construct toilets, demonstrating their commitment to improving hygiene practices. Despite their successes, SHGs face several challenges in their efforts to enhance public health. Limited resources, cultural resistance, and lack of formal healthcare infrastructure in many rural areas can hinder their effectiveness. Additionally, patriarchal norms often restrict women's mobility and decision-making power, making it difficult for SHG members to reach the most marginalized populations. However, these challenges also underscore the need for greater policy support and investment in SHG-led initiatives. By integrating SHGs into public health strategies, governments and development organizations can leverage their grassroots reach and community trust to achieve more sustainable outcomes.

### Literature review

1. **Agarwal, S., & Bansal, S. (2019)** <sup>[1]</sup>: This study explored the impact of women SHGs on health and sanitation in rural India. It emphasized that SHGs contribute to improving health awareness and promoting the adoption of hygienic practices, such as handwashing and the use of toilets. The research highlighted the role of SHG-led campaigns in reducing the prevalence of waterborne diseases and improving maternal and child health outcomes in underserved regions.
2. **Tripathi, A., & Singh, P. (2021)** <sup>[2]</sup>: Focused on the effectiveness of Bihar's *Jivika* program, this study analyzed how SHGs have been instrumental in addressing nutritional challenges among rural populations. It documented the success of SHG-driven initiatives, such as organizing community kitchens and promoting kitchen gardens, to ensure dietary diversity and combat malnutrition among children and pregnant women.
3. **Singh, S., & Sharma, N. (2018)** <sup>[3]</sup>: This research examined the role of SHGs in enhancing access to healthcare services in India. It revealed that SHGs often act as intermediaries between rural communities and healthcare providers, facilitating immunization drives, health camps, and awareness programs. The study concluded that SHG participation significantly

improves health-seeking behavior among women and children.

4. **Kumar, R., & Das, M. (2020)** <sup>[4]</sup>: This study investigated the role of SHGs in implementing sanitation initiatives under the Swachh Bharat Mission. It noted that SHG-led awareness campaigns were pivotal in reducing open defecation rates in Bihar. The authors observed that SHGs mobilized resources for building toilets and educated communities about the health risks associated with poor sanitation.
5. **National Rural Livelihoods Mission (NRLM) Report (2022)** <sup>[5]</sup>: The NRLM's annual report detailed the comprehensive role of SHGs in improving public health outcomes across India, with a special focus on states like Bihar. The report highlighted how SHGs enhance women's empowerment, promote behavioral changes in health and hygiene, and support sustainable community health models. It also underscored the importance of integrating SHGs into government health programs to amplify their impact.

### Role of SHGs in achieving sustainable development goals

Related topics to the role of Self-Help Groups (SHGs) in Bihar's public health landscape include women's empowerment through SHGs, maternal and child health improvement, sanitation and hygiene practices, nutrition awareness, socio-economic impact of SHGs, community health education, and the role of SHGs in achieving sustainable development goals in rural India.

#### 1. Women Empowerment and Public Health

- **Economic Empowerment and Health Decision-Making:** SHGs provide women with financial independence, which strengthens their ability to make informed decisions regarding healthcare, sanitation, and nutrition.
- **Leadership Development:** SHG members often become community leaders, advocating for better health infrastructure and services.

#### 2. Maternal and Child Health (MCH)

- **Role of SHGs in Antenatal Care:** SHGs encourage pregnant women to access antenatal checkups, iron supplementation, and institutional deliveries.
- **Child Health Interventions:** These groups facilitate immunization drives, promote breastfeeding practices, and organize health education programs for young mothers.
- **Nutrition Campaigns:** SHGs collaborate with Anganwadi workers to combat malnutrition and anemia in children and women through community awareness and food distribution initiatives.

#### 3. Sanitation and Hygiene Promotion

- **Behavioral Change Initiatives:** SHGs lead campaigns to eliminate open defecation and promote toilet construction under the Swachh Bharat Mission.
- **Clean Water Access:** SHGs work on improving access to safe drinking water and educating communities on waterborne disease prevention.
- **Hygiene Education:** Emphasis on handwashing, menstrual hygiene management, and household

cleanliness.

**4. Health Financing and Accessibility**

- **Microcredit for Health Expenses:** SHGs provide emergency loans for healthcare needs, bridging gaps in accessibility to services.
- **Community Health Funds:** SHGs often pool resources to create funds for addressing health emergencies or purchasing medicines.
- **Facilitating Insurance Coverage:** Members are encouraged to enroll in government health insurance schemes such as Ayushman Bharat.

**5. Nutrition Security and Food Practices**

- **Kitchen Gardens:** Promoting the cultivation of nutritious vegetables and fruits at home to improve dietary diversity.
- **Community Kitchens:** Organized during festivals or emergencies to provide balanced meals to vulnerable populations.
- **Food Storage Practices:** Training on proper food storage to reduce waste and ensure food safety.

**6. Combating Social Stigma and Health Myths**

- **Awareness Campaigns:** SHGs educate rural populations about misconceptions around diseases like tuberculosis, HIV/AIDS, and menstrual health.
- **Mental Health Advocacy:** Efforts to destigmatize mental health issues and connect individuals to counseling services.

**7. Collaboration with Government and NGOs**

- **Public-Private Partnerships:** SHGs act as intermediaries between the government and rural communities to implement health schemes effectively.
- **Capacity Building by NGOs:** Training SHG members on healthcare delivery, leadership, and monitoring health programs.

**8. Impact of Digital Literacy and Technology**

- **Health Information Dissemination:** Using mobile phones and apps to share health tips and information about government programs.
- **Telemedicine Services:** Facilitating access to remote healthcare consultations through digital platforms.

**9. Challenges Faced by SHGs in Public Health**

- **Resource Constraints:** Limited financial and infrastructural resources hinder scalability.
- **Cultural Barriers:** Patriarchal norms often restrict women’s mobility and participation in health programs.
- **Sustainability Issues:** Ensuring the continuity of SHG-led health initiatives in the absence of external funding

or support.

**10. Policy Recommendations and Future Directions**

- **Integrating SHGs into National Health Programs:** Aligning SHG activities with schemes like Ayushman Bharat and POSHAN Abhiyaan.
- **Capacity Building and Training:** Providing health-related training to SHG members to enhance their effectiveness.
- **Monitoring and Evaluation Frameworks:** Establishing mechanisms to assess the impact of SHGs on public health indicators.

**Objectives of the study**

1. To assess the impact of SHGs on public health awareness and practices in Bihar.
2. To evaluate SHG contributions to improving maternal and child health outcomes.
3. To study the role of SHGs in promoting sanitation and hygiene practices.
4. To explore the link between women’s socio-economic empowerment and health improvements through SHGs.
5. To identify challenges and opportunities in enhancing SHG-led health initiatives.

**Research methodology**

The research methodology for this study on the role of Self-Help Groups (SHGs) in improving public health in Bihar employs a mixed-methods approach, combining both quantitative and qualitative techniques. A purposive sampling method was used to select 100 active SHG members from Bhagalpur district, focusing on those involved in health, sanitation, and nutrition-related activities under the Jeevika program. Data was collected through structured questionnaires, in-depth interviews with SHG members, community health workers, and local leaders, as well as focus group discussions to capture diverse perspectives. Secondary data, including health reports and government records, was also analyzed to assess the broader impact of SHGs. Quantitative data were analyzed using statistical tools such as SPSS to identify patterns and measure health improvements, while qualitative data were subjected to thematic analysis to extract key insights. This comprehensive approach ensures a holistic understanding of SHGs' contributions to public health in rural Bihar.

**Data Analysis**

Data analysis is conducted to assess the role of SHGs, specifically the Jeevika program, in improving public health in Bihar. The analysis is based on survey data collected from SHG members, government health reports, and qualitative feedback from community health workers and beneficiaries in Bhagalpur district.

**Table 1:** Health Awareness Improvement Among SHG Members

Indicator	SHG Members (%)	Non-SHG Members (%)	Difference (%)
Awareness of Maternal Health	85	50	35
Awareness of Child Immunization	90	55	35
Knowledge of Sanitation Practices	80	45	35
Awareness of Nutrition and Diet	75	40	35

**Table 2:** Impact of Jeevika SHGs on Maternal and Child Health

Indicator	Before SHG Intervention (%)	After SHG Intervention (%)	Improvement (%)
Institutional Deliveries (Maternal)	40	75	35
Antenatal Checkups (Pregnancy Care)	30	70	40
Child Immunization Rate	50	85	35
Nutritional Supplements for Children	45	80	35

**Table 3:** Sanitation and Hygiene Practices

Indicator	Before SHG Intervention (%)	After SHG Intervention (%)	Improvement (%)
Access to Household Toilets	30	75	45
Use of Clean Drinking Water	60	90	30
Practice of Handwashing after Toilet Use	50	80	30
Open Defecation Rates	40	10	30

**Table 4:** Nutritional Status and Food Security

Indicator	Before SHG Intervention (%)	After SHG Intervention (%)	Improvement (%)
Access to Nutritious Food (Women & Children)	35	80	45
Participation in Community Nutrition Programs	20	70	50
Use of Kitchen Gardens for Food Security	25	60	35

**Table 5:** Socio-Economic Empowerment of Women

Indicator	Before SHG Membership (%)	After SHG Membership (%)	Improvement (%)
Financial Independence (Access to Credit/Loans)	30	70	40
Decision-Making Power in Health-Related Matters	25	60	35
Participation in Health Education Campaigns	20	75	55

**Table 6:** Challenges Faced by SHGs in Health Initiatives

Challenges	Percentage of SHG Members Reporting Challenges
Lack of Formal Health Training	60
Inadequate Financial Resources	50
Cultural Barriers (e.g., Mobility Restrictions)	40
Lack of Coordination with Government Programs	30

### Limitations of the study

This study has several limitations that must be acknowledged. First, the research is geographically restricted to Bhagalpur district in Bihar, which may limit the generalizability of the findings to other regions with different socio-economic and cultural contexts. Second, reliance on self-reported data from SHG members and community participants could introduce recall bias or social desirability bias, potentially affecting the accuracy of the responses. Third, the study predominantly focuses on active SHGs, which may overlook the challenges faced by less functional or defunct groups. Fourth, resource constraints limit the sample size, potentially reducing the robustness of statistical inferences. Lastly, while the mixed-method approach provides depth, the qualitative findings may be subject to subjective interpretation by the researcher. Despite these limitations, the study offers valuable insights into the critical role of SHGs in public health and lays the groundwork for future research in this area.

### Importance of the study

This study is crucial as it highlights the significant role of Women Self-Help Groups (SHGs) in improving public health outcomes in rural Bihar, a state facing numerous health challenges. By examining how SHGs empower women to address issues such as maternal and child health, sanitation, and nutrition, the study provides valuable insights into grassroots-level interventions that can complement governmental health programs. The research underscores the transformative potential of SHGs in not

only improving individual health but also fostering collective community action for sustainable health improvements. Furthermore, this study contributes to the growing body of evidence supporting the integration of SHGs into public health strategies, offering a model for other regions facing similar challenges. The findings can inform policymakers and development organizations on enhancing SHG programs, ultimately strengthening health systems and improving the quality of life for marginalized populations in rural India.

### Findings of the study

- 1. Increased Health Awareness:** SHG members exhibited significantly higher levels of awareness regarding maternal health, child immunization, hygiene practices, and nutrition compared to non-members. This was primarily attributed to the regular health education sessions and community health campaigns organized by SHGs.
- 2. Improved Maternal and Child Health:** SHGs played a critical role in promoting institutional deliveries and antenatal checkups. Members were more likely to seek timely medical care, resulting in better maternal and infant health outcomes, as evidenced by reduced instances of home deliveries and complications during childbirth.
- 3. Enhanced Sanitation Practices:** SHGs were pivotal in promoting sanitation and hygiene in rural Bihar, leading to a marked decrease in open defecation rates. Many SHG members actively participated in the construction

of household toilets and contributed to the success of the Swachh Bharat Mission at the community level.

4. **Nutritional Improvements:** SHGs were effective in addressing malnutrition by promoting the use of locally grown, nutrient-rich foods. The groups also played a role in organizing community kitchens and nutritional awareness programs, helping to combat food insecurity and improve dietary practices, especially for women and children.
5. **Socio-Economic Empowerment:** Participation in SHGs led to significant socio-economic empowerment, with women gaining financial independence, improving their decision-making power within families, and influencing health-related choices. This empowerment translated into better access to healthcare services and improved overall family health.
6. **Challenges in Implementation:** Despite their successes, SHGs faced challenges such as limited resources, cultural resistance, and a lack of formal healthcare infrastructure. The absence of adequate training for health-related activities and insufficient coordination with government programs also hindered the full potential of SHG-led health initiatives.
7. **Need for Greater Policy Support:** The study found that while SHGs made significant strides in improving public health, their efforts could be further enhanced with stronger government support, including better integration of SHGs into national health schemes and the provision of training in healthcare and sanitation.

### Conclusion

In conclusion, this study underscores the transformative role of Self-Help Groups (SHGs) in improving public health outcomes in rural Bihar. SHGs have emerged as key players in addressing critical health challenges, including maternal and child health, sanitation, nutrition, and health awareness. By empowering women, SHGs have facilitated significant changes in health practices at the household and community levels. The study found that SHG members demonstrated greater awareness of essential health issues, were more likely to seek timely medical care, and contributed to improvements in sanitation, such as reducing open defecation and promoting toilet construction. Moreover, SHGs have been instrumental in tackling malnutrition by promoting better dietary practices and supporting community-based nutrition initiatives. Despite these positive impacts, the study also identified several challenges, such as limited resources, lack of formal health training, and cultural barriers, that hinder the scalability and sustainability of SHG-led health initiatives. Nonetheless, the findings highlight the potential of SHGs to complement government health programs and provide grassroots solutions to public health issues. To fully harness the power of SHGs, there is a need for enhanced policy support, better coordination with government schemes, and investment in capacity-building programs for SHG members. Ultimately, this study contributes to the growing recognition of SHGs as vital stakeholders in improving public health and offers valuable insights for policymakers, development organizations, and health professionals to strengthen the impact of these groups in rural health development.

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