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ROLE OF SELF HELP GROUPS ON HEALTH EMPOWERMENT OF WOMEN

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ABSTRACT

Improving women's health strengthens women's economic empowerment. In order to promote and improve women's health, we must manage social determinants. A woman's health is highly dependent on many social determinants, including income, education, employment, social connections, community, and safety and, in many cases, women are at a disadvantage compared with men, as they are more likely to be unemployed or work part-time, be paid less, and live in poverty. With this view the present investigation was carried out to investigate the role of self help groups on health empowerment of women. The present study was conducted in Amreli district of Gujarat State where SHGs are formed under Integrated Watershed Management Progrmme (IWMP). Ten villages were selected from different five talukas where SHGs are working since last four years . Nine SHGs and nine Non SHG member women were selected from each of the villages to know the role of Self help groups on health empowerment of women. The result found that the independent sample 'Z' test showed that there was highly significant difference in the mean values of SHG members (11.08) and Non SHG members (7.07) in case of health consciousness.

Keywords: *health consciousness, women, self help group, iwmp*

INTRODUCTION

Empowerment of women is important for decision making in relation to health seeking, family planning, nutrition and economic issues not only for her but also for the family. Women's empowerment in India is heavily dependent on many different variables which include geographical location (urban/rural), educational status, social status (caste and class) and age. Policies on empowerment of women exist at national, state and local (panchayat) levels. Still women face differentiation in many sectors like health, education, economic opportunities and political participation which shows that there are significant gaps between policy advancements and actual practice at the community level. This paper reveals the role of self help groups on health empowerment of women.

The concept of health empowerment is to educate and enable individuals and families so that they can have the knowledge (health literacy), motivation, self-efficacy, means of action and resources to stay healthy, to self-care and to seek health services appropriately.

People from working poor families are at high risk of poor health partly due to limited healthcare access. Health empowerment, a process by which people can gain greater control over the decisions affecting their lives and health through education and motivation, can be an effective way to enhance health, health-related quality of life, health awareness and health-seeking behaviours of these people. Empowerment Programme to enable these families by enhancing their health status and modifying their attitudes towards health-related issues. (Fung CSC, *et al.* 2016 and Dobariya *et al.,* 2020).

Self-help group is a useful platform to enhance women's health through increased knowledge and awareness on health issues, and financial security during health emergencies, etc. it's very active in providing income generating activities. *(*Narasimha *et. al.* 2016)

A woman is said to have health empowerment when she has the power to increase her own family welfare. The means of achieving health empowerment are improvement in accessibility of nutritious food, personal and family health and hygiene, access to modern health services, medical care to family members, etc. Keeping in view, present study was undertaken to study to know the role of self help groups on health empowerment of women.

OBJECTIVES

(1) To know the socio-economic proile of shg and non SHG members

(2) To know distribution of the respondents (SHG and Non SHG members) according to their health consciousness

METHODOLOGY

The investigation was carried out in Amreli district of Gujarat state where self help groups are formed under Integrated Watershed Management Programme. Five talukas of Amreli district were selected purposively for the study where SHGs are working successfully since last four years. Two villages were selected randomly from each selected taluka where SHGs were formed. Thus total ten villages were selected for the study. For comparative study from the same village, nine SHG women and nine Non SHG women were selected randomly. The data were collected by personal interviews using a pre-tested structured schedule. To find out the role of SHG the data were processed, tabulated, classified, analyzed and statistical analysis was carried out in the light of objectives.

RESULTS AND DISCUSSION

Socio-economic profile of SHG and non SHG members

Table 1 dipicted that the independent sample 'Z' test showed that there was highly significant difference in the mean values of SHG members (6.09), (2.44), (1.47), (27.77), (2.55) and Non SHG members (3.88), (0.83), (1.00), (15.81), (1.98) in case of education, social participation, land holding, material possession, annual income, respectively while in case of age, family type and marital status there was found no significant difference in the mean values of SHG members (38.08), (1.42), (1.97) and Non SHG members (39.54), (1.50) and (1.98) and The independent sample 'Z' test showed that there was found no significant difference in the mean values of SHG members (1.42) and Non SHG members (1.50) in case of family type.

Table 1 : Socio-Economic Proile of SHG and Non SHG members

(n=180)

Sr. No.	Socio-Economic variables	Mean (SHG members)	Mean (Non SHG members)	Mean Diference	Z value
1	**Age**	38.08	39.54	1.467	1.523^{NS}
2	**Education**	6.09	3.88	2.21	4.59**
3	**Family type**	1.42	1.50	0.08	1.04^{NS}
4	**Family Size**	5.87	6.43	0.567	2.14*
5	**Marital Status**	1.97	1.98	0.011	0.451 ^{NS}
6	**Social Participation**	2.44	0.83	1.61	6.259**
7	**Land holding**	1.47	1.00	0.47	3.07**
8	**Material Possession**	27.77	15.81	11.96	6.577**
9	**Annual Income**	2.55	1.98	0.572	2.606*

Health consciousness

Health consciousness was studied by accessibility of nutritious food, personal and family health and hygiene and access to modern health services.

The data given in Table 1 and fig. 1 illustrated that nearly half (47.78 per cent) of the SHG members were medium level of health consciousness and nearly same i.e. one-fourth (26.67 per cent and 25.56 per cent) of the respondents belonged to high and low level of health consciousness, respectively. No SHG women was from the categories of very low and very high level, while in case of Non SHG respondents majority (82.22 per cent) belonged to low level of health consciousness category followed by 15.56 per cent and 2.22 per cent with medium and very low level category. The independent sample 'Z' test showed that there was highly significant difference in the mean values of SHG members (11.08) and Non SHG members (7.07) in case of health consciousness.

Table 2: Distribution of the respondents (SHG and Non SHG members) according to their health consciousness

(n=180)

Sr. No.	Category	F	SHG Member		Non SHG Member	
			P	F	P	
1	**Very Low**	(00.0 to 04.2 score)	00	00.00	02	02.22
2	**Low**	(04.3 to 08.4 score)	23	25.56	74	82.22
3	**Medium**	(08.5 to 12.6 score)	43	47.78	14	15.56
4	**High**	(12.7 to 16.8 score)	24	26.67	00	00.00
5	**Very High**	(Above 16.8 score)	00	00.00	00	00.00
Total			90	100.00	90	100.00
Mean			**11.08**		**7.07**	
Mean difference			**4.01**			
Z value			**11.42****			

F= Frequency P= Per cent

It could be stated from the above findings that majority of the SHG women were found with medium to high level of health consciousness. It could be achieved due to extension participation (attended different training programme related to health organized by KVK, group discussion, educational tour organized by ATMA, Krishimela, etc. and some what extent better economic condition due to join SHG as compared to Non SHG women and also in case of Non SHG women had low level of education, low level of social and extension participation this might be the probable reasons.

This finding is similar with the findings reported by Tolosa (2007) Biradar (2008), Gajbhiye (2012) and Singh and Mehta (2012).

CONCLUSION

This study of women's health empowerment and health decision-making in rural area found that women respondents frequently described power as relating to women's income generation and financial independence. Whilst women's financial independence through SHGs was reported to that women access nutritious food, personal and family health and hygiene, access to modern health services. The study findings suggest that economic strengthening models, such as the SHGs, can have an important role in supporting women's economic and health empowerment, especially as they relate to health-related decision-making. Therefore the government agencies and private organizations should give due importance to SHG's, enrol more number of members and enhance activities of SHG's especially for women empowerment purpose.

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