



DURATION OF SHG MEMBERSHIP AND WOMEN'S ROLE IN HOUSEHOLD HEALTH DECISION-MAKING: EVIDENCE FROM RURAL MAHARASHTRA AND ANDHRA PRADESH

Dr. Sucharita Pujari

Assistant Professor, National Institute of Rural Development and Panchayati Raj, Hyderabad.

Abstract

Self-Help Groups (SHGs) are widely recognized as institutional platforms for women's empowerment in rural India. However, empirical evidence on whether sustained participation in SHGs enhances women's agency in household health decision-making remains limited. This paper examines how the duration of SHG membership influences women's participation in decisions related to health care seeking, choice of providers, and mobilization of household resources for treatment. Drawing on a community-based study of 652 SHG women from Maharashtra and Andhra Pradesh, the paper compares long-term members (five years and above) with recent members (six months or below). The findings suggest that longer duration of SHG membership is associated with greater involvement of women in household health decisions and improved negotiating capacity, though structural constraints within the health system continue to limit transformative change. The paper argues that SHGs have the potential to strengthen women's health-related agency, particularly when membership is sustained and supported through systematic linkages with the public health system.

1. Introduction

Household decision-making on health in rural India is deeply embedded in gendered power relations, socio-cultural norms, and economic constraints. Women's ability to influence decisions regarding when and where to seek health care is often limited, particularly for their own health needs. Self-Help Groups (SHGs), promoted under poverty alleviation and livelihoods programmes, are increasingly viewed as potential sites for enhancing women's agency beyond economic outcomes. While existing literature documents the income, savings, and credit benefits of SHG participation (Swain & Wallentin, 2009), fewer studies examine whether sustained SHG membership translates into greater decision-making power within households, especially in the domain of health (Pratley, 2016).

2. Conceptual Framework: SHGs, Agency and Health Decision-Making

This paper draws on the concept of women's empowerment as articulated by Kabeer (1999), which conceptualises empowerment as the expansion of resources, agency, and achievements. Health-related household decision-making is treated here as a key indicator of agency, reflecting women's ability to define goals and act upon them. Longer duration of SHG membership is expected to strengthen agency through peer learning, collective identity, enhanced confidence, and improved access to information and financial resources (Agarwal, 1997; Sen, 1999).

3. Objectives

The specific objectives of this paper are:

1. To examine women's participation in household health decision-making among SHG members.
2. To assess whether duration of SHG membership influences women's agency in treatment-related decisions.
3. To identify structural and socio-cultural constraints limiting women's health decision-making.



4. Methodology

A community-based cross-sectional study was conducted between September 2018 and January 2019 in selected districts of Maharashtra and Andhra Pradesh. A total of 652 SHG women were interviewed using a pre-tested semi-structured schedule. Respondents were categorised into long-term members (five years and above; n=419) and recent members (six months or below; n=233). The analysis focuses on descriptive comparisons to examine differences in household health decision-making by duration of SHG membership.

5. Findings: Duration of Membership and Decision-Making

Women with longer SHG membership reported greater involvement in decisions related to seeking treatment, choice of health care providers, and allocation of household resources for health care. This association was particularly evident in Andhra Pradesh, where women reported relatively higher autonomy in financial and treatment-related decisions. Long-term members were also better positioned to mobilise resources through savings or SHG-based credit, reducing dependence on distress financing. However, prioritisation of children's health over women's own health persisted across both groups, highlighting the continued influence of gender norms (Ramanathan & Balakrishnan, 2018).

6. Discussion

The findings indicate that duration of SHG membership plays a significant role in strengthening women's agency in household health decision-making. Sustained participation appears to facilitate incremental shifts in bargaining power, rather than immediate transformation. These results resonate with earlier Indian studies showing that SHG participation improves awareness and negotiation capacity but does not automatically dismantle entrenched gender hierarchies (Panda et al., 2015; Leach et al., 2016).

7. Policy Implications

Integrating structured health modules within SHG programmes can strengthen women's decision-making capacity. Long-term SHG members may be trained as community health facilitators to support households in navigating public health systems. Strengthening linkages between SHGs, Panchayati Raj Institutions, and frontline health workers is critical to translate agency into improved health outcomes.

8. Conclusion

The paper concludes that sustained SHG membership enhances women's role in household health decision-making, though the impact remains constrained by structural and normative factors. Harnessing SHGs as platforms for health governance requires moving beyond an economic lens and explicitly positioning women's agency and decision-making at the centre of programme design.

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