

RESEARCH ARTICLE :

Impact of SHGs on dietary diversity of the rural household

■ J. SHIRISHA, K. UMA DEVI AND S. SUCHIRITHA DEVI

ARTICLE CHRONICLE :

Received :
20.07.2017;

Accepted :
16.08.2017

KEY WORDS :

SHGs, Non SHG,
Income, Acute
malnutrition,
Household dietary
diversity score

SUMMARY : Women participation plays a significant role in rural employment. They put their entrepreneurial skills in all the rural employment activities such as agricultural operations, poultry, sheep rearing, dairy, fire wood cutting and selling, sale of agricultural produce (Gurumoorthy, 2000). There is evidence of increased household income through The SHGs have proved the way for economic independence of rural women (Sundaram, 2012). SHGs led the way to reduction in acute malnutrition among children, infant and child mortality / premature adult deaths and improved education of girl children (Joy Deshmukh-Ranadive 2004). This study was conducted on 120 SHG households and 30 Non SHG households. The primary data was collected from the women. The Household Dietary Diversity Score (HDDS) for individual households was calculated and distribution of SHG and Non-SHGs were tabulated. From HDDS obtained by different households, it was clear that 68% of SHGs and 70 % of Non-SHGs were found to be under Medium dietary diversity with 4-5 food groups consumed. The rest of the households 9 % of SHGs and 3 % of Non-SHGs were under High dietary diversity with e” 6 food groups consumed. About 23 % among SHG and 27 % Non SHG were found to be under lowest range with d” 3 food groups consumption. The Medium dietary diversity group have limitations in their food intake practices, which could be attributed to variations in income and educational status and also availability of resources and cost concerns. Policy-makers and programme implementers must act today to create nutrition-sensitive interventions that will increase impact and improve health for generations to come.

How to cite this article : Shirisha, J., Devi, K. Uma and Devi, S. Suchiritha (2017). Impact of SHGs on dietary diversity of the rural household. *Agric. Update*, 12 (TECHSEAR-8) : 2044-2047.

Author for correspondence :

J. SHIRISHA

Department of Foods
and Nutrition, College of
Home Science, Professor
Jayashankar Telangana
State Agricultural
University, HYDERABAD
(TELANGANA) INDIA
Email : siriinscience@gmail.com

See end of the article for
authors' affiliations

BACKGROUND AND OBJECTIVES

The 9th Five Year Plan of the government of India had given due recognition on the importance and the relevance of the Self-help group method (SHG) to implement developmental schemes at the gross root level. Thousands of the poor and the marginalized

population in India are building their lives, their families and their society through Self help groups. The SHG Programme plays a central role in the lives of the poor. There is evidence of increased household income through The SHGs have proved the way for economic independence of rural women (Sundaram., 2012).

Rural poor women and have empowered them at various levels not only as individuals but also as members of the family, members of the community and the society as a whole. Program had three main impacts: increases in social capital and economic empowerment, nutritional improvement (despite persistent drought at the time), and an increase in consumption for participants of new groups. The findings did not, however, find increases in income or assets, but interestingly, the effects were not limited to group members, indicating spill-over effects for communities in which SHGs were formed (Deininger and Liu, 2009). Acute malnutrition among children, infant and child mortality / premature adult deaths have comparatively declined and improved education of girl children (Joy Deshmukh-Ranadive 2004).

RESOURCES AND METHODS

The study was an attempt to evaluate the SHGs impact on Household dietary diversity. The survey was carried out in the villages of Aurepalli and Dokuru villages of Mahaboobnagar. Sixty SHG households and 15 Non SHG controls were selected from each of the village. Dietary assessment is the process of evaluating what people eat by using one or several intake indicators. Consumption of Food groups on a daily basis was assessed through Questionnaire.

OBSERVATIONS AND ANALYSIS

The educational level of the SHG and Non SHG households is given in Table 1. Among the SHG households, 40% of the population was illiterate, followed by 22% had high school education, 19% had primary school education, 7% had college education, 5% had intermediate education and 6% of them were below five years, some of them attending anganwadi and 1 % of them were literate to sign.

Among the Non SHG households 45% population was illiterate, followed by 23 % being high school educated, 9% of them were attending intermediate college education, 7% had primary school education, 6% had college education and the remaining 10% of them were children below five years, some of them were attending anganwadi.

The skill training obtained by SHG and Non SHG (Table 1) showed that 96% of SHG and 97% of Non SHG have not undergone any training. Among SHGs

Table 1 : Distribution of SHG and Non SHG households members based on education and technical skills

Category	SHG (n=495)		Non SHG (n=98)	
	N	%	N	%
Education				
<5 years	29	6	10	10
Illiterate	200	40	44	45
Literate to sign	7	1	0	0
Primary education	92	19	7	7
High school	109	22	22	23
Intermediate	27	5	9	9
College	31	7	6	6
Total	495	100	98	100
Technical skills				
No training	477	96	95	97
Polytechnic	-	-	1	1
Tailoring	3	1	-	-
Mechanic	3	1	-	-
Typing and Computers	-	-	1	1
Others	11	2	1	1
Total	495	100	98	100

2% had driving skills, 1% had tailoring skills, 1% were mechanics. Among Non SHGs 1% had done polytechnic, another 1% had typing and computer skills and 1% had driving skills.

The Household Dietary Diversity Score (HDDS) for individual households was calculated and distribution of SHG and Non-SHG under different ranges of HDDS are given in Table 2.

Table 2 : Distribution of SHG and Non-SHG under household dietary diversity scores

Sr. No.	Dietary diversity Scoring	SHG (n=120)	Non SHG(n=30)
1.	Lowest dietary diversity (?3)	23(27)	27(8)
2.	Medium dietary diversity(4-5)	68(82)	70(21)
3.	High dietary diversity (? 6)	9(11)	3(1)
Total		100(120)	100(30)

Figures in the parenthesis indicate number of household

From the dietary diversity scores (DDS) obtained by different households, it was clear that 68% of SHGs and 70 % of Non-SHG were found to be under medium dietary diversity with 4-5 food groups consumed. The rest of the households 9 % of SHGs and 3 % of Non-SHG were under High dietary diversity with e” 6 food groups consumed. About 23 % among SHG and 27 % Non SHG were found to be under lowest range with d” 3 food groups consumption.

The high dietary diversity score is indicative of better food intake practices and on an average 9% SHGs and 3% Non-SHGs were found to have such food practices. The medium dietary diversity group have limitations in their food intake practices, which could be attributed to variations in income and educational status and also availability of resources and cost concerns.

It was observed that mostly five food groups namely cereals, vegetable-B, milk products, oils and sugars were being consumed by the majority of SHG and Non-SHGs. From the food groups consumed, it is clear that the households were consuming nutritionally imbalanced food, providing carbohydrate and fat calories mostly, and deficient in protein both in terms of quality and quantity and the possibility of micronutrient deficiency cannot be ignored due less or no frequent intake of pulses, leafy vegetables, fruits and meat products.

Joy Deshmukh-Ranadive (2004) reported increased food security of members of households after participation in SHG. Globally there is emerging evidence to show that microfinance programmes have created non-financial benefits including improvements in health, hygiene and sanitation (Ahnquist *et al.*, 2012 and Subramanyam *et al.*, 2011).

Correlation was tested between the independent variables like income, number of membership years, women of the SHG (respondent) age, education and dependent variables such as BMI and DDS and the results are given in Table 3.

Table 3: Correlation between independent and dependent variables

Sr. No.	Variables	BMI	DDS
1.	Income	0.02 ^{NS}	0.20*
2.	SHG membership years	-0.02 ^{NS}	0.15 ^{NS}
3.	SHG respondent age	-0.02 ^{NS}	0.03 ^{NS}
4.	Education of SHG respondent	0.18*	0.08 ^{NS}

* indicate significance of value at P=0.05, respectively
NS= Non-significant

It was observed that there is a correlation between the education level of the SHG women and BMI ($P > 0.05$) which indicates that women were maintaining healthy BMI, and that knowledge and awareness on good eating habits was better in SHG women. There was a significant association found between income and dietary diversity score ($P > 0.05$), which infers that high income levels will lead to better and varied intake of foods among SHG households. The variables, namely age, education and

number of years of SHG membership did not show any significant correlation with dietary diversity. From the correlation matrix it was understood that there is no impact of SHG membership on the nutritional status of households.

It has been observed that most SHGs whose basic focus is upon economic issues (savings and credit facilities for the members) have not performed satisfactorily in enhancing the knowledge and awareness on health related issues among women. In recent times women have gained appreciably as a result of joining SHGs and there by being able to meet their health related expenditure by borrowing money from the group (Ahnquist *et al.*, 2012 and Subramanyam *et al.*, 2011).

Swain and Varghese (2009) has shown that in case of Indian SHG members with longer participation in SHGs, members move away from pure agriculture as an income source towards other sources such as livestock income. Training by NGOs positively affected asset creation but the type of SHG linkage per se has no effect.

SHGs helped to improve food consumption and nutritional status of the poor. Positive impacts on nutritional intake in program areas, overall heterogeneity of impacts between members of pre-existing and newly formed groups, as well as non-participants has been reported by Deininger and Liu, 2009.

Conclusion :

Malnutrition has high costs on health, social, and economic outcomes for individuals and nations. Diverse and strategic interventions can improve nutrition-which will result in a more productive work force for the agricultural sector and beyond. Policy-makers and programme implementers must act today to create nutrition-sensitive interventions that will increase impact and improve health for generations to come.

Authors' affiliations :

K. UMA DEVI AND S. SUCHIRITHA DEVI, Department of Foods and Nutrition, College of Home Science, Professor Jayashankar Telangana State Agricultural University, HYDERABAD (TELANGANA) INDIA

REFERENCES

Ahnquist, J., Wamala, S.P. and Lindstrom, M. (2012). Social determinants of health—A question of social or economic capital. Interaction effects of socioeconomic factors on health outcomes. *Soc. Sci. & Medicine*, **74**(6) : 930-939.

Gurumoorthy, T.R. (2000). Self help groups empower rural women. *J. Kurukshetra*, **48**(5) : 36-39.

Joy Deshmukh-Ranadive (2004). Women's Self-Help Groups in Andhra Pradesh-Participatory Poverty Alleviation in Action. Proceedings of the conference on "Scaling up Poverty Reduction: A Global Learning Process".

Klaus Deininger and Liu, Y. (2009). Policy research working paper on Economic and Social Impacts of Self-Help Groups in India. The World Bank.

Subramanyam, M.A., Kawachi, I., Berkman, L.F. and Subramanian, S. (2011). Is economic growth associated with reduction in child under nutrition in India?. *PLoS Medicine*, **8**(11) : 424.

Sundaram, A. (2012). Impact of self-help group in socio-economic development of India. *J. Humanat. & Soc. Sci.*, **5**(1): 20-27.

Swain, B.R. and Varghese, Adel (2009). Does self help group participation lead to asset creation. *World Develop.*, **37**(10) : 1674-1682.

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