

The Function of Social Capital in Self-Help Groups as Developmental Platforms

Jyoti and Dr. Ram Darshan

Department of Political Science

Shri JTT University, Jhunjhunu, Rajasthan, India

Abstract: Governmental organizations and financial organizations are increasingly using women-led self-help groups (SHGs) as platforms for carrying out development initiatives. The effectiveness and equity of SHGs as platforms for providing livelihoods or health interventions, however, are presently little understood. Though the precise processes have not yet been investigated, social capital is thought to offer a competitive advantage when using SHGs as development platforms. via the analysis of 64 interviews and 6 focus group discussions gathered from an agricultural and behavior change intervention provided via SHGs in eastern India, this research explores the effectiveness and equity of SHGs as platforms for development initiatives. Although SHGs are a potentially effective medium for spreading health messages, we discover that this is mostly contingent on SHG attendance standards, which are strongly correlated with social capital and socioeconomic circumstances. Social capital is crucial between SHGs and the implementing organization, as well as within SHGs. Compared to locations with higher rates of poverty and younger SHGs, those with more established SHGs were able to participate more actively in the intervention due to their increased economic security. Additionally, the former locations accepted more interventions because they had higher norms of reciprocity and trust (social capital) with the implementing organization. It was challenging for SHG members to attend both SHG meetings and health sessions in the later locations due to conflicting demands on their time and a lack of confidence in the implementers. According to our materialist theory of social capital creation, new activities cannot be effectively added to a SHG's agenda until its members have already reaped significant benefits from participation. Furthermore, delivering nutrition messages via SHGs shouldn't take precedence over one-on-one interactions with the community's most vulnerable members.

Keywords: self-help groups

I. INTRODUCTION

In South Asia in particular, self-help groups (SHGs) consisting of eight to twenty women who save and lend money have risen to the top of the development agenda (Brody et al., 2017; Jakimow & Kilby, 2006). Although SHGs may be established for a range of purposes, one of their main goals has always been to provide women and communities with more economic power by way of savings and lending operations as well as bank-linkage programs that allow them to tap into bigger pools of money (Gugerty et al., 2019; GOI, 2019). With the National Rural Livelihood Mission (NRLM) launched in 2011, the Indian government has been actively promoting SHGs. Every low-income home must have at least one woman enrolled in a SHG; this is an NRLM requirement. approximately 60 million women have been mobilized in approximately 6 million SHGs by May 2019 under the initiative (GOI 2019). In an effort to "deliver development" via SHGs, the Indian government, NGOs, and funding agencies have been pushing to expand the SHG model and add theme interventions to existing savings and lending programs.

There are five sections to the report. The second section surveys the research on SHGs and social capital that is pertinent to the topic at hand. In section three, we learn about PRADAN's attempts to include a BCC intervention into group activities, as well as their primary livelihood and microcredit activity. In Section 4, the research procedures and locations in Bastar, Chhattisgarh, and Purulia, West Bengal are detailed. part five contains the results, while part six includes a brief discussion and final remarks on policy suggestions.

II. LITERATURE REVIEW

Gurty et al. (2019), Kumar et al. (2018, 2019), and Raghunathan et al. (2019) are some of the recent studies that have attempted to conceptualise the potential effects of SHGs on a variety of health-related, social, and economic outcomes. Four potential effects of SHGs on MCHN are mapped out by Kumar et al. (2018). First, there is producing money; second, farming; third, behavior-change communication (BCC); and lastly, being aware of one's rights. The identification of cross-cutting paths that allow benefits on health includes social capital development, collaborative action, and women's empowerment (see Fig. 1).

Bonding, bridging, and connecting forms are often thought of as social capital (SC) (Baland et al., 2008; Szreter & Woolcock, 2004). Links to powerful people (such as politicians or bosses) constitute a connecting type of SC, bridging relationships are those that extend beyond one's own social group, and bonding SC indicates more intergroup cohesiveness. Traditional understandings of social capital hold that SHGs enable rural women to form strong social bonds rooted in shared ethnic and gender identities. These bonds can then be used as collateral to secure financial loans, expand their networks with other SHGs, and collectively negotiate with powerful government, private sector, or NGO officials. According to Kumar et al. (2018:174), who build on this idea, group rituals and activities can help foster bonding forms of SC, which are trust and reciprocity norms. These forms of SC can then be used to improve SHG practices, create other forms of capital, and work together to get public goods (Joshi & Rao, 2018; Mitra et al., 2020).

Methods

For this qualitative research, we chose blocks 7 in Bastar District, Chhattisgarh, and blocks 1 in Purulia District, West Bengal, out of the 8 pilot block locations in PRADAN-PHRS. view Figure 3 Using information from program evaluations and details on PRADAN's involvement, we deliberately selected these sites so that our sample would be as diverse as possible. Both of these locations were chosen because they had stuck to the implementation strategy that was outlined earlier and because they were not pilot sites that had previously been exposed.

Regarding FAAM's health and nutrition themes, SHG respondents in Purulia had the best memory rates compared to other sites. For instance, 63% of median respondents correctly remembered FAAM's dietary variety message, whereas 36% in Bastar and 40% overall had the best recall rates. One of PRADAN's oldest and most established sites, Purulia has been active for 18 years. Just like the SHG women's federation at the block level, which was established eleven years ago, the SHG women's federation at the village level meets regularly, once a month. In comparison to other locations, SHGs have amassed larger savings and have improved livelihoods by encouraging the cultivation of better rice varieties and vegetable income crops by many families. Last but not least, compared to other PRADAN sites, their socioeconomic demographics are distinctive, consisting mostly of low-caste Hindus (also known as "other backward castes" or OBCs in India) who have a greater proportion of literacy. refer to Table 1. It is worth mentioning that the Purulia block team has accomplished an impressive feat in the last three years. The number of SHGs under their leadership has more than doubled, going from about 550 in 2017 to almost 1400 in 2019.

We chose Bastar district because it is one of the younger PRADAN field sites at 8 years old and because its SHG network has developed quickly over the previous three years as the NRLM implementing agency. To assist achieve the government's goal of 'saturating' blocks with SHGs—that is, enlisting a woman from every household—they get government subsidies as an NRLM partner. The adivasi Gond and Halbi peoples inhabit Bastar, a poorer and more isolated region compared to Purulia district. Even though there has been no Naxal activity in Bastar for the last 5-10 years, the region has a long history of being a Naxal stronghold and a location of political unpredictability due to clashes between rebel factions and government troops. The success of PRADAN in promoting better paddy and cash crops in Bastar is lower than in Purulia, where more SHG members practiced improved agriculture. The fact that the adivasis of Bastar were typically hunters rather than farmers was thought to be the reason for their low rate of adoption. The purpose of choosing two distinct locations for the study was to compare and contrast the program's enabling and limiting characteristics in two distinct social and environmental settings.

Critical conversations took place with PRADAN employees as they weighed the benefits and drawbacks of leveraging older vs younger audiences as platforms. Although older groups, like those in Purulia, may be better at meeting regularly and have more social capital on hand, they may also lose interest in SHGs once they reach economic growth and no longer need low-interest loans or livelihood training. On the other side, newer organizations (like Bastar) may

not be well-organized if they don't know about the advantages of SHGs, but they could be more excited about them because of how unique they are and how useful they might be. We were also driven to choose this location by these inward enquiries.

Applying the same methodology at both locations, we recruited study participants from four separate categories: (i) PRADAN professionals; (ii) mentors; (iii) nutrition volunteers; and (iv) SHG members (each see Table 2). Everyone who worked directly with FAAM on a block level and was linked with PRADAN was questioned. This group consisted of mentors, who had finished secondary school and were recruited from the local community, and PRADAN professionals, who were young Indians with degrees. Twelve SHG nutrition volunteers from various communities were interviewed using PRADAN internal monitoring data; another eight to ten were chosen for two focus groups.

Table 1: Block Level Census Statistics (2011 Census of India).

	Purulia District Block-level data		Bastar District Block-level data	
	Total	Female	Total	Female
Population	137,143	67,048	79,360	40,389
Literacy Rate	66.2%	43.8%	38.3%	24.8%
Scheduled Caste	12.4%	12.3%	0.3%	0.3%
Scheduled Tribe	11.4%	11.4%	82.9%	83.2%

Table 2: Interviews and FGDs Conducted in Each Study Site.

	Research Participant Subgroups			
	PRADAN Block Professionals	Mentors	SHG Nutrition Volunteers	SHG Members
Total interviews (n = 64)	5	9	24	27
Purulia (n = 33)	2	5	12	14
Bastar (n = 31)	3	4	11	13
Total FGDs Conducted = 6		2	4	
Purulia (n = 16)	–	1	2	–
Bastar (n = 12)	–	1	2	–

We wanted as much diversity as possible in the nutrition volunteers' village locations, group lengths, and SHG engagement levels, so we took a random sample. We chose six SHG volunteers from the low-to-medium range and six from the high range, according to their grades for the amount of micromodules supplied and facilitation competence. Every one of the volunteers came from a different community. We chose around six of the twelve participants to do follow-up SHG interviews in their home communities. In each block, six villages were chosen to interview a nutrition volunteer and a SHG member.

III. DATA COLLECTION AND ANALYSIS

Both semi-structured interviews and focus groups (FGDs) were used to gather data. Prior to data collection in May and June 2019, interview and focus group discussion guides were developed and tested in the Purulia area in March 2019. Authors fluent in the local language revised and edited all of the manuals originally prepared in English.

Data collection, transliteration, and analysis at each site were carried out by a three-person team. Both the data research manager and the interviewer are native speakers of the target language and have received training on the study's procedures and instruments. Data collection was mostly the interviewer's responsibility; with participants' informed agreement, audio recordings of interviews and focus groups were made. At least two people from the study team were present for most interviews; one person would take notes while the other would actually conduct the interview. We enquired as to the recollection of health messages among SHG members and nutrition volunteers throughout our interviews. We asked them if the message had been discussed and, if so, what details they recalled in order to help them

remember those details if they could not place them. In order to have a better understanding of the variable exposure, we conducted several interviews to find out if women thought the messages were important, how they participated, and how often they attended meetings. This was necessary since many of the women either did not hear or did not recall the messages. When we finished our interview, we would always ask the respondent to name the two health-related or livelihood-related issues they were facing the most. In order to have a better understanding of the intervention's pros and cons, focus group discussions were held with nutrition volunteers and mentors, respectively. We asked people to talk about their thoughts on SHG membership in general and their experiences with meeting planning and micromodule delivery in particular. In order to learn about the areas of agreement and disagreement about meeting regularity and attendance dynamics, FGDs were helpful.

Researchers in Purulia and Bastar translated and transcribed focus groups and interviews. A third party with native language proficiency reviewed the transcriptions for accuracy. The MAXQDA 2018 qualitative data package was used to analyse 64 interviews and 6 focus group transcripts. We used a two-stage inductive coding procedure that started with creating descriptive codes to categories transcripts into shared regions of information after first reviewing the material to make notes on recurring themes (Saldaña, 2013). Focused theme coding was utilized to explain the variety of these groups of typically coded segments once they were recovered. One example is that women gave different reasons for skipping or leaving meetings early, even though meeting attendance was a dominating descriptive code reported by most respondents. In order to properly contextualize the data, we paid attention to both the content and style of the statements during sub-coding (Dunn, 2010). We saw it as a sign that respondents saw skipping meetings as innocuous if they did so in a casual way, but as unwanted and bad if they talked about it in a disturbed tone. To increase the reliability of the data, we triangulated themes across the four categories of respondents (PRADAN, mentors, volunteers, and SHG members) to confirm whether there was shared knowledge among them (Patton, 2002). An expert in qualitative methodologies from the International Food Policy and Research Institute double-checked the coding schema to make sure it was accurate and precise. The majority of respondents addressed meeting and attendance dynamics, while participants from each group expressed themes about the negative effects of social capital, which were detected in a smaller selection of transcripts ($n < 10$). The study's emphasis on equity (Saldaña, 2013) and the recognition that any potential harm or disparities that may result from interventions, no matter how small, should be highlighted in order to prevent their replication led us to consider data points on adverse outcomes analytically important, despite their small number.

Several limitations are included in this investigation. From one location to another, separate research teams were used. In contrast to the seasoned Purulia interviewer, the inexperienced Bastar interviewer would sometimes skip over questions. Women from Bastar were likewise less outgoing than those from Purulia. Although some Bastar SHG members were unwilling to be interviewed, the women who were questioned were often more receptive to outsiders and had higher levels of education. Since the interviewer was not fluent in Gondi, a language spoken by many women in rural areas of Bastar, there were additional linguistic hurdles to overcome. Therefore, the women who participated in Bastar's SHG sample spoke either Hindi ($n = 7$) or Halbi ($n = 6$). We were able to better organize the nutrition volunteers' interviews with the help of mentors who oversaw them. Nutrition volunteers may have felt some residual fear when asked questions about their volunteer work, even after we assured them that their responses would be kept secret and used to inform future efforts to enhance their work. Also, there's a chance of social desirability bias in any survey or interview that asks about normative behaviors (such SHG meeting attendance), where the responder would not want to show anything negative about themselves or their community (Dunn, 2010). However, the majority of interviewees were believed by the study team to have been honest. To reduce the impact of bias, future studies investigating SHG procedures may include participant observation.

IV. FINDINGS

In order to understand the positive and negative impacts of drawing on social capital, the results follow the procedures in domains one and three of the implementation framework (Fig. 2), investigating the difficulties encountered in each domain along the way.

Forming SHGs and making frequent meetings the norm

Forming and 'norming' SHG groups is a critical task that must be done well for other interventions (domain 1 in Fig. 2) to be effective. There is a great deal of diversity in the capacity of SHGs to adhere to such standards as holding weekly meetings, conserving money, and maintaining accurate books, despite the fact that new SHGs get introductory trainings to help them comprehend these norms.

During its 18 years of operation, PRADAN oversaw the gradual expansion of SHGs in the Indian state of Purulia. With the help of their SHG loans, some of these groups were able to raise their members' standard of living. There are a lot of SHGs in Purulia, and they all meet frequently and have saved a lot of money. According to one nutrition volunteer from Purulia,

Everyone in the didis10 group is aware of [meeting times]. They show up to the gathering on their own. Additionally, everyone is saving a lot of money these days, so no one is banning the didis from attending the conference. (Interview 1a with the Purulia nutrition volunteer)

Despite the rain, all but two of the Purulia women who attended the meetings often boasted about how they would still gather in the nights to continue saving. Members of the outside community who had received training in normal auditing procedures would visit SHGs on a regular basis to verify attendance and money dealings. Additional government initiatives or loans were available to groups who did well. Therefore, there was a monetary incentive for members to show up to meetings, and there was a powerful push for "good groups" to hold on to these privileges.

In contrast, all of the Bastar SHGs were established during the last two to five years. They were less likely to meet regularly and had less savings than the Purulia respondents. Despite the importance of SHG meetings, almost all of the research villages' SHGs had skipped several meetings in the previous month. A three-week meeting was postponed in one village's SHG due to a lack of a new register for keeping track of accounts (Bastar nutrition volunteer, interview 5a), while in another village, two women had just given birth (Bastar nutrition volunteer, interview 2a). When we arrived at another village on the day of the meeting, the respondent first said that the meeting "happens every week," but then clarified that it was not going to take place that day because all the women had gone to the forest to gather bhaji, an edible green, to sell and eat (Bastar SHG member, interview 8b) ... The most difficult thing for the nutrition mentors and PRADAN staff in Bastar was the lack of consistency in their meetings; for example, it was disheartening to arrive to villages for scheduled sessions only to discover that the women had already left (Bastar mentor, interview 1c). Many Bastar organizations lacked access to government benefits and had not yet been proven dependable in audits due to their youth. Therefore, the opportunity cost of meeting attendance was greater in Bastar than in Purulia because there was less of an immediate motivation for women to forego economic or social duties to attend the conference.

Other SHGs either lacked a literate member to act as secretary or had a secretary who was often away, therefore they did not meet regularly. It was difficult to keep track of savings and loans if they did not have someone who could read and write. In Bastar, it was common for there to be only one educated woman each SHG, and she would often also serve as the nutrition volunteer. The elders from Bastar elaborated,

Mentor 1: Meetings in my field cannot take place without the SHG nutrition volunteer, who doubles as the secretary.

Mentor 2: It's the same where I work as well. Things are tough and the groups don't get together. To proceed with the meeting, the secretary must be present. (Bastar mentor first-goal discussion)

As a result of literacy problems, several SHGs in Purulia would also miss meetings on a regular basis. If a group didn't have any members who could read or write, they would ask a guy from the village to do it. In his absence, they risked failing on their accounting because they would skip or meet without performing it. A significant reason via which exclusions occurred across sites was illiteracy among SHG members. This was because nutrition professionals were unable to convey information to groups that did not meet.

At last, several Bastar respondents said that males who abused alcohol in the hamlet prevented some organizations from meeting frequently. "As one tutor put it,

The group isn't working well at the location where Dada constantly attempts to incite others because the secretary, Didi, is afraid to attend meetings since her husband abused her in [this particular hamlet]. There is dread because of the two or three dadas. (Bastar mentor, discussion 5c)

The various accounts of this incidence show that communities were traumatized by fear-based obstacles to gatherings, even if these barriers were only in isolated regions.

Personal Obstacles to Attendance

Almost everyone who took the survey said that not all women showed up to SHG meetings, even when they were regularly scheduled. Lack of time due to domestic or agricultural duties, social commitments (such as weddings or funerals), or other social events was the most common excuse given by women for their absences. A single SHG member elaborated, [Not all ladies] show up. To put it simply, we are farmers. Accordingly, there may be fieldwork for us. Some didis may find themselves occupied with gardening. Sometime between her departure and her return to the hamlet, the conference may have concluded. Ten to twelve didis show up to each meeting, while the remaining didis choose not to attend. (Interview 14b with a member of the Purulia SHG)

Household circumstances (such as a lack of family support) or economic vulnerability cause some women to have far more work than others, even if all women have a lot of labour. It was difficult for the poor and vulnerable (those without land or with marginal lands, for example) to participate in initiatives that might help them in the long run because they were too busy worrying about meeting their immediate needs. For instance, Goli11, a landless adivasi woman, said that many of the women in her group were unable to attend due to a lack of deposit funds. Furthermore, weekly gatherings were not practical for landless women due to the nature of their profession. According to Goli, Not every member will be able to make it to every meeting. Since there isn't much opportunity for employment in our little town, we all have to drive long distances to go to work, which may be exhausting and even impossible at times. (Interview 4b, Purulia SHG member)

The women knew such gatherings were healthy for them, but they still had to go out and get forest items to make sure they could stay alive. Village women in other parts of Purulia who had less land had to labour outside the village in brick kilns and often missed meetings because of it. All day long, many women in Bastar toiled outside of the community, earning a living as day labourers. Therefore, while some women might sometimes miss meetings because of domestic or agricultural duties, those who were compelled to leave the village for work or to earn a living were unable to miss any.

It was also common for younger women with young children to skip meetings due to a lack of family support, insufficient time, or both. While there was a clear gender bias in the workloads across sites (e.g., women tend to the home and children), there was also a generational bias, where the mother-in-law shifted more responsibilities to the daughter-in-law. Little women with little children made up four of the five SHG respondents in Purulia who seldom attended complete sessions. By designating an escort to deposit funds on their behalf, these ladies would ensure that their SHG membership remained active. A little Adivasi woman called Kushma was one among the young ladies who said,

I will be unable to attend. Here, I'm swamped, no matter how hard I try. To deposit money, I send my child. There is no way I can meet with my neighbours in our house for a conversation. I will be unable to attend. [in an empathetic, high-pitched voice] (Interview with Purulia SHG member, set 10b)

Sunita confessed that she did not consistently attend gatherings in a separate Purulia hamlet, where she was also caring for a little kid. As she explained,

While my spouse did attend the prior meeting, I refrained from attending. Since I am a parent to a young child, I am unable to attend. Since the conference is scheduled for the evening, I will not be able to take the kid out at night. When elephants come out at night, we are frightened. (Interview with Purulia SHG member, 1a)

Some SHGs in Purulia instituted a punishment of five rupees for members who either missed a meeting or had someone else deposit their funds on their behalf since the practice was so common there.

The nutrition mentors were assigned the responsibility of visiting the homes of members who were most vulnerable in order to address the systemic obstacles to meeting attendance. Instead of making traditional house calls, SHG volunteers were instructed to spread messages in public places and approach ladies they observed who were not there to initiate conversation. No one from the SHGs in Purulia or Bastar—including two pregnant women and seven young mothers—reported having mentors or other members come to their homes to impart knowledge, despite these initiatives. The one from Purulia where Sunita lived came the closest to this. Reports indicate that Sunita was approached by the nutrition volunteer about her lack of attendance at meetings. In response, Sunita said that she was too busy taking care of her kid to bring them outside to the meeting. The nutrition volunteer did not pass on any health details discussed in the meeting, but she did ask Sunita where she was. While Sunita did catch a few of the more

popular notes from her neighbours, she had missed the vast majority of them. It came as a surprise since the local nutrition volunteer was well-respected and known for her efforts to empower women. Sunita was also unique among young moms in that she was an active SHG member for a decade before she gave birth. Despite her deep involvement in the SHG's social fabric, she was oblivious to the signals.

Two other young mothers from Purulia were less established in their social circles since they were relatively newcomers to the area. But these ladies lived in blended homes with their SHG-active mothers-in-law. The daughters-in-law were not informed or encouraged to attend health meetings, even though their mothers-in-law did so. The effect of mothers-in-law on the attendance of young women was not consistently reported by nutrition workers. Some nutritionists believed that mothers-in-law conveyed news to the younger women who were cooped up at home, while others said that mothers-in-law limited the younger women's participation in social networks like the SHG.

Although the SHG did not disseminate MCNH statements to the pregnant women and young moms at each location, everyone in the group had heard them via relatives or government employees. They could still find out the basics of MCNH from other places, but they couldn't talk about problems in the SHG, get help with implementation, or solve problems when they arose.

Social capital's dark side

Some women still encountered obstacles while trying to attend meetings, and those who did occasionally received nasty comments because they didn't show up. An educated SHG member made the following observation: "These women don't attend the meetings as they don't understand the problems of the SHG- they think that if others go to the meeting, then it is enough" (Purulia SHG interview, intraview 1b). That ladies who didn't show up were uneducated or sluggish was the implication of some. Discrimination against women who were unable to conform to group standards as a result of their socioeconomic status was evident here, revealing a possible shadow side of social capital. The five or so responders in each location who made harmful discriminatory remarks about meeting frequency or attendance are noteworthy, despite the small sample size.

There were a few of mixed-caste SHGs, which might be troublesome at times, even if most SHGs were socially homogeneous in terms of caste¹² owing to anti-Adivasi and anti-SC prejudice. An elder SHG member stormed into the room and vehemently objected to our decision to question Kushma, a young Adivasi who was not routinely attending meetings, as we were doing our interview. According to the lady, we needed to interview people often and attending females in her village, as opposed to the Adivasis in Kushma's. Ten Adivasi women and five OBC women from the nearby hamlet made up this group, and when the lady withdrew, we learnt that there were some caste-based difficulties inside. Due to the lack of literacy among the Adivasi women, these ladies were all assigned to the same SHG. Kushma said she was too busy to attend meetings, but it's plausible that the divides themselves were a deterrent.

When it came to the issue of absence, mentors and experts in the block were more understanding. As new SHG members, the women in Purulia did not get enough training on the advantages of attending meetings frequently, according to the mentors. Consequently, they did not attend any sessions. Experts in the Bastar block also agreed that first trainings were key to SHGs' performance. Meetings would have been more frequent if women had received better training on the advantages of SHGs, they said, accepting responsibility for the group's poor functioning. The Bastar team had difficulties in giving excellent trainings to a large number of new SHGs due to the fast proliferation of these groups under NRLM and the language obstacles experienced by the local tribal population.

It was difficult to provide the institutional support in Bastar that allowed women to believe the explanations of SHG advantages given by NGO executives and encouraged relationship-building. This was also seen in more recent Purulia regions. Importantly, women were unable to commit an hour to sitting in a meeting due to both a lack of social capital created via high-quality trainings and actual structural obstacles. The women's accounts that they wanted to go but just couldn't because of work created friction with the PRADAN workers' claims that the ladies didn't attend meetings because they didn't believe in the advantages.

Getting women to show up to meetings was a problem; keeping them there long enough to complete the health modules was much more of a problem. Members of the SHG would often come to make deposits, remain for a little while, and then go early, according to the respondents, meaning they would lose out on the health component. This tendency was particularly upsetting and discouraging for mentors in Bastar.

After all the hard work we've put in over the last several days, it's disheartening to see that the SHG members are more concerned with saving money than with their health and nutrition. [other people's agreement] (Feedback session with a bassist mentor).

Respondents from Purulia also brought up this issue often, even though it was more serious in Bastar. Even while some nutrition volunteers said that women departed because they didn't find the subject interesting, the most common reason given by SHG members was that they had other things to take care of. The challenge of maintaining female attendees at meetings was highlighted by one Bastar nutrition volunteer.

We reside in the village, nevertheless. Difficulties exist. We would mention a health meeting to them, and they would respond by telling us to "stay" because we weren't employed. That is how they speak. "Didi, please stay for a little while," we would still ask. So, if the didi has a moment, she could remain for ten to fifteen minutes. According to Bastar, a nutrition volunteer (interview 7a), she would then request to sign the participant sheet before departing.

According to a Bastar mentor, this is a widespread issue that affects every hamlet.

The issue is the same everywhere: [the SHG members] don't want to listen to the nutrition volunteer for two minutes even when she wants to say anything. They are not satisfied with the information they are receiving. They consider it finished the moment they send the payment. The only didis who advise continuing a conversation are those who are samajhdar, or wise. They will expel everyone who is not a samajhdar. According to the Bastar mentor FGD, this is the main issue plaguing everyone's workplace.

A recurring trend in the data was the mentors' realisation that SHG members do not value health information. Though many did not believe in the efficacy of preventive health messaging, many respondents agreed with the mentor's statement that "wise" women would remain and listen.

Everyone who works in nutrition has received training in the use of motivational tactics to persuade women of the value of healthy eating and regular exercise. These future-focused communication initiatives occurred in both Purulia and Bas-tar, but the women in Purulia seemed to have greater faith in them. In Bastar, a less developed area compared to Purulia economically, women were more likely to become involved if there was an urgent problem (such as when they were pregnant or nursing) or if their community had tragically lost a life due to complications during pregnancy. Women in Bastar reported lower levels of capacity to choose preventive health behaviors above activities related to livelihood security, perhaps as a result of their economic marginalization. In Purulia, things were quite different, and a lot of women were really enthusiastic about health messaging. One insightful thing expressed by a nutrition volunteer in Purulia was that every SHG has a handful of ladies who listen very carefully when the others talk about health. As she explained,

"They believe these narratives will be beneficial for their kids. The dasas are on board with them as well. They are now travelling to neighboring areas in search of employment. They either did not know how to bank or did not have an account when they were younger. They are now aware." (*Purulia nutrition vol- unteer, FGD 1*).

In this case, the responder confused the SHG's broader benefits with those on health message. The idea that women who have experienced the positive effects of the SHG before are more likely to believe the new health-oriented information that is presented via the SHG, and that they also have the financial resources and social networks to put it into practice, is supported by her answer and by interviews with mentors and PRADAN personnel.

Linking social capital is generated through material investment in women

Mentors in Purulia provided more evidence that material investment generated social capital between NGO and SHG groups when they said that communities with a history of sustained PRA-DAN engagement were more receptive to the nutrition intervention, likely because they had faith in PRADAN-led programs (Purulia mentor FGD). According to one mentor, PRADAN has already revolutionized farming methods in his most prosperous area, where groups also saw substantial financial transformations. He went on to say that the least powerful town in his field region was completely different,

There was no agricultural development effort in the weak community. Nobody, not even PRADAN, has been successful in establishing sufficient trust to have a significant impact. The locals also lacked an appreciation for the SHGs' genuine purpose and benefits. The strong village is an exception to that rule. The nutritional volunteers there have seen the potential advantages of SHGs and these groups. (Interview with Purulia on the third day)

Therefore, there was significant variation within Purulia. In villages where trust and social reciprocity were stronger, nutrition work was more readily accepted than in communities that had previously benefited from PRADAN initiatives. Lacking the social capital that connected the SHGs to the implementing organization, PRADAN was unable to build meaningful connections in most communities in Bastar or ensure that women reaped livelihood gains from SHG participation. As a result, it's possible that the SHG women there weren't as enthusiastic about participating in extracurricular activities outside the mandatory weekly savings meetings, which were often neglected.

Furthermore, the nutrition mentors and volunteers from Purulia were consistent throughout the duration of the program, and a number of them had experience helping SHG members in other capacities before becoming involved with nutrition. In order to keep the women on staff, these nutrition volunteers may have used social capital that strengthens bonds to their advantage. To get the ladies to pay attention, several stated they would mention that they had attended trainings specifically for the village

The first thing I did was inform them that I had a really hard time getting to training. Your presence at the conference would be much appreciated.

I'm telling you this because we've spent a lot of time studying all this material, NV2. Please, spare at least an hour to listen to it. They proceed to state their intention to show up at the gathering. If you ask most women, they'll tell you. A few of them are confused. Continuing with the Purulia Nutrition Volunteer FGD 2

Mentors said they kept up regular meeting attendance by relying on social reciprocity. Getting more women to show out to the sessions was something one Purulia mentor brought up. His words were

It was challenging at first, but after three years I've gotten to know all the didis. We now go directly to her home to tell her that she was supposed to be there (Purulia mentor, interview 5c) in the event that she does not show up.

On the other hand, Bastar's village residents were unappreciative of nutrition volunteers, regardless of how good they were. These ladies were less distinguished since they had been associated with PRADAN for a shorter period of time. Nutrition volunteers in Bastar had trouble getting women to show up to meetings, according to the respondents; they needed a PRADAN executive or mentor to draw women's attention. When there is simply the local SHG nutrition volunteer, the women in the SHG "just come do the savings and don't listen patiently to her information," according to one mentor. Her speech went on,

"The members of the SHG will invent excuses to go, such as the need to get rice or wood, according to some. No such thing occurs, however, when outsiders arrive; the reason being, "we have come from far to teach you and you have to think—she is coming from a far place, what is she having to say?" The SHG didis seem a little down when we tell them this, but they quickly recover and ask, "Okay, didi, please tell me what you want to!" Therefore, they take a seat and pay attention." (Bastar mentor, interview 5c).

People in Bastar's SHGs didn't appear to trust the volunteer as a reliable source of information quite yet, but when "outside" actors arrived, they felt pressured to contribute their time because of the sacrifices these actors had made. Nutrition volunteers and mentors from Bastar also mentioned trading physical services (such finishing group writing assignments) for the attention of women at health sessions.

The dark side of social reciprocity

In both sites, mentors expressed conflicted feelings about invoking social norms of reciprocity in order to force involvement. According to one Purulia mentor, getting women to attend meetings was a major source of concern for him. "Occasionally we need to coerce women into taking part," he revealed. How awful. For instance, I might suggest, "Didi, how about we all go to the meeting if it's a health meeting?" Hey Didi, you're invited too! Perhaps someone will remark "Dada I am unable to go at this moment. The rice has to be washed immediately, or the burden needs to be carried. Alternatively, "I need to go get rice later on." If that's the case, I can't make didi show up to the meeting (Purulia mentor, interview 2c).

The mentor's thoughtful comments revealed an ethical conundrum: they wanted to fulfil their duty of spreading knowledge, but they also understood that women had limited time. Similarly, a mentor from Bastar felt bad about

scolding women when they chose to work instead of coming to the SHG meeting, even though she understood that women had to work to support themselves. Using SHG meetings as a platform for other activities may be challenging, as both situations show.

It is possible that the material circumstances of low-income people's lives limit their agency to participate in organizations that generate social capital, as these remarks indicate. Another example is the selection of women to participate in gatherings at the village level, which might be held in faraway places. This becomes an issue during the warmer summer months. Going to the VO meeting is difficult, according to one lady named Manju. But then what? I need to go. Surprise! More didis are on their way! Even though it is quite hot at 2 o'clock in the afternoon during the summer, she insisted on holding the meeting anyhow (Purulia nutrition volunteer, interview 8a). Even though Manju hated walking several km in the scorching heat, she felt pressured to go because other ladies were. If she didn't, she would be held to a higher standard. A second lady in Bastar had a similar story, describing how, in the summer, she was compelled to drink water from a contaminated river on her way back from a SHG meeting. She said that her group is now experiencing difficulties due to the lack of frequent updates from the village meeting, but she insisted on not returning for the expedition.

V. DISCUSSION AND CONCLUSION

Several stages within implementation are necessary for SHGs to realize their potential as places for development activities or health promotion. Having meetings on a regular basis is crucial. During SHG meetings, women are encouraged to publicly address important topics while also participating in rituals such as opening song/prayer, depositing money, and repaying loans. Assuming these rituals become second nature, they have the potential to increase social capital and unite members into a collective with the power to pursue further advantages. Within this idealized framework, the very word "meeting" conjures up visions of a semi-structured space-time in which the female participants all show there and go out at around the same time, treated as equals.

According to this research, SHG gatherings don't always go according to plan, and problems stem from a lack of social capital as well as socioeconomic obstacles. Establishing regular meetings, making sure all women attended, and getting all women to commit additional time to the health module were the three areas along the implementation route that this research identified as challenging. As a reminder, several organizations struggled to maintain weekly meetings because of economic marginalization or poor literacy. But even when meetings were scheduled on a regular basis, women who worked as day laborers or had small children were still likely to miss them. Unfortunately, our limited sample size suggests that safety nets, such as home visits, were not helpful in reaching out to these women. In addition, the material conveyed during visits was condensed. The purported benefits of SHGs as development platforms were lessened due to the absence of debates, because modules were designed to be interactive and SHGs were seen as places for social experimentation. At last, we discovered that there is a bad side to bonding social capital. Discrimination against economically or socially (e.g., caste-based) marginalized non-attending members might exacerbate local tensions. Women in communities with high levels of social capital often felt socially pressured to participate even when doing so went against their immediate interests.

This study leads us to two conclusions. First of all, women do not always meet at certain times each week for SHG meetings. Women did not prioritize attending weekly meetings due to a lack of financial resources and social support, as well as the unpredictability of diverse livelihood choices and changing socioeconomic situations. This was particularly true if their ties with PRADAN personnel were poor. Secondly, women were not always on board with supplementary treatments added to core saving efforts; in fact, they sometimes voiced their disapproval. On the other hand, women in regions where SHGs had a positive impact were more inclined to participate. This was due to a combination of factors, including a high level of confidence and reciprocity with the implementing organization (PRADAN) and the fact that their socio-economic circumstances allowed them to undertake preventive health measures. This study lends credence to our premise that layering activities need significant levels of connecting social capital, which is constituted by material investment in SHGs by implementers. Although this research was conducted on PRADAN SHGs, the results may be applied to other South Asian SHGs that are founded and maintained by an outside group, such as a government or non-government organization, and concentrate on livelihoods.

While this study does not intend to give a comprehensive evaluation of SHG-based health promotion, it does provide three policy suggestions to direct SHG-routed growth in the right direction. To begin, evaluating non-governmental organization (NGO) social capital and the extent to which women have reaped early advantages from SHG participation is essential for development initiatives targeting SHGs beyond their primary duties. This appears to be especially the case when it comes to treatments that are focused on knowledge rather than ones that provide tangible or monetary rewards. Organizations that sponsor SHGs should think about increasing their early investments in human capital and basic literacy as illiteracy was a major factor in members not showing up to meetings. This would make it possible for groups to work more independently while also creating social capital that NGOs may use to diversify their operations. Secondly, women who are too preoccupied with other matters to participate in group-based therapies will inevitably be left out. Group initiatives shouldn't take away from individual attempts to contact these women, as they are often more vulnerable or socially excluded members of the community. Lastly, it would be beneficial to collaborate with other members of the community, such as males or mothers-in-law, to resolve labor disputes and ensure that women have enough time to attend because their absences were mostly caused by their heavy workloads. Lastly, it is important to avoid placing undue pressure on women's time in the name of SHG activities, since this would undermine the primary objective of SHGs, which is to empower and empower women.

REFERENCES

- [1]. Baland, J. M., Somanathan, R., & Vandewalle, L. (2008, August). Microfinance lifespans: A study of attrition and exclusion in self-help groups in India. In India policy forum (Vol. 4, No. 1, pp. 159-210). National Council of Applied Economic Research.
- [2]. P. Biscaye Z. True C. Clark K.P. Harris C.L. Anderson M.K. Gugerty Self-Help Groups in Development: A Review of Evidence from South Asia and Sub-Saharan Africa No. 283 2014 Seattle.
- [3]. Brody, C., Hoop, T. D., Vojtkova, M., Warnock, R., Murthy, P., Dworkin, S. L., ... Warnock, R. (2017). Can self-help group programs improve women's empowerment? A systematic review. *Journal of Development Effectiveness*, 9(1), 15–40. <https://doi.org/10.1080/19439342.2016.1206607>.
- [4]. Cleaver, F. (2005). The inequality of social capital and the reproduction of chronic poverty. *World Development*, 33(6), 893–906. <https://doi.org/10.1016/j.worlddev.2004.09.015>.
- [5]. Dahal, S. (2014). *A study of women's self-help groups (SHGs) and the impact of SHG participation on women empowerment and livelihoods in Lamachaur village of Nepal*. By: Norwegian University of Life Sciences.
- [6]. Das, R. J. (2004). Social capital and poverty of the wage-labour class: Problems with the social capital theory. *Transactions of the Institute of British Geographers*, 29(1), 27–45. <https://doi.org/10.1111/tran.2004.29.issue-110.1111/j.0020-2754.2004.00112.x>.
- [7]. Dunn, K. (2010). Interviewing. In *Qualitative research methods in human geography* (pp. 101–138). Victoria: Oxford University Press.
- [8]. Eriksson, M. (2011). Social capital and health—implications for health promotion.
- [9]. *Global Health Action*, 4, 5611. <https://doi.org/10.3402/gha.v4i0.5611>.
- [10]. Garikipati, S. (2012). Microcredit and Women's empowerment: Through the lens of time-use data from rural India. *Development and Change*, 43(3), 719–750. <https://doi.org/10.1111/j.1467-7660.2012.01780.x>.
- [11]. Gugerty, M. K., Biscaye, P., & Leigh Anderson, C. (2019). Delivering development? Evidence on self-help groups as development intermediaries in South Asia and Africa. *Development Policy Review*, 37(1), 129–151. <https://doi.org/10.1111/dpr.2019.37.issue-110.1111/dpr.12381>.
- [12]. Jakimow, T., & Kilby, P. (2006). Empowering women: A Critique of the blueprint for self-help groups in India. *Indian Journal of Gender Studies*, 13(3), 375–400. <https://doi.org/10.1177/097152150601300303>.
- [13]. Johnston, D., Stevano, S., Malapit, H. J., Hull, E., & Kadiyala, S. (2018). Review: Time use as an explanation for the agri-nutrition disconnect: Evidence from rural areas in low and middle-income countries. *Food Policy*, 76, 8–18. <https://doi.org/10.1016/j.foodpol.2017.12.011>.

- [14]. Joshi, S., & Rao, V. (2018). Who should be at the top of bottom-up development? A case-study of the national rural livelihoods mission in Rajasthan, India. *Journal of Development Studies*, 54(10), 1858–1877. <https://doi.org/10.1080/00220388.2017.1329526>.
- [15]. 00220388.2017.1329526.
- [16]. Kumar, N., Raghunathan, K., Arrieta, A., Jilani, A., Chakrabarti, S., Menon, P., & Quisumbing, A. R. (2019). Social network, mobility, and political participation: The potential for women's self-help groups to improve access and use of public entitlement schemes in India. *World Development*, 114, 28–41. <https://doi.org/10.1016/j.worlddev.2018.09.023>.
- [17]. Kumar, N., Scott, S., Menon, P., Kannan, S., Cunningham, K., Tyagi, P., ... Quisumbing, A. (2018). Pathways from women's group-based programs to nutrition change in South Asia: A conceptual framework and literature review. *Global Food Security*, 17, 172–185.
- [18]. Kumari, K. B. V. (2011). *Microcredit as a poverty alleviation strategy, women's empowerment and gender relations*. Rutgers: The State University of New Jersey. Retrieved from <https://vpn.utm.my/docview/897131658?accountid=41678>.
- [19]. Lahiri-Dutt, Kuntala, & Samanta, GOPA (2006). Constructing social capital: Self-help groups and rural women's development in India. *Geographical Research*, 44(3), 285–295. <https://doi.org/10.1111/ages.2006.44.issue-3>.
- [20]. Maclean, K. (2012). Banking on Women's Labour: Responsibility, risk and control in village banking in bolivia. *Journal of International Development*, 24, S100–S111. <https://doi.org/10.1002/jid.v24.S1>.
- [21]. Mayoux, L., & Mayoux, L. (2001). Tackling the down side: Social capital. *Women's Empowerment and Micro-Finance in Cameroon*, 32, 435–464.
- [22]. Mitra, S., Kande, N., Rani, P.U., (2020). Institution Building and Capacity Building in NRLM. South Asia Agriculture and Rural Growth Discussion Note Series #2, March 2020. World Bank.
- [23]. Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3 ed.). California, USA: Sage, Thousand Oaks.
- [24]. Portes, A., & Landolt, P. (2000). Social capital: Promise and pitfalls of its role in development. *Journal of Latin American Studies*, 32(2), 529–547.
- [25]. Prasad, Vandana (2016). Cyclical Negotiations Between Theory And Practice For Building Knowledge In Nutrition, With Intent To Action A Case Study of Collaboration. *Proceedings from the 2nd Symposium on Transformation for Rural Development: Collaboration and Co-Production of Knowledge*, April.
- [26]. Raghunathan, K., Kannan, S., & Quisumbing, A. R. (2019). Can women's self-help groups improve access to information, decision-making, and agricultural practices? The Indian case. *Agricultural Economics*, 50(5), 567–580. <https://doi.org/10.1111/agec.v50.5>.
- [27]. Rankin, K. N. (2002). Social Capital, Microfinance, and the Politics of Development. *Feminist Economics*, 8(1), 1–24. <https://doi.org/10.1080/13545700210125167>.
- [28]. Rao, N., Gazdar, H., Chanchani, D., & Ibrahim, M. (2019). Women's agricultural work and nutrition in South Asia: From pathways to a cross-disciplinary, grounded analytical framework. *Food Policy*, 82, 50–62. <https://doi.org/10.1016/j.foodpol.2018.10.014>.
- [29]. Sabhlok, S. G. (2011). Development and women: The role of trust in self-help groups. *Indian Journal of Gender Studies*, 18(2), 241–261. <https://doi.org/10.1177/097152151101800206>.
- [30]. Saha, S., Kermode, M., & Annear, P. L. (2015). Effect of combining a health program with a microfinance-based self-help group on health behaviors and outcomes. *Public Health*, 129(11), 1510–1518. <https://doi.org/10.1016/j.puhe.2015.07.010>.
- [31]. Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed). Los Angeles: Sage Publications.
- [32]. Angeles: Sage Publications.