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Role of Self-Help Groups in Ensuring the Security of Health Services in Himachal Pradesh

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Abstract:
This paper examines the role played by Self-Help Groups (SHGs) in delivering health-related social security services during the COVID-19 pandemic in Shimla district of Himachal Pradesh, India. Drawing on a primary survey of 200 respondents selected from four occupational strata—housewives, business entrepreneurs, youth or employment-seekers, and agriculturists—the study assesses respondents' perceptions of SHG support across four dimensions: access to health services and entitlements, provision of banking and pension services, awareness generation, and meeting the shortfall of masks, sanitizers and protective equipment. Perceptions were recorded on a five-point Likert scale and summarised using descriptive statistics. The findings indicate that SHGs played a moderate and broadly positive role for housewives, business entrepreneurs and youth, whose mean ratings lay slightly above the neutral point of the scale, whereas agriculturists reported comparatively limited benefit, with mean ratings falling just below neutral. The consistently wide dispersion of responses points to an uneven reach of SHG interventions across groups. The study concludes that SHGs are a valuable grassroots mechanism for community resilience during health emergencies and recommends that their outreach be strengthened and broadened.

Keywords: Self-Help Groups; COVID-19; social security; community awareness; health services; Himachal Pradesh.

Introduction

Self-Help Groups (SHGs) are informal associations of people who come together voluntarily to improve their living conditions. An SHG may be described as a self-governed, peer-controlled group of people with a similar socio-economic background who share a desire to work collectively towards a common purpose. Members typically meet weekly or monthly to discuss shared problems, exchange information and arrive at solutions through mutual assistance, identifying their economic and social difficulties and addressing them collectively. Although the SHG concept was piloted in India in the mid-1980s by the non-governmental organisation Mysore Resettlement and Development Agency (MYRADA), SHGs gained momentum during the Seventh Five Year Plan (1985–90) as a poverty-reduction strategy. Progress remained modest until the National Bank for Agriculture and Rural Development (NABARD) took the initiative forward in 1992. What began as a pilot has since grown into a movement for social empowerment, particularly for rural poor women. The number of SHGs linked to banks has grown from around 500 in the early 1990s to over 90 lakh in recent years (PIB, 2025; Drishti IAS, n.d.). The SHG

approach has become an important component of the government's wider effort to reduce poverty and features in successive annual plans.

Review of Literature

Maheshwari and Goyal (2014), in a review of studies on the subject, observe that SHGs promote savings, widen access to credit, reduce members' dependence on moneylenders, and thereby contribute to the socio-economic empowerment of women. Irshad and Bhat (2015) highlight the vitality of SHGs in women's upliftment, noting their contribution to social and economic security. Bassi (2015) examines the role of SHGs in building social, psychological and economic security and in giving women a measure of financial independence during periods of crisis, with particular reference to Himachal Pradesh. The Chinmaya Organisation for Rural Development (CORD, 2021) documents the way SHGs and Mahila Mandals have been integrated into grassroots health initiatives, maternal-safety awareness and rural health-service delivery in Kangra and neighbouring areas. More recently, Kumar and Sharma (2023) study SHGs in Solan district of Himachal Pradesh, drawing attention to capacity building alongside the structural constraints that affect rural delivery networks. Taken together, this literature establishes the socio-economic and security-related contributions of SHGs, while leaving room to examine their specific role during a health emergency such as the COVID-19 pandemic.

Scope and Need of the Study

The present research evaluates the social security services provided by SHGs in response to the health hazards of the COVID-19 pandemic in Shimla district of Himachal Pradesh. Its central concern is to assess the role of SHGs in delivering social security support to help different sections of the community cope with these hazards. Although SHGs are widely studied as instruments of financial inclusion and women's empowerment, their contribution during the pandemic—when access to health services, essential supplies and reliable information became critical—has received comparatively little attention at the district level. A need was therefore felt to document and evaluate this contribution.

Objectives of the Study

1. To study the role of SHGs in assisting different sections of the community in coping with COVID-19.
2. To analyse the overall role of SHGs during the COVID-19 pandemic.

Research Methodology

The study is descriptive and exploratory in nature and draws on both primary and secondary data. Primary data were collected through a structured questionnaire administered to 200 respondents in Shimla district, selected by stratified random sampling across four occupational strata—housewives, business entrepreneurs, youth or employment-seekers, and agriculturists—with approximately fifty respondents per stratum. Respondents rated each statement on a five-point Likert scale, from Strongly Agree (5) to Strongly Disagree (1). Owing to occasional item non-response, the number of valid responses per statement varies slightly within a stratum. Secondary data were drawn from official records, government programme guidelines, manuals and progress reports, and from sources including the District Rural Development Agencies, the Department of Panchayati Raj, governmental and non-governmental

organisations, NABARD, and the Directorate of Economics and Statistics. The responses were analysed using descriptive statistics—frequency counts, mean, standard deviation, skewness and kurtosis.

Results and Discussion

Drawing on the responses of the four strata of stakeholders, this section examines the role of SHGs in helping the community cope with COVID-19. For each statement, the five-point scale is coded so that a mean above 3.00 indicates that responses lean, on average, towards agreement (a favourable perception of the SHGs' role), while a mean below 3.00 indicates a lean towards disagreement. A negative skewness indicates that the longer tail lies towards the lower scores and that responses are concentrated at the higher (agreement) end of the scale; a positive skewness indicates the reverse. In every table the kurtosis values are negative, denoting platykurtic (flatter-than-normal) distributions, which—together with standard deviations of about 1.3–1.6—reflects a wide spread of opinion and the absence of strong consensus among respondents.

1.1 Housewives

As Table 1.1 shows, the mean scores for all four statements exceed 3.00 (ranging from 3.36 to 3.52), indicating that housewives, on average, perceived a moderate and favourable role for SHGs. The perceived contribution was strongest in providing banking and pension services (3.52) and in facilitating access to health services and entitlements (3.48). The skewness values are mildly negative, confirming that responses cluster towards the agreement end, while the negative kurtosis values indicate platykurtic distributions. The standard deviations, close to 1.3, point to considerable variation in individual perceptions.

Table 1.1: Role of SHGs in Coping with COVID-19 — The Perspective of Housewives

Statements	SA	A	N	D	SD	Mean	S.D.	Skewness	Kurtosis
Access to health services and entitlements	13	15	10	7	5	3.48	1.297	-0.509	-0.801
Providing banking and pension services	15	13	9	9	4	3.52	1.313	-0.440	-0.999
Raising awareness	16	11	8	10	5	3.46	1.388	-0.367	-1.206
Meeting the shortfall in masks, sanitizers and protective equipment	13	11	12	9	5	3.36	1.321	-0.265	-1.057

1.2 Business Entrepreneurs

Table 1.2 indicates that business entrepreneurs also perceived a moderate and favourable role for SHGs, with mean scores between 3.14 and 3.36. Access to banking and pension services and awareness generation were rated most positively (3.36 each), while meeting the shortfall of protective equipment received the lowest rating (3.14). The distributions are again mildly negatively skewed and platykurtic, and the standard deviations, ranging from about 1.30 to 1.47, reveal substantial dispersion in responses.

Table 1.2: Role of SHGs in Coping with COVID-19 — The Perspective of Business Entrepreneurs

Statements	SA	A	N	D	SD	Mean	S.D.	Skewness	Kurtosis
Access to health services and entitlements	10	12	13	9	6	3.22	1.298	-0.195	-0.996
Providing banking and pension services	13	12	11	8	6	3.36	1.352	-0.336	-1.052
Raising awareness	15	12	7	8	8	3.36	1.467	-0.379	-1.272
Meeting the shortfall in masks, sanitizers and protective equipment	10	12	11	9	8	3.14	1.370	-0.163	-1.170

1.3 Youth (Employment)

Among youth and employment-seekers (Table 1.3), the mean scores likewise exceed 3.00 for all statements, ranging from 3.28 to 3.55. Access to health services and entitlements was rated highest (3.55), followed by banking and pension services (3.40). The negative skewness values show that responses lean towards agreement, and the negative kurtosis values indicate platykurtic distributions. As in the other strata, the standard deviations of about 1.3 signal a wide range of individual opinion.

Table 1.3: Role of SHGs in Coping with COVID-19 — The Perspective of Youth

Statements	SA	A	N	D	SD	Mean	S.D.	Skewness	Kurtosis
Access to health services and entitlements	16	13	10	7	5	3.55	1.331	-0.533	-0.865
Providing banking and pension services	13	15	8	7	7	3.40	1.385	-0.480	-1.021
Raising awareness	11	13	10	10	5	3.31	1.310	-0.252	-1.081
Meeting the shortfall in masks, sanitizers and protective equipment	12	10	12	12	4	3.28	1.294	-0.079	-1.153

1.4 Agriculturists

The pattern differs for agriculturists (Table 1.4). Here the mean scores for all four statements fall just below the neutral point of 3.00, ranging from 2.66 to 2.96, indicating that agriculturists perceived comparatively limited SHG support during the pandemic. The lowest ratings were recorded for banking and pension services and for awareness generation (2.66 each). Consistent with these below-neutral means, three of the four statements show positive skewness, meaning that responses are concentrated towards the lower (disagreement) end of the scale, while access to health services and entitlements is marginally negatively skewed. All distributions remain platykurtic, and the standard deviations, between about 1.41 and 1.56, are the widest of any stratum, reflecting a particularly divided set of experiences. This finding marks agriculturists as the group least served by SHG interventions during COVID-19.

Table 1.4: Role of SHGs in Coping with COVID-19 — The Perspective of Agriculturists

Statements	SA	A	N	D	SD	Mean	S.D.	Skewness	Kurtosis
Access to health services and entitlements	8	12	11	4	14	2.92	1.470	-0.100	-1.380
Providing banking and pension services	7	9	7	14	13	2.66	1.409	0.366	-1.198
Raising awareness	7	10	5	15	13	2.66	1.423	0.370	-1.259
Meeting the shortfall in masks, sanitizers and protective equipment	14	5	8	11	12	2.96	1.564	0.135	-1.518

2.1 Overall Role of SHGs during COVID-19

Table 2.1 aggregates the responses of all 200 respondents. The overall mean scores lie only marginally above the neutral point, ranging from 3.18 to 3.30, which indicates that, taken together, respondents perceived a modest rather than a strong role for SHGs during the pandemic. Access to health services and entitlements was rated highest (3.30) and meeting the shortfall of protective equipment lowest (3.18). The skewness values are slightly negative, and the kurtosis values are negative throughout, denoting platykurtic distributions. The standard deviations of roughly 1.36 to 1.42 confirm the wide dispersion observed within the individual strata, underlining that experiences of SHG support varied considerably across the community.

Table 2.1: Overall Role of SHGs during COVID-19

Statements	SA	A	N	D	SD	Mean	S.D.	Skewness	Kurtosis
Access to health services and entitlements	47	52	44	27	30	3.30	1.363	-0.343	-1.066
Providing banking and pension services	48	49	35	38	30	3.24	1.396	-0.226	-1.247
Raising awareness	49	46	30	43	31	3.20	1.424	-0.160	-1.339
Meeting the shortfall in masks, sanitizers and protective equipment	49	38	43	41	29	3.18	1.389	-0.109	-1.252

Conclusion

The study finds that Self-Help Groups played a moderate and generally positive role in helping the community of Shimla district cope with the COVID-19 pandemic, principally by facilitating access to health services and entitlements, supporting banking and pension services, spreading awareness of necessary precautions, and helping meet the shortfall of masks, sanitizers and protective equipment. This positive perception was clearest among housewives, business entrepreneurs and youth, whose average ratings lay slightly above the neutral point of the scale. Agriculturists, however, were a notable exception: their mean ratings fell just below neutral, indicating that SHG support reached this group to a comparatively limited extent. The consistently high standard deviations and platykurtic distributions across all strata show that experiences varied widely and that there was no strong consensus about the

extent of SHG support. Overall, the perceived role of SHGs was modest rather than high. The findings suggest that SHGs are a worthwhile grassroots mechanism for building community resilience during health emergencies, but that their outreach needs to be strengthened and broadened—particularly towards the agricultural community—so that they are better placed to meet future challenges and to reinforce the social security framework.

REFERENCES:

1. Bassi, P. (2015). Self Help Groups—An Effective Approach towards Women Empowerment. International Journal in Management and Social Science (IJMSS), 3(7), 154–160.
2. Chinmaya Organisation for Rural Development (CORD). (2021). Community-Based Initiatives, Mahila Mandals, and Health Security in Rural Himachal Pradesh. CORD Field Research Report Series, Sidhbari, Kangra.
3. Irshad, I. A., & Bhat, A. A. (2015). The Vitality and Role of Self Help Groups (SHGs) in Women Upliftment: Special Reference to Kashmir. International Journal of Research–Granthaalayah, 3(8), 105–110.
4. Kumar, R., & Sharma, A. (2023). Self-Help Groups in Solan District of Himachal Pradesh: Constraints and Suggestions. International Journal for Scientific Research & Development (IJSRD), 11(7), 33–37.
5. Maheshwari, M., & Goyal, S. (2014). Role of Self Help Groups in Socio-Economic Empowerment of Women: A Review of Studies. Pacific Business Review International, 7(2), 86.
6. Press Information Bureau (PIB), Government of India. (2025). Retrieved from https://www.pib.gov.in/PressReleasePage.aspx?PRID=2101864&reg=48&lang=2
7. Drishti IAS. (n.d.). SHGs in India. Retrieved from https://www.drishtiias.com/daily-updates/daily-news-analysis/shgs-in-india