

# Social Impact Of Microfinance On SHG Members : A Case Study Of Manipur

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## INTRODUCTION

Manipur is one of the economically backward states, and is located at the easternmost remote corner of India. As per the Census 2001, Manipur has total population of about 21, 66,788 with a per capita income of ₹ 15, 270/- as compared to the all India average of ₹ 24, 256 in 2007-2008. Poverty ratio of Manipur stood at 28.54 in 1999-2000 as per the report of the Planning Commission, Govt. of India, and is above the all India average of 26.10. At present, there are about 77 scheduled commercial bank branches operating in the state of Manipur. CD ratio is very low at about 53.40%, as compared to the national average of 59.37% as on March 31, 2007. Therefore, many people are outside the purview of banking services. Although microfinance movement is comparatively new in the state of Manipur, it is becoming increasingly popular in the rural areas of Manipur as it is in the other parts of the country. Formation of SHGs has become a movement in the rural areas. Since microfinance has been globally recognized as one of the effective tools for poverty alleviation, there is a need to understand how microfinance works in Manipur in benefiting the people at the bottom of the pyramid of the society. There is a need to understand how microfinance socially impacts the SHG members. This paper attempts to highlight the social impact of microfinance on SHG members of Manipur State.

## REVIEW OF LITERATURE

Chen and Snodgrass (1999) carried out an impact assessment study of SEWA Bank in India at three different levels, i.e. at the household level, at the enterprise level and at the individual level. At the individual level, the study reveals that participation in micro enterprises services leads to an increase in self-esteem and self-confidence etc., Barnes, Morris and Gaile (1998) took the following broad four parameters for their baseline study in Uganda, i.e.

- 1) Microfinance improves the economic welfare of the households;
- 2) Microfinance brings in enterprise growth or stability;
- 3) Microfinance increases the empowerment, especially among women ; and
- 4) Microfinance strengthens the social and rural networks.

Ansera (1996) reviewed various methods and techniques of collection, measuring and analysis of household income. Most methods for measuring income were based on respondent recall of relevant data. Collection of qualitative information is also recommended as a valuable way to complement and verify quantitative data.

Cohen and Chen (1997) explained their framework for the core hypothesis for measuring the impact of microfinance at the individual level. The framework was based on the following broad parameters: material change (income, earning capacity, resources control, basic needs, etc.), cognitive change (knowledge, skills, awareness, etc.), perceptual change (self-esteem, self - confidence, future vision, respect, etc.), relational change (decision making, bargaining power, participation, self reliance, organizational strength, etc.). Dunn (1996) described the core impact hypotheses into three broad categories as :

**a) Impact At The Household (H) Level:** Increase in household income, assets, improvement in housing, increase in expenditure on children's education, expenditure on food, increase in ability in coping with shocks, etc.

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**b) Impact At The Enterprise (E) Level:** Increase in the micro enterprise revenue, fixed assets, employment generation, business relationships, etc.

**c) Individual (I) Level:** Increase in control over resources and income, self esteem and respect, increase in personal savings, increase in self confidence, etc.

Puhazhendi & Badatya (2002) had done a study to assess the impact of microfinance channelized through SHG Bank Linkage programme implemented by NABARD since 1992, in Eastern areas (Orissa, Jharkhand & Chhattisgarh) of India in 2001-2002. The study was based on primary details collected from 115 members of 60 SHGs. The socio-economic conditions of the members were compared with pre and post SHG situations to quantify the impact. The study findings concluded that SHG Bank Linkage Programmed had made a significant contribution to social and economic improvement of the member households of SHGs. SIDBI (2008), a nationwide longitudinal study was done by SIDBI from 2004-2007, covering 4510 households comprising of 3253 client households and 1257 non-client households of 25 MFIs. The study highlighted the benefits received by the client households from their association with microfinance, in terms of expansion of diversification of livelihood activities, growth in employment opportunities, income growth, asset-acquisition, savings, access to loans, reduction in vulnerability and enhancement of women empowerment.

David Hulme, 1997 described various methodologies of impact assessments such as sample surveys, rapid appraisal, participant observation, case study and participatory learning and action along with their strengths and weaknesses. The choice of methods is based on objectives, costs and feasibility. From the review of literature, it is observed that for measuring social impact of microfinance, survey method is one of the methods researchers usually use. Most methods of measuring socio-economic impact of microfinance are based on respondents' recall of relevant data. Some of the parameters usually considered for measuring social impact are in terms of an increase in self-esteem and self-confidence, increase in empowerment (especially among women), strengthened social and rural networks, increase in knowledge, skills, awareness, perceptual change, future vision, increase in respect, decision making, bargaining power, participation, self-reliance, organizational strength, increase in control over resources and income, etc. The socio-economic conditions of the members were compared with the pre and post SHG situations to quantify the impact.

## OBJECTIVES OF THE STUDY

The main objective of the study is to examine the social impact of microfinance programme on SHG members in terms of self-confidence level, ability to take decisions, social awareness and social responsibility, skill development, access to better health services, and other social infrastructure facilities.

## RESEARCH METHODOLOGY

**a) Type Of Research:** The type of research followed is descriptive in nature. The research aims to describe the details of the social impact of microfinance on SHGs and to test the significance of the social impact on SHG members.

**b) Sampling Type:** The sampling type is multi stage sampling. In Manipur, there are 602 NGOs, out of which, there are 70 NGOs which are directly associated with microfinance. In the first stage of sampling, a sample of 20 NGOs was selected by using the lottery method of simple random sampling from 70 NGOs, which were directly associated with microfinance. In the second stage, 3 SHGs were selected from each selected NGOs by using simple random sampling. In the third stage, 2 individual members were selected from each of the 60 SHGs by using simple random sampling. Thus, 120 individual members of the SHGs represent the sample size of the study.

**c) Parameters For Measuring Social Impact:** The parameters used for measuring social impact of microfinance were self-confidence level, ability to take decisions, social awareness and social responsibility, skill development, access to better health services and other social infrastructure facilities. Each of the parameters again had sub - parameters as given below:

✿ **Self Confidence Level :** This parameter has sub -parameters such as confidence of facing financial crisis, confidence of facing health problems, confidence of meeting official people, communication skills, physical mobility, respect in the family and authority in the family.

✿**Decision Taking Ability** : This parameter has sub –parameters such as ability to take decisions about household expenditure, ability to take decision about household savings, ability to take decision about taking or using a loan, ability to take decision about children's education, and ability to take decision about family matters or problems.

✿**Social Awareness And Social Responsibility** : This parameter has sub –parameters such as attending social/ village or panchayat meetings, recognition in the society, social awareness (AIDS, family planning, govt. schemes, etc.) and ability to take up social issues (like abuse, violence, drugs, alcoholism, etc.).

✿**Skills Development Of Members Of SHGs**: This parameter has sub –parameters such as skills for managing the business enterprise, leadership skills, skills for mitigating/ taking business risk, negotiation and communication skills, book keeping and administrative skills and marketing skills.

✿**Medical Services And Social Infrastructure Facilities** : This parameter has sub –parameters such as medical facilities, hygienic sanitation facilities, drinking water supply, marketing facility and transport facility.

**d) Data Collection Method** : A schedule questionnaire method of data collection was used. The questionnaire contained a list of statements regarding the sub-parameters chosen for measuring the social impact of microfinance on members of SHGs after joining the microfinance programme, opinion of the members were taken on a 5 point interval scale on every sub-parameter for measuring the social impact of microfinance on members of SHGs by recalling situations before and after joining the SHGs. The five point's interval scale had the following category of responses: Never (1), Rarely (2), Somewhat (3), Very often (4), Always (5).

**e) Data Analysis Technique**: Descriptive statistics were used for presenting the summary of the data collected and the pair sample t-test was used for testing the significance of the impact of microfinance on SHG members.

**f) Period Of Study**: The field study was conducted from April 2008 to March 2010 in the state of Manipur.

## FINDINGS

**a) Self Confidence Level** : Responses collected from the sample of 120 members of SHGs on various sub- parameters for measuring self-confidence level on 5 point interval scales were computed for mean scores for each of the sub-parameters chosen for the study. The mean scores obtained from each of the parameters for the situations before and after joining the SHGs are given in the Table 1.

<b>Table 1: Mean Scores On Each Of The Sub-parameters For Measuring Self Confidence Before And After Joining SHGs</b>		
<b>Confidence Level</b>	<b>Mean Score Before</b>	<b>Mean Score After</b>
Confidence of facing financial crisis.	2.0583	3.3917
Confidence of facing health problems.	2.1083	3.291
Confidence of meeting official people.	1.6833	2.9833
Communication skills.	2.7667	4.5833
Physical mobility.	3.3250	4.5500
Respect in the family.	2.7417	3.8417
Authority in the family.	2.6250	3.5750

✿**Inference**: For each of the sub-parameters chosen for measuring self-confidence of members of SHGs, it is observed from the Table 2 that P value (0.00) <0.05. Therefore, the corresponding t-value is significant at (level of significance) = 0.05 and at df (degree of freedom) = 119. That is, there is a significant difference in the mean scores of each of the parameters used for measuring self confidence of members before and after joining the SHGs. Therefore, there is a significant increase in the self confidence level of members of SHGs after joining the microfinance programme ( see Table 2).

**b) Ability To Take Decisions** : Responses collected from the sample on various sub-parameters for measuring ability

**Table 2: Paired Sample t-Test On The Difference In The Mean Scores Of Self Confidence Level Of Members Before And After Joining The SHGs**

Confidence level	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Confidence of facing financial crisis.	1.3333	.8335	7.609E-02	1.1827	1.4840	17.524	119	.000
Confidence of facing health problems.	1.3000	.6559	5.988E-02	1.1814	1.4186	21.711	119	.000
Confidence of meeting official people.	1.8167	1.1594	.1058	1.6071	2.0262	17.164	119	.000
Communication skills.	1.2250	0.9390	8.572E-02	1.0553	1.3947	14.291	119	.000
Physical mobility.	1.2250	0.9390	8.572E-02	1.0553	1.3947	14.291	119	.000
Respect in the family.	1.1000	0.8240	7.522E-02	0.9511	1.2489	14.623	119	.000
Authority in the family.	0.9412	0.7843	7.190E-02	0.7988	1.0836	13.090	119	.000
Statistical tool used: SPSS for Window (v.10.0.5)								

**Table 3: Mean Scores On Each Of The Parameters For Measuring Ability To Take Decisions Before And After Joining The SHGs**

Decision Taking Ability	Mean Score Before	Mean Score After
Ability to take decision on household expenditure.	2.5417	3.5750
Ability to take decision on household savings.	2.3250	3.566
Ability to take decision on taking/use of loan.	1.9083	3.6917
Ability to take decision on children's education.	2.4750	3.3917
Ability to take decision on family matters/problems.	2.2750	3.5917

to take decisions were computed for mean scores for each of the sub- parameters chosen for the study. The mean scores obtained from each of the sub-parameters for the situations before and after joining the SHGs are given in the Table 3.

Results of the Test of significance of the difference on the mean scores on each of the sub- parameters used for measuring decision taking ability of members before and after joining SHGs are given in the Table 4.

**Table 4: Paired Sample t-test On The Difference In The Mean Scores Of Decision Taking Ability Of Members Before And After Joining SHGs**

Decision Taking Ability	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Ability to take decision on household expenditure.	1.0333	0.7985	7.289E-02	0.8890	1.1777	14.177	119	.000
Ability to take decision on household savings.	1.2417	0.8096	7.390E-02	1.0953	1.3880	16.801	119	.000
Ability to take decision on taking/use of loan.	1.7833	1.0223	9.332E-02	1.5985	1.9681	19.109	119	.000
Ability to take decision on children's education.	0.9167	0.8259	7.539E-02	0.7674	1.0660	12.159	119	.000
Ability to take decision on family matters/problems.	1.3167	0.7445	6.797E-02	1.1821	1.4512	19.372	119	.000
Statistical tool used: SPSS for Window (v.10.0.5)								

✿ **Inference:** For each of the sub-parameters chosen for measuring the ability to take a decision by the members of the

SHGs, it is observed from the Table 4 that P value (0.00) <0.05. Therefore, the corresponding t-value is significant at  $\alpha = 0.05$  and at  $df = 119$ . That is, there is a significant difference in the mean scores of each of the sub- parameters used for measuring the ability to take decisions by the members before and after joining the SHGs. Therefore, there is a significant increase in the ability to take decisions by the members of SHGs after joining the microfinance programme.

**c) Social Awareness And Social Responsibility :** Responses collected from the sample on various sub- parameters for measuring social awareness and social responsibility were computed for mean scores for each of the sub- parameters chosen for the study. The mean scores obtained from each of the sub-parameters for the situations before and after joining the SHGs are given below in the Table 5.

Social Awareness and Social Responsibility	Mean Score Before	Mean Score After
Attending social /village/panchayat meetings.	1.8917	3.2583
Recognition in the society.	1.9250	3.2667
Social awareness (AIDS, family planning, govt. schemes etc).	1.7417	3.1250
'Ability to take up social issues like abuse, violence, drugs, alcoholism etc)	1.9750	3.8833

Results of the Test of significance of the difference in the mean scores on each of the parameters used for measuring social awareness and social responsibility of members before and after joining the SHGs are given in the Table 6.

Social Awareness and Social Responsibility	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Attending social /village/panchayat meetings.	1.3667	0.8976	8.194E-02	1.2044	1.5289	16.680	119	.000
Recognition in the society.	1.3417	0.7832	7.149E-02	1.2001	1.4832	18.766	119	.000
Social awareness (AIDS, family planning, govt. schemes etc).	1.3833	0.5678	5.183E-02	1.2807	1.4860	26.688	119	.000
Ability to take up social issues like abuse, violence, drugs, alcoholism etc	1.9083	0.8599	7.850E-02	1.7529	2.0638	24.311	119	.000

✿ **Inference:** For each of the sub-parameters chosen for measuring social awareness and social responsibility of the members of SHGs, it is observed from the Table 6 that the P value (0.00) <0.05. Therefore, the corresponding t-value is significant at  $\alpha = 0.05$  and at  $df = 119$ . That is, there is a significant difference in the mean scores of each of the sub-parameters used for measuring social awareness and social responsibility of the members before and after joining the SHGs. Therefore, there is a significant increase in the social awareness and social responsibility of the members of SHGs after joining the microfinance programme.

**d) Skill Development Of Members of SHGs :** Responses collected from the sample on various sub-parameters for measuring skill development of members of SHGs are computed for mean scores for each of the sub- parameters chosen for the study. The mean scores obtained from each of the sub-parameters for the situations before and after joining the SHGs are given in the Table 7.

Skills Of Members Of SHGs	Mean Score Before	Mean Score After
Skills for managing the business enterprise.	2.2167	3.3000
Leadership skills.	2.1917	3.2417
Skills for mitigating/ taking business risk.	2.1000	3.2083
Negotiation and communication skills.	2.4167	3.3500
Book keeping and administrative skills.	1.6667	3.0333
Marketing Skills.	2.4874	3.4790

Skills development	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Skills for managing the business enterprise.	1.0833	0.7841	7.158E-02	0.9416	1.2251	15.135	119	.000
Leadership skills.	1.0500	0.6963	6.357E-02	0.9241	1.1759	16.518	119	.000
Skills for mitigating/ taking business risk.	1.1083	0.7077	6.460E-02	0.9804	1.2362	17.157	119	.000
Negotiation and communication skills.	0.9333	0.7069	6.453E-02	0.8056	1.0611	14.463	119	.000
Book keeping and administrative skills.	1.3667	0.5931	5.415E-02	1.2595	1.4739	25.240	119	.000
Marketing Skills	0.9916	0.7421	6.803E-02	0.8569	1.1263	14.575	119	.000

**Inference:** For each of the sub-parameters chosen for measuring the skill development of the members of SHGs, it is observed from the Table 8 that P value (0.00) < 0.05. Therefore, the corresponding t-value is significant at  $\alpha = 0.05$  and at df= 119. That is, there is a significant difference in the mean scores of each of the parameters used for measuring skill development of members of the SHGs before and after joining the SHGs. Therefore, there is a significant increase in the skill development of members of the SHGs after joining the SHGs.

**e) Access To Better Health Services And Social Infrastructure Facilities :** Responses collected from the sample on various sub-parameters for measuring access to better health services and social infrastructure facilities by the members of SHGs are computed for mean scores for each of the sub-parameters chosen for the study. The mean scores obtained from each of the sub-parameters for the situations before and after joining the SHGs are given in the Table 9.

Medical Services And Social Infrastructure Facilities	Mean Score Before	Mean Score After
Medical facilities	2.3583	2.8750
Hygienic sanitation facilities	2.4750	2.8917
Drinking water supply	2.4250	2.8917
Marketing facility	2.6750	3.1083
Transport facility	2.4958	3.0504

Results of the Test of significance of the difference in the mean scores on each of the sub-parameters used for measuring access to better health services and social infrastructure facilities by members of SHGs before and after

joining SHGs.

**Table 10: Paired Sample t-test On The Difference In The Mean Scores Of Members Access To Medical Services And Social Infrastructure Facilities Before And After Joining The SHGs**

Access to medical services and social infrastructures	Paired Differences				t	df	Sig. (2-tailed)	
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower				Upper
Medical facilities.	0.5167	0.5648	5.156E-02	0.6188	0.4146	10.02	119	0.00
Hygienic sanitation facilities.	0.4167	0.5118	4.672E-02	0.5092	0.3242	8.919	119	0.00
Drinking water supply.	0.4667	0.5490	5.012E-02	0.5659	0.3674	9.312	119	0.00
Marketing facility.	0.4333	0.5459	4.984E-02	0.5320	0.3347	8.695	119	0.00
Transport facility.	0.5546	0.5778	5.297E-02	0.6595	0.4497	0.471	118	0.00

**Inference:** For each of the sub- parameters chosen for measuring access to better health services and social infrastructure facilities by members of the SHGs, it is observed from the Table 10 that P value (0.00) < 0.05. That is, the corresponding t-value is significant at  $\alpha = 0.05$  and at  $df = 119$ . That is, there is a significant difference in the mean scores of each of the sub-parameters used for measuring access to better health services and social infrastructure facilities by members of SHGs before and after joining the SHGs. Therefore, there is a significant increase in members access to better health services and social infrastructure facilities after joining the SHGs.

## CONCLUSION

The social impact of microfinance on SHG members of Manipur in terms of self-confidence level, ability to take decisions, social awareness and social responsibility, skill development, access to better health services and other social infrastructure facilities are concluded below:

- a) There is a significant increase in the self confidence level of members of SHGs after joining the microfinance programme.
- b) There is a significant increase in the ability to take decisions by the members of SHGs after joining the microfinance programme.
- c) There is a significant increase in the social awareness and social responsibility of the members of SHGs after joining the microfinance programme.
- d) There is a significant increase in the skill development of members of SHGs after joining the SHGs.
- e) There is a significant increase in access to better health services and social infrastructure facilities.

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