CHAPTER-4

Empowerment of Women: Decision-Making Process at Family and Community Levels
CHAPTER-4

Empowerment of Women: Decision-Making Process at Family and Community Levels

In this chapter the effort is made to comprehend the involvement of women in decision-making process at family and community levels before joining the SHG and ten years after joining the SHG. Family level decision-making includes decisions such as autonomous movement beyond the family, control on body i.e. child-bearing. Community level decision-making refers to the relation with the village moneylenders and Women Participation at Community Level programmes.

1. Decision-Making of women at Family Level on the Issue of Autonomous Movement beyond the Family

In this section, the efforts are made to understand the decision-making process among SHG women on the issue of autonomous movement beyond the family such as bank/ block, market, hospital and parental home before joining the SHG and ten years after joining the SHG and to give the comprehensive overviews regarding autonomous movement among the SHGs women.

Physical autonomy or freedom of movement is a key indicator of women's status and empowerment in any society. Restrictions on women's freedom of movement limit their opportunities to household work. Usually men do all the activities outside the home and women do household work and if they have to visit to market or parental home or any other place they take male member to accompany her due to family norm. So due to limited social interactions they had less knowledge beyond the family resulting less cultural and social capital. The decision related to visit to outside the family/village is totally dependent of men. It indicates that women have been restricted to their homes for household work and they spend most of their lives in the child-birth and rearing process.
Field data highlighted that before joining SHGs; women had less interaction beyond the family and had less knowledge about even their neighbourhood. They knew some neighbours but only by their name but they did not know about their residence. But after joining the SHG their interaction have been increased beyond the family such as with other members of the group as well as bank and block officers, resulting increase in social capital and low intensity of patriarchal values. So SHG gave them an opportunity to visit outside the home and generated awareness about physical mobility which may later contribute to them political empowerment (Panchayats).

Analysis of narratives of the respondents of the six self-help groups under study on the issue of autonomy of physical movement beyond the family/village before joining the SHG and ten years after joining the SHG is presented in a tabular form along with age categories.

It is evident from the table that, in the case of OBC groups, women belonging to the age category of 30-39 years, lives in nuclear families, traditionally accompanied by their husbands to visit to the market, parental home and hospital before joining the SHG and the decision is taken by their husbands but ten years after joining the SHG women’s physical mobility has increased but to limited extent in terms of place like market all alone where they visit but not to multiple places such as parental home hospital, panchayat office and bank/block office due to social norms and they are accompanied by their husbands to visit such places and the husbands continued their domination on the decision-making to go to outside of the home. A case study of OBC woman is given below-

**For instance:** - U.D, member of OBC group, age 35 years having one son and one daughter aged 12 and 9 years respectively, studies in 5th and 3rd classes respectively. She is educated up to 10th class and lives in nuclear family. Her husband owns a general store and earns Rs. 4000- 5000/per month. When she was not the member of SHG her husband took decision...
regarding her movement (outside home) due to social norms. She is always accompanied by her husband while visiting the market, parental home and other places. After joining the SHG, when she attended the meetings at the residence of other members, her husband opposed and said ‘what is the need of having meeting at each member’s residence’ it is just the matter of collecting money which can be done at one place. She replied, ‘through the meetings at each member’s residence we get opportunity to go to outside the home and to understand each other. She again argued that ‘I am not going individually at other member’s residence but all members also come to attend the meeting and it is not only for economic improvement but also to strengthen our neighbourhood relations’. She accompanies her neighbor who was also the member of the same group to attend the meetings at initial period of joining SHG due to shyness, gradually she becomes confident and visited in meetings all alone. In reference to bank and block, she has never gone to these places but after joining the group she has started to go to the bank and block office with other member of the group to complete the formalities related to documents. After the completion of these formalities she did not visit to the bank and block office. Through the meetings she gets the money whatever is required. Group leaders visit to the bank and provide money to her as she is hesitant to interact with bank officers. Ten years after joining the SHG she visits the market all alone but when to visit her parental home and hospital she is accompanied by her husband due to social norms. She said, ‘I can go to parental home or hospital all alone but my traditional norms bounds me and my husband also oppose me to go outside the village all alone. She did not visit to the panchayat office even though it is located in the village, her husband participate in the activities related to it. So ten years after joining the SHG she participates in discussion with her husband on the matter mentioned above but the final decision is taken by her husband. It indicates that, the middle aged women are under the domination of the male member of the family. It shows that patriarchal values are still persist.
### Table 5: Age Categories and Autonomous Movement among SHG Members before and Ten Years after Joining the SHG

<table>
<thead>
<tr>
<th>Issue</th>
<th>Age Categories</th>
<th>Prior SHG After 10 years of SHG</th>
<th>Prior SHG After 10 years of SHG</th>
<th>Prior SHG After 10 years of SHG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Women autonomous movement</td>
<td>Women autonomous movement</td>
<td>Women autonomous movement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beyond the family</td>
<td>Beyond the family</td>
<td>Beyond the family</td>
</tr>
<tr>
<td></td>
<td>30-39</td>
<td>Women accompanied by husband</td>
<td>Women visit market, parental</td>
<td>Women visit market, parental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>while visiting market,</td>
<td>home alone but accompanied by</td>
<td>home alone but accompanied by</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hospital and parental home</td>
<td>husband while visiting</td>
<td>husband while visiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>market, hospital, Panchayat</td>
<td>hospital, Panchayat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>office and bank/block,</td>
<td>office and bank/block,</td>
</tr>
<tr>
<td></td>
<td>40-49</td>
<td>Women visited market all alone</td>
<td>Women visited market, parental</td>
<td>Women visited market, parental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>but accompanied by husband</td>
<td>home alone but accompanied by</td>
<td>home alone but accompanied by</td>
</tr>
<tr>
<td></td>
<td></td>
<td>while visiting parental home,</td>
<td>husband while visiting</td>
<td>hospital while visiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hospital and hospital</td>
<td>hospital</td>
<td>hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and bank/block</td>
<td>and bank/block</td>
</tr>
<tr>
<td></td>
<td>50+</td>
<td>Women visited market all alone</td>
<td>Women visited market, parental</td>
<td>Women visited market, parental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>but accompanied by husband/son</td>
<td>home alone but accompanied by</td>
<td>home alone but accompanied by</td>
</tr>
<tr>
<td></td>
<td></td>
<td>while visiting other places</td>
<td>husband/son while visiting</td>
<td>husband/son while visiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>market, hospital, Panchayat</td>
<td>hospital, Panchayat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>office and bank/block,</td>
<td>office and bank/block,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: from the field
In the case of lineal or sub-lineal families of OBC members, data highlights that women belonging to the age category of 30-39 years accompanied by their husbands to visit to such places and the decision taken by their mother in-laws before joining the SHG. But ten years after joining the SHG, their physical mobility has been increased only to the market all alone but they are accompanied by their husbands while visiting to the other places and the decision is taken by their mother in-laws.

It is important to note that those women who are office bearers in the group have more physical mobility to go to outside of the home and their participation in decision-making process are more rather than other members. A case study related to this process is given below-

**For instance:** SL.D, member of OBC group, age 35 years, holds the position of treasurer in SHG lives in sub-lineal family. She is studied up to class 12th, having three children, one son and two daughters. Her son studies in 8th class and daughters in class 2nd and 3rd respectively. Her husband is a vegetable seller, has five biswa\(^1\) of agricultural land where vegetable are produced. When she has not joined the SHG, was not permitted to go to the neighborhood as she was daughter-in-law of family and she used to visit parental home as well as relatives home with her husband. Sometimes she visits to the parental home with her brother. She said, ‘I always went to my parental home after covering my face due to social norms’. Initially when she attend the meetings of SHG, her mother in-law opposed on the ground of social respect and said that ‘now you are going to other member’s residence which is against our social norm because our neighbour’s daughter in-laws do not move alone. She argued that ‘I am member of the group so I have to go to her residence but don’t worry I will go there with my husband.’ that discussion had been ended at that time but after 10-11 meetings she started visit all alone and without covering her face’ having seen this, her mother in-law said, ‘what are you doing, it is against our social norms. Then she again

---

\(^1\) The basic measurements of land used in utter Pradesh are- 1 Bigha Pakka= 20 Biswa, 1 bigha kaccha= 8 biswa, 1 acre = 33 biswa, 1 hectare= 4 bigha.
argued that ‘I have to attend the meeting regularly so it is not possible to always cover my face’. Any how she convinced her with several arguments. But it was difficult for her to visit the bank all alone. So initially, she visited the bank with other members of the group and was hesitant to interact with officials. But due to regular interaction her hesitation was gradually removed and now she confidently told the bank officer ‘I have come from far away so please make the arrangement for a chair and some water. She is also aware of the banking system and gets acquainted with all the transactions, going to bank for depositing and withdrawing money. In case, if there is any problem with account for sanctioning the loan she now fills up all requirements of bank officials without the help of any person. Now she is becomes able to go such places all alone which indicate the sign of autonomy in physical movement i.e. empowerment.

In the case of SC groups, the data highlighted that women who belongs to the age category of 30-39 years continued to visit to the market, parental home all alone and visit new place like panchayat office all alone but in regard to the hospital, bank and block they accompanied by member of the same group even ten years after joining the SHG. But decision related to visit to these places is taken by themselves. Those who are office bearers in the group visit to the bank/block and hospital all alone.

For instance: A.D, a member of SC group aged 30 years, holds the position of president in the group and having four children, two daughters and two sons, lives in nuclear family. She educated up to 5th class. Her husband earns Rs. 4000-5000/per month through horse cart driving which has been purchased with the financial help of SHG. She started a petty shop to supplement the income of the family after joining the SHG. She continues to visit to the market all alone as before and took dual responsibilities as a leader and shop keeper. When she was not the member of SHG, visited the market and parental home all alone but not to the bank and block. But initially, when she joined the group, visited to bank and block with the treasurer of the same
group. She feels some hesitation to interact with the bank and block officials due to lack of confidence. Once, when all members of the group were called by the bank officials to sign on some papers, the bank manager asked her name as well as group name but due to hesitation she could not give the right answer and told her husband’s name in place of her name. But now, according to the respondent her hesitation has been removed due to the regular interaction with bank and block officials and now she visit such places all alone and asks the concerned officials without hesitation about the progress of SHG which indicates the development of confidence in the member. She said ‘before joining SHG I had less knowledge about the outside world and my husband took decisions on my behalf to go outside the home but now I am aware of banking system and go to development and block offices all alone. My husband is proud of me and we discuss when I have to go anywhere and take decision by myself regarding it.

The important facts to note that SCs women spend their more time in the fields and get more interaction to other women doing same work in the fields. They have always a little physical mobility from home to field. So they (30-39 age of women) are able to visit market, relative homes and parental home all alone but they feel some hesitation to interact with educated people. So they accompanied by other person while visit to the hospital, bank or block even ten years after joining the SHG. But due to regular interaction with the bank/block officials, the hesitation among office bearers has gradually decreased and they visit to such places all alone.

Age factor also affect the physical mobility of women as observed in the sample groups in the age category of 40-49 years. Data reveals that after joining the SHG, OBC women of this age category take joint decision with their husbands to go to the outside of the home while before joining SHG, their husbands took the decision regarding this. Women of this age category visit to the market and panchayat office all alone in comparison to the women belonging to the age category of 30-39 years of same group ten years after
joining the SHG. But in regard to parental home, hospital and bank/block office they accompanied by their husbands.

But in the case of SC groups, women of the same age category i.e. 40-49 years take decision by themselves regarding going out of their homes and they also visit the market, parental home, panchayat office and hospital all alone but while going to bank and block they are accompanied by other members of the same group even after ten years of joining the SHG. Before joining the SHG husbands took decision on such issues.

In the case of mixed group women of the same age category i.e. 40-49 years, the data reveals that there is partial autonomy as the members visit market, parental home, panchayat office all alone but when to visit to other places they are accompanied by their husbands.

The main difference observed among the OBC, SC and mixed groups are that OBC and mixed group women of this age category (40-49) visit to the hospital with their husbands while SC women visit these places all alone even after ten years of formation of SHG. As for as decision-making is concerned SC women have more participation in decision-making regarding visiting out of doors in comparison to OBC and mixed groups.

The third age category is 50 years and above, data highlights that in OBC groups women belonging to this age category take decision individually to go to out of doors of the home and they visit to the all other places with their husbands or sons due to low stamina. In the case of SC groups, women of this age category (50 and above) visit to the market, panchayat office and parental home all alone but, hospital and bank/block with their husbands/son due to low stamina even ten years after joining the SHG.

In contrast, in mixed group, it was observed that before joining the SHG the women visited the market and parental home all alone but were accompanied by their husbands/sons while visiting to other places. But ten years after joining the SHG they visit to the market, panchayat office and...
parental home all alone but are accompanied by their husband/son while visiting to the hospital, bank/block.

Data reveals that in first mixed group those women who occupied leadership position in the group have few visits to the bank/block due to old age and all the activities relating to SHG is done by the middle age women (office bearer) of the same group.

Field data reveals that president of the mixed group is an old aged woman. So she has less physical mobility to visit to the bank. A middle aged woman who holds the position of treasurer in same group does all the activities relating to the SHG.

**For instance:** N.K. a member of mixed group age 61 years belongs to the caste of Rajpoot, educated up to 5th standard and holds the position of president. Her husband is bed ridden due to illness. She belongs to lineal family and having four sons; first one is a home guard and lives in Mumbai. Second one is a ward boy in a private hospital at Allahabad, third and fourth works in Mumbai. All of them are married. Three sons lives in Mumbai with their spouses and the fourth son lives with the old couple in his native place. Being president of the group, she manages the meetings, counts the money and distributes the loans and takes decision by herself regarding it. Her son is proud of her while she handles the calculation of money. Initially when she joined the group she went to bank and block two times with all the member of group. But after that she become dependent on the middle aged women of the same group due to her old age. The middle aged woman collects and deposits the money in bank and withdraws it whenever necessary. All the activities related to bank and block are carried out by the middle aged woman because of the low stamina of the president who she went with her son to the hospital or parental home.

In this way SHG plays an important role in increasing the interaction and communication of women members with each other which results in increasing their physical mobility. Before SHG the women’s interaction was...
limited to household activity and they had less interaction with the outsiders. So they felt hesitant to interact with outsiders and were restricted to visit all alone and were accompanied by their husbands to visit outdoors and the decision were taken by their husbands or mother in-laws but after joining the SHG their interaction and communication made them confident and enhanced their knowledge about outside of the village. It shows that physical mobility of women has been increased ten years after joining the group. It also increased the participation of women in decision-making process related to the issue of visit outdoors.

Decision-Making of Women on the Issue of Child-Bearing at Family Level

In this section efforts are made to comprehend the role of women in decision-making related to the issue of child-bearing and about the number of children to be given birth. The data are collected at two time periods i.e. before joining the SHG and ten years after joining the SHG.

It is observed in the field that women are busy in daily household chore and are taking care of children. In these traditional conditions women had little knowledge about the implications of giving birth too many children on their health. In these conditions elderly women in household and men use to impose their will of having more children in the family, patriarchal values forced them for having more children including son while the young bride had little option but to concede to the decisions of family members. There was insistence on giving birth to male child by the members of the family especially mother-in-law and husband. The rationale given by them was that the son is provider of sustenance and comfort in old age and when they will die the pind daan and mukhagni (performance of rituals after death) will be done by the male member only. So birth of a male child is considered in the family as mandatory. Two things are important one is male child and another is giving birth to more children. It is observed that young bride obeys family norms and decisions passively. Traditionally, women in the household have no material capital, less cultural and social capitals. Field data reveals that
before joining the SHGs women had less interaction with outsiders even in their neighbourhoods and all the work related to outdoor are done by their husbands/male members of the family. Consequently women had less social capital than their male counterparts. Less social capital and knowledge indicates that on the issue of child-bearing the ‘power over’ exist where the men or elderly women take decisions relating to child-bearing and younger women had to obey to their decisions.

However, ten years after joining the SHGs, women have increased their social capital in terms of interacting with facilitator of SHG, group members, officials of bank and block development which further promoted their knowledge interacting with others. Such enhanced social and cultural capitals facilitated the autonomous decision-making even in the context of resistance from elderly women and men in undergoing tubectomy and adopting family planning programmes. Though, they have two children, both girls’ in nuclear and joint families. Family planning programmes are adopted even against the will of their husbands either by convincing them or by taking help from other family members. SHG Member’s husbands used to argue on the basis of requirement of more male children to help the father in old age. Husband thinks that the birth of male child is must for sustaining the family. The son will stay with them while the girl will be married off to another family, countering this argument, the women member argue that if girls are educated, they can also perform the same activities as their sons can do. With these argument women of SHG overcome the resistance and develop consensus on this issue. It indicates that conscientization among the women which is taking place through the interaction with wider world.

The six SHGs members are classified on the basis of age categories to find out the proportion of women in reproductive age (15-44 years) and ‘above reproductive age (above 44 years). The classification reveals nearly 2/3 members in these SHGs are in the category of reproductive age group which is given below
Table 6 Total Number of Women Belonging To Reproductive and Cross Reproductive Age

<table>
<thead>
<tr>
<th>S.N.</th>
<th>AGE CATEGORIES</th>
<th>OBC GROUPS</th>
<th>SC GROUPS</th>
<th>MIXED GROUPS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Number of Women in Reproductive Age (30-44 yr)</td>
<td>13</td>
<td>14</td>
<td>12</td>
<td>39</td>
</tr>
<tr>
<td>2.</td>
<td>Number of Women about Cross-Reproductive Age (above 44 yr)</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: from the field

To know the trend of decision-making process among the women of reproductive age, the data have been classified into two categories-

First category of women of reproductive age who have two or three girl child and, those having one son and one or more than two daughters living in nuclear families.

Second category of women of reproductive age who have two or three girl child and, those having one son and one or more than two daughters living in lineal or sub lineal families.

Data highlights that in OBC groups, women belonging to nuclear families, who have only girl child, take joint decision with their husband even ten years after joining the SHG while before joining the SHG husband took decision on this issue. A case study is given below to know the process of their involvement in decision-making.

For instance- Us.D. Member of OBC group age 38 years; lives in nuclear family, having three daughters aged 18, 16, and 13 years and they study in 12th, 9th and 5th class respectively. Before joining the SHG, they studied in government school due to poor economic condition but after formation of SHG, they started going to private school. Now she is able to submit the fees of primary school which has been taken from SHG. Her husband is a tailor who earns Rs.500-1000/month and suffering from bone problem. The member borrowed Rs. 20,000 from the group for the medical treatment of her husband. Her husband is of the view that due to his
continuous illness they should have at least one son who will take care of the family in future. Her daughters were born before her becoming the member of SHG. She has joined the group for the education of their daughters and for medical treatment of her husband. She has given birth to three female child due to her husband’s wishes and still her husband has desire for a son. Her husband believes and said that as his mother has given birth to a son so her wife should also give birth to a son in same manner. She agreed with her husband and got pregnant because some where she too wanted to have a son who will look after both of them during old age. After three years of formation of SHG she gave birth to the fourth child. The fourth child born was daughter again. Her husband got emotionally upset, it was painful for her as well. The new born survived for three days and expired in the hospital and the doctor gave advice for tubectomty. Her husband said it is not his wish right now. The time passed and one day she was watching T.V. and got inspired from the programme related to girl’s achievements in the field of education. Then she discussed with the members of group about the last day programme and her wish of giving birth to a son. The member expressed the views and said that in modern time sons and daughters are equal and girls can do anything like boys. The other view was given by the members that daughter’s leaves the houses of parents after marriage and son leaves for the work. The parents have to live alone in any case. Their views were an eyes opener. She realized that what blunders she was committing by wishing to have a male child. She explained to her husband about having the importance of girl child and no need for male child as both are not going to stay in future. Her husband understood and came to the conclusion that they will work hard only for education of daughters. Finally, they take joint decision to stop the child–bearing.

In the same family those who have one son and more than two daughters also take joint decision with their husbands. They started to convince their husbands to undergo tubectomy after having two children
while it was totally in the hands of husbands before joining the SHG. A case study is given below-

For instance: K.D, member of OBC group aged 39 years, live in nuclear family having one son and one daughter. Her son studies in 12th class and daughter studies in graduation level. She is graduate and holds the position of treasurer in the OBC SHG. Her husband is a truck driver and earns Rs.2000/per week. When she was not the member of SHG, her both children have been delivered and her husband was expecting that she should give birth to a male child and he took the decision regarding number of children needed to the accordance to tradition. At that time she was busy in household chores so she had less physical mobility beyond the family which resulted in having less interaction beyond the family and she also had less knowledge about the implication of more children as she was daughter-in-law of the family. She was 29 years old when she joined the group and was chosen for the position of treasurer in the SHG. Her husband opposed her to be a leader of the group and said that who will take care of the children after you take the responsibilities of the SHG. But she told that everything will be managed by her because she was eager to take new responsibility. As a treasurer she interacted with the members of the group, bank, block and other officials of development. After passing of four years of joining the SHG, she discussed with the members on the issue of number of children as her husband has discussed with her regarding the birth of second male child. The group’s members told that the time has been changed and two children are enough at this time more than two children may affect your health and also effect in getting of the good education to your children. After this discussion she communicated this to her husband, and he said, ‘one son is not enough as I have many enemies, after the birth of a son we will think about tubectomy’. She could not say anything at that time, but with passing of the time she again argued with her husband that, in the time of inflation two children are enough and more than two children are harmful for her health. Her husband gave notice to her arguments and realized that they were doing big mistake...
and finally they both decided to undergo tubectomy and she went to hospital along with her husband and undergoes tubectomy.

In this sequence, in the observation of OBC groups, the fact reveals that, women belonging to lineal or sub-lineal families, who have more than two daughters, tries to convince their mother-in-laws that they want to undergo tubectomy after having two or three daughters, but they fail to understand this process due to more importance of patriarchal norms in the family. The decision regarding child-bearing is taken by their mother-in-laws. It indicates that patriarchy continues in the OBC families where mother-in-laws are dominant in the power structure.

For instance: S.D, member of OBC group age 34 years lives in lineal family, having two daughters studying in 1\textsuperscript{st} and 2\textsuperscript{nd} class respectively. She is educated up to 10\textsuperscript{th} class. Her husband cultivates vegetable and then sells it in the market. She was twenty four years old when she joined the SHG. Her one daughter had been born before joining the SHG and second daughter after one year of joining the SHG, so family expecting for third child, as a son. At that time she along with her family thought that son is essential for the continuity of lineage and she was totally unaware about number of children to be born. Initially when she attended the meetings of SHG and interacted with other women but as a listener, did not speak due to shyness and lack of articulation and gradually she became familiar with the members. After three-four years of SHG membership, her mother-in-law told her about her wish for a grandson as she had attended party for the celebration of birth of a son in her neighborhood. Her mother-in-law said that “family of my neighborhood is very lucky because she has two grandsons but I have only two granddaughters, I don’t know when I am going to get a grandson”. Next time when she attended the meeting, communicated with members about that conversation with mother in-law. The group members after listening the narration, questioned that if next child born would be girl child then what would you do. Group member gave her the example of her relative that who
has only two daughters both are educated and are in government jobs. So there is no difference between boys and girl. Then she (respondent) communicated to her mother-in-law what she discussed in meeting. Her mother in-law insisted that a son is essential for the continuity the family name and further argues that daughters get married and move to their husband’s home. At least a son could look after you in the old age. Member argued that girl can perform all activities and she shared the same feelings with her mother in-law. She could not convinced her mother in-law and when her father in-law heard this argument became angry and said, ‘‘if you don’t want to bear a son, you should go to your mother’s home’. So, her mother in-law takes final decision on the issue of child-bearing and women tried to convince her mother in-laws but could not succeed.so patriarchal values prevail in some extent.

It is observed that the women who have one son and more than two daughters, their mother-in-laws are continued their domination in the power structure of the family. The arguments are different which has been given by the members. A case study is given below

For instance - Vm. V. member of OBC group age 41 years belongs to lineal family having one son and two daughters, son is of 16 years and daughters are 14 and 10 years old respectively. She is illiterate but her daughter made her learn to sign after joining the group. She was 30 years old at the time of joining the SHG. Her two children were born before joining the group and last, a female child was born after joining the SHG. The group has been formed since three years and now her younger child is four years old, her mother-in-law proposed for fourth child and argued that child matter is very important rather than money matters so make a plan for the next child. The member told that she will think about it but after some time. Then her mother-in-law again told that don’t pretend before me, you don’t know the importance of having more sons in the family, after death who will give shoulders to your corpse. At least three-four male children are required and
again told that if you cannot give birth to three-four male children then gives birth to at least two sons. But she (member) was not ready to give birth to more children as she has already three children before the formation of SHG. She wanted to take rest as she had become physically weak after giving birth to third child. She argued with her mother-in-law that after death one cannot see who gave shoulder to corpse even the sons of relative can give shoulder to your corpse. Even after this argument her mother-in-law did not understand and called the ladies of her locality and asked them to make her daughter-in-law understand the importance of having male child in the family. In this way that event gradually ended. One day as she did not feel well and went to the doctor. The doctor told her that she is anemic and she should take care of her. After hearing this, her mother-in-law never raise the issue but her wish to have more grandsons are still alive. Now after five years of joining the SHG she can go all alone to attend the meeting of SHG but the decision regarding child-bearing is in the hand of her mother-in-law.

In the case of SC groups, data highlights that women belonging to nuclear families having only daughters are participating more in decision-making process on this issue and they take decision by their self after ten years of joining the SHG while it was totally in the hands of men before joining the SHG. Case study of a woman of SCs group is presented below-

**For instance:** M.D, member of SC group aged 35 years has only two daughters; 10 years and 8 years old respectively. They are in private school and are studying in class 4th and 3rd respectively. She lives in nuclear family. Her husband is owner of a dry wood shop. She owns 3 biswa of agricultural land from which wheat and paddy are produced which used for consumption. She was always busy in household and agricultural work, so her husband used to take decisions related to family matters before her joining the SHG. She had a daughter before formation of SHG and after a year she again gave birth to a daughter. In this way her husband wanted to convince her for third child. She told her husband, ‘I do not want to have
more children beyond two daughters because I can’t manage the household work agricultural work and pregnancy, so we will think about it later on. But her husband again appealed to her regarding giving birth to a male child. At that time she did not give any response and made herself busy in household work. When her husband came in the night he stared shouting at her and said ‘I need a son because when we will die who will give shoulder to our body’. She argued that having more than two children may be harmful for her health and if the third child be born is a girl then what will we do. However her husband did not agreed with what she said. Then she communicated this incidence with the group members, they suggested that don’t think about third child because at this time of inflation, how you will take care of them and it will also affect your health. Then she took decision to adopt family planning measures and took pills for some time and after some time finally she undergoes tubectomy. After some time she told about it to her husband and tried to convince him but he becomes angry about it but gradually he accepted her decision.

In SC group member of same family have one son and more than two daughters take decision by themselves ten years after joining the SHG while before joining the SHG husbands took decision. It indicates that SC women are more aware about their health and family planning. An illustration is given below to know the process of taking decision on such issue.

Case study-As. D. member of SC SHG aged 37 years live in nuclear family. She has two children- one son and one daughter. They study in private school and are in class 12th and 8th respectively. Her husband is a manual labour and works both in village and city. She was 25th years old when she joined the SHG and both children has been born before joining of SHG. Her husband use to take decision regarding the number of children to be born before joining of SHG. Her husband use to listen to her husband and never gave her view that how many children should be born because she knew that her view will not be heard. When group was formed many women gathered...
along with a male officer who informed them about how to improve health and maintain their family planning issues. After this event she shared this with her husband what she heard in the meeting. Her husband said that don’t waste time on listening to these type of conversations, it is a waste of time. He is talking about it as it is his duty to do so. He said that you only think about how to save the money in the group and how we can get profit from this government scheme. After three years of joining the SHG her younger child was 5 years of age, her husband said that ‘we should plan for third child and for the expenses of delivery we will take money from the SHG. She shared this conversation with members who gave information about the number of children to be born. Another incidence which occurred was that one day in the village a painter was painting slogan on the wall. She asked to a woman which was not the member of group about the painting. That woman answered that this slogan is related to family planning i.e. ‘we two, our two’. That event affected her and she took the decision not to bear third child. She told her husband about it and argued that our family is complete with son and daughter and we don’t need third child and she finally took decision to undergo tubectomy and her husband accepted her decision.

In lineal/sub -lineal families of SC women who have only daughters take decision individually to undergo tubectomy after ten years of joining the SHG while mother-in-laws use to take decision before joining the SHG. Case study of a member illustrates her participation in decision-making process on such issue.

**For instance:** Su.D-, member of SC SHG aged 33 years, lives in sub-lineal family with husband, mother in-law and three daughters aged 09, 06 and 02 years respectively. Both eldest daughters are going to primary school and studying in class 4th and 1st respectively. Her husband runs horse cart communicating daily between city and village and earns Rs.3000-4000/ per month as he is landless. Her mother in-law took decision regarding the number of children to be given birth before joining the SHG. She desired for a
son after the birth of two daughters. After two years of joining the SHG, she again became pregnant, her husband and mother in-law were very happy to hear that news and were expecting that she will give birth to a male child but she again gave birth to a daughter. At that time her mother in-law did not say anything but after one year she again told her about her desire for a male child. She (member) did not want to bear more than three children due to physical weakness and poverty. Once she has seen an add on the television relating to family planning and was inspired from the programme and then she discussed with other women (member) who provided moral support to her and encouraged her to limit the size of the family. Then she decided to undergo tubectomy. She argued it to her mother-in-law but she did not permit her for it and argued that as your father in-law is not alive and I have only one grandson is essential to carry forward the family lineage and you do not panic, my son will earn money and I will nourish them’. Debate went on for several days but she was not convinced. Then she convinced her husband with different arguments and went to the hospital to undergo tubectomy. With the passing of time her mother-in-law accepted her decision. Here exercise of ‘individual freedom is observed indicating the agency of women becoming empowered.

But in the case of one son and more than two daughters, SC women of lineal families also took decision by their self after ten years of joining the SHG.

For instance- R.N. member of SC SHG aged 32 years lives in lineal family along with husband, mother-in-law, father-in-law and three children-one son and two daughters. Her son is eight years old and daughters are six and four years respectively. Her younger daughter studies in a private school after paying fee of Rs.50/ month. But son and elder daughter studies in government school in order to take the government facilities such as mid-day meal, free school dress and books etc. Her husband is a manual labour and he goes to the city everyday in order to work and come back at night. So the
mother-in-law is all in all in the absence of her husband and all the decision are taken by her. Her husband has three brothers and each brother has 2-3 sons. So her mother-in-law expects more sons to be given birth by her. She works in the field and continues giving birth to child due to unawareness about implication of having more number of children on her health. Once, when she was free from the field work came to attend SHG meetings she was very tired and tense and wanted to know about the precautions to be taken regarding unwanted pregnancy, so she discussed this problem with the members of SHG. The members told her about various methods among which one was tubectomy because it was cheap and harmless method. As five years have been passed since joining the group, she has become informal with the group members due to face to face interaction and physical proximity, it was easy to discuss on this issue. Members explained her in detail. But it was a big deal for her to talk to her mother-in-law on this issue as she was expecting grandson. She talked to her husband and told him that we are daily wage labourer and we don’t have capacity to have more children and will be unable to provide them necessary and proper education due to which they will also become labourer in future like us. So it is better that I should go undergo tubectomy. Her husband agreed with her and said that he will try to convince his mother. Finally it was possible for her to undergo tubectomy due to the support of her family and members of group.

In the case of mixed groups data highlights that in mixed group, women belonging to nuclear families, having one son and more than two daughters, husbands continues their domination in power structure on the issue of child-bearing after joining the SHG by member indicating continuation of the ‘power over’ exercised in family. This mixed group consist the casts of Rajpoot in more numbers, so patriarchal values affected to them. But in second mixed castes group women belonging to nuclear families, take joint decision with their husbands on this issue while only husbands took decision on this issue before their joining the SHG.

...100...
**For instance:** Kn.D a member of second mixed group aged 32 years belongs to caste of Patel having one son and one daughter aged 8 and 6 years respectively studies in private school and living in nuclear family. Her husband pulls ‘trolley’ and earns Rs.2000-3000/ month. He works at a fodder shop and goes in morning and come back in evening. Her husband was head of the family and took decisions in family matters before joining the SHG. After joining the group, once, when she was suffering from stomach ache, her husband brought medicine from the medical store since she was pregnant of two month and argued her husband to take her for proper treatment in the city hospital. But his husband asked her to take treatment by the old lady (Dayee) of the village. When she discussed this problem with other women in group she came to know that one member’s relative has taken the treatment in city hospital and is better now. Then she argued to her husband to take her for treatment in city hospital. But he opposed this due to poverty. Next day when her husband left for work and was away from home she visited the hospital with the member of the same group. In the hospital, the doctor suggested her treatment for nine month because of the complication. When her husband came to know about it, he said “why did you visit to the city hospital I asked you not to go there” then she convinced him and took joint decision to undergo tubectomy. This was not possible before joining SHG as she had the chance to interact with many women of same age group who motivated her for it. This indicates the ‘power of individual women’ which is the sign of empowerment.

But those women who has only girl child and live in same family take joint decision with their husband after joining of SHG while husband was dominant on such issue before the formation of SHG.

**For instance.** So.B. Member of mixed group aged 35 years belonging to the caste of Patel (OBC) and lives in nuclear family. She has three daughters aged 16, 13 and 10 years respectively. Her husband is a manual labour who works in the city. She owns two biswa of agricultural land and five biswa has...
been taken for share cropping from upper caste people of the village. Her elder’s daughter studied upto eighth class and left the school offer it. Second and third daughter are studying in 5th and 3rd class respectively. The eldest daughter who left her studies looks after younger siblings as her mother work in the fields. Her two daughters were born before the formation of group and third daughter was born after two years of formation of SHG. This member bear child continuously with the hope that son will be born and her husband still believes that one day she will give to birth to a male child. After six years of joining the SHG she got pregnant (two month) her husband was too happy to hear this news. When she discuss with the members of group about it the member said that this time also there is symptom that you will give birth to a female child. They were skeptical about how will she (member) manage to get four daughter married in a decent manner. She told her husband about the last conversation which took place with the members. Her husband said ‘if we can nourish three daughters we can also nourish forth one and I assume that this time a male child will be born’. When the member told that she can also abort this child. This revelation made husband angry and he said that this is not possible and she should not think about it. Later on they talk with each other about the problems of having more children and gradually her husband understood it and they took joint decision for aborting the child and she went along with nurse living in neighborhood and got herself aborted. So the first time they took the bold decision because of awareness that generated due to sharing, discussion and negotiation with the group members.

In the case of lineal/sub-lineal families who has only girl child, mother-in-laws continued their domination in power structure even after ten years of joining the SHG.

For instance: R.Ku member of mixed group age 35 years belongs to the caste of Rajpoot having three daughters aged 15, 12 and 9 years old. First daughter is studied up to 5th class and then left the school. Second and third daughters are studying in 5th and 3rd class respectively. She lives in sub-lineal
family along with husband, mother in-law and children. Her husband works at a cloth shop earn Rs. 2000 rupees/month. She is illiterate but her daughter made her learn to sign as it was group requirement after joining the SHG. As she belongs to Rajpoot family, patriarchal values prevail there and the major decisions are taken by elders. Before formation of group two daughters were born and after joining of her third one was born. The mother-in-law use to take decision related to family matter and all the family members accepted it without questioning it. Her three daughters were born. When she was pregnant with third child, she did not want to give birth to this child but her mother-in-law argued that it is important to expand the lineage, so with the passage of time third child (girl) was born. Now her third child is 5 years old and her mother-in-law still hopes for a male child. When she discussed with the group members about this issue, they suggested to stop child-bearing but it was not in her hand she has to obey family norms.

Women who are from lineal or sub-lineal families have one son and more than two daughters take joint decision with their husband after ten years of joining the SHG while mother-in-laws took decision before joining the SHG.

For instance - R.Kh. member of mixed group aged 35 years belongs to the caste of Patel and lives in sub-lineal family. She has one son and two daughters aged 8, 13 and 10 years respectively. Before her joining the SHG they studied in Anganwadi School due to poor economic condition and unawareness. They continued even after two years of after joining the SHG. After two years they have started going to private school paying of Rs. 50/month. She said ‘I was unaware about the importance of education of children and never paid heed on such issue but since some children of community went to private school daily she wished same for her children. She discussed with the members about the private school, woman who lived near that school said that there is large number of children who studies there’. After this conversation she consulted with her husband regarding admission
of their children in private school. But due to lack of money they were unable to send their children to private school. He said ‘next year we will send our children to this school. Her husband is a manual labour and earns Rs. 200/day. He works in the city and comes back at night. Her Mother-in-law is a widow who looks after the household chores and also does outdoor works. She believes that more hands increases income of the family, and she also believes that there should be more number of male children in the family and in her generation everybody had 4-5 sons so she give importance to the more number of male child in the family. But she (member) came to know about the value of education so she did not want more children to be born. She discussed with her husband on such issue and makes him understand the importance of education. Finally they took joint decision to stop giving birth to children. It has been possible with the regular interaction with the women of SHG. She is now more aware about education of children and her heath after joining the group.

So it can be concluded that sharing, discussion and negotiation with the members as well as husbands helped to the women in capacity building, they are able to communicate with their husbands and mother in-law on the issue of child bearing and also took decision about it that indicates that women’s agency is exercise some amount of autonomy and overcoming the resistance from the elderly men and women in undergoing the tubectomy and to determine the size of family.

**SHG Women and Their Relation with Moneylender at Community Level**

In this section efforts are made to comprehend the SHG member’s families and their relationship with local moneylenders before and ten years after joining the SHG.

The informal source of credit plays an important role in rural economy where the villagers fulfill their immediate needs. The moneylenders are monopolist in the villages. Without antagonism, he is free to charge a ‘usurious interest rate. In rural area, people who have enough income can...
carry out the necessary investments needed for agriculture or other activities without access to outside financial help. But the poor people have only one way to fulfill their financial requisites which goes towards the moneylenders they provide money to the rural poor people at high interest rate rather than formal sources.

It is observed in the field that goldsmith occupied an important position in giving financial assistance to the poor and it is very easy to reach to them. Before formation of SHGs, rural poor people especially lower caste families lend money from the goldsmith at the time of economic, health and other crisis. Data reveals that rural poor specially lower caste families’ keeps some silver ornaments like laksha and kardhani and think that it will help them during emergency period. But on the other side OBCs family borrowed money at the time of health crisis and when to purchase the new seeds and fertilizers for the better growing of vegetables before the formation of SHGs.

It is found in the field data that before joining the SHG, SC women have some silver ornaments and some heavy pots like gagara, paraat, etc; they have to keep these things to moneylender as a pledge while OBCs have gold ornaments along with silver ornaments. OBC women keep these things as a pledge to the money lender in order to lend the money. It is noted that SC families have no good credit so they can’t easily borrow the money in comparison to OBC families. So some time SC women take to help of upper caste as a guarantor to get the money from the moneylenders.

But SHGs approaches are that typically it engages to provide thrift, credit and other financial services to the poor specially women. The data highlighted the significant changes in the larger socio-economic life of the women in all six samples of self-help group.

So, in the present study it has been tried to comprehend the SHG women and their relation with local moneylender in terms of access to credit before and ten years after joining the SHGs. It is revealed from the data that before the formation of SHG, the OBC member’s families borrowed money
from the goldsmith at 10% interest rate and have to keep something as a pledge. But after formation of the SHG the member’s families are able to fulfill their economic needs by the SHG and dependency on moneylenders is gradually declined. A case study narrated by a member is given below-

For instance - KL.D, member of OBC group age 38 years having two sons and one daughter studying in the private school. She has 10 biswa of agricultural lands in which her husband produces vegetable and then sells in the market. This was only the source of income in her family. So her husband has to work hard in the field for the better production. Once, before joining the SHG her husband borrowed Rs. 5000/- from the moneylender at 10% interest rate to buy new seeds and fertilizers having the thought that he will return the money after selling the vegetables. But due to bad production of the vegetable he can’t disburse the debt at the time. Her husband had left that road where the moneylender resides. Then he had taken money from the relative and gave to the moneylender. The member said that at the time of the formation of SHG, her husband was against me to become the member of SHG and told that it will not be beneficial for you; it is just a waste of the time. But having seen my saving in the group, he realized the importance of being member of the SHG and started to involve her in the discussion on financial matters of the family. She said that ‘it is the greatest achievement in my life because at least I am involved in discussion related to economic matters of the family which was not possible before joining the SHG’. Now her husband consults her to spend the money and take joint decision in regard to the amount and purpose of the loans to be taken from the group. Her husband never goes to the moneylenders for borrowing money and always takes money through her from the group and he has also started a new business of ‘general store’. So as an economic helper her status has been enhanced in the family.

It could be concluded that In the case of OBC group, a pattern has been observed after joining the SHG that the old aged women take loans from the
SHG for the business of their sons, health crisis and marriage of daughters. But on the other side, middle aged women mostly take money for their husbands to start the business and also for vegetables production. Similar findings are observed in the second OBC group.

In the case of SC groups, data highlights that before the formation of SHG; SCs women were depended on the money lenders due to their poor socio-economic condition. But after joining the SHG, SC women took money from the group to purchase the horse cart for their husbands which results in the increase of the family income. Their dependency on the money lenders gradually decreased. It is interesting to know that the middle aged women of SC groups also take loans for taking the land on lease and to start their own business which will be helpfull to decrease the in dependency on moneylenders.

For instance – Su.D, member of SC group, age 33 years, lives in sub-lineal family with husband, mother in-law and three daughters aged 09, 06 and 02 years respectively. Both the elder daughters goes to primary school and studying in class 4th and 1st respectively. The third daughter is two year old so she manages her dual responsibilities between family and the group. Her husband was manual labour who earned Rs. 2000-3000/- per month before joining the SHG. So at the time of emergencies such as health and economic crisis, she had to go to the moneylender. Once she had no money to attend the marriage of her sister and there was no way to arrange the money so, her husband borrowed Rs. 1000 at the interest rate of 10% per month. She felt very helpless in the disbursement of borrowed amount due to the poor economic condition and moneylenders always episodic her in ways so any how she had given the borrowed money. But after joining the group she has taken Rs.13000 at 2% interest rate from the SHG to purchase a horse cart for her husband which he runs daily between city and village and earns Rs.3000-4000/- per month. In this way she has increased the family income and decreased the dependency on moneylender. Her husband said that this is ...107...
your decision to buy the horse cart which has increased the income and status of the family now they never think about the moneylender.

But on the other side, old age women of SC group mostly takes loan for the purpose of health crisis or old debt payment. So they can’t save the money in the group regularly resulting that they have to borrow money from the money lender even after joining the SHG.

**For instance:** R.K.D, member of SC group age 52 years having three sons and five daughters among whom two sons and five daughters are married. Her husband works in a hotel in Allahabad city and earns Rs.2000/- per month. and comes home every month. She had five daughters, so usually had to go to the moneylender for borrowing money to arrange marriage of her daughters before joining the group. She states that ‘once there was a marriage ceremony of her daughter and was in need of Rs.10,000 for which she asked her relative but he refused. Then she had to go to the moneylender and was pledge her necessary ornaments like ‘Payal-Laksha’ etc. but moneylender was not ready to give the amount then she had to take help of upper caste member as a guarantor then only she got Rs.10,000 at the interest rate of 10%/- per month. In the beginning, when she had joined the SHG, saved money for 1-3 years and took loan of Rs.13000/- to buy a buffalo. She paid Rs.7000 after selling the milk of buffalo but when her buffalo has stopped to give the milk she was unable to save. Her group leader told her in every meeting about regular saving in the group. One day her son met with an accident but due to irregularity of depositing the installment, so the group has not given her money for the treatment of her son. In that case she had to go to the moneylender and kept her silver bangle as pledge for borrowing Rs. 5000/-. It reveals that old aged women have to go to the moneylender in emergent situation even after joining the group.

In the case of mixed groups it is observed that the first mixed group, which consists of more old aged women (five out of ten), have more dependency on moneylenders for the fulfillment of their economic need while...108...
in the case of second mixed group which consist of middle aged women have less dependency on moneylenders after joining the SHG.

The date of First mixed group reveals that usually old aged women save money regularly in the group but at the time of crisis the saving in the group becomes irregular resulting that they become unable to get money from the group. Then they have to go to the moneylender to sort out their economic problems. Here it is important to know that old aged women who are widow did not save the money regularly in the group. In this group 3 out of 5 old age women, are widow. So age factor effects the regular saving by members of the group.

**For instance:** B.R.K, member of mixed group belongs to the caste of Rajpoot, 55 years old and lives in the sub-lineal family. She has three sons and four daughters in which one son and all daughters are married. The elder son is private home guard and earns Rs.3000/- per month. Second son lives in Mumbai and the remaining two are engaged in agriculture. When the group was formed her son suggested her to become the member of SHG having this thought that 100 rupees is not a large amount and it will easily be saved. At the time of beginning of the group she saved regularly and took Rs.13000/- at the interest rate of 11% per year for purchasing the buffalo. She works daily in the field and brings the green fodder for the buffalo. She saved money in the group whenever the buffalo was giving milk but after one year it stopped the giving milk. In this situation, borrowed money was like a burden for her as there was lot of group pressure. His son stated that it seems that my mother will let the burden of debt on me after her death. So the saving in the group is burden for the widowed women.

A special case has been observed in this group where a middle aged woman borrows money from the money lenders after joining the group. It is found that daughter in-law and mother in-law both are the member of this mixed group. Daughter in-law stated that ‘I saved 100/- rupees per month in the group but could not save the loan related to buffalo rearing on regular
basis. But her mother in-law does not save even monthly saving of the SHG regularly. One day her son required new books and cycle to visit the school, she expressed the need of borrowing Rs. 2000/- in front the members of SHG. But after seeing her mother in-laws disbursement she could not get the loan. Then she went to the moneylenders and kept her ‘mangalsootra’ as a pledge and took Rs 2000/- at 10 % interest rate.

It could be concluded that OBC families were dependent on moneylenders for their basic needs before formation of SHG. But after joining the SHG they took credit from SHG and their dependency on moneylender has become decreased.

In the case of SC groups, data highlights that middle aged women of SC groups improved their economic condition and dependency on moneylender has been removed but old aged women are depended on moneylender for borrowing money even after joining the SHG.

Mixed group reveals that the dependency on moneylender decreased among middle aged women in comparison to old aged women. It is also revealed that women who belong to same family and member of same group are more dependent on moneylender for borrowing the money.

So it could be said that the SHG is a vital association for the rural women who fulfill their economic needs resulting in enhancing their family income and economic condition after joining the group and declining the dependency on moneylenders.

Women Participation at Community Level programmes

In this section the effort are made to understand the SHG women participation in community level programmes before and ten years after joining the SHG. Generally women are limited in household chores and they don’t have opportunity to participate in community programmes but SHG has given opportunity to the women to participate in programmes at community level that enhances social bonding within the community. SHG
association is as a vehicle to induce socio-economic changes in rural communities.

The different groups reveal their participation in community level programmes. Members of OBC groups participated in cultural activity like ‘Durga Pooja programme’ and collectively contribute the money on behalf of SHG. They expect that their SHG name may be called as one of the biggest financial contributors in the cultural programmes which indicate that they want to create their new identity as a SHG members while SC and mixed group does not participate in such programmes. SC group women gave more emphasis on the issue of vaccination of their children and pregnant women.

It is found that SC group members discuss in meetings about their health and the vaccination of their children. They encourage the members for the vaccination of their children and themselves during pregnancy which shows the awareness regarding health. Field data highlightes that these women not only discuss on such issues but also encourage their neighbours for taking vaccination at community level.

It is found that when the base camp was organized in the village for the vaccination, the SC group members collectively decided to promote vaccination campaigne at village level. All SC women of the group started going door to door and encourage women for the vaccination. It shows that SC women not only become aware about their health but also made their neighbourhood women aware about it.

In the case of mixed group, it is found that mixed groups did not participate in such discussions. They are limited only to improving their economic condition.

In the same way, on the issue of polio drops, OBC groups and mixed group discussed on the issue of polio drops and provided to their children. But SCs groups not only discussed but also took action on collective level to encourage their neighbours to provide polio drops to their children. So, SCs women actively participated in generating awareness regarding polio drop as
well as vaccination programme, this indicates that the collective power (power with) of women.

It also depicts that SC women are not working as a ‘receiver’ but also ‘giver’ where they are not only aware about their own children’s health, but also aware and thinks about their neighbourhood.

OBCs members discussed this issue and suggested within the group regarding the vaccination and polio drops (only receiver) but did not participate actively in incoureging their neighbourhood because of their inhibition regarding interaction with the lower caste of the village. Whereas, mixed group raised the issue of pulse polio in the meeting and provided to their children but not participated to at community level.

Beyond these activities SC group women financially helped their neighbours at the time of crisis. It is evident from the data that SC women helped other women at their daughter’s marriage. For instance: there is ring ceremony in neighborhood, a woman of this family comes to the member of SC group and ask for help. Then the leader of the group personally gave Rs. 2000 to her. This indicates that SC women not only take profit from the group but helped the other people of the village.

The data highlights that SC women discussed their problems with V.D.O and told him that due to the scarcity of rain the crop dried. Regarding the issue of heavy rainfall they discussed the matter with V.D.O. at community level. It can be said that OBC and mixed group women did not discused about the issue of heavy rainfall. It indicates that SC women participated more in community level programmes in comparison to OBC and mixed groups.

These facts indicate that such participation in community level programmes gives the women the sense of pride within the caste. This emerges a new group within the caste that makes them ‘specific’ in the community.