



IMPACT OF MICROFINANCE ON VULNERABILITY: A CASE STUDY OF MEWAT DISTRICT OF HARYANA STATE

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KEYWORDS :

As per latest survey, 89% of rural population does not have any access to credit. This exclusion of the population warranted a new form of intermediary. Consequently, Self Help Groups emerged in India in this direction. Microfinance programme through SHGs has been effective in making positive social change to the group members. Rural sector is always remaining the main component of the development process of Indian economy. India has 6.40 lakh villages and its 72.2% of the population is living in rural areas. The emergence of SHGs has brought some hope regarding the finance and credit facilities to economically poor sections. SHGs are proving to be the most effective instruments for financial inclusion and also empower the poor. The establishment of SHGs can be traced to the existence of one or more common problem areas around which the consciousness of the rural poor is built and the process of group formation initiated. The group thus, is usually responsive to perceived need(s). Such groups have been formed around specific production activities and often they have promoted savings among their members and used the pooled resources to meet the emergent needs of the members of the group which include consumption needs.

Hossain (1988) in the study of Bangladesh; Todd (2001) in the study of Andhra Pradesh; Chen and Donald (2001) in their study of SEWA Bank in Ahmedabad; and Kabeer & Nojonen (2005) in the study of PRADAN in Jharkhand, Khan & Rahaman (2007), Bansal (2010), Batra (2012) and Niramala & Yepthomi (2014) have confirmed that microfinance programme has resulted in reducing poverty and the participants enjoyed higher standards of living. Singh (2001) in a study of Uttar Pradesh; Raghavendra (2001) in a study of Karnataka; MYRADA (2002) in a study of southern India; Puhazhendhi & Badatya (2002) in a study of eastern India; Misra (2006) in a study of western and central parts of India; and Hoque (2008) in a study of Bangladesh conclude that group loans have reduced the dependence of the beneficiaries and household on money-lenders; and the participant households are able to face financial crisis through their own savings and group loans. Littlefield et al. (2003) and Chatterjee (2014) explained that microfinance programme is helpful in attaining millennium development goals by reducing poverty, infectious diseases and through empowering women. Khandker et al. (1998) and World Bank (1999) in their studies of Bangladesh; Sarangi (2007) in a study of Madhya Pradesh; and Borbora & Mahanta (2008) in a study of Assam report, Surrender (2011) have proved that microfinance programme participants are engaged in gainful micro-enterprises. They shifted from wage-employment and are mainly self-employed in non-farm activities. However, some of the studies, such as Morduch (1998) in a study of Bangladesh, and Coleman (1999) in a study of Thailand find that there is no significant impact of the microfinance programme in generating income and in reducing poverty. Misra (2006) in a study of western and central part of India shows that loans from the microfinance programme are mainly used for non-income generating activities such as consumption and other emergency needs. Some other studies like Develtere & Huybrechts (2002) in a study of Bangladesh and Sarangi (2007) in a study of Madhya Pradesh, find that very poor people or the people at the lower end of income distribution are excluded from the microfinance scheme. On the other hand some foreign studies indicate that microfinance programme has successfully reached to the poor people. Pitt and Khandker (1998) in a study of Bangladesh; Montgomery (2005) in a study of Pakistan; and Hietalahti & Linden (2006) in a study of northeastern South Africa conclude that microfinance programme has a greater impact on the poorest of its borrowers.

A number of studies have been conducted in Southern region of India but there is a dearth of studies in Northern region. The present study has undertaken in the state of Haryana (North India). As no

comprehensive study by any researcher or government organization is available which has assessed the impact of SHGs and their performance in Mewat district of Haryana state through MDA and SGSY programmes. So, the study in hand is a modest attempt to assess the impact of microfinance programme on poor people. It is a natural area to study the Impact and performance of SHGs because mostly people are illiterate, belongs to Muslim community and BPL families. It is an open society for the study of SHGs. The SHGs were started nearby 1998 in Haryana. Now there is a greater amount of socio-economic emancipation among the members of the SHGs. Hence there is a need for evaluating the socioeconomic impact of the SHGs on their members. The most rural areas in Haryana are in its southern region. Among the various districts of Haryana, Mewat District occupies a predominant position in the starting of the SHGs. In Mewat district, the urban centers have more rural bias and the economic activities are more agro-based. Hence the SHGs have been formed for meeting the needs of industrial and agricultural activities. This district is selected because it can give its own the clear picture regarding the success and performance of Microfinance and impact of SHGs in Haryana. This district has been chosen, as it had the history of SHG movement being started in a small way in the district in the year 1998. Mewat is a well qualified district to measure the performance of SHGs. In Mewat, many programmes and schemes are going on by different agencies and organizations for the socio-economic development of rural poor such as NABARD's SBLP, and NRLM by DRDA, NGOs, and MDA etc. Through this study we can accurately measure the performance or success of SHGs and their contribution in the development of rural and backward region. The study examined the ability of SHGs to deal with the risky factors faced by households.

Objective Of The Study

- To analyze the ability of SHGs to deal with risky situations faced by the households.

Hypothesis Of The Study

H₀: The SHGs do not play the significant role to deal with the risky situations faced by households.

H₁: SHGs play major role in reducing the vulnerability of households.

Research Methodology

A multistage random sampling method was used for this study. In the first stage, the state was divided into four divisions for administrative purpose. Out of four divisions, Gurgaon division was selected. Mewat was a part of Gurgaon district and Faridabad district of Haryana until 2004. It became a separate district in 2005. It is predominantly rural with a few small towns. For the purpose of present study, one district i.e. Mewat district was selected from Gurgaon Region. The availability of the programmes was also identified in the sampled district. The scheme of MDA and SGSY/NRLM is being implemented across the all the blocks of Mewat district. So, two programmes i.e. MDA and SGSY/NRLM were selected for the survey. At second stage, five blocks from Mewat district were selected. In this way, Nuh, Nagina, Firojpur Jhirka, Tauru and Punhana blocks were selected from Mewat district. Before 2010, Hathin block was covered under Mewat district but after the formation of Palwal as separate district, Hathin was covered under Palwal district. Now Mewat has five blocks. After selecting blocks, the list of villages was prepared with comparatively high numbers as well as matured SHGs. Through, geographical clustering exercise, villages were randomly selected. The study is empirical in nature mainly based on primary data collected through survey method. The study used primary data as well as secondary data. The primary data was collected through field surveys from participants sample household. The process of data collection involved preparation of structured interview schedules, pre-testing of the schedule during

preliminary survey, sample selection and interviews with the respondents. The collected data was also analyzed with the help of Logistic Regression Model (Logit Model) to analyze the role of microfinance in reducing risk of the HH.

Impact Of Microfinance On Vulnerability (the Empirical Model)

In the study, 80 SHGs were selected in total. These groups are promoted by two major scheme implemented in Mewat district i.e. MDA and SGSY/NRLM. Out of total 80 groups, 60 groups were selected of MDA and 20 of SGSY from all the blocks of Mewat district. MDA is a funding agency which forms groups for the growth of women. It works through SHG federations. It also includes minorities. SGSY/NRLM is a government scheme which is regulated by DRDA. It gives main emphasize on the growth of BPL families. DRDA officials concentrate on formation of groups, their nurturing and capacity building. MDA and SGSY both are working for the development of rural poor especially for women in all the blocks of Mewat district.

In case of MDA, there were females in all the groups because MDA is an agency mainly for women development. In SGSY, there were also some male members groups but we selected only female members group because women groups are more efficient and sincere towards their work in comparison of male member groups. There were 100% female groups under MDA and SGSY. Generally, SHGs are included either all women or all men. There are rare groups in which both men and women are members. In Mewat, there was no mixed members group was found.

Ability Of Shgs To Deal With The Risky Situations Faced By Households

The microfinance programme is not only for the employment and income generation for rural poor but it also play protective role for their members. It helps participants to cope with the financial shocks and risky situation faced by them or their HH. With the help of this section, risks faced by the HH were explored and it also analyzed the role of microfinance to deal with risky situation faced by members. It studied how SHGs can build the capacity of their members to manage risk and make them less vulnerable. This is done through hypothesis testing with the help of econometric analysis and model specification.

• **Risk Perceived by Respondents**

Each and every HH face a large variety of risk in their life which results into financial and physical loss like illness, loss to life, agriculture loss, business failure, natural calamities etc. In some cases, there is need of immediate cash but in another cases if the main earner is affected then it results in loss of income. Some risks are predictable but some are unpredictable which cause mental and physical harm to members. Table 1 shows that out of total 320 respondents, 75.63% of members stated that they faced risky and uncertain situations while 24.37% submitted no such situation. In control group, the percentage was 88.75% and 11.25%. Programme wise, in MDA, 72.08% of members registered that they faced the risk while in SGSY, it was 86.25%. The chi-square test shows that the degree of vulnerability is same under both programmes. It means risk perceived by the members is dependent of both programmes (Table 1).

It is observed from the table data that 53.72% of members stated the general illness as the main risk factor followed by Alcoholism/ Gambling (46.28%), Agriculture Loss (36.36%), Livestock related Loss (30.17%), Business Failure/Loss (28.10%), Loss by Fire/Theft (16.52%), Repay to Old Debt (14.05), Property Damage (4.55%), Large Operation (4.13%) and Natural Calamities (0.83%). In control group, majority of members (80.28%) claimed Alcoholism/Gambling as the major risk faced by them. It was followed by General Illness (76.06%), Agriculture Loss (45.07%), Livestock related Loss (35.21%), Repay to Old Debt (26.76%), Fire/Theft (18.31%), Business Failure/Loss (11.27%), Property Damage (5.63%) and Large Operation (5.63%).

In case of MDA, 49.71% of the respondents submitted general illness as a major risk, followed by Agriculture Loss (39.88%), Business Failure/Loss (36.99%), Alcoholism/Gambling (36.99%), Livestock related Loss (29.48%), Loss by Fire/Theft (18.50%), Repay to Old Debt (7.51%), Large Operation (4.62%), Property Damage (3.47%) and Natural Calamities (1.16%). In SGSY, Alcoholism/Gambling was perceived as major risk by 71.01% of members. This was followed by General Illness (49.71%), Livestock related Loss (31.88%), Repay of

Old debt (30.43%), Agriculture Loss (27.54%), Fire/Theft (11.59%), Property damage (7.25%), Business Failure/Loss (5.80%) and Large Operation (2.90%).

Table 1 Risk Perceived By Respondents

Particulars	MDA	SGSY	Total	Control
Vulnerability				
Yes	173(72.08)	69(86.25)	242(75.63)	71(88.75)
No	67(27.92)	11(13.75)	78(24.37)	9(11.25)
H₀ = Risk Perceived by Respondents is independent of Programmes.				
$\chi^2 = 6.532$, significant at 5% significance level.				
Hence, Null Hypothesis cannot be accepted.				
Reason for Vulnerability				
Health Related (General Illness)	86(49.71)	44(63.77)	130(53.72)	54(76.06)
Large Operation	8(4.62)	2(2.90)	10(4.13)	4(5.63)
Natural Calamities	2(1.16)	0(0.00)	2(0.83)	0(0.00)
Livestock Related	51(29.48)	22(31.88)	73(30.17)	25(35.21)
Repay to Old Debt	13(7.51)	21(30.43)	34(14.05)	19(26.76)
Property Damage	6(3.47)	5(7.25)	11(4.55)	4(5.63)
Fire/Theft	32(18.50)	8(11.59)	40(16.52)	13(18.31)
Alcoholism/Gambling	63(36.42)	49(71.01)	112(46.28)	57(80.28)
Business Failure/Loss	64(36.99)	4(5.80)	68(28.10)	8(11.27)
Agriculture Loss	69(39.88)	19(27.54)	88(36.36)	32(45.07)

Source: Computed from Survey Data.

Note: Figures given in parenthesis show percentage.

• **Impact of Vulnerability on Households**

The study found that the major impact of vulnerability was on mental health of HH (Stress/Mental Pressure) as stated by 100% of the respondents. This was followed by increased expenditure (95.87%), loss of income (75.62%), unable to work (39.26%), Food Insecurity/Shortage (31.82%), Reduced Employment Opportunities (23.14%), Children Out of School (8.68%), Loss of Assets (4.55%) and Loss of Life (3.72%). In control group followed the same pattern with minor variation among values (Table 2).

In MDA, all the members (100%) submitted that vulnerability caused stress and mental pressure followed by the increased expenditure (94.22%), loss of income (72.25%), unable to work (38.73%), Food insecurity/Shortage (31.21%), reduced employment opportunities (22.54%), children out of school (7.51%), loss of assets (3.47%) and loss of life (2.89%). In SGSY, all the respondents stated that vulnerability increased the expenditure and mental stress. This was followed by loss of income (84.06%), unable to work (40.58%), food insecurity/shortage (33.33%), reduced employment opportunities (22.54%), children out of school (11.59%), loss of assets (7.25%) and loss of life (5.80%). (Table 2)

Table: 2 Impact of Vulnerability on Households

Particulars	MDA	SGSY	Total	Control
Impact of Risk on HH Condition				
Unable to Work	67(38.73)	28(40.58)	95(39.26)	33(46.48)
Loss of Life	5(2.89)	4(5.80)	9(3.72)	6(8.45)
Increased Expenditure	163(94.22)	69(100.00)	232(95.87)	69(97.18)
Reduced Employment Opportunities	39(22.54)	17(24.63)	56(23.14)	28(39.44)
Food Insecurity/Shortage	54(31.21)	23(33.33)	77(31.82)	43(60.56)
Loss of Assets	6(3.47)	5(7.25)	11(4.55)	8(11.27)
Children Out of School	13(7.51)	8(11.59)	21(8.68)	11(15.49)
Stress/Mental Pressure	173(100.00)	69(100.00)	242(100.00)	71(100.00)
Loss of Income	125(72.25)	58(84.06)	183(75.62)	65(91.55)

Source: Computed from Survey Data.

Note: Figures given in parenthesis show percentage.

• **Strategies Adopted by Respondents to Get through Risky**

Situation

Members of SHGs have adopted some strategies to deal with risky situations faced by them such as cut in consumption expenditure, sold livestock, extra work hours, and more borrowings from groups, banks and money lenders etc. the study reveals measures employed by the respondents to strength their ability to cope up with the risky situations, shocks and stress faced by them. About 62.80% of members submitted borrowings from the SHG followed by borrowings from family and friends (46.28%), extra hours of work (30.58%), sold assets/livestock (30.17%), borrowing from money lenders (24.79%), other strategies like borrow from milk barber etc. (23.97%), bank loan (12.40%) and cut in consumption expenditure (4.54%). In control group, respondents borrowed from family and friends, milk barber, other sources etc.

In MDA groups, 60.69% of members borrowed from group followed by borrow from family and friends (51.45%), sold assets/livestock (29.48%), borrow from money lenders (27.75%), worked for extra hours (24.86%), bank loan (12.72%) and cut in consumption expenditure (2.31%). In case of SGSY, 68.11% of members registered borrowings from SHG. This was followed by borrow from milk barber (52.17%), putting in extra work (44.93%), borrow from family and friends (33.33%), sold assets/livestock (31.88%), borrow from money lenders (17.39%), bank loan (14.49%) and cut in consumption expenditure (10.14%). (Table 3)

Table: 3 Strategies Adopted by Respondents to Get through Risky Situation

Particulars	MDA	SGSY	Total	Control
Actions Taken by Respondent				
Cut in Consumption Expenditure	4(2.31)	7(10.14)	11(4.54)	15(21.13)
Sell Assets/Livestock	51(29.48)	22(31.88)	73(30.17)	42(59.15)
Extra Hours of Work	43(24.86)	31(44.93)	74(30.58)	39(54.93)
Borrow From Family/Friends	89(51.45)	23(33.33)	112(46.28)	45(63.38)
Borrow More From Group	105(60.69)	47(68.11)	152(62.80)	N.A
Bank Loan	20(11.56)	10(14.49)	30(12.40)	23(32.39)
Borrow From Money Lenders	48(27.75)	12(17.39)	60(24.79)	19(26.76)
Any Other	22(12.72)	36(52.17)	58(23.97)	44(61.97)

Source: Computed from Survey Data.

Note: Figures given in parenthesis show percentage.

• Role of SHGs in Facing Risk

Out of all respondents, 95.45% of members claimed that SHG helped them to reduce the vulnerability. The highest result for microfinance playing the role in reducing HH vulnerability was found in SGSY (100%) followed by MDA (93.64%). The percentage of Members who were benefited by SHGs through group loan, bank loan and both loan are 3.46%, 11.26% and 85.28% respectively. In MDA, majority of members (83.33%) borrowed from bank and group both. While in SGSY, its percentage was 89.86%. On the issue of role of microfinance programme to cope up with risky situations, 96.54% of respondents claimed that microfinance provided cash to them in tough conditions. This was followed by the money management techniques (56.71%), increasing HH income (39.83%), to smooth consumption (39.83%) and promoted self assurance with savings (34.63%).

Programme wise shows that in MDA, 95.06% of members stated that microfinance programme reduced their vulnerability through providing money in tough conditions. This was followed by better money management techniques (64.20%), promoted self assurance with savings (37.65%), smoothen the consumption (36.42%) and increased HH income (35.19%). In case of SGSY, 100% of respondents claimed that microfinance played significant role in providing money in a tough situations. This was followed by increased HH income (50.72%), consumption smoothening (47.83%), and money management techniques (39.13%) and promoted self assurance with savings (27.54%). SHGs played a significant role in reducing the vulnerability of HH. More than 50% of members received help from the group in form of loans in emergency and risky situations. But the main focus of members was on getting loan instead of IGAs (Table 4).

Table: 4 Role of SHGs in Facing Risk

Particulars	MDA	SGSY	Total
Role of Microfinance in Reducing Risk			
Yes	162(93.64)	69(100.00)	231(95.45)
No	11(6.36)	0(0.00)	11(4.55)
H₀ = Role of Microfinance is independent of Programmes.			
x ² = 4.6038, significant at 5% significance level.			
Hence, Null Hypothesis is rejected.			
How Did Group Help			
Group Loan	8(4.94)	0(0.00)	8(3.46)
Bank Loan	19(11.73)	7(10.14)	26(11.26)
Both	135(83.33)	62(89.86)	197(85.28)
How SHGs Helped			
Provided Cash in Tough Condition	154(95.06)	69(100.00)	223(96.54)
Increased Income of HH	57(35.19)	35(50.72)	92(39.83)
Promotes Self Assurance With Savings	61(37.65)	19(27.54)	80(34.63)
Better Money Management	104(64.20)	27(39.13)	131(56.71)
Consumption Smoothening	59(36.42)	33(47.83)	92(39.83)

Source: Computed from Survey Data.

Note: Figures given in parenthesis show percentage.

The Logistic Regression model (Logit) was used to analyze the role of microfinance in reducing risk of the HH. The model was used to understand the impact of explanatory variables like loan taken, income from IGAs and productive use of loan on reducing the vulnerability of HH. These variables were selected after measuring the correlation among them. With the help of microfinance through SHGs, members have been able to earn their livelihood by income generating activities and managed their risky situations by the money earned after joining SHGs. So, Microfinance programme helped them to reduce vulnerability. It has significant impact on vulnerability of HH.

Grprisk = β₀ + β₁ (InLOAN) + β₂ (IGAINC) + β₃ (PRODUSE) + β₄ (PMDA) + β₅ (PSGSY) + U. Where, InLoan = Log value of total loan taken from bank as well as from the group.
IGAINC = Income earned from IGAs.
PRODUSE = Productive use of loan amount.

Table 5: Likelihood of Reducing the Vulnerability: Logit Model

Explanatory Variables	Coef.	Z	P> Z
InLOAN	3.223	5.96*	0.000
IGAINC	2.164	2.15	0.207
PRODUSE	1.289	2.48	0.148
PMDA (dummy)	2.231	2.79	0.006
PSGSY (dummy)	2.976	4.97*	0.000
CONSTANT	1.072	6.28*	0.000
Number of Observations = 242, LR chi² (5) = 109.27, Pseudo R² = 0.64, Log likelihood = 103.3487, Prob.>chi² = 0.000			

Source: Computed from field survey

Table 5 shows that the loan amount play a very significant role in reducing the risk faced by participants as higher the loan amount disbursed, the higher the possibility of reducing risk. The use of loan for productive purpose and income earned from IGAs also helped members to deal with risky situations up to a limited extent. Programme wise analysis shows that both MDA and SGSY members were benefited by the microfinance programme. But SGSY has far better performance than MDA.

There is no doubt that microfinance programme helped members to cope up with risky situations. But mostly members were able to deal with risky situation through the loan amount from SHG and bank, financial help by group in emergency etc. instead of income earned by them as members borrow money for the consumption purpose not for productive use. Overall, SHGs played a significant role in helping members and their HH to deal with risky situations.

CONCLUSION

There is no doubt that microfinance programme helped members to cope up with risky situations. But mostly members were able to deal with risky situation through the loan amount from SHG and bank, financial help by group in emergency etc. instead of income earned by them as members borrow money for the consumption purpose not for productive use. Overall, SHGs played a significant role in helping members and their HH to deal with risky situations. Through SHGs,

member became able to deal with risky situations faced by them and their HH. Overall, SHGs helped members to reduce vulnerability of their HH.

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- It means the ability of HH and its members to deal with risks, shocks, and proneness to food security and hence their attitude towards undertaking risks. It may be idiosyncratic risk (Micro level) and covariant risk (Meso and Macro level).
- In case of MDA, member received minority's funds to face risky situations.
- In this case, members borrow money from milk barber.