



ANALYZING AND CONTRASTING B.P.L AND A.P.L SELF HELP GROUP IN ALMORA IN TERM OF NUTRITION AND HEALTH

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ABSTRACT

Self Help Group (SHG's) are informal associations of people who choose to come together so that they can improve their living conditions, they are in fact a financial intermediary committee usually composed of 10-25 local women between the ages of 18 and 50. People from their personal group for the purpose of saving and also land money among themselves. Ela Bhatt, who formed SEWA, organized poor and self employed women workers such as potters, hawkers etc in the unorganized sector, with the objective of enhancing their income. NABARD in 1992 formed the SHG bank linkage project, which is today the world's largest microfinance project. This Self Help Group (SHG's) creates group feeling among women and enhance the capabilities of women and develop collective decision making and encourage the habit of saving. India's earliest self help group started in 1972 with the self employed women association in Ahmadabad working with poor, self employed women in the informal sector. The group tried to help these women get work, income and food security. In true sense SHG's are an alternative to achieve the objective of rural development for the women's participation is all rural programmes. These make the women socially and economically employed.

Keywords: Finance access Empowerment, Below Poverty Line, (B.P.L.), Above Poverty Line (A.P.L.)

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INTRODUCTION

Strengthening the community based institutions and building the functional capacity of the poor women in the field of employment and Income generating activities in the best method to sustain the development process. Women in India own fewer businesses, have lower access to finance and are less active in political affairs. Ensuring leadership opportunities for those with less education may help to promote women's empowerment.

These days the Uttarakhand region is witnessing of number of problems multiplied by the traditional migration males from the hills, alcohol consumption and patriarchal values. There have been efforts leading to the emergence of a variety of grass roots efforts in a non State Sector, to address domestic violence in the hills and provide meaningful interventions in the area of women's health and Nutrition, therefore the problems, priorities, issues and need of hill women need to be contextualized

against specificities such as Agricultural productivity, lack of proper Education and health facility. There are number of voluntary organization working in this field. Thrust areas of such organizations are centered on women and children Group of women have been formed to support community development spheres in the form of Self Help groups. These self help groups intervene to address the practical needs of women through micro financing, such women focused self help group is existing in "**Sarkar ki Aali**" a nearby village of **Almora**. The village has various self help groups such as **Rohni Swayam Sahayata Group, Maa Durga Jagrati, Ujjwal**, etc.

Since 1992, some poor women in the village were running their households by preparing Mugauri, Vadies etc, But this was not enough, until 1997 when a small group comprising 20 members was started by the name of "**Mahila Mangal Dal**" by collecting Rs 10 per month from each member so as to make inter Loaning facility available. Seeing the advantages of the group many self help Groups, were formed both in Above Poverty line, (APL) and Below Poverty line (BPL), with the purpose of improving the economic status of the women. These groups appoint Presidents, Secretary and treasures and held meetings regularly every month.

These groups aim to improve the hygienic / Sanitary Conditions of the village, and to strengthen woman economically and get their problems solved by higher authorities. These groups also focus attention on girls Education and health along with raising voice against social evils existing in the society.

Objective of the study

Against the above background the present study seeks to empirically study the following aspects.

- (1) The relative position of health and Nutritional status of female among selected household
- (2) The factors that explain the differences in health and nutritional status of women on the basis of dietary habits, incidence of sickness, clinical symptoms.
- (3) The impact of economic empowerment in their health and nutritional status.

The study is based on field data collected from random sample of 6 ladies residing in “Sarkar Ki Aali” village. The samples were so selected that in each of the Sample households, there were women who are members of Self Help Group in B.P.L Category, known as ‘Gyan Vigyan Samuha’, and other 6 samples were from A.P.L (Above Poverty line) Self Help group. ‘Jagrati’, ‘Mahila Mangal Dal’ etc.

Methodology

The methodology selected for the field. Primarily is based on Questionnaires and Interview. The number of women in each sample group was 06. The age group were 20-30, 30-40, 40 and above. The income profile of the selective household showed that majority of them were relatively having lower economic status and other had fairly higher economic status. On the basis of Questionnaires, the data is analyzed.

Observations/Analysis

Table No-01

Against the range of income distribution (Table No-01), the Study compares the health and maturational status of Women on the basis of dietary habits.

S.NO	Particulars.	B.P.L	APL
1	Number of Meals Consumed in a day.	2-3	4 times day
2	Consumption of Milk in a week	No Consumption	2-3 times
3	Consumption of Seasonal Vegetable	Once a day.	Twice a day
4	Consumption of Seasonal fruits	Subjected to availability of money, but in general it was a rare phenomenon	1-2 times a week

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5	Consumption of Pulses / Rice	Everyday	Everyday
6	Consumption of Meat, Eggs, Chicken etc.	Occasionally, subjected to availability of money	Once in 15 days

Supplementary feeding including milk, eggs, vitamin tablet, tonics and other health improving drinks were interestingly based on the availability of money. The APL group has a tendency for positive health concept which is a positive health feature.

Table No-02

Incidence of Sickness

S. N O.	Group	Total number of Women	Fever Number	Fever Percentage	Cold Number	Cold Percentage	Diarrhea Number	Diarrhea Percentage
1	A.P.L	6	5	83.3	2	33.3	2	33.3
2	B.P.L	6	3	50	4	66.6	5	83.3

The incidence of sickness shows that among women of Self Help group (SHG) of BPL (Below poverty line) are prone to greater evidence of fever. The differences though marginal in respect of fever, seem to be larger in respect of cold and incidence of diarrhea was more seen in A.P.L. group.

Table No-03

Presence/Absence of Some Clinical Symptoms

S.No.	PURTICULARS	A.P.L NUMBER	A.P.L PERCENTAGE	B.P.L NUMBER	B.P.L PERCENTAGE
1	Cheilosis	2	33.3	5	83.3
2	Under eye dark-circles	1	16.6	6	100
3	Roughness of hair, skin	3	50	6	100

Nutritional deficiencies leading to clinical symptoms affect women in the form of cheilosis, under eye dark circles and pale skin, roughness of hair, skin etc.



The data indicates that among B.P.L women texture of skin and hair was rough, hair were brown and dry while in A.P.L the incidence of this was almost 50% lesser indicating less malnourishment among their group. Under eye dark circles and pale skin was not much evident in A.P.L While pale skin, cheilosis sign was more prominent in B.P.L group which indicate intake of low nutritious meals.

CONCLUSION

Thus the above study brings out following conclusions.

- (1) The women of B.P.L groups generally constrained to pulses and cereals, while the consumption of milk, fruits, eggs, vegetables etc. were subjected to the money earned.
- (2) Poverty plays a key note in the incidences of sickness, the B.P.L women are more prone to fever, but less to diarrhea, whereas in A.P.L Group comparatively diarrhea was frequent due to consumption of more fruits, vegetables, milk and edibles from outside.
- (3) on the bases of clinical symptoms the situation is rather different in B.P.L, where most of the women showed the symptoms of anemia, deficiency of Vitamin C, Calcium, Vitamin B and A.

The study of impact of economic empowerment on the health and nutritional status of women shows that after joining the SHG, the women became more capable in household decision making which includes the purchasing power related to fruits, milk, vegetables etc. They are more aware of the products available in the market.

On the basis of experiences shared by the women, the health and nutritional status are better after joining the income generating activities keeping in view their knowledge, skills and locally available materials and market feasibility, their health problems are now less often seen.

SUGGESTIONS

- (1) Our analysis has brought out the level and spread of women empowerment and the problems of women as laborer's and household earners need more help and nutritional assistance. The sector needs more infrastructure investment like availability of health care facility regular check up Camps, regular health counseling.



(2) Intensive training of midwives who initiated safe deliveries and first aid health kit respectively. There can be a specific amount of money for the health emergencies of the group.

(3) Women should be encouraged not only to collect money in SHG and then Sit but should also work together and participate together in some income generating programmes, and women should also be encouraged not to join any group just forsake of getting B.P.L card and financial assistance from the block, but for working together and earning which could uplift health and nutritional aspect.

(4) Banks and other funding agencies should consider the health on priority. There should be specific provision of funds at low interest rate ensuring the amount will be spend on the health needs of the vulnerable group.

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