



Impact Of Rural Livelihood Programmes On Mental Health, Personal And Social Development Of Marginalised Women In Bihar

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Abstract

Women living in rural areas often face multiple forms of socioeconomic and gender-based marginalization that affect their overall well-being and development. Community-based livelihood programmes have emerged as important strategies for promoting women's empowerment and improving their quality of life. The present study examines the role of JEEViKA Self-Help Groups (SHGs) in enhancing the mental health as well as the personal and social development of marginalized rural women in East Champaran, located in Bihar. A mixed-methods research design was adopted, combining quantitative and descriptive approaches. The study sample consisted of 300 rural women aged 20–60 years, including 150 SHG members and 150 non-members selected from selected Gram Panchayats using purposive and systematic random sampling techniques. Mental health was measured using the Mental Health Inventory developed by A. K. Srivastava and Jagdish, while personal and social development was assessed through a structured questionnaire. Data were analyzed using descriptive statistics, independent samples t-tests, Pearson correlation analysis, and regression analysis. The findings reveal that women participating in SHGs demonstrate significantly higher levels of mental health and personal and social development compared to non-members. A moderate positive relationship was also observed between mental health and personal and social development. Furthermore, regression analysis indicated that personal and social development significantly predicts variations in mental health. The study highlights the importance of SHG-based livelihood initiatives in promoting holistic



empowerment among marginalized rural women. Strengthening such programmes and integrating mental health awareness within livelihood initiatives may contribute to sustainable rural development and improved well-being among women.

Keywords: JEEViKA, Self-Help Groups, Mental Health, Personal and Social Development.

Introduction

Persistent rural poverty and gender inequality continue to pose major challenges to inclusive and sustainable development in many developing countries, including India. Women in rural areas often face compounded disadvantages, such as limited access to education, employment opportunities, productive resources, and decision-making power. These disparities are particularly pronounced among women from socially and economically marginalized groups, resulting in restricted livelihood options, lower social status, and heightened vulnerability to psychological stress. In states like Bihar, where poverty and gender inequities remain significant, improving the socio-economic conditions and overall well-being of rural women has become a central concern for policymakers and development planners. Addressing these inequalities is crucial not only for individual empowerment but also for achieving broader development goals related to gender equality, social inclusion, and community resilience.

In response to these challenges, Self-Help Groups (SHGs) have emerged as a widely recognized strategy for promoting economic, social, and psychological empowerment among rural women. SHGs are small, voluntary collectives that provide opportunities for women to save regularly, access credit, acquire skills, and engage in collective decision-making, while simultaneously fostering social interaction and mutual support. Through participation in SHGs, women often gain increased confidence, leadership skills, and bargaining power within households and communities, alongside greater involvement in income-generating activities (Kabeer, 2005; Swain & Wallentin, 2009). In India, the National Rural Livelihoods Mission (NRLM) has significantly expanded SHG-based initiatives, with JEEViKA in Bihar serving as a flagship programme that mobilizes marginalized women into SHGs and strengthens their economic, social, and personal capacities. Beyond economic gains, SHG participation has been associated with enhanced personal and social development, improved mental health, and greater social recognition, highlighting the multidimensional nature of empowerment. By comparing SHG members with non-members, this study seeks to examine the impact of JEEViKA on the mental, personal, and social development of rural women, thereby providing evidence for more inclusive and holistic rural development policies and interventions.

REVIEW OF LITERATURE

Women's empowerment is widely acknowledged as a vital element of sustainable development, particularly in developing countries where poverty and gender inequality remain pervasive. In rural India, women face structural barriers including restricted access to education, financial resources, and decision-making power, which limit their economic opportunities and social participation. Over recent



decades, Self-Help Groups (SHGs) and livelihood programmes have emerged as effective tools for addressing these challenges by promoting economic independence, social engagement, and psychological empowerment among marginalized women. SHGs are small voluntary associations of individuals from similar socioeconomic backgrounds that facilitate collective savings, mutual support, and access to credit. Participation in SHGs has been shown to enhance women's economic status, decision-making ability, and social involvement within households and communities (Narasimha et al., 2017). Beyond economic benefits, SHGs foster financial autonomy, leadership development, and greater visibility in family and community decision-making, while also challenging traditional gender hierarchies and promoting social and political empowerment (Jain & Nalla, 2024; Mittal et al., 2025). Government initiatives such as the National Rural Livelihoods Mission (NRLM) and state programmes like JEEViKA have further strengthened the reach of SHGs, supporting women's collective bargaining power and expanding opportunities for economic and social participation.

Empirical studies demonstrate that SHGs contribute significantly to women's economic empowerment by providing access to credit and savings, which enables women to start small enterprises, participate in income-generating activities, and improve household financial security (Kabeer, 2005; Swain & Wallentin, 2009). These economic gains often translate into greater autonomy and decision-making authority within families. Beyond financial outcomes, SHG participation also promotes social development by building stronger social networks and support systems that facilitate knowledge sharing, collective problem-solving, and mutual assistance (Patel & Mistry, 2024). These networks encourage active engagement in community initiatives such as educational programmes, health campaigns, and local governance, enhancing women's social participation and recognition. Recent research highlights the importance of mental health as a crucial dimension of empowerment, showing that SHG involvement can improve psychological well-being by reducing social isolation and providing emotional support, thereby enhancing resilience, self-esteem, and social acknowledgment (Narasimha et al., 2017). Personal development through SHGs includes improved self-confidence, leadership skills, decision-making ability, and self-efficacy, while social development encompasses active community participation, stronger interpersonal relationships, and increased social recognition. Studies consistently indicate that women involved in SHGs demonstrate higher levels of personal growth and social engagement compared to non-members (Tripathi et al., 2025). Overall, SHGs function as multidimensional platforms integrating financial inclusion with social empowerment, capacity building, and collective action, although the scale of their impact depends on programme design, institutional support, and local socio-cultural conditions.

Research Gaps

Despite the growing body of literature on SHGs and women's empowerment, several gaps remain in existing research. Many studies primarily focus on economic empowerment, while fewer studies examine the interrelationship between mental health, personal development, and social development among rural women. Moreover, there is limited comparative research that examines differences between SHG members and non-members within specific regional contexts. In states such as Bihar, where rural



livelihood programmes have expanded rapidly, it is important to evaluate whether participation in SHGs leads to measurable improvements in women's psychological well-being and developmental outcomes. Therefore, the present study seeks to address this gap by examining the role of SHG participation in enhancing mental health, personal development, and social development among marginalized rural women in selected villages of Bihar.

AIMS, OBJECTIVES AND HYPOTHESES OF THE STUDY

Aim of the Study: The primary aim of the present study is to examine the role of JEEViKA-affiliated Self-Help Groups (SHGs) in enhancing the mental health, personal development, and social development of marginalized rural women in East Champaran, located in the state of Bihar. The study seeks to understand whether participation in SHGs contributes to improvements in psychological well-being and overall development among rural women.

Objectives of the Study

1. To assess the level of mental health and personal and social development among marginalized rural women in selected villages.
2. To compare the mental health status and personal and social development of women who are members of Self-Help Groups (SHGs) and those who are not affiliated with any SHG.
3. To analyze the relationship between mental health and personal and social development among marginalized rural women.
4. To examine the contributing role of participation in JEEViKA Self-Help Groups on the criterion variables, namely mental health and personal and social development among marginalized rural women.

Hypotheses of the Study

Based on the objectives of the study, the following hypotheses were formulated to examine the relationships and differences among the variables.

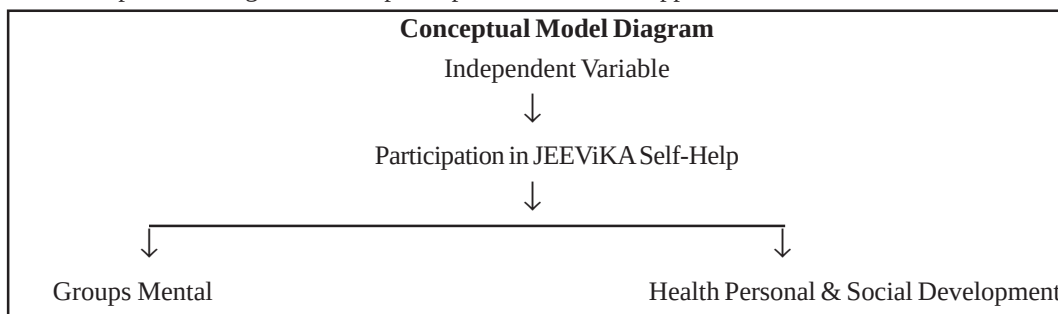
1. There would be a significant difference in mental health between SHG members and non-members.
2. There would be a significant difference in the level of personal and social development between SHG members and non-members.
3. There would be a significant positive relationship between mental health and personal and social development among marginalized rural women.
4. Personal and social development would contribute significantly to the mental health of participants.

CONCEPTUAL FRAMEWORK / RESEARCH MODEL

The conceptual framework of the study explains the relationship between participation in Self-Help Groups under the JEEViKA and the developmental outcomes among marginalized rural women in East Champaran, Bihar. In this framework, Independent Variable (IV) was participation in JEEViKA



Self-Help Groups, and Dependent Variables (DV) were mental health, personal development, and social development. Participation in SHGs is expected to influence women's psychological well-being and development through economic participation, collective support, and increased social interaction.



RESEARCH METHODOLOGY

Research Design

The study utilized a mixed-methods research design, integrating quantitative and qualitative approaches to examine the influence of JEEViKA Self-Help Groups (SHGs) on mental health, personal development, and social development among marginalized rural women in East Champaran, Bihar. Framed within a descriptive, correlational, and comparative structure, the design allowed for the analysis of relationships among key variables as well as comparisons between SHG members and non-members. SHG membership served as the categorical independent variable, and mental health, personal development, and social development were measured as continuous dependent variables.

Participants

The target population included women aged 20–60 residing in selected Gram Panchayats with a high concentration of SHGs. A total of 300 respondents were surveyed, comprising 150 SHG members and 150 non-members. Purposive sampling was used to identify relevant districts, blocks, Panchayats, and villages, while systematic random sampling selected individual participants to ensure representativeness.

TOOLS AND INSTRUMENTS

Mental Health Assessment:

The Mental Health Inventory (MHI) developed by Jagdish and A. K. Srivastava (1983) was used to assess psychological well-being. It consists of 56 items covering positive self-concept, personality coherence, autonomy, social orientation, and environmental mastery. Responses are recorded on a four-point Likert scale: Always = 4; Often = 3; Rarely = 2; Never = 1. The total score ranges from 56 to 224, with higher scores indicating better mental health.



Personal and Social Development Assessment:

A structured questionnaire of 23 variables was used to assess personal and social development. Each response was scored as: Yes = 1; and No = 0. The total score for each respondent was computed, with higher scores reflecting better personal and social development.

DATA COLLECTION PROCEDURE

Data were collected through face-to-face interviews using the structured questionnaires. Field visits were conducted to ensure that respondents understood the items, and clarifications were provided when necessary. Participation was voluntary, and ethical considerations including informed consent, confidentiality, and the right to withdraw were strictly maintained.

DATA ANALYSIS

Quantitative data were analyzed using a range of statistical techniques to examine the developmental outcomes of marginalized rural women. Descriptive statistics, such as means and standard deviations, summarized the sample characteristics and variable distributions. Independent samples *t*-tests compared mental health and personal and social development between SHG members and non-members, while Pearson's correlation assessed the relationship between mental health and personal and social development. Additionally, regression analysis evaluated the extent to which SHG participation predicts variations in these outcomes. Together, these methods provided a comprehensive assessment of group differences, inter-variable relationships, and the predictive influence of SHGs on women's overall well-being.

RESULTS AND DISCUSSIONS

To examine whether participation in JEEViKA Self-Help Groups (SHGs) is associated with differences in psychological well-being, an independent samples *t*-test was conducted comparing the mental health scores of SHG members and non-members. The results indicate that SHG members reported significantly higher mental health ($M = 146.4$, $SD = 2.73$) than non-members ($M = 139.5$, $SD = 2.26$), $t(298) = "23.76$, $p < .001$ (Table-1). The observed mean difference of approximately 6.9 points suggests that SHG participation is associated with substantially improved psychological well-being among marginalized rural women. This improvement may be attributed to multiple factors, including access to financial resources and economic opportunities that reduce financial stress, the formation of supportive social networks through regular group interactions, and enhanced self-confidence, decision-making ability, and social recognition within families and communities. These findings are consistent with prior research demonstrating the psychological and social benefits of collective livelihood initiatives: Brody et al. (2015) reported that SHG involvement strengthens social networks and economic stability, Swain and Wallentin (2009) found increased confidence and autonomy among participants, and Kabeer (2005) highlighted the role of microfinance and group-based initiatives in promoting self-efficacy and strategic life choices. Narasimha et al. (2017) further emphasized that SHGs enhance health awareness, social participation, and coping strategies. Collectively, these results



underscore the multidimensional impact of SHGs, highlighting the need for policymakers and development practitioners to expand SHG networks, provide capacity-building opportunities, and integrate mental health support into rural livelihood programmes to foster holistic empowerment among marginalized women.

Table 1: Status of mental health among marginalised rural women involved in rural livelihood programmes and those who are not involved in rural livelihood programmes (Independent t-test)

Involvement in Jeevika	N	Mean	SD	t Value	p value
Yes	150	146.4	2.73	-23.76	<.0001
No	150	139.5	2.26		
Total	300				

Note: A higher score indicates a greater level of mental health, whereas a lower score indicates a lower level of mental health.

To examine whether participation in JEEViKA Self-Help Groups (SHGs) is associated with differences in personal and social development among marginalized rural women, an independent samples *t*-test was conducted. The results indicate that SHG members reported significantly higher levels of personal and social development ($M = 15.24$, $SD = 5.44$) compared to non-members ($M = 8.76$, $SD = 7.00$), $t(298) = 8.94$, $p < .001$ (Table-2).

These findings suggest that participation in SHGs under the JEEViKA programme is strongly associated with enhanced personal growth, greater social engagement, and improved community participation among rural women. The observed differences may be attributed to several mechanisms: SHGs provide structured opportunities for collective learning, skill development, and leadership training, which strengthen women's confidence and decision-making abilities; they foster social networks and mutual support systems that enhance social capital and a sense of community belonging; and participation in income-generating activities through SHGs improves economic independence, which can positively influence women's social status within households and communities.

These results are consistent with previous studies demonstrating the broader developmental impacts of SHGs, including increased agency, leadership, household and community engagement, and empowerment outcomes (Kabeer, 2005; Swain & Wallentin, 2009; Brody et al., 2015; Narasimha et al., 2017).

Collectively, the findings underscore the critical role of SHG-based livelihood programmes in fostering multidimensional development among marginalized women and suggest that policymakers and practitioners should continue to strengthen these initiatives, integrating leadership training, community engagement, and awareness programmes to maximize personal and social development outcomes.



Table 2.: Personal and Social Development of Marginalized Rural Women by Involvement in Jeevika and those who are not involved in rural livelihood programmes (Independent t-test)

Involvement in Jeevika	N	Mean	SD	t Value	p value
Yes	150	15.24	5.44	-8.94	<.0001
No	150	8.76	7		
Total	300				

Note: A higher score indicates better personal and social development among marginalized rural women, while, a lower score indicates poorer personal and social development "

To examine the relationship between mental health and personal and social development among marginalized rural women, Pearson's product-moment correlation analysis was conducted using data from 300 respondents. The results revealed a moderate positive correlation between mental health and personal and social development ($r = .4208$, $p < .001$), indicating that higher levels of psychological well-being are associated with greater personal growth, confidence, and social participation (Table-3). This association can be explained by the fact that improved mental health enhances self-confidence, motivation, and interpersonal skills, which facilitate active engagement in community networks, decision-making processes, and livelihood activities. Participation in collective initiatives such as JEEViKA Self-Help Groups may further reinforce this relationship by providing emotional support, economic opportunities, and social interaction, thereby strengthening both psychological well-being and developmental outcomes. These findings are consistent with prior research demonstrating that women's involvement in SHGs and other community-based programmes enhances both mental health and empowerment, including confidence, social participation, and autonomy (Brody et al., 2015; Swain & Wallentin, 2009; Kabeer, 2005).

The results underscore the importance of integrating mental health support and awareness into rural livelihood programmes, as improvements in psychological well-being can foster greater personal and social development, reinforcing the multidimensional nature of women's empowerment in contexts such as Bihar.

Table-3: Relationship between mental health and personal and social development among marginalized rural women.

Prob > r under H0: Rho=0		
	Mental Health	Personal and Social Development
Mental Health	1	0.4208
		<.0001
Personal and Social Development	0.4208	1
	<.0001	



To examine whether participation in JEEViKA Self-Help Groups (SHGs) predicts variations in mental health through personal and social development, a General Linear Model (GLM) regression analysis was conducted. The model was statistically significant, $F(1, 298) = 64.12, p < .001$, indicating that personal and social development significantly predicts mental health among marginalized rural women, with an R^2 of .1771, suggesting that approximately 17.7% of the variance in mental health scores is explained by differences in personal and social development. The root means square error (RMSE = 3.878) and coefficient of variation (CV = 2.71%) indicate low variability and reliable estimation of the relationship (Table-4). The findings suggest that higher levels of personal development—such as self-confidence, decision-making ability, and leadership skills—along with enhanced social development, including community engagement, social networks, and recognition, contribute substantially to improved psychological well-being. Participation in JEEViKA SHGs likely facilitates these outcomes by providing platforms for collective learning, financial cooperation, and social interaction, fostering both practical skills and supportive relationships. These results align with prior research indicating that SHG-based empowerment initiatives enhance women's confidence, autonomy, leadership capacity, and social participation, which in turn improve mental health outcomes (Brody et al., 2015; Swain & Wallentin, 2009; Kabeer, 2005). The findings underscore the importance of integrating personal and social development components into rural livelihood programmes, suggesting that strengthening SHG activities, leadership training, mental health awareness, and community engagement can generate holistic benefits for marginalized women's economic, social, and psychological well-being.

Table 4: General Linear Model (GLM) Analysis of the Effect of Personal and Social Development on Mental Health among Marginalised Rural Women

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F	R-Square	Coeff Var (%)	Root MSE	Dependent Variable Mean
Model	1	964.31	964.31	64.12	<0.0001	0.1771	2.71	3.878	142.91
Error	298	4481.44	15.04						
Corrected Total	299	5445.75							

Conclusion

The present study examined the role of JEEViKA Self-Help Groups (SHGs) in influencing mental health as well as personal and social development among marginalized rural women in East Champaran, Bihar, using a comparative and correlational framework with 300 respondents. The findings indicate that SHG members reported significantly higher levels of mental health compared with non-members, suggesting that participation in collective livelihood programmes enhances psychological well-being through access to economic resources, supportive peer networks, and opportunities for social interaction and emotional support. SHG members also demonstrated greater personal and social development, including higher confidence, participation in community activities, and engagement in decision-making processes, highlighting the role of such groups in fostering women's empowerment



and social capital. A moderate positive correlation between mental health and personal and social development indicates that improvements in psychological well-being are closely linked with enhanced personal capacities and social participation. Regression analysis further revealed that personal and social development significantly predicts variations in mental health, emphasizing the interconnected nature of empowerment, where economic, psychological, and social factors collectively shape developmental outcomes.

Overall, the study underscores that participation in JEEViKA SHGs serves as a multidimensional mechanism for holistic empowerment, enhancing not only financial independence but also mental health, personal growth, and social integration. The findings highlight the importance of strengthening SHG-based initiatives and integrating components such as mental health awareness, leadership development, and community engagement to promote resilience, inclusive participation, and improved quality of life among marginalized rural women, thereby contributing to broader goals of gender equality, community development, and sustainable rural transformation.

LIMITATIONS AND FUTURE RESEARCH

Despite providing valuable insights, the study has several limitations. It was conducted in selected Gram Panchayats of East Champaran, Bihar, which may limit generalizability to other regions with different socio-cultural contexts. The cross-sectional design captures outcomes at a single point in time, restricting causal inference, and reliance on self-reported measures may introduce response biases. The study focused mainly on SHG participation and examined only mental, personal, and social development, without considering other factors such as income, education, or political participation. Future research could use longitudinal and mixed-methods designs, expand geographic coverage, and explore mediating factors like social capital and decision-making power to better understand how SHGs influence holistic women's empowerment.

POLICY AND PLANNING RECOMMENDATIONS

The findings of this study underscore the crucial role of community-based livelihood programmes in promoting the mental health, personal growth, and social development of marginalized rural women, offering several actionable policy and planning implications. Strengthening SHG-based initiatives like JEEViKA through expanded outreach, adequate financial and institutional support, and robust monitoring can enhance women's access to financial inclusion, skill development, and collective empowerment. Integrating mental health awareness and counseling services, along with leadership, entrepreneurship, and financial literacy training, can further bolster psychological resilience and decision-making capacities. Encouraging women's participation in community institutions and local governance, fostering partnerships among government, NGOs, financial institutions, and local organizations, and implementing comprehensive monitoring frameworks that capture economic, psychosocial, and empowerment outcomes are essential for effective programme delivery. Finally, prioritizing inclusive development strategies that target socially and economically disadvantaged women can reduce gender disparities and promote equitable rural development. Collectively, these measures can strengthen the transformative potential of SHG-based livelihood programmes, ensuring holistic empowerment and improved well-being for rural women.



ACKNOWLEDGEMENT

We sincerely acknowledge the financial support received from the Indian Council of Social Science Research (ICSSR), New Delhi, through a Post-Doctoral Fellowship awarded to the first author, which enabled the successful completion of this research. We are also deeply grateful to the A.N. Sinha Institute of Social Studies, Patna, for providing institutional affiliation, academic guidance, and essential research support throughout the study. Their encouragement and cooperation played a vital-role in the successful execution and completion of this work.

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