

Bridging Communities: Self-Help Groups in India & Germany

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Self Help Groups (SHGs) in India is contributing a crucial role in the sustainable economic growth and development in rural and semi urban areas. Unlike India, Germany's focus of economic issues is less and concentrating more in supporting communities mainly in the aspects of psychological, medical (health care) and social issues. The present research paper aims to understand structural, socio-economic and psychosocial SHG models of India and Germany to identify opportunities for bridging communities of both the countries. Based on extensive research studies related to the objectives of the studies of SHGs in India and Germany, various strengths and challenges have been identified. Considering the structural aspects and strengths and challenges of SHGs in India and Germany, a cross hybrid model is proposed for bridging the communities of both the countries, which can help the SHGs and supporting stakeholders of both the countries to embark upon social, economic and psychological challenges. This proposed hybrid model is subject to critical discussions and dialogues among the Government organizations, policy makers, various stakeholders and researchers

Keywords: Bridging, Community, Self Help Group, Social, Economic, Hybrid Model

1. Introduction

The Governments of India and Germany are working actively to strengthen their bilateral relations through diverse policies of collaborative projects, social events and sharing learning experiences with the aim at bridging communities and fostering cooperation in different sectors. Economic partnership is a key focus area. According to Wagner (2024), due to the economic dynamism of India in recent years, the country has experienced a significant rise in status in German and European foreign policy (Wagner, 2024). Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH of Germany in partnership with the Ministry of Rural Development (MoRD) in India implemented the Indo-German development cooperation project, Enhancing Rural Resilience through Appropriate Development Actions (ERADA) (German Federal Ministry for economic Cooperation and Development or BMZ, 2022). The objective of the ERADA project is to strengthen the livelihoods of weak households in selected rural areas in India through locally available natural resources and development support programmes especially Mahatma Gandhi National Rural Employment Guarantee Act (Mahatma Gandhi NREGA).

In India, Self Help Groups (SHGs) is contributing an important role in the economic growth and development through the sustainable development in rural and semi urban areas (Thipperudrappa and Dhananjaya, 2018) by enhancing the economic activities of communities emphasizing women empowerment. Women's empowerment is a key concept in emerging economies, impacting in sustainable growth and development. The sustainable development of communities maintains stability between economic growth and social well-being. Over fifty years, women are influencing the development organizations globally in addressing varied apprehensions of women (Tinker and Zuckerman, 2013). In Germany, SHGs play a vital role in supporting communities mainly in the aspects of psychological, medical (health care) and social issues. Unlike India, Germany's focus of economic issues is less.

The present research paper aims to understand SHG models of India and Germany and if a hybrid model of SHGs be envisaged to strengthen health and economic resilience of communities of India and Germany.

2. Study Objectives

1. To understand the structural aspects of SHGs in India and Germany.
2. To assess how SHGs contribute to socio-economic empowerment, inclusion and resilience of SHG members and at the community level.

3. To understand the challenges faced by the SHG members.
4. To identify opportunities for bridging communities of India and Germany through cross-cultural policy learning and adaptation and designing a hybrid model of SHG to strengthen the socio-economic aspects of communities of both the countries.

3. Methodology

The present study is review based. All the related study materials such as peer reviewed and non peer reviewed published articles, published PhD theses, policy reports and program evaluations of India and Germany available in the online credible research websites have been glanced and the most relevant literatures were downloaded and saved systematically in separate folders labeled as “Articles”, “Reports” and “Thesis”. The research websites referred were Google Scholar, JSTOR, ResearchGate, ScienceDirect, Sage, PubMed, National Library of Medicine (NLM) and FinDev Gateway. Besides the research websites other websites of Ministry, NABARD, APAMAS etc. were also searched for the related documents and literature. Due to limited available related research published literature in English for Germany, some blogs with related materials were also referred.

The inclusion criteria of the literatures were (1) only India and Germany, (2) all literature relevant to the study objectives, (3) studies published between 2015 (considered one study of Germany in 2014) and 2025 and (4) studies published in English language only.

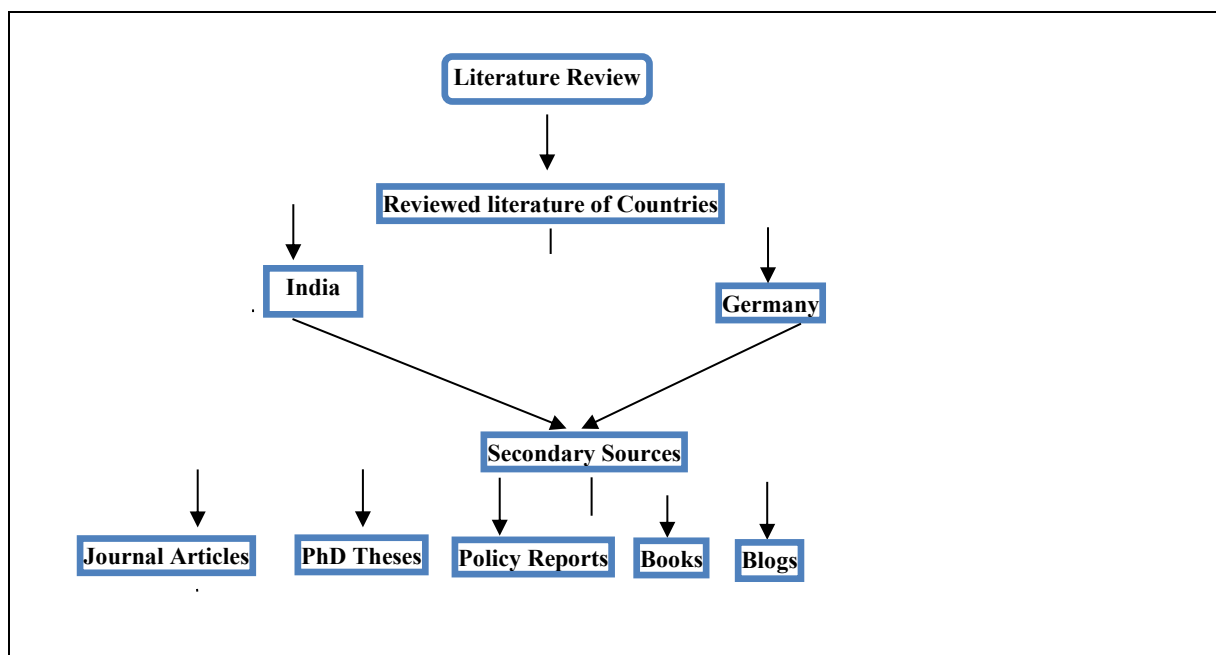


Figure 1 Review of Related Literature - Mapping (Source: Researcher)

4. Literature Review Analysis

Each downloaded literature was studied thoroughly, analysed and subsequently narrated section wise, keeping in mind the objectives of the study.

4.1 Structural aspects of SHGs in India and Germany

Self Help Groups (SHGs) are informal groups of people get together to address their common problems and crisis. SHGs were introduced by Mohamed Yunus in the year 1975, which deemed to be the imperative strait in empowering women, mainly in the rural areas. The meaning of Self Help Groups is “one should help oneself”. Economic development is the first and crucial step in the overall development process of SHG members, especially women. To get relief from the debt of the lender was the initial objective of SHG movement. Women empowerment through SHGs has emerged as an International significance.

SHGs in India: In India, SHGs was introduced in 1984. SHG *Grameen* Bank Model pioneered by Mohamed Yunus was considered after certain modifications with the aim to improve livelihoods of SHG member through collaborative saving and investment (Karunaratne and Praveena, 2024). The SHGs in India are formed and supported by Self Help Promoting Institution (SHPI) like Non-Governmental Organizations (NGOs) or a

government agency or a bank branch. The main purpose of SHG was to reduce poverty and to empower women residing in rural areas (Vinodhini and Vijayanthi, 2016).

SHG in India is a small socio-economically homogeneous group with voluntary association of generally 10 to 20 of poor people. In India, SHGs characterize a unique approach to financial intermediation. The approach combines access to low-cost financial services with a process of self management and development for the women SHG members (EDA and APMAS, 2006, Bhattacharya 2015; Jose et. al., 2020). National Bank for Agriculture and Rural Development (NABARD) introduced Self-Help Group - Bank Linkage Programme (SHG-BLP) in the year 1989 and commenced as a pilot project in 1992 to encourage the Indian rural poor people in improving their income and savings. (NABARD, 2024). To promote self employment in rural areas, Government of India launched *Swarnajayanti Gram Swarozgar Yojana (SGSY)* in 1999 through skilling of SHG members. Certain amendments were made in SGSY and the programme thereafter evolved as National Rural Livelihoods Mission (NRLM) in 2011, world's largest poverty alleviation programme (NABARD, 2024). According to NABARD (2024), despite the noteworthy progress made through the initiatives taken so far, the SHG members face challenges like financial illiteracy, lack of marketable skill in generating income on regular basis. Deendayal Antyodaya Yojana -National Rural Livelihoods Mission (DAY-NRLM), launched by the Ministry of Rural Development (MoRD), Government of India in June 2011 is one of the schemes of Government of India to help the poor through skill training. DAY NRLM is empowering women SHGs to access credit from Banks (Reserve Bank of India, 2018). In 2013, National Urban Livelihoods Mission (NULM) was launched by the Ministry of Housing and Urban Poverty Alleviation, Government of India which enables urban poor to access profitable self employment and skilled wage employment opportunities (NHSRC, nd.; Ministry of Minority Affairs and NIPCCD, nd.). One of the latest schemes of "Lakshpati Didi" of Indian government with the aims to empower SHG women members to earn Rupees one lakh or more annually is also considered as a step towards economic development of women in rural areas.

The various functions of SHGs and supports provided to the SHG members in India are:

1. Building the functional capacity of the poor and the marginalized in income generating activities and employment (NABARD, 2024; Sivanna, 2022).
2. Resolve conflicts through collective leadership and mutual discussion (Sivanna, 2022).
3. Provide guarantee free loan with the decided terms by the group at the market driven rates (NABARD, 2024; Sivanna, 2022).
4. Works as a collective guarantee system for members who intend to borrow from organised sources (Sivanna, 2022).
5. Emerged as the most effective mechanism for delivery of microfinance services to the poor (NABARD, 2024; Sivanna, 2022).
6. Encourage and empower women to participate dynamically for the betterment of health services (NHSRC, nd.).
7. Efforts in mobilising to combat socially unsafe practices like tobacco use, alcoholism, gender discrimination including domestic violence etc. (NHSRC, nd.).

As per the latest updated report of June 17 2025, the total number of SHGs in India was 84,03,359 and the total SHG members including people with disabilities (PwDs) in India was 875,50,978 (Ministry of Rural Development, 2025). In India, people with disabilities (PwDs) are also encouraged to register in SHG for fostering a sense of community and ensuring the active participation in various aspects of life with the aim to promote social and economic empowerment.

After the introduction of SHGs in India, the effective policy for empowering women of both rural and urban areas has been witnessed. Ghose (2022) considered SHG as the crucial channel for holistic development, which is supporting women in shifting from subsistence to sustainability.

In the digital era, there is significant scope for enhancing the socio-economic empowerment of SHG members through digital technologies. NABARD had initiated in digitizing the SHGs through its e-Shakti to capture member-level financial data (NITI Aayog, 2020). This platform provides and tracks detailed information about credit and transaction histories of SHGs, making it easier to grade the SHGs, and facilitate superior access to bank linkage (NITI Aayog, 2020). As per the report of NABARD, E Shakti (2020), the project was implemented in 250 districts across the country and covered 7.22 lakh SHGs with over 77.84 lakh women members. Despite the potential benefits, the implementers are facing challenges limited access to technology, GPRS connectivity, poor digital literacy and challenges of organizing large scale training and capacity building of grassroots-level stakeholders (NITI Aayog, 2020). To digitise all SHGs throughout India, these challenges need to address through a comprehensive conceptual framework.

SHGs in Germany: The term ‘self-help’ in Germany is used for collective activity of citizens or patients or involvement mostly with health and or with social, environmental or political issues (Kofahl, et al., 2014). In Germany, self help groups (SHGs) evolved as informal initiatives in the 18th and 19th centuries to an important component of Germany's financial and social landscape. The concept of SHG does not directly follow the pioneered Bangladesh model. The country possesses a strong practice of mutual aid and cooperative banking, contributing to the development of SHG formation (Ziegler, 2024). German Federal Ministry for Economic Cooperation Development (BMZ) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) supports SHGs. BMZ plays a leadership role in setting development cooperation policies of Germany and GIZ is a state-owned company, works in association with BMZ in implementing the majority of BMZ's technical development cooperation (Publish What You Fund, 2024). Self-help in Germany comprises self-help groups (SHG), self-help organizations (SHO) and self-help clearinghouses (SHC) (Ziegler, 2024).

Self-help is covering small to big regional support groups. Kofahl, et al., (2014) used the term ‘self-help’, distinguishing between SHGs, which is mostly regional, face-to-face association and Self Help Organizations (SHOs), which is related to health consumer and patient organizations, umbrella organizations or alliances, pressure and lobby groups etc. Like India, the ideal size of members in a SHG is 10-20. Some SHG, especially in remote or tribal areas have minimum five members.

Bundesministerium für Gesundheit (nd.) revealed that following functioning and supports are provided to the self help members:

1. Organize meetings for members
2. Arrange group trips and excursions
3. Organize sports programs, physical exercises and mindfulness training
4. Provide info events on the condition
5. Provide counseling sessions and consulting services

In addition to meetings, other forms of exchange and advice are also done, such as varied self-help organizations offer newsletters, brochures, magazines, telephone or online consultations and communicate through digital channels like internet forums such as websites, social media, e-mails and blogs (Bundesministerium für Gesundheit, nd.). Also video chats facilitate people in attending SHG meetings, trainings, counseling sessions and events even if their health or location prevents them in physical participation (Bundesministerium für Gesundheit, nd.).

There are about 100,000 SHGs in Germany, mostly smaller informal groups at a regional level (Hundertmark-Mayser et al., 2020, as cited in Ziegler et al, 2022). In addition there are more than 1000 organized self-help organizations (SHOs) related to health at the national level and subdivisions at the federal state level (Hundertmark-Mayser et al., 2020, as cited in Ziegler et al, 2022; Ziegler et al, 2024). Most of the SHOs are members of umbrella organizations nationwide. SHGs in Germany are supported by professional self- help support system having more than 300 self-help clearing houses and they are responsible for maintenance of additional branch offices with professional support services for community self-help in total 347 locations (Ziegler et al, 2022).

The various types of SHGs in Germany are;

1. Health focused SHGs like chronic health, cancer and mental health.
2. Migrant women SHGs offering mutual support and empowerment.
3. Alcoholic Anonymous and other addiction recovery groups.
4. Caregiver support SHGs for families dealing with disability or dementia.

In Germany, self-help contact points, volunteer agencies, senior citizen centers, citizen centers and multi-generation houses unite citizen participation with innovative professional services (Geene et al., 2009). However, the continuous financial support to these important, locally administered institutions is not guaranteed. There are about 280 self-help contact points and more than 400 federal self-help associations that support and promote self-help in Germany (Geene et al., 2009). In Germany, there are behaviour control SHG groups such as alcoholics and stress coping groups such as mental health support groups, cancer patient support groups, and groups of single parents (Moeller, 1999).

In Germany, the concept of self-help friendliness (SHF) in health care is a patient centred model, which allows the development and implementation of patient participation in various health care institutions such as hospitals, public health institutions, ambulatory medical care, rehabilitation facilities etc. (Kofahl, 2014). ‘Self-Help Friendliness in Health Care’ is an attempt in Germany to enhance the collaboration between SHGs and health care providers and SHGs (Ziegler et al, 2022).

According to Ziegler (2024), self-help in Germany is crucial to medical rehabilitation for chronic diseases patients and disables individuals. Self help contributes to stabilize success in rehabilitation along with handling disease and disability. Rehabilitation facilities are essential to inform and refer patients to self help groups.

SHGs in Germany are vital cornerstone of the health care system particularly in collaborations with cancer centers enabling active patient involvement in cancer care (Madl et al., 2024).

A comparative analysis of structural aspects of SHGs in India and Germany is shown in Table 1.

Table 1 *Comparative Analysis of Structural Aspects of SHGs*

Structural Aspects	India	Germany
Group size	10-20	10-20, 5 members in remote or tribal areas
Areas	Rural and urban areas, mainly rural based	Rural and urban areas
Gender of members	Majority poor women, poor people with disabilities (PwDs) also included	More gender neutral
Key focus	Economy- livelihood, microcredit and social security	Health care, medical rehabilitation to patients, mainly cancer and disables, behavior control, skill development through digital platforms
Supported by stakeholders	Government, NGOs, NABARD, NRLM	Cooperative banks, BMZ and GIZ
Supports given	Skill training, microcredit/bank loans, government schemes, creating employment /business opportunities, social security	Skill development training, entertainment such as group trips and excursions, sports programs, physical exercises, counseling sessions and consulting services

4.2 Role of SHGs in socio-economic empowerment of women SHG members and communities in India and Germany

The enhancement of socio-economic empowerment of women along with the promotions of gender equality is the objectives of global development within the Millennium Development Goals (MDGs) as agreed in 2000. Here we are analyzing the role of SHGs in socio-economic empowerment of women in India and Germany.

India: The research on microfinance and women empowerment in some states of India revealed that SHG based micro finance has contributed to social change and empowerment of poor women, which is found to be beneficial for the India's rural women (Maheswari and Shobhna, 2016). Sivanna (2022) mentioned that marginal SHGs found to raise themselves from a level of micro-finance to that of micro entrepreneurship. Various research studies in India states like Cooch Behar district of West Bengal (Basak and Roy Chowdhury, 2024), Rajkot district of Gujarat (Manvar et al., 2023), Kokrajhar district of Assam (Islam and Brahmachary, 2023), Haryana (Sihag and Vermani, 2022), Karnataka (Srimathi, 2021), Kollam district in Kerala (Jacob and Soni, 2019), Coimbatore district of Kerala (Nimisha and Arumugam, 2019), Udaipur of Rajasthan (Chauhan, 2018), Nagaland (Murry and Nakhara, 2018), Malda district in West Bengal (Nitai, 2018), Warangal district of Telangana (Kanakalatha 2017), urban area of Bangalore (Narasimha et al., 2016) and Tamil Nadu (Saravanan 2016) reflected that participation in SHGs supported economically disadvantaged rural women in taking decision on the budget of their family, control over income and savings habits. The study of Shivangini et al. (2021) in Kanker district of Chhattisgarh, reflected the enhancement of business performance of the SHG members after joining SHG. Women of Bilaspur district of Chhattisgarh found economically empowered most significantly compared to social and political aspects after associating with SHGs. The study of Sharma, Thakur and Singh (2020) among tribal SHG women of Madhya Pradesh revealed that though the impact of SHGs were positive on women empowerment, yet it showed negative contribution in terms of economic development. SHGs played the role in increase their awareness level in many aspects; however, most of the women had poor awareness level regarding government scheme and financial literacy. Mehra's study (2017) conducted in Mewat district of Haryana revealed that there were a number of shortcomings in the schemes in operation and that the pace of economic development was very slow due to low level of literacy, even though there had been an increase in the income, expenditure and savings of the beneficiaries after joining the scheme.

Joining SHGs has positive impact on social, economic and psychological aspects of the rural women leading to the enhancement in their livelihood (Mohanty and Mishra, 2018; Rajendram 2023; Pathak et al., 2019; Palani and Balamurugan, 2016). Mohanty and Mishra (2018) revealed that the socio-psychological wellbeing like self-confidence, skill development and awareness on health and sanitation were well addressed compared to achieving economic objectives like habit of savings, income generating activities and creating employment opportunities after joining SHGs. SHGs also showed impact to improve various managerial skills like decision making skills, managerial abilities and group management tactics among women (Mohanty and Mishra, 2018). Socio-economic empowerment of SHG women in Uttar Pradesh was revealed in the study of Singh (2019). The

findings of the study of Kumawat and Bansal (2018) revealed medium empowerment status in socio-psychological, economic, legal and political among SHG members. Manvar et al. (2023) revealed that in Rajkot district of Gujarat, a notable improvement in health related issues after joining SHG showed positive impact of overall women empowerment through the SHGs.

Mani's study (2019) conducted in Kerala showed that socio economic effectiveness was high in semi-urban areas as compared to urban areas. The study also revealed high positive correlation between socio economic effectiveness and women empowerment. The study of Baghel (2016) in Durg and Rajnandgaon districts of Chattisgarh focused that individual economic indicators like income, decision making and assets resources had positive impact on economic development. SHG in Durg district mainly focused on economic development like income generating activities, taking loan for inter-lending within groups and using loan amount for personal use etc., while, SHGs in Rajnandgaon district focused both on economic as well as social development like social security, social respect, domestic violence, etc. The findings of the study conducted by Navas (2015) in Karnataka revealed that women from the SHG showed some improvements in the areas like decision making, mobility, and self-esteem, disparities continue in income/assets control and awareness levels. The study of Prabhu and Elayaraja (2015) showed that the women gained more confidence in meeting the officials after participating in micro finance programme. The study showed significant social empowerment after participating in the micro finance programme.

The various research studies reflected more of economic enhancement of the members after joining SHGs as compared to the social up gradation.

Germany: There is limited research studies related to the socio-economic empowerment of SHG women in Germany in English language. It has been reflected from the available literature that the economic dependency of women in the context of relying to SHG micro-credit is less due to a robust welfare state in Germany, strong gender equality policies and institutional support. SHGs in Germany are more issue specific of health and mental well being and oriented towards psychosocial support and advocacy, rather than purely economic or saving-lending functions. They are more focused towards entrepreneurship initiatives and business sustainability.

In Germany, SHGs are focusing more on socio-psychological aspects related to health literacy, cancer or mental health resilience, stress coping capacity, peer support, patient advocacy etc. Health related SHGs in Germany enable and support people with the same disabilities, chronic conditions or addictions to come together (Bundesministerium für Gesundheit, nd.). Self help groups help people to learn in dealing self-sufficiently the disabilities, mental conflicts and chronic conditions and also help to improve their quality of life. SHGs provide emotional support and better access to reliable information (Bundesministerium für Gesundheit, nd.). Self help is known as a vital element of the healthcare system in Germany and is funded by statutory health insurance providers and the public sector (Bundesministerium für Gesundheit, nd.).

Germany also has self help groups for addiction. These SHGs help people with addiction problems through addiction therapy, such as dependencies on addictive substances, gambling problems or eating disorders (Bundesministerium für Gesundheit, nd.).

Madl et al. (2024) explored the existing situation and unmet needs of Bavarian SHGs of Germany in order to point out possible options of action. The study focused the current activities and needs of Bavarian SHGs reflecting less than 25 percent regular meetings with the cancer center and with the psycho-oncology.

Ziegler et al. (2022) study among 266 self-help group leaders across Germany to assess Self-help friendliness (SHF) in cancer care revealed that about majority of the members primarily found their way to an SHG via other patients. Most of the respondents rated the quality of cooperation with cancer centres, hospitals and rehabilitation clinics, however, as good to very good. The results revealed a positive assessment of the involvement of SHGs in oncological care, but differences between inpatient and outpatient care and low referrals to SHGs are prominent.

Trojan et al. (2016) mentioned in their study that in Germany, the term 'self-help friendliness' (SHF) portrays a strategy to institutionalize co-operation of healthcare institutions with mutual aid or self-help groups of chronically ill patients. The findings presented support for the practicability, usefulness, transferability and sustainability of SHF. The study concluded that the implementation of SHF leads to more patient-centeredness in healthcare institutions. This resulted improvement in satisfaction, self-management, and health literacy of patients. "German Network 'Self-help Friendliness and Patient Centeredness' pursues a nationwide strategy to promote the cooperation between health care professionals and SHGs by developing and disseminating training materials, creating agencies for the support of SHGs, conducting pilot projects, and integrating self-help-friendly criteria into quality improvement and accreditation programs" (www.selbsthilfefreundlichkeit.de, as

cited in Kofahl, et al. 2014). Kofahl, et al. (2014) revealed that in Germany self-help friendliness' helps following ways:

1. Informing health care professionals about the role, chances and possibilities of self-help and their integration in professional care.
2. Clarify the roles and responsibilities of health care staff and members of SHGs.
3. To better understand the views and needs of their counterparts.
4. Learn from each other in all facets of the relevant indication and their implications for coping, self-management and consequences in daily life.

The research paper of Kofahl et al. (2014) is the outcome of the analysis of a series of projects on SHF in Germany. They had analyzed (1) the needs and desires of SHGs for cooperation with health care professionals and their experience, (2) met facilitators and barriers pertaining to the cooperation between SHGs and hospitals, (3) developed a conceptual framework for SHF in hospitals including eight quality criteria for measuring SHF and (4) implemented the framework of SHF in around 40 health care institutions. Considering advantages and limitations of the approach, the authors summarized that implementation of SHF is feasible, transferable and a helpful measure for promoting patient centeredness in health care.

4.3 Challenges faced by the SHG members

India: People in India are facing various challenges, from poverty to inequality and social injustice and also climate change leading to health problems. Sivanna (2022) mentioned the challenges of SHG members as follows:

1. SHG members have lack of proper knowledge and orientation to adopt suitable and profitable livelihood options.
2. Patriarchal mindset of social obligations de-motivates women from participating in SHGs, limiting their economic opportunities.
3. There is lack of rural banking facilities providing financial services to the poor as the cost of servicing remains high.
4. Sustainability and the quality of operations of the SHGs is a challenge.
5. The deposits of the SHGs are not secured or safe. They work on mutual trust and confidence of the members.

The findings of Jose et al., (2020) in their study conducted in Ernakulam district of Kerala revealed the problems faced by SHG members were lack of managerial skills, lack of adequate training, lack of support from family etc. The study of Mangsidam et al., (2020) conducted in Imphal East district of Manipur revealed various constraints faced by the women were lack of technical support, facing high scrutiny of banks and other financial institutions, insufficient training programme, lack of knowledge, lack of information sources, lack of accountancy management, non-availability of credit, difficulty in raising finance, lack of command in the implementation of decision, lack of marketing, lack of coordination, tendency of others to underestimate the women's capability, family problems, problem of negative social attitude. This reflects lack of effective training of the SHG members.

The study of Pathak et al., (2019) was conducted in Dindori district of Madhya Pradesh reflected the major problem faced by the SHG members were group conflict, lack of motivation among the members of the group, members were less hard working and were not responsible towards their duties and fighting among group members. The study of Shobhna (2017) conducted in Mewat of Haryana revealed the key problem faced by SHGs was lack of administrative experience in the group. The study showed improvement in the level of communication skills after joining of SHGs.

The study of Poornima and Philip (2017) revealed that the *Stree Shakthi* Programme in rural districts of Karnataka had improved since its inception through financial assistances and benefits offered. However some parts found to remain untouched due to the obstacles such as lack of awareness, freedom of mobility and fear of spouses.

To overcome the diverse challenges faced by the SHGs for sustainable development, they need to be empowered. Empowering women require combined effort of government, civil society organizations, business stakeholders and individuals (Indian School of Development Management (ISDM), 2024).

Germany: Germany has a complex regulatory framework for nonprofit organizations and social initiatives. SHGs often face challenges related to registration, tax laws and compliance with various social welfare policies. Another challenge is related to the member engagement and retention. Since most of the SHGs and volunteer participation based, hence, retaining members over time is often challenging.

Due to social stigma in some communities related to addiction and mental health, it becomes difficult to attract members who need support but hesitate to be engaged in such groups (Bundesministerium für Gesundheit, nd.). Another social challenge is the language barrier due to increasing diverse migrant population. Language differences are found to be a significant barrier, preventing people from accessing support of fully participating in SHG activities.

The SHGs integrated to cancer care facilities has gained importance in Germany. The support of SHGs and their integration into healthcare facilities is a key policy approach to fulfill the needs of individual patients handling the demand of patients on the collective level (Trojan et al., 2017). However, the studies revealed lack of knowledge of quality of cooperation between cancer care facilities/hospitals and SHGs and hindrances in their routine care (Ziegler et al., 2022). Research studies reflected issues of SHGs working for cancer patients with hospitals related to lack of cooperation due to ambiguous distribution of tasks among the hospital staff (Ziegler et al., 2022; Legg et al., 2018).

Berger et al., (2013) revealed that the voluntary involvement of SHG members could be limited due to their health conditions or even may stop engaging in their work due to decompensation or acute episodes of their illness. The researchers Trojan et al., 2017; Moeller, 1999) revealed the resistance and reluctance of healthcare professionals against patients and SHGs is though overcoming, yet it is still challenging to transfer models of good practice from one country to the other, due to different healthcare systems, different developments in health-related civil society organizations and in support systems for patients and/or SHGs (Trojan et al., 2017).

SHG members, who rely on traditional methods, face difficulties in using digital tools for communication and support, thus limiting the reach and effectiveness, especially among young techno-savvy individuals.

5. Bridging Communities of India and Germany and a Hybrid Model of SHG

The review of various study materials of India and Germany helped in identifying opportunities for bridging communities of India and Germany through integration of both countries' strengths, challenges within socio-economic contexts and designed a hybrid model of SHG to strengthen the socio-economic aspects of SHGs and communities of both the countries. The key strengths and challenges of SHGs in India and Germany are revealed in Table 2. The table reflects that in India, SHGs are mainly a grassroots or rural areas based approach to poverty alleviation and social empowerment with the aim to enhance the social well being of marginalized communities, mainly women. Despite of having positive impact, diverse challenges are hindrance to SHG's effectiveness and sustainability. The strengths and challenges of SHGs in Germany (Table 2) reflects that SHGs are beneficial in fostering community support and psychosocial empowerment specially health issues, mainly cancer, mental health and chronic diseases. However, they face different challenges, which differ depending on the type of SHGs.

Table 2 Key strengths and challenges of SHGs in India and Germany

Countries	India	Germany
Strengths of SHGs	1. Powerful tool for poverty alleviation through diversified incomes and savings	1. Strong integration into health and social care system
	2. Economic growth and community welfare leads to gain respect within their families and communities	2. Focus on psychosocial and chronic health issues like cancer, rare diseases, mental depression, addiction etc.
	3. Rural development due to maximum engagement of women	3. Peer based empowerment by sharing practical experiences
	4. SHGs function with minimal infrastructure and are often self-managed, making them cost efficient	4. SHGs often join high level organization and networks which offer support, training and coordination
	5. Strong and effective community driven approach	5. SHGs combat loneliness of elderly, disabled and chronically ill individuals
	6. Attending meeting regularly and solving socio-economic problems collectively helps in building self confidence	6. Preventive and complementary role in healthcare
	7. Through collective wisdom and peer pressure, family and community conflicts are resolved	7. Most of the SHGs are digitally engaged using tools like e-mail, WhatsApp, social media forums
	8. SHGs are integrated to welfare schemes	
	9. Government policies increasingly recognize and support SHGs as partners in development	
	10. NGO and institutional support	
Challenges of SHGs	1. Poor level of financial and digital literacy. Lack of digital literacy limits their ability to access	1. Lack stable financial support from government or federal programmes

	digital banking and other services	
2.	Lack of technical support limiting access to technology, GPRS connectivity	2. Dependency on donations or irregular funding makes long term planning difficult
3.	Sustainability and the quality of operations of SHGs	3. Insufficient integration with formal health or welfare system, especially SHGs of mental health and chronic illness
4.	Lack of effective and inadequate knowledge based and skill training including digital systems	5. Demographic and social diversities like language and cultural barriers, aging memberships and limited youth engagement
6.	Lack of proper leadership and management skills	7. Stigma and public perception about SHGs role in addressing mental health, addiction or domestic violence
8.	Sustainability concerns due to lack of proper monitoring, inconsistent participation and long term financial sustainability	9. SHG members, relying on traditional methods, face difficulties in using digital tools

5.1 Cross learning and Hybrid Models

Considering the structural aspects and strengths and challenges of SHGs in India and Germany, a cross hybrid model is proposed for bridging the communities of both the countries to promote inclusivity within a larger social structure through sharing and improving the efficacy and sustainability of SHGs. The proposed hybrid model for India and Germany for the socio-economic and psychosocial empowerment of SHGs includes following aspects to initiate:

1. In India mental health cases, cancer cases and isolation of elderly people due to nuclear families, are increasing. Learning from German model and integrating with Germany, India can make a strategic plan in integration of mental health, cancer and elderly isolated people in Indian SHGs.
2. India's SHG model is one of the most successful models specially in rural areas addressing issues like poverty through microfinance institutions and bank linkages, education and entrepreneurship with community support leading to the economic empowerment. In Germany, marginalised self help groups like migrants, refugees and low income communities still face financial challenges. Learning from Indian SHG economic model, Germany in collaboration with India can plan on community based financial system with effective financial institutional structures for the economic empowerment for marginalised SHGs in grassroots level. Bridging the SHG communities of both the countries can promote cross border initiatives of microfinance creating opportunities for economic collaboration.
3. In the era of digitalisation, creating a cross-border digital platform for SHGs in both the countries and proper digital tool utilisation through skill training could be an innovative approach to empower rural and urban marginalised communities economically and socially.

6. Conclusion

The importance of bridging communities of self help groups (SHGs) in India and Germany can enable a cross-cultural exchange of knowledge and experiences for promoting better social welfare, foster financial inclusion and enhancement, hence empowering marginalized SHG communities, specially women for sustainable development. The shared experiences can focus to innovative solutions for various socio-economic and psychosocial global challenges, leading to a more inclusive, resilience and sustainable development of both the countries in future.

Based on extensive research studies related to the structural aspects, socio-economic and psychosocial aspects of SHGs in India and Germany, various strengths and challenges have been identified in the present study. Considering the structural aspects and strengths and challenges of SHGs in India and Germany, a cross hybrid model is proposed for bridging the communities of both the countries, which can help the SHGs and supporting stakeholders of both the countries to embark upon social, economic and psychological challenges. This proposed hybrid model is subject to critical discussions and dialogues among the various stakeholders, Government organizations, supporting banks, promoters, healthcare institutions, policy makers and researchers for strategic inclusions, integrations and implementation process.

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