More than money: Self-help groups and maternal health

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Introduction
This brief is based on an analysis of the influence of self-help groups (SHGs) on the uptake of maternal health services, using data available from the national District Level Household Survey (DLHS-3) in India.

Background
The key to universal health coverage is providing protection from the cost of basic health services and reducing barriers to access and participation, such as lack of information and cultural barriers.

These barriers are most likely to affect the poor and vulnerable groups according to evidence from low- and middle-income countries.

Outside the health sector, SHGs have emerged as a development strategy for poverty alleviation and community empowerment. They are small, economically and socially homogenous groups of rural poor, mostly women, who voluntarily come together to save small amounts and provide collateral-free loans.

SHGs are the cornerstone of many microfinance activities in rural India. The State of Microcredit Summit Campaign report 2012 shows that 3652 microfinance institutions reach 205 million clients in India, 82.3 per cent of whom are women. Two-thirds of the microfinance-assisted entrepreneurs were among the poorest when they took their first loan.

Furthermore, SHGs influence health outcomes. Non-government organisations (NGOs) like the Self-Employed Women’s Association, BRAC and Grameen Bank extensively promote health-related activities through SHG participation. The government of India also uses SHGs in poverty alleviation through a combination of self-employment, subsidy and credit from investment banks.

However, strategies to link SHGs with improved health outcomes are limited to small pilot-level interventions due to the absence of convincing national level evidence.

Methods
Analysis of the influence of a SHG on women’s reproductive and child-health knowledge and practices was based on the nationally representative DLHS-3, which provides information on 643,944 ever married women from 22,825 villages.

The measures of maternal health knowledge and practices include delivery at a facility, feeding colostrum to newborns and knowledge and practice of family planning.

KEY MESSAGES

- Women’s participation in local self-help groups creates community solidarity and social capital, and this has a positive effect on health.
- Women from villages with a SHG demonstrated greater knowledge and practices of maternal health services.
- The presence of an SHG in a village influenced demand for family planning and maternal health service uptake in rural India.
- SHGs and microfinance present an opportunity for low- and middle-income countries to integrate community health programs.
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Results
Analysis shows:
- 59.7 per cent of Indian villages had SHGs in 2007-08.
- The presence of a SHG in a village positively correlated with knowledge and practice of maternal health services.
- The presence of a SHG was associated with 33 per cent greater likelihood of delivering at a facility, 16 per cent of feeding colostrum to newborns, 44 per cent greater likelihood of women’s knowledge of family planning and 41 per cent of using family planning methods.

Limitations
The presence of a SHG in a village only partially explains the level of activity within the group. Results are likely also affected by women’s participation in a SHG, availability of credit and duration of association.

Key Findings

FIGURE 1 ASSOCIATION BETWEEN SELF-HELP GROUPS AND MATERNAL HEALTH KNOWLEDGE AND PRACTICES IN INDIA (ODDS RATIO WITH 95% CI)

| 1.49 | 1.47 | 1.44 | 1.42 | 1.40 | 1.38 |
| 1.44 | 1.43 | 1.41 | 1.39 | 1.38 | 1.34 | 1.33 | 1.32 | 1.29 | 1.24 | 1.19 | 1.14 |

Institutional delivery  Feed mother’s milk ‘colostrum’  Knowledge of family planning  Ever used family planning

Discussion
Results show networks of microfinance and SHGs are innovative and effective ways to involve communities in the oversight, planning and operation of health services, and also give voice to community concerns. These groups provide a unique space and foster solidarity through shared visions and goals and combining collective strengths. The approach creates trust, empowers communities and improves social capital. This, in turn, influences individual and community behaviour.

Nonetheless, without additional complementary health programs, the presence of a SHG may have only limited impact.

Conclusion
SHGs are an innovative way to combine poverty alleviation and community health interventions in an integrated strategy that leverages existing resources to achieve deeper impact and greater scale.

This has implications for low-and middle income countries where financial barriers to health services, lack of information and cultural barriers impede the poor and vulnerable form benefiting from public spending.

By linking financial services for the poor with proven community health interventions, two fundamental needs can be met simultaneously. Some of the highly effective, low-cost interventions that can be integrated with these groups to promote health and sanitation awareness include:
- provision of health savings accounts and loans in case of major illness
- the adoption of better sanitation practices and clean water
- provision of low-cost generic drug points
- access to a discounted preferred provider network at the village level.

However, there needs to be better understanding of the effect of systematic collaboration between the public health community and these grassroots organisations to optimise the opportunity SHGs present for improving public health.

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