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Self Help Groups and Healthcare Delivery

Self Help Groups: Evidence Brief #3

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What is a Self Help Group?

Self Help Groups (SHGs) are voluntary groups, typically comprised of 10-25 people who meet every week to save, start small business activities, and create change both for themselves and their communities. SHGs are created with the underlying assumption that when individuals join together to take action toward overcoming obstacles and attaining social change, the result can be individual and collective empowerment. Empowerment, in turn, creates the bedrock for a wide range of positive outcomes, many of which provide the enabling environment for good governance, political change, and economic growth. SHG members typically use strategies such as savings, credit, or social involvement as instruments of empowerment. Facilitators trained by local NGOs support the groups at the outset. As groups grow in maturity, SHG members begin to facilitate new groups, replicating organically and exponentially. Thematic training for groups can extend well beyond savings and business skills, and topics frequently focus on health practices such as HIV/AIDS and maternal health, depending on the context.

Driving Demand for Services

Existing approaches to improving health outcomes, especially for women, have traditionally focused on the supply side – providing services and infrastructure to vulnerable and marginalized women. This is undeniably crucial to robust healthcare systems and in many places these services are still not available or reliable. However, less attention and investment has been channeled to demand-side barriers to accessing healthcare. Many policy and research initiatives focus on improving physical access rather than on addressing the patterns of healthcare service utilization.[1] There are cases around the world where the infrastructure is present, but women are not consistently accessing the services, in part because health interventions have overlooked the key role that social capacities and collective action play in stimulating this demand and realizing positive outcomes.

The literature suggests that social capacities—levels of self-efficacy, aspiration, empowerment and social capital—seem to fundamentally affect whether and how people access and use resources. Therefore, more substantive and sustained change can happen when personal dimensions such as aspirations and agency are cultivated in addition to providing services, and when each person is provided with a nurturing network that supports fulfillment of their needs and goals. Self Help Groups have consistently been found to foster these key social capacities. [2] [3] [4] [5] [6] As mutual assistance organizations, they are well placed to strengthen community and close the gap between the supply and the demand for vital and lifesaving health services.

The Evidence

SHGs have been implemented globally and can be used for delivering health care messages within and beyond the group.[7] This can lead to better health practices within the home and to

significant positive outcomes on a number of health impacts such as maternal and child health, contraception use and mental health. SHGs seem to be able to accelerate community social capital and promote more accountability in the health system to engage with communities and support change towards more evidence-based health practices.[8] They work best when they layer in specific content for a specific outcome, serving as an effective platform for participatory learning and health education.[9] Though SHGs can be found around the world, the evidence is largely focused on India since the government has institutionalized the approach and implemented it on a large scale.

Maternal, Neonatal and Child Health

SHGs have been found to increase women's knowledge of appropriate maternal, neonatal and child health (MNCH) practices [10] [11] and to increase the likelihood they will seek out relevant services.

Women's groups have been found to decrease maternal and neonatal mortality substantially. A meta-analysis of seven RCTs in Bangladesh, India, Malawi, and Nepal found that women's groups were associated with a 37% reduction in maternal mortality and a 23% reduction in neonatal mortality.[12] One of these studies, in Malawi, found that participation in women's groups resulted in a 74% decrease in maternal mortality, and a 41% decrease in neonatal mortality.[13]

Findings around certain MNCH practices are mixed. Multiple studies found that SHG membership increased the likelihood of delivering in an institution, [14] [15] antenatal care (ANC) check-ups, [16] [17] [18] breastfeeding, [19] [20] [21] skin to skin care, [22] [23] among other practices. Women in rural villages in India where SHGs were present were 19% more likely to have delivered in an institution and 8% more likely to feed colostrum to their newborns. Presence of an SHG was associated with higher knowledge of family planning and maternal health service uptake.[24] However, other studies did not find any association between SHGs and ANC visits, institutional delivery and postnatal care (PNC), perhaps because health was never discussed during the meetings and the SHGs were being used for financial purposes primarily.[25]

A panel study with a quasi-experimental design found that SHGs in India can increase home-based maternal and newborn care (HBMNC) knowledge among women, including knowledge of danger signs for both pregnant mothers and newborn children.[26] Households with an SHG member tend to seek care earlier for maternal and newborn illnesses than households without an SHG member.[27] There was also an increase in collective support among members: they accompanied each other to ANC check-ups, visited post-delivery and shared reproductive MNCH information amongst themselves.[28] Women who had recently delivered who lived in villages with an SHG had consistently higher numbers of relationship ties, health advice ties and a higher density of health advice networks than women who had recently delivered living in non-SHG areas.[29]

SHGs can improve maternal and newborn health (MNH) practices in intervention areas, particularly for the most marginalized. A quasi-experimental study found that SHGs helped reduce the gap between the rich and the poor regarding positive healthcare practices in rural India, because membership changed the behavior of the most marginalized more drastically. Most-marginalized SHG members found improvements in ANC check-ups of 20 percentage points, a 12-percentage point increase in use of contraception, a 29-percentage point increase in timely breastfeeding, and an increased consumption of iron folic acid tablets for 100 days by 7 percentage points. The net improvements for all socio-economic groups was 5-11 percentage points.[30]

Sexual and Reproductive Health

SHGs are associated with an increase in family planning and contraception use.[31] [32] In rural India, the presence of an SHG was associated with a 19% higher likelihood of using family planning.[33] A meta-analysis of 27 studies across South Asia, Sub-Saharan Africa, Latin America and the Caribbean showed that microfinance more generally was associated with a 64% increase in the number of women using contraceptives.[34]

SHG membership is linked to increased women's decision-making power in the household regarding sexual and reproductive health (SRH). SHG members in India were more likely to have the final say in family medical care, family planning and children's schooling. Post-intervention, 13% of SHG members reported a final say in medical decisions compared to 6% of the control group. Regarding family planning, 4% of members reported final say compared to 1% of the control group, which is striking considering the SHG members reported lower levels of participation in this decision at baseline. 13% of SHG members had the final say regarding their children's schooling, compared to 5.5% of the control group.[35]

While significant positive effects are generally found regarding women's contraception use when in an SHG, a study on the Gram Varta Programme in India found that SHGs did not lead to significant health outcomes, notably on adolescent girls' knowledge about sexuality or contraception, uptake of government health services, and women's self-reported health. They found negative effects on knowledge of domestic hygiene practices, and they attributed these lack of health effects to the short timeframe of the program, the inability to engage health providers, and women's limited interest in health-related matters.[36]

HIV/AIDS

SHGs in sub-Saharan Africa generally have a stronger emphasis on HIV/AIDS than SHGs in Asia, but the evidence surrounding this is lacking as SHG research is highly concentrated in South Asia. However, SHGs seem to be successful at overcoming stigma surrounding HIV/AIDs[37] and therefore help people access the care they need. In Vietnam, involvement in SHGs improved women's self-esteem, increased knowledge about HIV, and had a positive effect on reducing both felt and enacted stigma from family, community, and health services.[38] A health education intervention through SHGs in India increased women and adolescent girls' knowledge of HIV

and also positively impacted one measure of HIV-related risky behaviors: both unmarried girls and married women were significantly more likely to confirm the use of a clean needle when getting shots.[39]

Mental Health

SHGs build social capital and bring people together from different kinship groups[40], and they have the potential to serve as a key component of community mental health programs in low-resource settings.[41] They can serve as an advocacy platform[42], reducing stigma and increasing inclusion of stigmatized groups into mainstream community activities.[43] [44] [45] They lead to consistent treatment and better outcomes for patients.[46] They provide much needed social, financial and practical support for both direct beneficiaries and their caregivers.[47] [48] SHG membership was found to be a determinant of good outcomes in a community-based rehabilitation program for people with psychotic disorders in a very-low-resource setting in rural India.[49]

Nutrition

Though the evidence around SHGs and nutrition outcomes is lacking, there is a link between social capacities— women's empowerment, agency, self-efficacy, social networks, decision-making power, participation in groups and psychosocial health—and positive effects on maternal and child nutrition. SHGs have been proven to increase social capacities and the evidence that is available points to a relationship between the groups and improved nutrition outcomes.[50]

A Heifer International SHG intervention in Nepal improved height-for-age (HAZ) and weight-for-age (WAZ) scores in children under five. Longer participation in the intervention was associated with better child growth.[51] A follow up study of the same program found that the percentage of stunted, underweight and wasted children decreased over 4 years, by 11%, 12% and 16% respectively.[52] An examination of a government intervention including SHGs in Andhra Pradesh, India found that the SHGs generated positive social externalities, increasing nutritional indicators, social capital and economic empowerment for both participants and non-participants. The program was deemed to have increased protein intake by 13% and calorie intake by 5%. It was hypothesized this was because SHGs helped households diversify their diets and access higher quality food more regularly. Access to savings and credit may have also provided better options for consumption smoothing.[53]

Conclusion

This brief summarizes some of the key evidence surrounding SHGs and the role they can play in improving health outcomes. Though the literature is at times mixed, it suggests that SHGs can serve as an effective platform to increase the uptake and demand for health interventions and follow-up care, and can have very significant effects on health outcomes. This seems to be the case particularly if the groups focus on increasing social capacities over the long term and layer in health messaging, as opposed to primarily focusing on microfinance.[54] [55] They deliver health care messages within the group, creating and strengthening social capital and community, and lead to better health care practices within the home. Members support each other through healthcare challenges, share information and apply positive peer pressure to ensure appropriate services are sought out.

To learn more about Self Help Groups and their impact, visit thesharetrust.com.

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