POLICY BRIEF

February 2020

Women's Self Help Group: A potential work force in health sector

EXECUTIVE SUMMARY

- There is a large burden of reproductive morbidities (RTIs/STIs, prolapse, Pelvic Inflammatory disease, infertility etc) among women of reproductive age group women in India. Most of the women suffering from these morbidities do not seek treatment and suffer in silence for years.
- The available human resources in the health system of India are not sufficient to cater to the needs of the population. In the current health system, health workers have limitations in promoting treatment-seeking behavior, particularly of gender sensitive health problems. We could use the potential of women's Self Help Groups (SHGs) who have good rapport with the community.
- There are very few studies in our country in which SHGs have been involved for mobilization of women to improve their health seeking behavior. The present study focused on studying the impact of involving SHGs who were given financial incentives during the study.
- The lessons learnt from the NIRRH pilot study will be useful for policy makers for involving SHGs as a potential work force for improving reproductive health seeking behaviour and service utilization of tribal women. This model is successful and can be scaled up in collaboration with MAVIM as it already has SHGs working in the state of Maharashtra.
- Standard Operating Procedures (SOPs) should be available for developing networking of SHGs with health system and operationalizing a referral linkage strategy.

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CONTEXT:

Reproductive morbidities have serious consequences on woman's domestic and economic activities; marital and social relationships. Most of the women suffering from these morbidities do not seek treatment and suffer in silence for years.The available human resources in the health system of India are not sufficient to cater to the needs of the population.In the current health system, the health workers have limitations in promoting treatment seeking behavior (ASHAs are incentive driven for addressing MCH problems, while LHVs ANMs are burdened with existing programs). No incentives are given to ASHAs for referral of women with reproductive morbidities/problems to the health workers.

For this aspect, SHGs could be involved through Mahila ArthikVikasMahamandal (MAVIM), a state women's development corporation of Government of Maharashtra which is implementing developmental programs in all the districts of Maharashtra. SHGs are small informal associations usually of 8-10 members, created for the economic benefit of its members and function on the principles of mutual help, solidarity, and joint responsibility. In India, most of the activities of SHG sare concentrated towards savings and credit activities There are hardly any studies in which SHG women; the potentially empowered groups are involved for interventions in health programmes. The potential of SHGs still remains unutilized especially in health sector and particularly for Reproductive and Child Health services in our country. They can serve as 'Change agents' for educating other women in the community.

Considering these aspects, NIRRH had conducted a qualitative study in collaboration with MAVIM to understand the areas on which the SHGs need to be trained. Following this, the SHGs were trained in the state of Maharashtra by UNFPA and MAVIM. The present study was conducted in which the potential of SHGs was utilized for sensitizing other women in the community, improve their reproductive health seeking behavior and service utilization.

GAP ANALYSIS:

There is a large burden of reproductive morbidities among women of reproductive age group women in India. Most of the women suffering from these morbidities do not seek treatment and suffer in silence for years. In the current health system, health workers have limitations in promoting treatment-seeking behavior (ASHAs are incentive driven for addressing MCH problems, while LHVs ANMs are burdened with existing programs). Hence, we could use the potential of SHGs as they have good rapport with community. If incentives are provided to the SHG women, they will be a potential work force in community to improve reproductive health seeking behavior and service utilization by women.

OBJECTIVES:

This policy brief is aimed to facilitate the scale up of tested interventions for improving reproductive health seeking behavior and service utilization by tribal women in Maharashtra.
NIRRH in co-ordination with MAVIM tested the following interventions from 2018-2019:

1. Train SHGs for imparting information to other women on reproductive health issues :

Training of SHGs was conducted on reproductive morbidities in the pre-intervention phase. 106 SHG women from 56 villages were trained for conducting education sessions in the study. Training booklet in local language with pictorial messages was provided to the SHGs. They were designated as Community Resource Persons (CRPs) and were provided with badges.

2. Improve knowledge and health seeking behavior of tribal women regarding reproductive morbidities (problems):

In the intervention phase (one year period), the trained SHG women in selected villages conducted education sessions on reproductive morbidities for other women in the community. Out of the 106 SHG trained women, 91 conducted health education sessions in community for ever–married reproductive age group women (15-49 years). Fifteen women dropped due to some personal reasons. In the initial sessions conducted for three months, out of the total 16754 women, 15087 (91%) women were sensitized by the SHG women in the selected villages. One follow up session was conducted every month for the next nine months, to record how many women availed services at the health facilities. SHGs were provided incentives for conducting these sessions in the villages.

3. Develop networking of SHGs with health system and operationalize a referral linkage strategy:

SHGs provided a referral slip to women who complained of any reproductive morbidity. The women then availed services from the health facilities and brought a stamp on this referral slip and gave it back to the SHG. To develop networking of SHGs with the health system, meetings were conducted at the PHCs in Kalvan block during which project staff facilitated interaction between SHGs and the PHC staff. Co-ordination with Taluka, District Health Officials and officials at Civil hospital Nasik was done.

4. Assess the feasibility of involving SHGs for improving reproductive health seeking behavior, service utilization by the tribal women and the facilitating factors and barriers involved in it:

Out of the 505 women referred by the SHGs to health facilities in Kalvan block, 328 (65%) availed services. The major reproductive problems among women were lower abdominal pain (27%) increased/abnormal vaginal discharge (23.4%), prolapse (18%), menstrual problems(15%) and infertility (10%). Five of the women with prolapse were operated at the health facilities while five women with infertility conceived after counseling. SHGs opined that accompanied referrals by them could improve the reproductive health seeking behavior further among these women, however they felt that incentives should be given to them. Referred women and their family members were satisfied with the services at the government health facilities. All SHG women felt that project should be sustained and could be implemented in other areas as well.

KEY OBSERVATIONS:

- Collaboration with MAVIM provided a platform through which SHGs could be selected for the study.
- The education sessions conducted by the SHG women covered a fairly high percentage (91%) of total eligible women in the selected villages. Sixty–five percent of the women availed services at the health facilities, majority of them at the government health facilities.
- Providing incentives to the SHGs was a positive factor for them to conduct the education sessions, follow up sessions and referring women to health facilities.
- Women availing services in the study block Kalvan was quite high as compared to the control block Surgana mainly due to referral for SHGs and networking with the health system.

The facilitating factors and barriers during the interventions conducted are as follows:

Facilitating factors	Barriers
SHGs had a very good rapport with the community. The coverage of eligible women in community during education sessions was very satisfactory (91%)	SHGs faced difficulty in conduction sessions as some women went for work on fields and were not available at home
The incentives given to SHG women encouraged them for conducting sessions	Very few 15 out of 106 (only 14 %) trained SHGs did not continue to work in the project due to some personal reasons
A large number of women reported their problems to SHG women and they were given referral slips for availing services in health facilities	Though referral slips given, some women were not availing services at the health facilities. Lack of family support was one of the reasons
Training and sensitization of service providers was helpful in strengthening the health system for providing services. Networking of SHGs with health system was done and a referral linkage strategy was operationalized Feedback from women availing services at the government health facilities was satisfactory	Some women had perception that services at the government health centers are not of good quality

RECOMMENDATIONS:

- The findings of the study suggest that the potential of SHGs could be utilized to address reproductive morbidities as they have good rapport with community.
- This model is successful and can be scaled up in collaboration with MAVIM as it already has SHGs working in the state of Maharashtra.
- Incentives could be given to the SHGs for referral of women with reproductive morbidities by the Government in future, which would lead to improved treatment seeking behavior among the tribal women.

KEY REFERENCES:

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