

Positive Impact of an Integrated microfinance and health literacy program on maternal health care awareness and practice in rural India

Danish Ahmad^{1,2}, Itismita Mohanty¹, Theo Niyonsenga¹

1. Health Research Institute, Faculty of Health, University of Canberra, Canberra, Australia

2. Public Health Foundation of India and Indian Institute of Public Health- Gandhinagar (IIPH-G), India

INTRODUCTION

Improving maternal health is a global public health priority. Select high poverty and low resource countries in Sub Saharan Africa and South Asia account for most maternal deaths due to health system factors and community barriers.

The state of Uttar Pradesh(UP) in India shown in figure 1 records the highest maternal mortality in India.

An integrated Microfinance and Health Literacy (IMFHL) program was implemented in rural UP to improve maternal health using women's Self Help Groups (SHG). Lessons from the IMFHL program implementation provide the opportunity to adapt the program for other low resource settings to accelerate global targets towards maternal health goals.

AIM

This research analysed secondary survey program data of 17,244 adult women in rural UP in two rounds (2015 and 2017) to evaluate the program's impact on the knowledge of maternal danger signs and health behaviours of pregnant and newly delivered women. The analysis also examined the diffusion effect of knowledge from members to non-members in these villages

METHODS

Separate multivariable logistic regression models evaluated the IMFHL program's impact on member and non-member households related to knowledge of maternal danger signs, and complication preparedness by women in their last pregnancy adjusting. The evaluation framework adapted the three delays model and health care seeking theories of behavior change (figure 2)



Figure 1: Location of Uttar Pradesh, India
Map source <http://www.emapsworld.com/uttar-pradesh-location-map.html>

FINDINGS

Women who were SHG members and received health literacy were more likely to know all danger signs as well as practice BPCR compared to women who did not receive any program

SHGs exert a dissemination effect of planned health knowledge and behaviour within members and also facilitate a diffusion effect on the natural transfer of knowledge and BPCR practice from members to non-members when SHGs are enriched with health literacy components.

The inclusion of health literacy on a microfinance platform presents an example of novel community-based strategies that have the potential to interrupt the mutually reinforcing cycles of poverty and reduced health care-seeking.

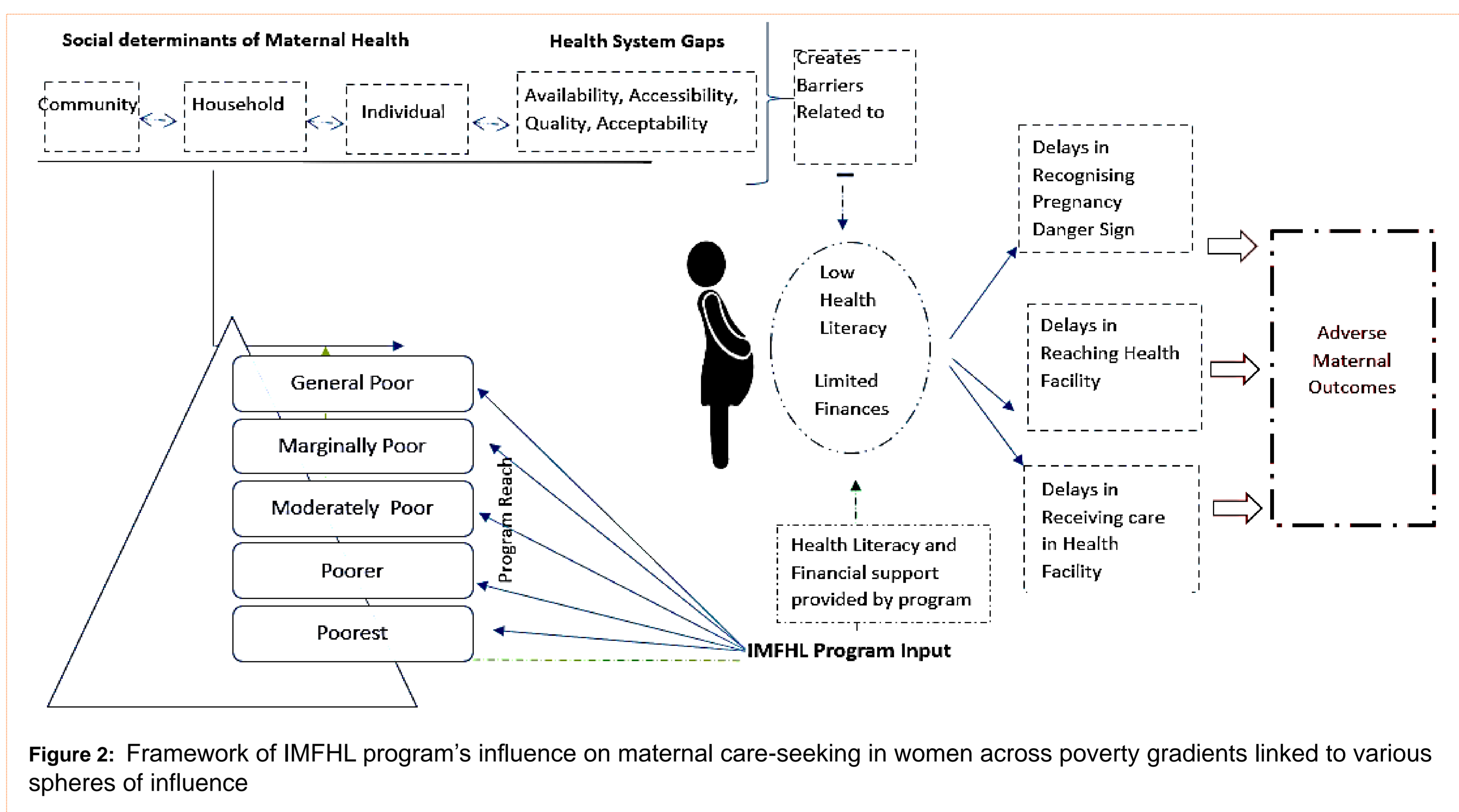


Figure 2: Framework of IMFHL program's influence on maternal care-seeking in women across poverty gradients linked to various spheres of influence

Health Education Session by the SHG member on the left to a pregnant woman (in red dress) in rural UP, India (Picture: IMFHL project)



Health Education Session by the SHG member (standing) to members from self help group (SHG) in rural UP, India (Picture: IMFHL project)



Contact : Drdanish.research@gmail.com

¹ Health Research Institute, Faculty of Health, University of Canberra, Canberra, Australia
(<https://www.canberra.edu.au/research/institutes/health-research-institute>)

² Public Health Foundation of India, and Indian Institute of Public Health Gandhinagar (IIPH-G), Gujarat, India
(www.phfi.org ; www.iiphg.edu.in)

