

Original research article

Enhancing the Knowledge of Women Led Self Help Groups about Maternal and Child Health in Rural Settings of Mahabubnagar District of Telangana State

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Abstract

Background: Policy makers and public health professionals mention that Self-help groups (SHGs) may be powerful vehicles of change and can perform effective functions like other grass root level health workers. The objective of the study was to evaluate the awareness levels of SHGs regarding maternal and child health through structured training workshop.

Material and Methods: An interventional study was done at one of the government medical colleges in Mahaboobnagar District of Telangana State. Pretested validated questionnaire in local language was given to sampled 178 female SHG members. One and half day workshop was conducted covering various aspects of maternal and child health. The data analysis was performed by Microsoft Office Excel Sheet.

Results: The current study conveyed comparatively better knowledge of participants about specific topics like maternal welfare schemes, home delivery, breastfeeding practices, nutrition etc. Though, the poor knowledge was seen among participants about some of MCH elements.

Conclusions: Structured workshop on MCH' caused significant gain in knowledge levels of participants about maternal and child health aspects. They can be effective health educators and can improve the knowledge of Self-help groups especially in marginalized areas about maternal and child health.

Key words: Child health; Maternal; Self Help Groups; Workshop

Introduction

Self-Help Groups (SHGs) are generally an informal associations of people who prefer to come together to find ways to improve their living conditions(1). They are mostly the females and the residents of community, usually comprise of 10-20 members in each group. These SHGs function as a collective guarantee system for community members who intend to borrow from the organised sources. They create minor regular savings contributions and similar funds are sent back to the members or to others in the village for any purpose. The key objective of SHGs is to emphasis on income generation activities and hovering poor families above the poverty line (2, 3).

The existing literature reports crucial role of SHGs in health care especially in promoting mother and child health services.⁴ One of the studies revealed that survival rate of newborns in SHG communities was found to be better than non SHG communities (4, 5). Self-help groups induced health education also improved the knowledge of antenatal and postnatal care, vaccination and contraceptives among community members (4-6).

Policy makers, community stakeholders and leaders recommend that Self-help groups can be potential vehicles of change and can do effective functions like other community health workers. The work of SHG members has been evaluated mainly through economic context. More studies must be undertaken to assess the contributions of SHG members in promoting various aspects of health care including MCH.

The intent of the current study was to assess the awareness levels of Self-help group members regarding maternal and child health. In this study, targeted groups were sensitized about MCH services through structured intervention.

Material and Methods

Study design and Study Settings

An Interventional study was carried out at one of the public tertiary health care institutes in Mahabubnagar District of Telangana State of India.

Study Population and Sampling methods

Four villages in rural area of Mahabubnagar District of Telangana State were identified through convenience sampling method. From each selected village, four registered SHG groups were randomly selected. Each group included around 10-12 members, so the total estimated sample size was 189. Of these 189 members, 11 were not willing to participate and hence excluded for the study. So, the current study was conducted among 178 SHG members. The list of enrolled participants was obtained from the local government office.

Ethics statements

An ethical approval was obtained from the respective Institutional Ethics Committee (IEC). An informed consent was received from the participants.

Methods

After an initial sensitization, a pilot tested validated questionnaire in local language was given to the participants. The questionnaire comprised of 30 Multiple Choice Questions (MCQs) on different topics in MCH care. The responses from illiterate/ poorly educated participants were obtained through face to face interview. From pre-test questionnaire responses and group discussion, needs assessment was performed and key learning areas in MCH were identified.

“A Structured Workshop” was organized for one and half day and all learning areas were incorporated into workshop agenda. The workshop was facilitated by four experts including Gynaecologist, Paediatrician, Public Health specialist and Social Worker. Table 1 delineates the structure of implemented workshop for the study participants.

Table 1: Structured Workshop on Maternal and Child Health for Participants

Day one (Full Day)

Activity 1	Preparing four case based scenarios in local language (The covered themes were pregnancy care, nutrition, contraceptive methods and new-born care).
Activity 2	<i>Discussion on first scenario (Pregnancy care)</i> (Themes including antenatal care, postnatal care, and immunization services were discussed with the help of MCH education booklets).
Activity 3	<i>Discussion on second scenario (Nutrition)</i> (One role play and one video clip show were conducted. It emphasized on balanced diet, nutritional deficiencies during pregnancy, new-born and nutritional health, healthy food recipes during pregnancy)
Activity 4	<i>Discussion on third scenario (Contraceptive methods)</i> One 10 minutes 'You Tube' video and one role play highlighting various contraception methods including natural spacing methods, Copper T, OC Pills, safe period etc.
Day 2 (Half day)	
Activity 5	<i>Discussion on fourth scenario (New-born care)</i> (One role play, one demonstration method and one Puppet show was used. It covered topics including components of NC, home based NC, hand and hygiene, identification of danger signals among baby.)
Activity 6	Concluding session with summary and take home messages (Two strategies were used i.e. 'Think-pair-share' and 'Jig saw technique' to ensure more interaction among participants).

During 'Think, pair, share' method, the participants were asked to turn to their neighbour and discuss identified topic related to the topic being taught. Then, they were randomly asked to share the results of their discussion with entire audience. In 'Jig Saw Technique', the topic was divided into small pieces, gave each piece to a group of participants and challenged them to combine the pieces to generate meaningful information.

Data analysis

The Statistical analysis was completed by using 'Microsoft Office Excel Sheet'. Pre and post intervention scores were analysed to understand the knowledge gain of study participants. Pre and post test scores were compared by using 'Paired t-test'. P value < 0.05 was taken to be statistically significant. Mean and Standard Deviations (SDs) were calculated. The feedback analysis was also done to gauge the effectiveness of an intervention.

Results

As per the demographic profile of 178 study participants; majority (72%) of them were under the age group of 30-39 years, followed by 40-49 years and 20-29 years. Regarding educational qualification, 55% of them were illiterates while some of them had intermediate (20.50 %) and graduation (14%) followed by post-graduation (10.50%). Socioeconomic background of participants showed that most (81.13%) of them belonged to class III and IV while remaining 18.87% of them were from class II.

Table 2 outlines different learning areas of MCH elements and the precise responses of participants for every MCH parameter. The current study conveyed comparatively better knowledge of participants about specific topics like maternal welfare schemes, home delivery, breastfeeding practices, nutrition etc. Though, the poor knowledge was seen among participants about some of MCH elements.

Table 2: Awareness Levels of Study Participants about MCH Elements (n=178)

Element	Parameter	Number of participants with correct response (%)
Maternal Health	Normal care during pregnancy	120(67.41)
	Maternal infections affecting baby	89 (50)
	Nutrition	133 (74.71)
	Maternal welfare schemes	112 (62.92)
	Hygiene and sanitation practices	133 (74.71)
	Family planning services	129 (72.47)
	Immunization during pregnancy	143 (80.33)
	Mental health	100 (56.17)
	Breastfeeding practices	127 (71.34)
	Home delivery	147 (82.58)
Child Health	Integrated Child Development Services	119 (66.85)
	Immunization	123 (69.10)
	Child welfare schemes	141 (79.21)
	Dehydration and its prevention	119 (66.85)
	Breast feeding practices	161 (90.44)
	Normal new-born care	140 (78.65)
	Common childhood infections	129 (72.47)
	Nutrition	139 (78.08)
	Normal milestones	121 (67.97)
	Health and hygiene	144 (80.89)

MCH – Maternal and Child Health

The statistically significant difference in mean pre and post-test knowledge of participants about MCH was denoted in Table 3. It shows that ‘structured workshop on MCH’ caused significant gain in knowledge levels of participants about maternal and child health aspects.

Table 3: Pre-test and Post-test Knowledge of Study Participants (n= 178)

	Mean	SD	t value	P value
Pre test	7.12	1.48	47.61	<0.01
Post test	14.66	1.23		

SD – Standard Deviation, $p < 0.01$ was considered as highly significant

The feedback analysis report indicates positive attitudes of participants for structured workshop on MCH. Nearly all (99.67%) participants stated the need to re-implement similar workshop for them in the subsequent period. Around 30% of participants requested to increase the duration of workshop for minimum four days rather than one and half day. Nearby 99% participants thought that workshop enhanced their knowledge about MCH components and they can retain it for long duration. All (100%) participants valued the workshop content and its simplified methodology. Conversely, 49 (27.52%) participants mentioned that workshop was time consuming and required tons of preparation. In the present study, 149 (83.70%) participants said that workshop promoted their communication as well as team work skills. All (100%) participants were in agreement that the facilitators of the workshop were supportive and they elucidated the whole process in understandable manner.

Discussion

Utilizing a big national health survey database from India, several studies observed the positive relationship between the presence of a Self-help groups and maternal and child health services uptake measured through hospital delivery, appropriate breast feeding practices, family planning services (7,8). In developing nations like India, there is high incidence and prevalence of mother and child morbidity and mortality and one of the recognized causes was inadequate awareness levels of mothers regarding MCH (7-9). Self-help groups are the residents of community and have good rapport with community members. They can be potential health disseminator and can educate females about maternal and child health in an effective way like other grass root level health workers like ASHAs and Anganwadi Workers. However, there are scarce data on knowledge evaluation studies among them about MCH in population of India. Nevertheless, the evidence revealed positive impact on maternal and child health by relating SHGs in health system (9-11).

To be potential MCH health educator, the knowledge levels of SHG members in MCH care needs to be developed (1-4). The existing study was conducted to create the reference data regarding knowledge of SHGs towards maternal and child health components. The emerged data can be advantageous to conduct capacity building programmes for Self-help groups to aid the community in an effective way.

The present study reported positive perceptions of participants for used teaching intervention. The potential readiness of them to learn several aspects of maternal and child health was highly acknowledged in this study. Perceptibly, it revealed that SHGs can perform an active role in health promotion and disease prevention in MCH field apart from their traditional responsibilities of financial and livelihood requirements (12-14). In fact; SHGs may be viewed as promising platforms for educating general community members particularly adolescent girls and adult women about MCH care.

The current study shows few strong implications. The positive attitudes of SHGs to work in health sector may strengthen country's National Health Mission and other government led organizations to deliver health services including maternal and child health especially at rural level with significant capacity. However, it must be noted that, there are certain drivers of political economy must underscored the role of SHGs in health care. Involving SHGs in promoting health care in rural and marginalized sections of India may help to bridge the gap between community and health system. One of the major limitations of the study was that the present study analysis did not cover many important areas like gender based violence, interfamilial relationship as well as women empowerment. Subsequent attention to such processes may significantly further enhance the impact of SHG health education programmes.

Conclusions

The present study reported significant knowledge gain about maternal and child health among Self-help group members. They can be potential health educators and bridge knowledge gaps among community members including SHGs particularly in rural and remote areas in order to reduce the magnitude of maternal and child morbidity and mortality.

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