# EVIDENCE on WOMEN's GROUPS on HEALTH AND NUTRITION OUTCOMES

A mixed methods systematic review









#### **Objectives and Methods**





#### Rationale for review

- 1) No systematic review of evidence on women's groups across health domains in India
- 2) Need to distill lessons for programs at scale by understanding barriers and enablers



#### **Objectives of the review**

- 1) What impacts have women's groups interventions had on women's and children's health in India?
- 2) What barriers and enablers related to context, mechanisms and outcomes explain these effects?

#### **Methods**

Systematic search and extraction

Map health outcomes by domain and intervention type

**Quality appraisal** 

**Identify SBC techniques (Kok et al)** 

**Critical summary of enablers and barriers** 

#### 92 Studies

**16 RCTs** 

**22 Quasi-experimental** 

28 Quantitative, observational

26 Qualitative

#### **Domains**

**Maternal and Newborn Health** 

**Nutrition** 

Sexual Health/HIV

**Vector-borne disease** 

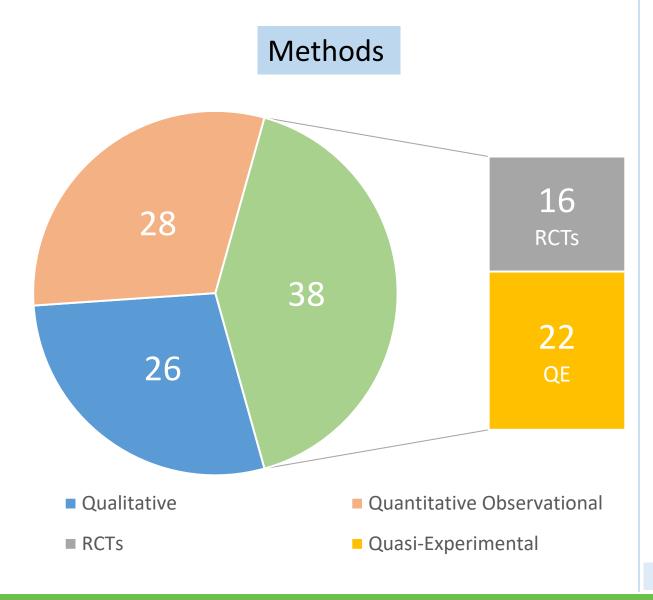
Violence against women

**Health expenditure** 

Mental health

## Studies by method (n=92) and group typology (n=38)





## **Group Typology**



CLASSROOM

2 studies



**CLUB** 

• 17 studies



COLLECTIVE

12 studies



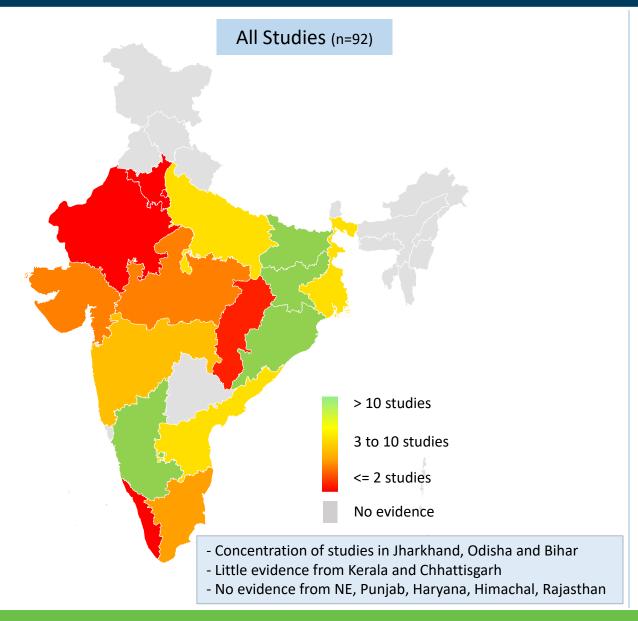
CONDUIT

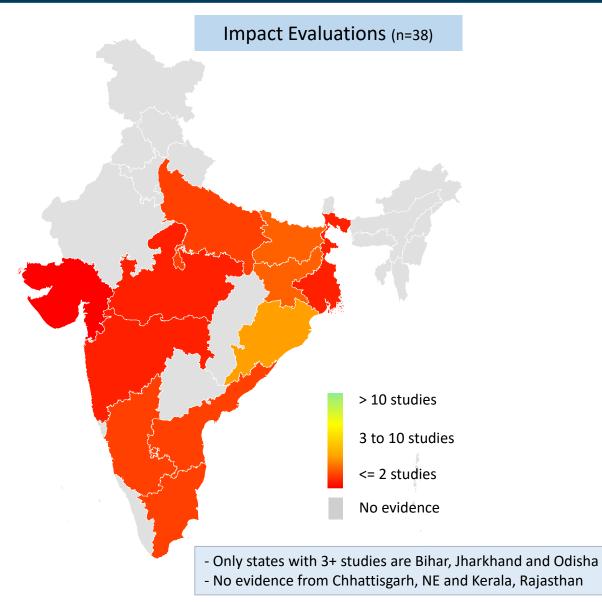
7 studies

Note: These typologies are only for the Impact Evaluations (N=38)

### **Evidence Map**

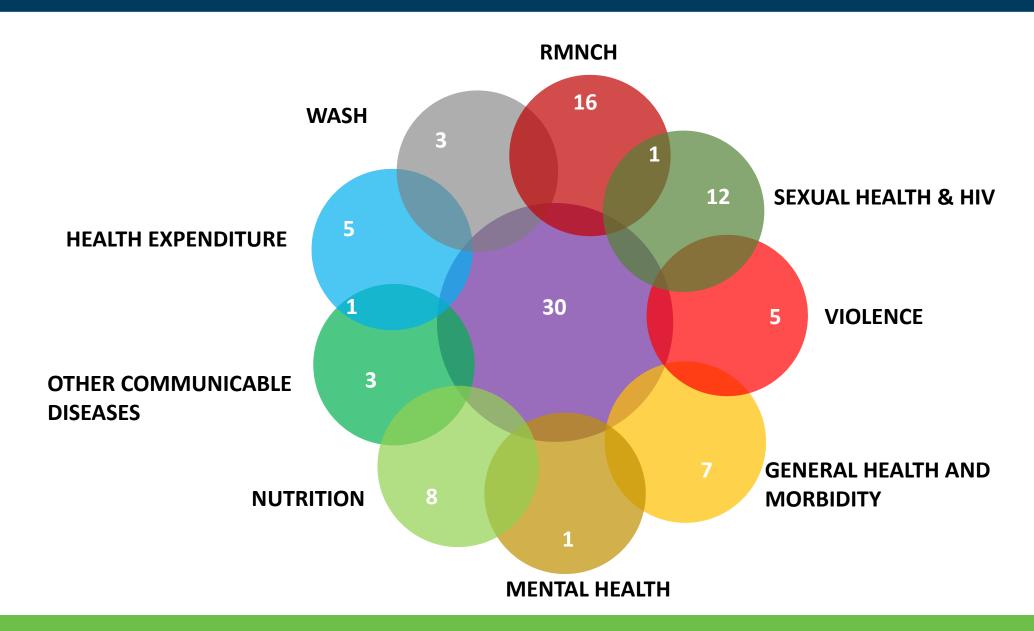






## Studies by domain (n=92)





## Findings on maternal and newborn health: Variation by approach, context and scale



Group type	Studies	Model	Effects on NMR
COLLECTIVE	Tripathy et al (2010) Tripathy et al (2016) More et al (2014) Kumar et al (2008)	PLA, NGO – Rural PLA, NGO+ Govt – Rural PLA, NGO – Urban Comm mob, NGO – Rural	AOR: 0.68, (0.59-0.78) AOR: 0.54 (0.36-0.80) AOR 1.42 (0.99-2.04) AOR 0.46 (0·35-0·60) Reduced NMR in rural, but not urban setting
CONDUIT	Acharya et al (2015)	Govt CHW+ meetings, at scale	AOR: 0.98 (0.81, 1.19) Scaled up model had no effect on NMR
CLUB	Saggurti et al (2019)	Govt SHG+ health education	Clean cord care: 1.9 (1.5.2.3) Skin-to-skin care: 1.8 (1.5,2.3) Breastfeeding: 1.3 (1.0,1.7) Delayed bathing: 2.3 (1.8,2.9) Changes in SHG members' behaviour (no evidence of effects on mortality)

## Nutrition: Improvements in behaviour with variations in level, intensity and role of supply



Group type	Studies	Model	Effects
COLLECTIVE	Tripathy et al (2010) More et al (2012) Subramanyam et al (2010) Nair et al (2017)  Gope et al (2019)	PLA, NGO PLA, NGO+Govt PLA, Govt PLA PLA PLA	<ul> <li>(+) Breastfeeding</li> <li>No effect on breastfeeding</li> <li>No effect on RMNCH outcomes</li> <li>(+) min dietary diversity (-) underweight</li> <li>No effect on stunting, care-seeking</li> <li>(-) wasting, underweight, stunting</li> <li>Mixed effects, largely due to coverage, intensity and addressing supply</li> </ul>
CONDUIT	Acharya et al (2015)	CHW+ meetings	(+) ANC and IFA.  Effect on supply-dependent behaviour at population level
	Saggurti et al (2018) Saha et al (2016)  Prennushi and Gupta (2014)	Govt SHG+ health NGO MF + health SHG (no health)	(+) Breastfeeding (+) Breastfeeding Effect on reported supply-independent behaviour amongst members No effect on breastfeeding

## VAW: Most evaluations report no effect on incidence



Group type	Studies	Model	Effects
COLLECTIVE	Subramanyam et al (2017)  More et al (2017)	SHG + PLA  Home visits, group meeting, service provision	No effect on VAW Afraid of husband – B/ SE 0.0002 (0.0071) Push/ shake/ throw at wife – B/SE -0.0184 (0.0151) Kick/Drag/beat wife –B/SE -0.0344 (0.0142) Choke/burn wife –B/SE -0.015 (0.0098) Forced sexual activity –B/ SE -0.0206 (0.0104)  Reported VAW in last 1yr – OR (95% CI) 0.85 (0.44-1.64)
CONDUIT	Jeejebhoy et al 2017	SHG + peer mentors	Emotional violence (AOR 1.72 (1.22, 2.42) Physical violence: AOR 0.96 (0.71, 1.29) Sexual violence AOR 1.17 (0.71, 1.91)
CLUB &	Yaron et al 2017 Prillaman et al 2017	SHG	(-) Reduction in VAW (index of DV) - 4.0796 No effect on VAW -0.092 ( SE 0.074) (improvements in decision making for women reg consumption, daily tasks and children's education)

## Insights on effective interventions from quantitative and qualitative research for NRLM $\sqrt[6]$



# OUTCOME CHARACTERISTICS

Issue relevant to participants

Independent of supply-side issues

Focus on fewer outcomes within a single domain

#### **GROUP TYPE**

Open groups

Include poorest and most vulnerable

#### **FACILITATION**

Experienced facilitator (FLW facilitates/ attends)

Trusted and from within the community

Sufficient staff to cover population

Paid

#### **GROUP MEETINGS**

Sufficient time to discuss health

Intention to address health

## INTERVENTION DESIGN

Beyond information dissemination

Problem-solving, participatory activities

Leverage local practices and beliefs

Contextually relevant, easy to understand material