

Engaging Self Help Groups (SHGs) in health-related awareness programs



Health and poverty- A never ending saga

The prevalence and spread of communicable diseases affect the poor more than the privileged, leading to loss of workdays, in turn resulting in depletion of income and livelihoods. A World Bank study reports that around one-fourth of hospitalized Indians fell below the poverty line because of their stay in hospitals and more than 40% of hospitalized patients took loans or sold assets to pay for hospitalization.¹

A study conducted by IFMR LEAD to understand the financial behavior of the poor found that a majority (64%) of rural households were forced to make a non-routine expenditure of some type during the six months prior to the survey.² The main reason for incurring a non-routine expenditure was to pay for medical treatment. Experts argue that the frequent occurrences of diseases lead the poor to spend a high proportion of their household finances, borrow money, or sell assets etc., which pushes them into deeper poverty and longer-term debt.³

Are unhygienic practices of women leading to health problems?

A study conducted by IFMR LEAD in rural regions⁴ of India found an alarming practice of not purifying water before drinking (61% women reported that they never purify water before drinking). Households had an appallingly low access to toilet facilities. More than 80% reported urinating or defecating in the open area instead of using toilets connected to sewer lines. In addition, women who were responsible for cooking food for the households neither washed hands with soap after using the bathroom (76%), nor before eating (90%). Lack of toilet facilities, presence of open ditches and other unhygienic practices by women of rural households create unsanitary conditions, which cause water-borne diseases. This could be the reason why fever, diarrhea, malaria, weaknesses and other ailments such as stomach pain, headache, tuberculosis, and typhoid were reported to be the top health concerns in our study region. So prevalent were these diseases that almost all households (96%) encountered them at least once a year prior to the survey; and 47% of them had to visit hospitals more than once.

A simple act can make a difference

A series of randomized trials have suggested that several health interventions such as exclusive breastfeeding; immunization; provisions of sanitation and water facilities; and micronutrient supplementation are effective in treating water-borne diseases, particularly diarrhea. At the same time, researchers have also convincingly demonstrated that increased hand washing with soap can significantly reduce diarrhea incidence.⁵ A study suggests that a simple act of washing hands with soap can significantly cut the risk of diarrhea from 30-50%.⁶ WHO reports that hygiene

interventions including hygiene education and promotion of hand washing leads to a reduction of diarrheal cases by 45% and improvements in drinking-water quality through household water treatment, such as chlorination at point of use leads to a reduction of diarrhea episodes by 39%.⁷ Evidence suggests that household-based chlorination is the most-effective water quality intervention (even cheaper than boiling water as it covers the fuels expenditures).⁸

Involvement of women via Self Help Groups

Across the world, several grassroots level organizations have already started engaging women to reach out to the community to create awareness about proper hygiene and sanitation. In Indonesia, women were engaged in an in-person health education program that encouraged hand-washing with soap. Women were visited fortnightly by two community organizers, who also supplied free soaps. Two years after the intervention, 79% of mothers were still using hand soap, despite the fact they now had to buy soaps themselves. The community seemed to be benefiting from a sustained reduction in diarrhea episodes due to improved hygiene practice.⁹ Likewise, in the state of Uttarakhand, a federation of SHGs developed low-cost hand wash soaps made up of soap nuts, cow-dung, apricot and orange peel. The federation promotes its product among its members for hand washing.¹⁰

In the past three decades, India has seen an unprecedented growth in SHG movement. However, in spite of achieving a high SHG penetration across the country, cases of SHGs taking a lead in health intervention is not prevalent. As part of our study, we probed women engaged in SHGs on their perceptions of SHGs as an institution. The response we received clearly indicated that majority of women perceived SHGs as a financial intermediary only;¹¹ raising a serious concern of whether SHGs have lost their essence of

providing a platform to address community or social issues. If Self Help Groups (SHGs) go the full yard in supporting the promotion of health and water quality, particularly the hand washing movement, the incidences of water-borne diseases can be reduced significantly.

Final words

While it is essential to enhance the ability of the poor to deal with health risks by making financial products such as micro insurance and savings products available to them, at the same time, it is extremely important to raise awareness about healthy and hygienic lifestyle; particularly to women who are traditionally responsible for maintaining a hygienic home environment. We conclude with an open question if there would be any merit in deploying women-based community organizations that are promoted and nurtured by state government and non-government organizations to sensitize women about hygienic practices .

Author: Deepti Kc

-
1. Peters D.H. 2002. [Better health systems for India's poor: Findings, analysis and options](#)
 2. Johnson et al. 2010. [Access to Finance in Andhra Pradesh](#)
 3. Peters et al. 2008. [Poverty and Access to Health Care in Developing Countries](#)
 4. Kc et al. 2015. [Socioeconomic and gender analysis of tribal populations in India](#)
 5. Zwane et al. 2014. [What works in fighting diarrheal diseases in developing countries? A critical review](#)
 6. Fewtrell et al. 2004. [Water, sanitation and hygiene: interventions and diarrhea. A systematic review and meta-analysis](#)
 7. World Health Organization. 2004. [Water, sanitation and hygiene links to health. Facts and figures](#)
 - ⁸ Clasen et al. 2008. [Water quality intervention to prevent diarrhea: Cost and Cost-effectiveness](#)
 9. Wilson et al. 1993. [Sustained improvements in hygiene behavior amongst village women in Lombok, Indonesia](#)
 10. Solution Exchange, an initiative of UN country team in India. Environment and Water Community. [Role of SHGs in promoting hand-washing experiences](#)
 11. Kc et al. 2015. [Socioeconomic and gender analysis of tribal populations in India](#)