

Women's group support can improve birth outcomes

March 7 2010



The groups have been shown to have a dramatic impact on neonatal and maternal health in the region. Credit: Sudharak Olwe

Community support groups can reduce neonatal mortality, and lower rates of maternal depression-provided that the population coverage is wide enough and the programmes are appropriately designed. These are the conclusions of two Articles, published Online First in The *Lancet*.

Participatory women's groups have shown promise in trials in Nepal, reducing neonatal mortality by about one-third. To test this approach further, two research teams undertook cluster-randomised controlled trials that were led by Anthony Costello, University College London Centre for International Health and Development, Institute of Child Health, London, UK.

In the first Article, Prasanta Tripathy, Ekjut, Chakradharpur, Jharkand, India and colleagues, assigned clusters in a population of 228186 people in Jharkand and Orissa in eastern India to either participating in women's groups focusing on the reduction of maternal and newborn health problems, or not. They monitored 19030 births over 3 years, and found that neonatal mortality was 32% lower overall, and 45% lower in years 2 and 3 for women who had been living in areas where women's groups existed than for those who had not. Moderate maternal depression had fallen by 57% by the third year.

The authors say: "Women's groups led by peer facilitators reduced neonatal mortality rates and moderate [maternal depression](#) at low cost in largely tribal, rural populations of eastern India. The most likely mechanism of mortality reduction was through improved hygiene and care practices."

They conclude: "Participatory groups have the advantage of helping the poorest, being scalable at low cost, and producing potentially wide-ranging and long-lasting effects. By addressing critical consciousness, groups have the potential to create improved capability in communities to deal with the health and development difficulties arising from poverty and social inequalities."

In a second Article, Professor Kishwar Azad, Perinatal Care Project, Diabetic Association of Bangladesh, Dhaka, Bangladesh, and colleagues monitored neonatal mortality for 36113 births over 3 years in a population of 503163. As with Tripathy et al's study, the study population was divided into clusters, some of which were assigned to support from women's groups. The authors found that the community support made no difference to neonatal [mortality rates](#).

They say: "For participatory women's groups to have a significant effect on [neonatal mortality](#) in rural Bangladesh, detailed attention to

programme design and contextual factors, enhanced population coverage, and increased enrolment of newly pregnant women might be needed."

They add: "Women's groups, if scaled to an adequate coverage, have the potential to reach the poorest people and bring about substantial health and non-health benefits. Nonetheless, a women's group approach requires adequate human resources support for community mobilisation and appropriate coverage."

Provided by Lancet

Citation: Women's group support can improve birth outcomes (2010, March 7) retrieved 25 April 2024 from <https://medicalxpress.com/news/2010-03-women-group-birth-outcomes.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.