Community Support Groups: expectant mothers and their families improving maternal health in Bangladesh

Background:

Improving maternal health remains a significant challenge in Bangladesh. Lack of awareness and socio-cultural and religious taboos, among other factors, contribute to the current maternal mortality rate of 194 per 100,000 live births in Bangladesh [1]. One evidence-based intervention [2, 3] to increase awareness of the causes of maternal mortality and to encourage advocacy that will improve maternal health outcomes is social mobilization through community support groups (CSGs). As part of the demand side of a larger maternal and neonatal health (MNH) intervention in Shahjadpur sub-district, icddr,b has formed CSGs by involving community members. The objectives of the CSG are: to identify pregnant women, sensitize pregnant women and members of her family about the importance of using skilled maternal care; to provide support to the poor and disadvantaged through fund raising and arranging transport to a facility for mothers with complications; and to establish links between the community and the facility.

Advocacy meeting for the formation of CSG

CSG volunteers in a courtyard session

Approaches:

By December 2010, 68 CSGs had been formed. Each CSG was comprised of 30 members serving in three different capacities - an advisory committee, executive committee and volunteer committee. The aim of the committee members was to persuade pregnant mothers and their family members to communicate with local health facilities and health service providers (family welfare assistants, family welfare visitors, health assistants, family planning inspectors, and most importantly the community-based skilled birth attendants (CSBAs)), to ensure the availability of maternal health care services when required. The effectiveness of CSGs was assessed using a baseline and a follow-up structured questionnaire survey between November 2008 and November 2010 among mothers who delivered six months prior to the interview date.

Results:

In the baseline and follow-up surveys, 3,158 and 2,725 mothers were recruited respectively for interview. Following the baseline survey, at least 680 courtyard-sessions of CSGs were conducted by female volunteers covering 6,800 mothers. During the baseline survey nearly three-fourths of the mothers (69.6%) reported receiving any antenatal care (ANC); which increased to 84% after formation of CSGs which covered almost all the unions of Shahjadpur sub-district. Skilled attendance at delivery was 26.4% at baseline and increased to 41.7% at the follow-up survey. Mothers who attended the courtyard-sessions conducted by CSGs during the time period received substantially more ANC and skilled delivery care than the mothers who did not attend (**Figures 1 and 2**).

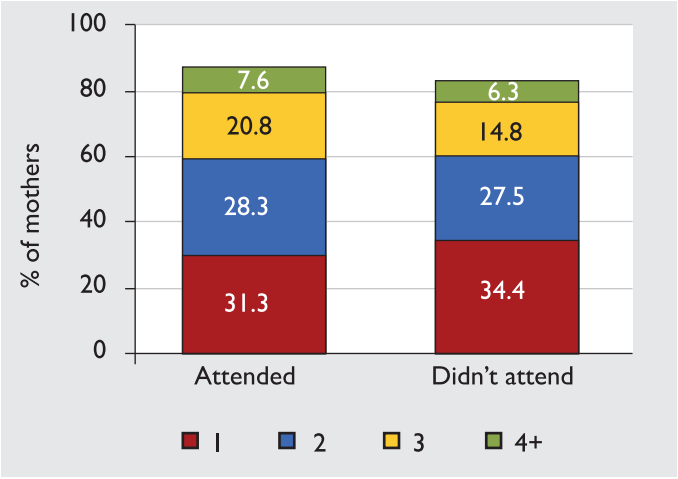

Figure 1: Number of ANC visits by attendance in courtyard CSG session

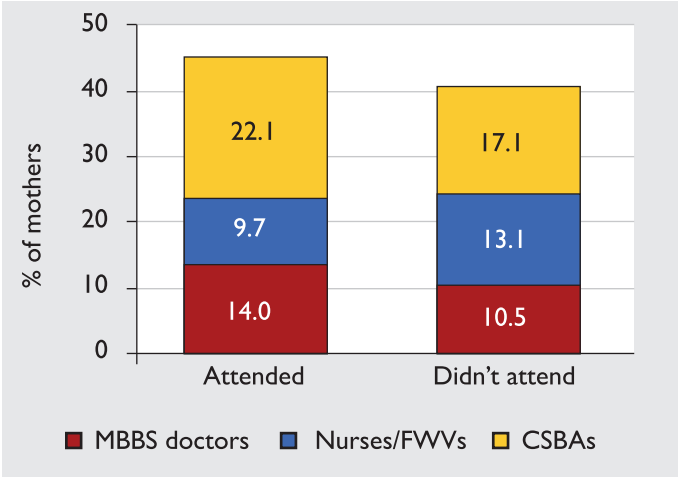

Figure 2: Percentage of mothers receiving skilled delivery care by attendance in courtyard CSG session

Conclusion:

The intervention findings suggest that the courtyard-sessions using CSGs made a statistically significant contribution to improving maternal health-seeking behavior in terms of ANC visits and skilled attendance at delivery.

Implications:

Participatory approaches through courtyard-sessions and family involvement in care stimulated by the CSGs appear effective in improving maternal health in Bangladesh. There was some operational cost (US$ 225 in 2010) to form each CSG and provide hand-outs for training to the volunteer committee. However, involvement of elite groups of villagers in the CSGs may increase the likelihood that the program will be sustainable in the long run.

Recommendations:

- Formation of CSGs over the entire sub-district to increase community awareness regarding appropriate maternal health actions;
- Encourage CSGs to be self-sustainable and to take independent initiatives to address a range of maternal and neonatal health issues;
- Birth preparedness initiatives should first empower household members through CSGs; and
- To further address the gap between knowledge and action, CSGs should also focus on arrangement of transport and blood donors, to help limit potential delays in referral to facility.

References:

1. National Institute of Population Research and Training (NIPORT), ORC Macro, Johns Hopkins University and ICDDR,B. Bangladesh Maternal Health Services and Maternal Mortality Survey 2010. Dhaka, Bangladesh 2011.
2. UNICEF. Maternal and Neonatal Health in Bangladesh. January 2009.
3. 3ie Enduring Questions Brief. Access to health: How to reduce child and maternal mortality? International Initiative for Impact Evaluation. Number 14, June 2010. 3ie, Global Development Network, Second Floor, East Wing, ISID Complex, Plot No.4, Vasant Kunj Institutional Area, New Delhi 110 070. www.3ieimpact.org.

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