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Self-Help Group for Community-Based Care Concerning Maternal and Child Health: A Thematic Review

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Abstract

Community is central to all kinds of social services provided by the state. In India, primarily, self-help groups are constituted in the community to help marginalized and deprived women through various interventions/activities to empower them socially and economically. These women-led groups are very much rooted in society and have been recognized by the state as entities in different forms like SHGs, VOs, and CLFs hierarchically. Maternal and child health is of great concern in India, where the community plays a vital role in shaping the idea of the same. India is a country of 1.4 billion people who need effective and efficient healthcare. The state alone cannot provide healthcare to this vast population. It requires a community-led network to generate awareness about diseases, healthy behavior, and required services to provide preventive measures and treatment. Self-help groups are found to be reliable and viable instruments during COVID-19 to deliver health and healthcare-related services and treatments. This article explores the idea of SHGs providing community-based care, which will be planned, designed, and delivered by the community-led forces. It includes the examination of SHGs as an instrument to bring effective change through microfinance, empowerment, poverty alleviation, social capital, improvement in social determinants of health, and, finally, providing maternal and child healthcare services and deliveries. This thematic review uses secondary sources, which are analyzed and reported thematically.

Keywords: Self-Help Group, Community-Based Care, Low- and Middle-Income Countries, Primary Health Care, Maternal and Child Health, Reproductive Health

Introduction

Leaving no one behind: this has to be more than a written commitment while we celebrate the Alma-Ata Declaration in the coming days. Today, the population boom is a reality. Community-based care is a crucial strategy to cater to a large population and provide basic healthcare services in low- and middle-income countries when there is a severe shortage of healthcare professionals, required infrastructure, and funds. The COVID-19 outbreak compelled the World Health Organization and health professionals to stress community-based care in health, as other mechanisms were found to be ineffective in addressing the healthcare needs of the population, particularly in rural areas in countries like India. The concept of community engagement is very much rooted in the principle of social justice and change by

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community processes (Wallerstein, 2015). The Bhore Committee (1946) stated in its guiding principles that health services should be as close to people as possible and that the active participation and cooperation of communities are required to implement a successful health program. Community-based care is considered one of the components of primary health care, where healthcare services are designed, delivered, and evaluated by a community-trained healthcare workforce with the active participation of community leaders/members to provide high-quality, people-centered care to prevent and treat communicable and non-communicable diseases; to avoid acute exacerbations and treatment failures; to take necessary measures to protect vulnerable population groups; and to manage emergency conditions (WHO, 2020).

Community-based care can be considered a whole-society approach to achieve health for all as part of SDG-3. According to the Roadmap for Universal Health Coverage in India (2022), India aims to achieve universal health care for all by 2030. To achieve this, it is crucial to address the healthcare challenges and social determinants of health through community-based and community-driven approaches, as previous studies suggested. At the 2018 Astana Global Conference on Primary Health Care, it was recognized that the community level plays a crucial role as a fundamental foundation for primary health care. The community is found to be essential for providing services and carrying out vital public health activities, as well as for involving and empowering communities regarding their health. The community-based platform is characterized by its unique capabilities in delivering healthcare and fostering social interaction.

Self-help groups (SHGs) are voluntary, community-based organizations comprised of 10-15 members from similar socio-economic backgrounds. These self-governed, peer-controlled associations aim to uplift their members' socio-economic conditions (Desai et al., 2020). Self-help, an approach, was introduced to reduce government health expenditures in industrialized countries. It is considered a bottom-up approach. However, its implementation in low- and middle-income countries was envisaged to address unmet health care needs (Nayar et al., 2004). According to the WHO Report on Macroeconomics and Health (2002), investment in health in low-income countries is identified as an effective means of reducing poverty. Due to their cash-strapped social and health systems, self-help is considered a way forward to improve population health.

This article will explore and examine the areas of intervention and effectiveness of community-based care through self-help groups in addressing maternal and child health through various mechanisms.

Methodology

In a thematic literature review, the focus is on organizing the information around specific themes. For this particular review study, the author has used a thematic approach to explore the topic, breaking it down into different sections. The review then provides a detailed analysis, looking at both print and electronic resources. The connections between the different themes have been carefully analyzed as well. To gather materials for the review, the author visited several libraries at the University of Delhi, including the Department of Social Work, the Ratan Tata Library, and the Central Library, University of Delhi. The researcher primarily used online

sources like ResearchGate, JSTOR, Google Scholar, and PubMed to find relevant articles published since 2011 using the key terms “community-based health care," "self-help group and health," "primary health care," “self-help group," and “women empowerment." Studies written only in the English language were included.

The Review of Literature

The review is more focused on SHGs as tools for maternal and child health so as to understand the perspective better as per the objectives set.

Self-Help Groups and Microfinance

The study by Fatma (2019) explores the role of microfinance through self-help groups in the empowerment and development of women in Bihar. However, it analyzed the considerable positive impact of SHGs on changes in economic status, self-respect, self-confidence, physical mobility, and decision-making, which in turn results in healthy individuals and communities.

Singh (2021) reported that joining SHGs has increased income-generating activities. SHG members started their own economic activities by taking loans, such as cattle farming, poultry farming, food processing enterprises, FNHW enterprises, agricultural activities, etc., which can ensure better income and health, sanitation, and nutrition.

SHGs and Women's Empowerment

Baraand and Adrija (2022) aim to study how JEEViKA-led SHGs empower rural Didi’s and present a case study from rural Bihar. SHGs under JEEViKA gained financial independence through various economic activities. It helps them to break the barrier of patriarchy, but they are still far away from empowerment. It is observed that change has been brought by JEEViKA in its members' lives, but there is a need to ensure activities and reforms to bring social transformations.

Manvar, Karthiriya, and Thakar (2019) studied how the economic empowerment of women will lead to participation in the decision-making process, and this cannot be achieved by ignoring health issues related to women. Despite various developmental programs, women’s health has received very little attention. It is also observed that women’s health is very much confined to family planning and contraception.

Self-Help and Poverty Alleviation

Kumar (2006) argued that women's participation in self-help groups can play a revolutionary role in poverty alleviation and achieving gender equality. It is also argued that self-help groups can be useful platforms for enhancing women’s health by increasing awareness and knowledge of health issues, as well as financial security during health emergencies. However, it has not suggested any mechanism for implementing health initiatives or for leveraging SHGs' potential as promoters of public health in the region.

Self-Help Groups and Health

Nayar, Kyobutungi, and Razum (2004) drew an analysis of SHGs’ involvement in the health sector in Europe and the US out of dissatisfaction with contemporary health services, which

put a limit on it. It tried to present an argument for SHGs' engagement in low- and middle-income countries to address health challenges based purely on the available secondary information. However, it admits that the potential and limitations of self-help in health care need sufficient discussion.

Community participation is essential for achieving the objectives of the Global Strategy for Women's, Children's, and Adolescents' Health, particularly in transforming societies. The paper identifies three interrelated areas for enhancing community participation: improving individual and group capabilities, developing people-centered health services, and fostering social accountability (Marston et al., 2017). For transformative health interventions to succeed, power must be shared with service users, necessitating a cultural shift within healthcare institutions. There is a need for better measurement of participatory approaches to understand their impact on health outcomes and social change.

Singh's (2019) study compiled 16 major health determinants in North Bihar. It stated that healthy individuals constitute a healthy community that depends on the income and income generation of individuals. It highlighted the disparities in health concerning women, regions, and how certain districts achieved higher ranks in the health index. It promotes suitable health policy specific to the region, a higher level of investment in health infrastructure, and a PPP model for health.

Integrating health behavior change interventions within SHGs can effectively reduce inequalities in accessing health care services and promote healthy behaviors (Hazra et al., 2019).

Gupta et al. (2015) reported that the intervention with self-help groups significantly increased awareness of reproductive tract infections (RTIs)/sexually transmitted infections (STIs) among SHG women in the intervention, with awareness rising from 30% at baseline to 99% at end-line. Health-seeking behavior improved notably in the intervention group, with 99.5% of respondents aware of treatment options for abnormal discharge, compared to 67.5% in the control group. The study also found a marked increase in discussions about RTI/STI between respondents and their husbands, indicating a shift in attitudes and behaviors post-intervention. The study highlights the effectiveness of tailored IEC materials in raising awareness and changing health-seeking behaviors regarding RTI/STI among rural women.

Desai et al. (2020) stated that community interventions with women's groups can enhance health outcomes for women and children in India. The review found that successful interventions actively engaged communities, utilized diverse behavior change techniques, and maintained sufficient intensity in implementation to bring desired health outcomes in communities. It also advocates for future efforts that should prioritize community mobilization approaches that address relevant health issues and ensure adequate coverage and facilitator training.

The study reports results on the potential of SHGs as a platform for improving health, nutrition, and sanitation outcomes at scale, calling for further integration of SHGs into health policy and programming (Mehta et al., 2020).

The study found that the intervention significantly enhanced women's collective agency and self-advocacy, with notable improvements in respectful care and emergency assistance from health workers. Key healthcare outcomes, such as postnatal care and referrals, also showed significant positive changes in the intervention group (Saggurti et al., 2018).

The paper's evaluations highlighted disparities in health outcomes among marginalized groups, emphasizing the need for targeted interventions through SHGs to address these inequities. The program's impact on reducing disparities was analyzed using both quantitative and qualitative data, revealing significant improvements in health-seeking behaviors (Darmstadt et al., 2020).

Women's self-help groups played a crucial role in mobilizing pregnant women for the mobile clinics, receiving incentives for their participation. This approach not only facilitated access to healthcare but also empowered women economically and socially within their communities (Madhivanam et al., 2013). The findings underscore the public health significance of increasing ANC and HIV testing among rural women, with SHGs/community-based interventions showing promise in addressing this critical issue.

Self-Help Groups and Maternal and Child Health

Dubey and Samal (2016) presented a comparative analysis of the maternal health situation in Bihar and Madhya Pradesh. It concluded that maternal health indicator progress in both states is not been achieved over time. It recommended that the Bihar government mobilize resources to ensure improvement in maternal health indicators and also categorized the indicators' progress as "very poor." The study highlighted that 60% of pregnant women in Bihar suffer from anemia, which is one of the major factors for the health of mother and child. It also stated that maternal health indicator status in rural areas is very poor, and private sector health services need to be regulated with respect to CS deliveries in both states.

Singh, Alok (2018) presented a comprehensive analysis of the recent change in the health status of women in Bihar, India. It shows a decrease in the percentage of women whose BMI is below normal, all women aged 15-49 years who are anemic, women married before 18 years, increased institutional births, etc. However, the status of health in the state is still below the national level. It also highlighted that more than half of women during pregnancy and their reproductive span are anemic; the percentage of obesity doubled during NHFS3 and NHFS4, cesarean delivery increased, tobacco consumption increased, etc. This is a great concern with respect to women's health in Bihar. It also highlighted the poor nutritional condition among women. It suggested that the government properly implement health programs with a special focus on maternal and child health. However, it failed to recognize community-based interventions to ensure maternal and child health.

Hazra et al. (2022) reached the conclusion that there is considerable evidence that women's group interventions can improve health and nutritional outcomes and suggested investing in approaches that address population health needs.

Hazra et al. (2019). The paper presents evidence on the effectiveness of SHG interventions with maternal and newborn health practices through behavior change. The findings showed improvements in MNH practices, ANC, exclusive breastfeeding, etc., which were consistent.

The intervention also reduced health disparities over time. It adopted cross-sectional survey methods to study the matter. However, the study was limited to only the promotive part of health intervention.

Chakravarty and Jha (2012) studied the working patterns of SHG intervention as a microfinance organization to alleviate poverty and to make its members self-reliant. The study presented a positive relationship between women's empowerment and the social health status of women in the district. Joining an SHG brought a positive change in its members' health. It argued that detailed research should be conducted to bring evidence to ascertain the consistency and long-term accomplishment of SHGs, which is not limited to economic empowerment but also health status and well-being.

The study concludes that women's groups have the potential to deliver nutrition benefits to mothers and young children in rural settings. However, it is found that effective interventions require intensive, participatory approaches and adequate resources to ensure desired results (Scott et al., 2022). The study also highlighted that low exposure to the intervention likely contributed to the limited impacts observed. Many women reported minimal participation in community events related to health and nutrition, which may have hindered the effectiveness of the intervention.

Kulkarni et al. (2022) state that the intervention through self-help groups led to a significant increase in health-seeking behavior among tribal women, with 91% of eligible women receiving education and 65% of referred women availing health services.

The study showed a marked improvement in service utilization compared to the previous period, highlighting the effectiveness of SHG-led interventions in addressing reproductive health issues. The SHG-led intervention also addressed common health issues, including abnormal vaginal discharge, lower abdominal pain, and infertility, with successful referrals leading to surgeries and treatments.

Cultural and nonscientific practices significantly hinder prompt care-seeking for maternal and newborn illnesses, though SHG households may seek care earlier than non-SHG families. The study advocates for using SHG platforms to discuss and address myths and misconceptions surrounding maternal and newborn health. It also found that increased awareness of FLWs and their role in newborn care is essential for improving health outcomes in these communities (Aruldas, Kant & Mohanan, 2017). The study highlights the complex interplay of cultural beliefs, prior experiences, and decision-making processes in care-seeking behaviors. Families often preferred home treatment for newborn symptoms, delaying access to medical care until traditional remedies failed. The findings also suggest that SHG platforms could be leveraged to address cultural barriers and improve health-seeking behaviors.

The intervention with women's groups facilitated by Accredited Social Health Activists to improve birth outcomes in rural eastern India led to a 31% reduction in neonatal mortality. The findings suggest that participatory learning with women's groups is particularly effective in high-mortality settings, but strengthening the public health system is essential for sustained improvements in maternal and neonatal health (Sinha et al., 2017). The intervention can be integrated into regular government programs in India, leveraging innovative scaling models to

enhance cost-effectiveness and resource efficiency. By utilizing existing community health worker networks, the government can effectively address maternal and neonatal health challenges in underserved areas while optimizing limited resources.

Saggurti et al. (2019) highlighted significant improvements in newborn care practices, including increased rates of skin-to-skin care and timely breastfeeding initiation. The intervention's effectiveness was particularly notable among women who delivered at home, highlighting the program's reach in low-resource settings. The intervention among self-help groups also led to greater improvements in essential newborn care behaviors. The study demonstrates the potential of structured health messaging through SHGs to improve newborn care practices, even in impoverished areas with limited health infrastructure. Collective efficacy among SHG members played a crucial role in sustaining behavior changes and fostering a supportive environment for health discussions. However, a few limitations include reliance on self-reported data and potential recall bias, suggesting the need for further research on the intervention's long-term effects and broader applicability.

The program (integrating health program) did not significantly demonstrate potential for improving institutional deliveries and health awareness among SHG members.

Future research should explore the cost-effectiveness of integrating health programs with SHGs and their role in enhancing public health service awareness among communities (Saha, Kermode & Annear, 2015).

Saggurti et al. (2018) highlight the role of community-based approaches, specifically self-help groups (SHGs), in empowering women and improving health practices. Women in the intervention groups reported significant improvements in health practices, including a 20% increase in timely initiation of breastfeeding and a 26% increase in exclusive breastfeeding. The study underscores the potential of SHGs as a sustainable platform for health interventions in low-income settings, advocating for stronger links between SHGs and government services to enhance women's roles as change agents.

By leveraging existing community structures, the intervention can improve access to health information and services, ultimately contributing to better health outcomes for mothers and children.

The health messaging intervention within SHGs effectively improved ANC practices among women, demonstrating the potential for scaling such programs across Bihar.

Future efforts should focus on sustaining these improvements, tailoring health messages to specific community needs, and exploring broader community impacts beyond SHG members (Walia et al., 2020). The findings related to integrating health programs with SHG activities can enhance maternal care services and improve health outcomes for marginalized populations.

Self-help group-led health, nutrition, and sanitation initiatives in Bihar resulted in significant improvement in maternal and child health practices/indicators under the Bihar Rural Livelihood Promotion Society (Population Council, CARE India, 2019).

Hazra et al. (2019) suggest that integrating health messages through SHGs can be a promising strategy for improving maternal and newborn health and reducing inequalities in India. The findings support the effectiveness of participatory learning approaches through SHGs in improving health practices and reducing disparities among socio-economically disadvantaged women.

The JEEViKA-MC pilot demonstrates the potential of using women's group platforms for nutrition interventions but emphasizes the need for tailored approaches that consider local contexts and resource availability. They advocated that continued efforts are necessary to bridge the gap between improved dietary diversity and actual health benefits, ensuring that interventions lead to meaningful changes in nutrition and health outcomes among SHG members (Karthuria, 2019).

The presence of SHGs is associated with a 19% increase in the likelihood of institutional deliveries and a 48% increase in knowledge of family planning methods among women (Saha, Annear & Pathak, 2013). The research concludes that SHGs significantly enhance access to maternal health services, but their impact is limited without complementary health programs. The paper encourages policymakers to integrate SHGs into broader health initiatives, leveraging their community structures to improve health awareness and service utilization, particularly in low- and middle-income countries.

Prost et al. (2013) showed that women's groups were associated with a 37% reduction in maternal mortality and a 23% reduction in neonatal mortality. The findings support the hypothesis that women's groups can significantly improve health outcomes, particularly in rural areas, and should be considered a core strategy in health policy.

SHGs and Social Capital

Saha, Annear, and Pathak (2013) identified social capital as a tool of SHGs to ensure access to maternal health services. Social capital helped to improve health outcomes. It argued for the convergence between SHGs and national programs to improve population health. For this, we need to fully understand the benefits of systematic collaboration between the public health community and these grassroots organizations.

The study highlights the importance of SHGs in fostering social capital and mutual support, which can lead to better health-seeking behaviors among members (Walia et al., 2020).

Self-Help Group and Social Determinants of Health

Self-help groups (SHGs) are instrumental in influencing various social determinants of health, particularly in low-income settings where they address factors such as economic stability, education, social and community context, and access to healthcare services. By empowering women economically, SHGs enable them to contribute to their households and communities, leading to improvements in health outcomes. According to Fatma (2019), SHGs in Bihar have demonstrated a considerable positive impact on women's economic status, which correlates with increased self-respect, self-confidence, and physical mobility—factors that are crucial for fostering a healthy community. The economic empowerment achieved through SHGs not only

uplifts the social status of women but also enhances their ability to make informed health decisions, thereby improving overall family health.

Moreover, SHGs are pivotal in fostering community participation, a critical aspect of addressing social determinants of health. As highlighted by Marston et al. (2017), community involvement is essential for achieving the goals of global health strategies, particularly those focused on women, children, and adolescents. SHGs serve as platforms for collective action, which is vital for transforming health outcomes. They create social capital by fostering mutual support among members, which in turn leads to better health-seeking behaviors and increased access to healthcare services (Saha, Annear, & Pathak, 2013). This social capital is particularly important in rural and underserved areas, where traditional healthcare access may be limited.

In addition, SHGs address educational determinants by providing members with health education and awareness, which are crucial for informed health decisions. Hazra et al. (2019) suggest that integrating health behavior change interventions within SHGs can effectively reduce inequalities in accessing healthcare services. By enhancing health literacy and awareness among members, SHGs contribute to better health outcomes, particularly in areas where formal education is limited.

Self-Help Group and Key Factors Contributing to Maternal and Child Health

Several key factors contribute to the positive health outcomes associated with self-help groups, including economic empowerment, health education, improved health-seeking behavior, and community mobilization. Economic empowerment is a foundational element that SHGs provide, allowing members to generate income through various activities such as agriculture, animal husbandry, and small enterprises. Singh (2021) reported that SHG membership significantly increased income-generating activities, which directly contributed to better nutrition, sanitation, and overall health. This economic stability not only ensures that families can afford healthcare but also that they can invest in preventive health measures, thereby improving long-term health outcomes. Health education is another critical factor that SHGs facilitate. Through SHGs, women gain access to essential health information that they may not otherwise receive. For instance, Gupta et al. (2015) found that SHG interventions significantly increased awareness of reproductive health issues, such as reproductive tract infections (RTIs) and sexually transmitted infections (STIs). This increased awareness led to improved health-seeking behavior, as evidenced by the marked rise in discussions about these health issues within families and between spouses. Such interventions underscore the role of SHGs in shifting community norms and improving health literacy, which are essential for achieving better health outcomes.

Community mobilization is also a significant factor in the success of SHG-led health interventions. Saggurti et al. (2019) demonstrated that SHGs are effective platforms for promoting essential newborn care practices, such as timely initiation of breastfeeding and skin-to-skin care. These practices are particularly important in rural settings, where access to healthcare services may be limited. The study also found that SHGs played a crucial role in reducing neonatal mortality, highlighting their potential to bring about substantial improvements in maternal and child health.

Furthermore, SHGs are effective in addressing cultural and social barriers to healthcare. Aruldas, Kant, and Mohanan (2017) found that SHGs were instrumental in dispelling myths and misconceptions surrounding maternal and newborn health. By leveraging the trust and social networks within SHGs, these interventions were able to promote timely and appropriate care-seeking behaviors, which are critical for improving health outcomes in communities with deeply rooted cultural practices.

The integration of SHG activities with broader health initiatives is another key factor that contributes to the success of these groups in improving health outcomes. For example, the JEEViKA initiative in Bihar demonstrated the potential of SHGs to enhance maternal and child health practices through sustained health messaging and behavior change interventions (Karthuria, 2019). This integration ensures that health interventions are not only relevant to the local context but also sustainable in the long term, as they are built on existing community structures. SHGs contribute to health through a multifaceted approach that includes economic empowerment, health education, improved health-seeking behavior, community mobilization, and integration with broader health initiatives. These factors collectively enhance access to healthcare services, reduce health disparities, and improve health outcomes, particularly in low-resource and rural settings. The effectiveness of SHGs in addressing social determinants of health and promoting key health behaviors underscores their potential as a sustainable and scalable model for improving public health.

Research Gaps and Further Study

The review of the literature on Self-Help Groups (SHGs) and their impact on health, poverty alleviation, and women's empowerment reveals several research gaps that present opportunities for further study. Below are the key gaps based on the presented research:

1. Limited Long-Term Evaluation of SHGs' Impact on Health and Empowerment

While studies such as Kumar (2006) argue for SHGs' role in poverty alleviation and health promotion, there is limited research that systematically examines the long-term and consistent health improvements achieved through SHG interventions. Chakravarty and Jha (2012) suggest the need for detailed research to ascertain the long-term impact of SHGs on health outcomes beyond economic empowerment, but comprehensive long-term evaluations remain scarce.

2. Insufficient Mechanisms for Integrating Health Initiatives into SHG Platforms

Although there is evidence that SHGs can increase awareness of health issues (Gupta et al., 2015; Hazra et al., 2019), there is no clear mechanism for implementing health interventions consistently across regions, particularly in rural or underserved communities. Kumar (2006) pointed out that while SHGs have potential for health promotion, the study does not suggest mechanisms for integrating these initiatives into SHG platforms. Future research should focus on creating robust frameworks for scaling health initiatives within SHGs.

3. Gaps in Targeting Women’s Health Beyond Family Planning and Reproductive Health

Manvar, Karthiriya, and Thakar (2019) observe that women’s health has been largely confined to family planning and contraception, with other health concerns receiving less attention. Many

studies focus on reproductive health (Gupta et al., 2015; Singh, 2019), but there is a research gap concerning broader women's health issues such as mental health, chronic illnesses, and non-communicable diseases within SHG interventions.

4. Impact of Cultural and Social Barriers on Health-seeking behaviors

Aruldas, Kant, and Mohanan (2017) highlight that SHG members often encounter cultural and non-scientific practices that delay care-seeking behaviors. The research emphasizes the need for SHGs to address cultural beliefs and decision-making processes, but there is limited empirical data on how SHGs can overcome these barriers effectively. Future studies should examine the specific cultural factors affecting health outcomes and how SHGs can adapt their interventions accordingly.

5. Inconsistent Exposure to Health Interventions Across SHGs

Scott et al. (2022) and Kulkarni et al. (2022) identify the lack of uniform participation and exposure to health interventions within SHGs, contributing to limited impacts in some areas. The effectiveness of SHG-led health interventions often depends on consistent and intensive engagement, but many women report minimal participation. Research is needed to explore how to increase participation and ensure that health interventions reach a larger proportion of SHG members.

6. Lack of Focus on Men's Role in Women's Empowerment through SHGs

Many studies focus exclusively on women's empowerment through SHGs (Bara, 2022; Kumar, 2006), but there is limited research on how men's involvement in SHG programs could contribute to achieving gender equality and health improvements. Understanding the role of men, particularly in patriarchal societies, could provide a more holistic approach to empowerment and health promotion.

7. Lack of Integration Between SHG Initiatives and Broader Health Systems

Saha, Annear, and Pathak (2013) argue for convergence between SHGs and national health programs, but the integration of SHGs with public health systems remains limited. Studies such as Sinha et al. (2017) and Hazra et al. (2022) demonstrate the potential for SHG-led health interventions, but more research is required to explore the cost-effectiveness and scalability of integrating these programs with existing public health services.

8. Measurement and Evaluation of Participatory Approaches in Health Outcomes

Marston et al. (2017) highlight the need for better measurement tools to evaluate participatory approaches and their impact on health outcomes. While many studies discuss the benefits of community participation in improving health behaviors, there is limited empirical data on how to measure the effectiveness of participatory approaches at scale. Research is needed to develop standardized methods for assessing the impact of SHG-led participatory health interventions.

9. Challenges in Scaling Health Interventions through SHGs

While there is evidence supporting the effectiveness of SHG-led health interventions (Prost et al., 2013; Mehta et al., 2020), challenges remain in scaling these interventions to larger

populations. The JEEViKA-MC pilot, for instance, showed promise, but Karthuria (2019) notes the need for tailored approaches to account for local contexts and resource constraints. More research is required to develop scalable models that can be adapted to different settings while maintaining effectiveness.

10. Disparities in Health Outcomes Among Marginalized Communities

Darmstadt et al. (2020) emphasize disparities in health outcomes among marginalized groups, suggesting that SHG interventions may not reach the most vulnerable populations effectively. Although SHGs can promote health equity, there is limited research on how to ensure that these programs

Overview and Conclusion

Self-help groups (SHGs) in India are rooted in the principle that marginalized communities possess the inherent capabilities and strengths needed to bring about meaningful change. Unlike purely individualistic approaches, SHGs emphasize collective action to improve members' lives. These groups promote inclusion, transparency, ownership, and self-reliance, embodying the idea that common problems can be solved through shared solutions. This community-oriented model contrasts with the application of SHGs in the West, where they are primarily utilized to provide mental health support, such as in Alcoholics Anonymous. In Western contexts, the concept of self-help emerged in response to inadequate health service delivery (Robinson, 1980).

In the global health context, and particularly in India, SHGs serve as vital tools for addressing the financial and social needs of poor and marginalized communities. While their primary function has traditionally been economic empowerment through microcredit, there is significant potential for SHGs to also address non-financial social concerns, particularly those faced by rural and marginalized women (Mehta et al., 2020).

Community-Based Care (CBC), implemented through SHGs, has become an essential strategy in enhancing primary healthcare, particularly for maternal and child health in low- and middle-income countries (LMICs). This approach aligns with the principles of social justice and community empowerment, as endorsed by global health policies such as the Astana Declaration on Primary Health Care (2018). SHGs, typically consisting of 10-15 members from similar socio-economic backgrounds, function as voluntary community organizations aimed at socio-economic upliftment (Desai et al., 2020).

CBC, particularly through SHGs, is seen as a cornerstone of primary health care. It supports the design, delivery, and evaluation of health services at the community level, which is especially crucial in LMICs where healthcare workforce shortages are common. The COVID-19 pandemic further highlighted the importance of such community-based approaches (WHO, 2020). SHGs leverage microfinance to empower women, enhancing their economic status, self-confidence, and decision-making abilities, all of which contribute to healthier communities (Fatma, 2019; Singh, 2021).

SHGs significantly contribute to women's empowerment by fostering financial independence and encouraging participation in decision-making processes, which are critical for improving

health outcomes (Bara, 2022; Manvar et al., 2019). These groups also play a crucial role in poverty alleviation, providing a platform for enhancing women's health through increased awareness and financial security during health emergencies (Kumar, 2006).

The integration of health initiatives within SHGs has shown promising results, particularly in improving maternal and child health outcomes. Research has demonstrated significant improvements in health-seeking behaviors, awareness of reproductive health, and maternal and newborn health practices (Gupta et al., 2015; Hazra et al., 2019; Saggurti et al., 2018). SHGs have also been effective in reducing health disparities among marginalized populations, underscoring the importance of targeted interventions through community-based platforms (Darmstadt et al., 2020; Sinha et al., 2017).

Despite their successes, SHG-led interventions face several challenges. Cultural beliefs, traditional practices, and male-dominated decision-making often hinder the effectiveness of health initiatives, necessitating more inclusive approaches that engage both men and women (Aruldas et al., 2017; Saha et al., 2015). Additionally, the sustainability of SHG-led health interventions depends on integrating these groups into broader health policies and ensuring continued support from community health workers (Saggurti et al., 2018; Prost et al., 2013).

While initial studies indicate that SHGs can effectively increase the uptake of maternal and child health services, particularly when integrated with community health workers, limitations remain in fully capturing the health benefits of these interventions. Further research is needed to explore SHGs as platforms for broader health interventions beyond microfinance (Chandrasekhar et al., 2019). This research should focus on using stronger methodological approaches to capture the full range of societal benefits, thereby enhancing our understanding of SHGs' overall impact on community health.

Community-based care through self-help groups represents a viable and effective strategy for addressing maternal and child health challenges in low- and middle-income countries. SHGs have proven to be powerful platforms for promoting health awareness, improving health-seeking behaviors, and empowering women economically and socially. However, to fully realize their potential in public health, especially in maternal and child health, it is essential to address cultural barriers, involve men in health initiatives, and integrate SHGs into national health programs. Future research and policy efforts should aim to sustain the gains achieved through SHGs, scale successful interventions, and explore the long-term impacts of these community-based approaches on population health.

References

Anand, P., Saxena, S., Gonzalez, R., & Dang, H.-A. H. (2019). *Can women's self-help groups contribute to sustainable development? Evidence of capability changes from northern India* (Policy Research Working Paper No. 9011). World Bank. https://doi.org/10.1596/1813-9450-9011

Aruldas, K., Kant, A., & Mohanan, P. S. (2017). Care-seeking behaviors for maternal and newborn illnesses among self-help group households in Uttar Pradesh, India. *Journal*

of Health, Population, and Nutrition, 36, 49. https://doi.org/10.1186/s41043-017-0121-1

Chandrashekar, S., Saha, S., Varghese, B., Mohan, L., Shetty, G., Porwal, A., Hazra, A., Mondal, S., & Das, R. (2019). Cost and cost-effectiveness of health behavior change interventions implemented with self-help groups in Bihar, India. *PLoS ONE, 14*(3), e0213723. https://doi.org/10.1371/journal.pone.0213723

Darmstadt, G. L., Pepper, K. T., Ward, V. C., Srikantiah, S., Mahapatra, T., Tarigopula, U. K., Bhattacharya, D., Irani, L., Schooley, J., Chaudhuri, I., Dutt, P., Sastry, P., Mitra, R., Chamberlain, S., Monaghan, S., Nanda, P., Atmavilas, Y., Saggurti, N., Borkum, E., … Shah, H. (2020). Improving primary health care delivery in Bihar, India: Learning from piloting and statewide scale-up of Ananya. *Journal of Global Health, 10*(2), 1–19. https://doi.org/10.7189/jogh.10.021001

Desai, S., Misra, M., Das, A., Singh, R. J., Sehgal, M., Gram, L., Kumar, N., & Prost, A. (2020). Community interventions with women's groups to improve women's and children's health in India: A mixed-methods systematic review of effects, enablers, and barriers. *BMJ Global Health, 5*(12), e003304. https://doi.org/10.1136/bmjgh-2020-003304

Grantham-McGregor, S., Cheung, Y. B., Cueto, S., Glewwe, P., Richter, L., & Strupp, B. (2007). Child development in developing countries: 1. Developmental potential in the first 5 years for children in developing countries. *The Lancet, 369*(9555), 60–70. https://doi.org/10.1016/S0140-6736(07)60032-4

Gugerty, M. K., Biscaye, P., & Leigh Anderson, C. (2019). Delivering development? Evidence on self-help groups as development intermediaries in South Asia and Africa. *Development Policy Review, 37*(1), 129–151. https://doi.org/10.1111/dpr.12381

Gupta, M., RS, R., Kumar, D., & Visengrawala, F. (2015). Empowerment and engagement of SHGs against RTI/STI in Karnataka, India: An interventional study. *International Journal of Research in Medical Sciences, 3*(3), 680–685. https://doi.org/10.5455/2320-6012.ijrms20150329

Hazra, A., Atmavilas, Y., Hay, K., Saggurti, N., Verma, R. K., Ahmad, J., Kumar, S., Mohanan, P. S., Mavalankar, D., & Irani, L. (2020). Effects of health behavior change intervention through women's self-help groups on maternal and newborn health practices and related inequalities in rural India: A quasi-experimental study. *EClinicalMedicine, 18*, 100198. https://doi.org/10.1016/j.eclinm.2019.10.011

Kulkarni, R., Chauhan, S., Joshi, B., Balsaraf, K., Chaudhari, R., Donde, G., & Juneja, K. (2022). Assessing the potential of self-help group women for improving the reproductive health of women in a tribal block of Maharashtra, India. *Indian Journal of Medical Research, 156*(2), 191–197. https://doi.org/10.4103/ijmr.ijmr_1827_20

Kumar, N., Scott, S., Menon, P., Kannan, S., Cunningham, K., Tyagi, P., Wable, G., Raghunathan, K., & Quisumbing, A. (2018). Pathways from women's group-based

programs to nutrition change in South Asia: A conceptual framework and literature review. *Global Food Security, 17*, 172–185. https://doi.org/10.1016/j.gfs.2017.11.002

Madhivanan, P., Krupp, K., Kumar, B. N., Shaheen, R., Jaykrishna, P., Ravi, K., Gowda, S., Srinivas, V., & Arun, A. (2013). Increasing antenatal care and HIV testing among rural pregnant women with conditional cash transfers to self-help groups: An evaluation study in rural Mysore, India. *Journal of Sexually Transmitted Diseases, 2013*, 1–6. https://doi.org/10.1155/2013/971458

Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet, 372*(9650), 1661–1669. https://doi.org/10.1016/S0140-6736(08)61690-6

Marston, C., Hinton, R., Kean, S., Baral, S., Ahuja, A., Costello, A., & Portela, A. (2016). Community participation for transformative action on women's, children's, and adolescents' health. *Bulletin of the World Health Organization, 94*(5), 376–382. https://doi.org/10.2471/BLT.15.168492

Mehta, K. M., Irani, L., Chaudhuri, I., Mahapatra, T., Schooley, J., Srikantiah, S., Abdalla, S., Ward, V. C., Carmichael, S. L., Bentley, J., Creanga, A., Wilhelm, J., Tarigopula, U. K., Bhattacharya, D. B., Atmavilas, Y., Nanda, P., Weng, Y., Pepper, K. T., & Darmstadt, G. L. (2020). Health impact of self-help groups scaled up statewide in Bihar, India. *Journal of Global Health, 10*(2), 1–14. https://doi.org/10.7189/jogh.10.021006

Nayar, K. R., Kyobutungi, C., & Razum, O. (2004). Self-help: What future role in health care for low- and middle-income countries? *International Journal for Equity in Health, 3*, 1. https://doi.org/10.1186/1475-9276-3-1

Prost, A., Colbourn, T., Seward, N., Azad, K., Coomarasamy, A., Copas, A., Houweling, T. A. J., Fottrell, E., Kuddus, A., Lewycka, S., MacArthur, C., Manandhar, D., Morrison, J., Mwansambo, C., Nair, N., Nambiar, B., Osrin, D., Pagel, C., Phiri, T., … Costello, A. (2013). Women's groups practicing participatory learning and action to improve maternal and newborn health in low-resource settings: A systematic review and meta-analysis. *The Lancet, 381*(9879), 1736–1746. https://doi.org/10.1016/S0140-6736(13)60685-6

Ruducha, J., Hariharan, D., Potter, J., Ahmad, D., Kumar, S., Mohanan, P. S., Irani, L., & Long, K. N. G. (2019). Measuring coordination between women's self-help groups and local health systems in rural India: A social network analysis. *BMJ Open, 9*(8), e028943. https://doi.org/10.1136/bmjopen-2019-028943

Ruducha, J., Huang, X., Potter, J., Hariharan, D., Ahmad, D., Kumar, S., Mohanan, P. S., & Hazra, A. (2018). Perceived social networks and newborn health: Evidence from self-help group communities in Northern India. *Societies, 8*(4), 92. https://doi.org/10.3390/soc8040092

Saggurti, N., Atmavilas, Y., Porwal, A., Schooley, J., Das, R., Kande, N., Irani, L., & Hay, K. (2018). Effect of health intervention integration within women's self-help groups on

collectivization and healthy practices around reproductive, maternal, neonatal, and child health in rural India. *PLoS ONE, 13*(8), e0202562. https://doi.org/10.1371/journal.pone.0202562

Saggurti, N., Porwal, A., Atmavilas, Y., Walia, M., Das, R., & Irani, L. (2019). Effect of behavioral change intervention around new-born care practices among most marginalized women in self-help groups in rural India: Analyses of three cross-sectional surveys between 2013 and 2016. *Journal of Perinatology, 39*(7), 990–999. https://doi.org/10.1038/s41372-019-0358-1

Saha, S., Annear, P. L., & Pathak, S. (2013). The effect of self-help groups on access to maternal health services: Evidence from rural India. *International Journal for Equity in Health, 12*(1), 36. https://doi.org/10.1186/1475-9276-12-36

Saha, S., Kermode, M., & Annear, P. L. (2015). Effect of combining a health program with a microfinance-based self-help group on health behaviors and outcomes. *Public Health, 129*(11), 1510–1518. https://doi.org/10.1016/j.puhe.2015.07.010

Sethi, V., Bhanot, A., Bhalla, S., Bhattacharjee, S., Daniel, A., Sharma, D. M., Gope, R., & Mebrahtu, S. (2017). Partnering with women collectives for delivering essential women's nutrition interventions in tribal areas of eastern India: A scoping study. *Journal of Health, Population, and Nutrition, 36*(1), 20. https://doi.org/10.1186/s41043-017-0099-8

Sinha, R. K., Haghparast-Bidgoli, H., Tripathy, P. K., Nair, N., Gope, R., Rath, S., & Prost, A. (2017). Economic evaluation of participatory learning and action with women's groups facilitated by Accredited Social Health Activists to improve birth outcomes in rural eastern India. *Cost Effectiveness and Resource Allocation, 15*(1), 2. https://doi.org/10.1186/s12962-017-0064-9

Walia, M., Irani, L., Chaudhuri, I., Atmavilas, Y., & Saggurti, N. (2020). Effect of sharing health messages on antenatal care behavior among women involved in microfinance-based self-help groups in Bihar, India. *Global Health Research and Policy, 5*(1), 6. https://doi.org/10.1186/s41256-020-0132-0