2016

Evaluating the impact of integrated microfinance and reproductive (MF/RH) services on household wellbeing and reproductive health behaviors of women in Nigeria

Population Council

project brief

EVALUATING THE IMPACT OF INTEGRATED MICROFINANCE AND REPRODUCTIVE (MF/RH) SERVICES ON HOUSEHOLD WELLBEING AND REPRODUCTIVE HEALTH BEHAVIORS OF WOMEN IN NIGERIA

BACKGROUND

Microcredit is a financial intervention distributed through small loans, encouragement of savings, and provision of other financial products and services with the intent to lift recipients out of poverty. It is expected that access to loans will lead to an increase in income and assets, including permanent housing or savings accounts, for those that participate.

A growing body of studies attempt to show that microfinance institutions (MFIs) are also capable of contributing to improvements in women's reproductive health (RH) status by integrating information that leads to behavioural change. In Nigeria, there is little evidence documenting the impact and health outcomes among beneficiaries of integrated microfinance and reproductive health (MF/RH) services.

The integrated MF/RH program, funded by The David & Lucile Packard Foundation and implemented by Partners for Development (PFD), provided an opportunity to test the impact of integrating RH messaging and support for service provision into a microcredit scheme. In Benue and Nasarawa states of Nigeria, trained MFI staff supported loan recipients in various trading and agricultural activities in addition to providing information on family planning (FP), child spacing, safe motherhood, prevention of sexually transmitted infections (STIs) including HIV/AIDS, and adolescent and youth sexuality. Referral linkages to health facilities providing reproductive health and family planning services were established, and the capacity of the health facilities to provide quality services were also strengthened. The objective of this integrated approach was to improve the economic wellbeing of recipients' families and increase access to various reproductive and maternal health services. This evaluation study of program implementation provides interesting and revealing insights into the effect of the integrated intervention.

METHODOLOGY

This evaluation study used a mixed quantitative and qualitative approach. For the quantitative studies, a non-equivalent group post-test

Pre-loan training session where RH information is provided. **Photo Credit: Joshua Agboko, OCAG**

Women participating in an FGD session during the evaluation study. **Photo Credit: Desmond Iriaye, Population Council**

A participant in the integrated MF/RH intervention speaking on her experience in the program during the study dissemination meeting. **Photo Credit: Marian Oyebade, Population Council**

JANUARY 2016

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only design was used, in which randomly selected women who participated in the MF/RH program were compared to randomly selected women in two comparison communities. Data were collected in personal interviews utilizing close-ended questionnaires. For further insights into the effect of the MF/RH program on the beneficiaries and their households, and perceptions of their role and relevance at the household and community level, focus group discussions (FGDs) were held with three groups of nine to 12 MF/RH program participants. The FGDs garnered additional qualitative information on the impact of the MF/RH program, which may not be elicited through the structured close-ended survey questionnaire.

FINDINGS

Findings from the study revealed that the integrated MF/RH program was effective for both improving the wellbeing of beneficiary households (poverty reduction) and improved knowledge and uptake of FP services. The results showed:

- A significantly higher proportion of women in the intervention group (30.4%) were using modern contraceptives compared to 20.9% of women in the comparison group.
- Knowledge of any method of contraception was significantly higher among the intervention group than the comparison group (87.7% versus 80.1%, $p<0.01$). Additionally, knowledge of any modern method was significantly higher among women in the intervention group (87.1% versus 79.6%, $p<0.01$).
- A significantly lower proportion of women in the intervention group needed someone else's permission in order to use a FP method compared to women in the comparison group (64% versus 80.2%, $p<0.01$).
- A slightly higher but non-significant proportion of women in the intervention group used maternal health (pre-natal and postpartum care) services in the six years prior to the study.

> "We have been enlightened…we were like babies…but with the loan we are now full of wisdom".

DISCUSSION

Findings from the evaluation study show that the integrated MF/RH program had a mostly positive impact on the lives and livelihoods of the female participants. Through profits and savings from the small businesses the women managed, they were able to increase their families' access to food, education, and RH services. Participants had higher median incomes and were actively working in the periods prior to the study, running businesses or trades of their own. As a result, women reported feeling empowered being able to assist in providing for their children and households. The women who participated in the program also had better knowledge of different contraceptive methods and were generally more likely to be using contraception.

> "I used to see them as women who don't want to love in their marital home. We took them as people who want to walk about that is why they engage in it but now I understood that it's because they want to help themselves. They sought the health of their bodies that's why they refused giving birth."

The increased level of independence from husbands and partners for daily material needs did not transfer to the realm of decision making for childbearing and FP. Women predominantly still require permission from husbands and partners to use a contraceptive method. Also, traditional beliefs and practices, and fear of side effects still affect decision making on use of contraception.

The limited impact on reproductive and maternal health seeking behavior suggests that additional strategies for behavior change may improve the effectiveness of future integrated programs. Besides referral links for FP services at health facilities, services at non-traditional but adequate locations (e.g. at borrowers' meetings or within communities) could also overcome access barriers that may hinder uptake of services.