



Assessing the Association between Community Savings and Loan Access and Maternal Health Service Utilisation in Rural Niger State, Nigeria: A Policy Analysis, 2005

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Abstract

Maternal mortality remains a critical public health challenge in Nigeria, with rural areas experiencing significant disparities in access to essential healthcare. Financial barriers are a key impediment to maternal health service utilisation. Community savings and loan associations (CSLAs) have been promoted as a potential mechanism to improve financial access for women in resource-limited settings. This policy analysis aimed to assess the association between women's access to a CSLA and their utilisation of key maternal health services—specifically antenatal care, skilled birth attendance, and postnatal care—in rural Niger State, Nigeria. It sought to inform policy on financial inclusion as a strategy for improving maternal health outcomes. The analysis employed a cross-sectional, comparative design using secondary data from a household survey. Quantitative data on CSLA membership and maternal health service utilisation were analysed for a sample of women of reproductive age. Logistic regression models were used to measure associations, controlling for relevant socio-demographic variables. CSLA membership was positively associated with increased utilisation of all three maternal health services. The most pronounced association was with skilled birth attendance, where members were approximately 1.8 times more likely to deliver with a skilled attendant compared to non-members. No significant association was found between membership and the number of antenatal care visits. Access to community-based savings and loan facilities appears to be associated with improved utilisation of critical maternal health services, particularly skilled birth attendance, in rural Niger State. This suggests that enhancing financial inclusion through CSLAs could be a viable component of broader strategies to reduce maternal mortality. Policy should support the integration of financial inclusion initiatives with maternal health programmes. This includes strengthening and scaling up CSLAs with explicit linkages to health promotion. Further, training for healthcare providers on the potential role of CSLAs and monitoring of such integrated programmes is recommended. Maternal health, financial inclusion, community savings and loan associations, skilled birth attendance, Nigeria, health policy. This analysis provides

evidence for policymakers on the potential role of community-based financial groups in mitigating financial barriers to maternal healthcare in rural Nigeria, informing strategies to improve service utilisation.

Keywords: *Maternal health services, Microfinance, Rural health, Sub-Saharan Africa, Health policy analysis, Healthcare access, Financial barriers*

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