ASSESSING REASONS FOR LOW IFA TABLET CONSUMPTION AMONG PREGNANT AND LACTATING WOMEN OF BAHRAICH,UTTAR PRADESH.

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Introduction

Anemia is defined as low hemoglobin concentration. Most common type of anemia is iron deficiency anemia.

It can have extremely adverse effect on pregnant and lactating women. Among pregnant women anemia could lead to maternal, per-natal mortality and low birth weight.

Burden of anemia is a public health problem for government of India. According to NFHS-4 57.9 % of women are anemic.

National Iron Plus initiative . This program will bring together existing programs (IFA supplementation for; Pregnant and lactating women, children in age group of 6-60 months and introduced a new age group).

The main goal of this plan was to reduce iron deficiency anemia in girls and women by 50 %. Following four age groups were identified;

Pre-school children of 6-59 months

Children of age group 6-10 years

Adolescent of age group 10-19 years

Women in reproductive age group, Pregnant and lactating women.

- Despite all these efforts pregnant women who are anemic in age group of 15-49 years is 53.3% according to NFHS-4 (2014-15).
- NFHS-3(2004-05) reported that 55.3% of pregnant women in age group of 15-49 years are anemic in India.
- The decline in prevalence of anemia is marginal considering the number of schemes launched by Govt of India.

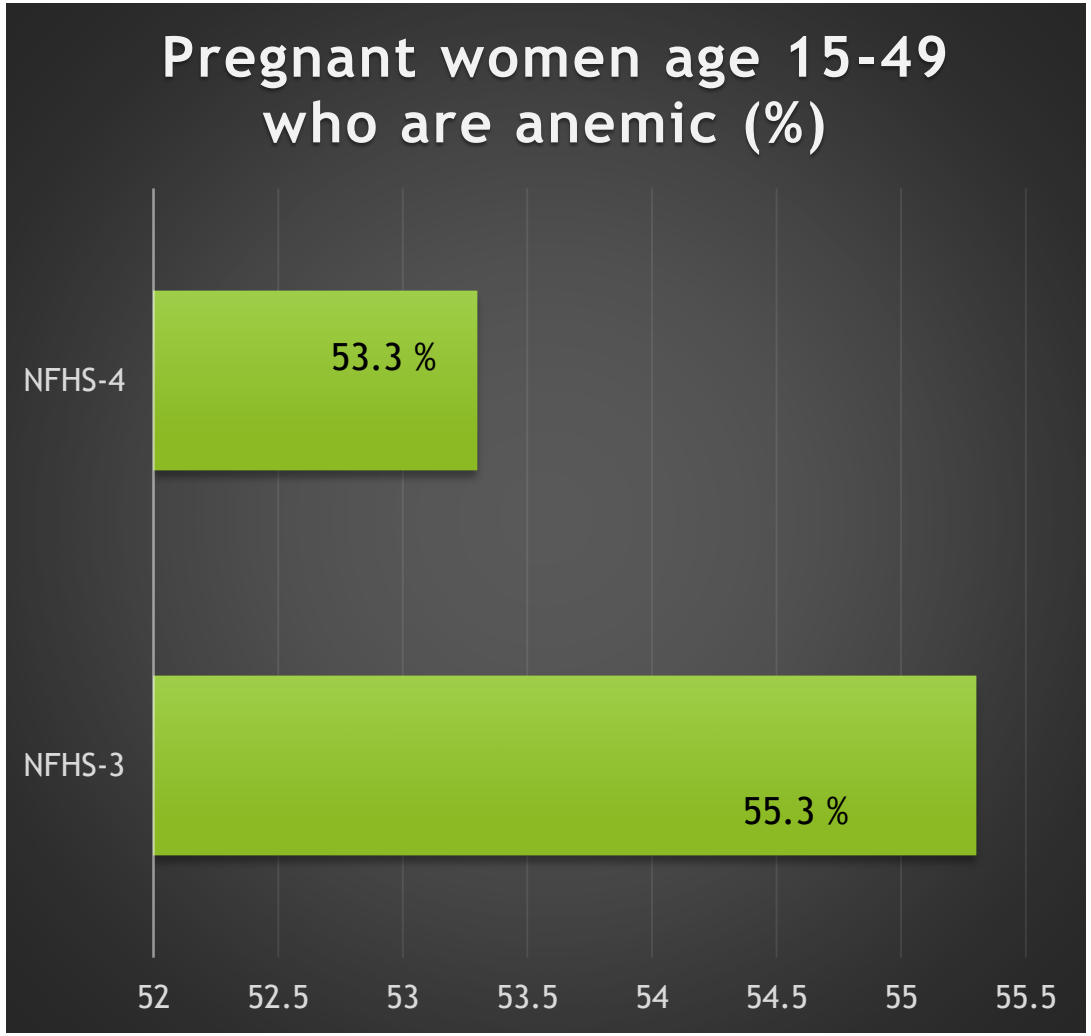


Figure 3: Following map shows prevalence of anemia in All women (15-49 years of age) India according to NFHS-4 data. The map was created using excel Map tool by the researcher

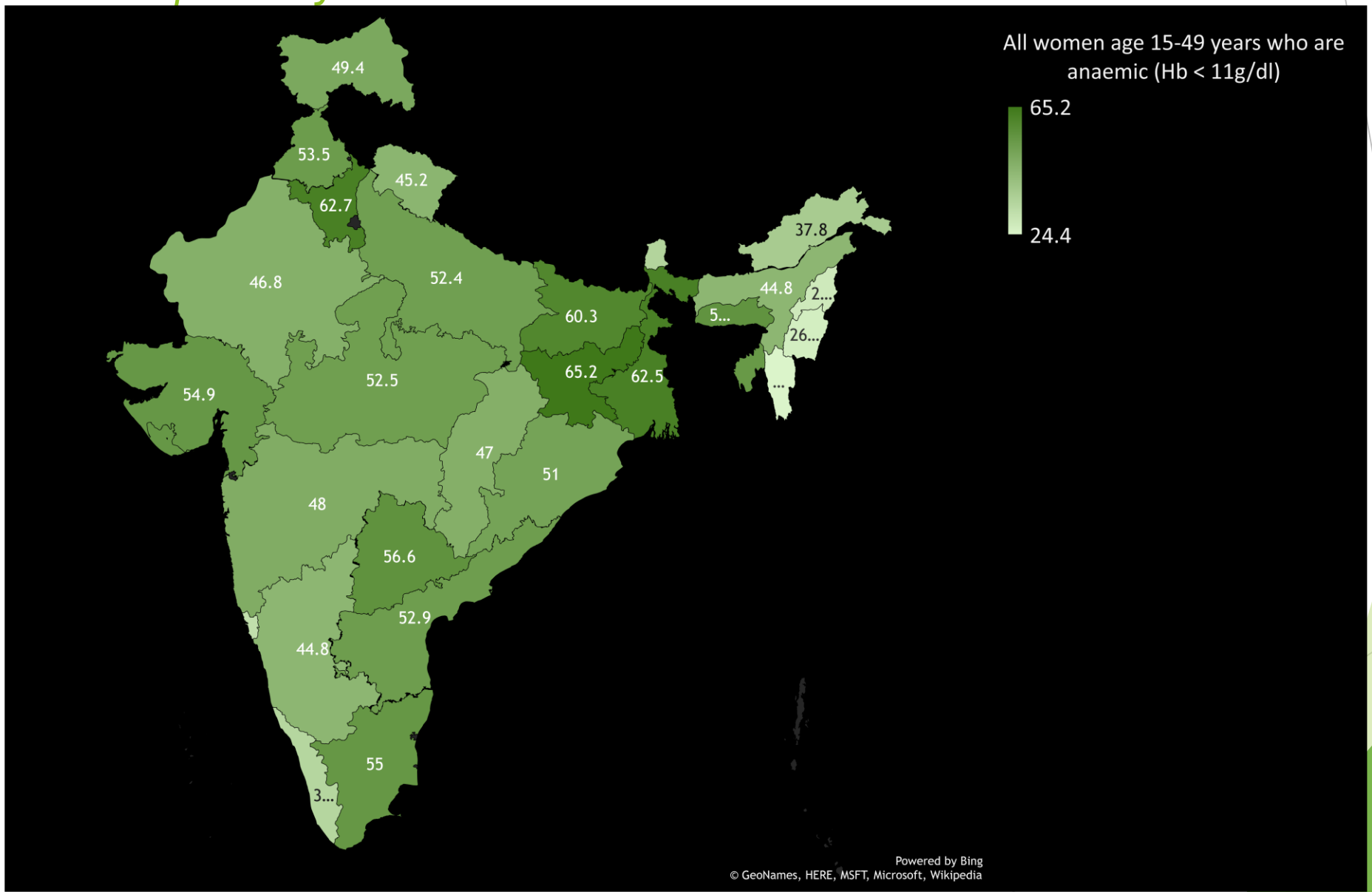


Table 1: According to NFHS-4 this is the list of top 20 states with highest prevalence of anemia in women of reproductive age 15-49 years. *Ranking table was developed by researcher using NFHS-4 data*

State	All women age 15-49 years who are anaemic (Hb < 11g/dl)
Jharkhand	65.2
Haryana	62.7
West Bengal	62.5
Bihar	60.3
Telangana	56.6
Meghalaya	56.2
Tamil Nadu	55
Gujarat	54.9
Tripura	54.5
Himachal Pradesh	53.5
Punjab	53.5
Andhra Pradesh	52.9
Madhya Pradesh	52.5
Uttar Pradesh	52.4
Odisha	51
Jammu and Kashmir	49.4
Maharashtra	48
Chhattisgarh	47
Rajasthan	46.8
Uttarakhand	45.2

Figure 4: IFA tablet consumption in Mothers who consumed iron folic acid for 100 days or more during pregnancy. *The map was created by the researcher using advanced excel map tool.*

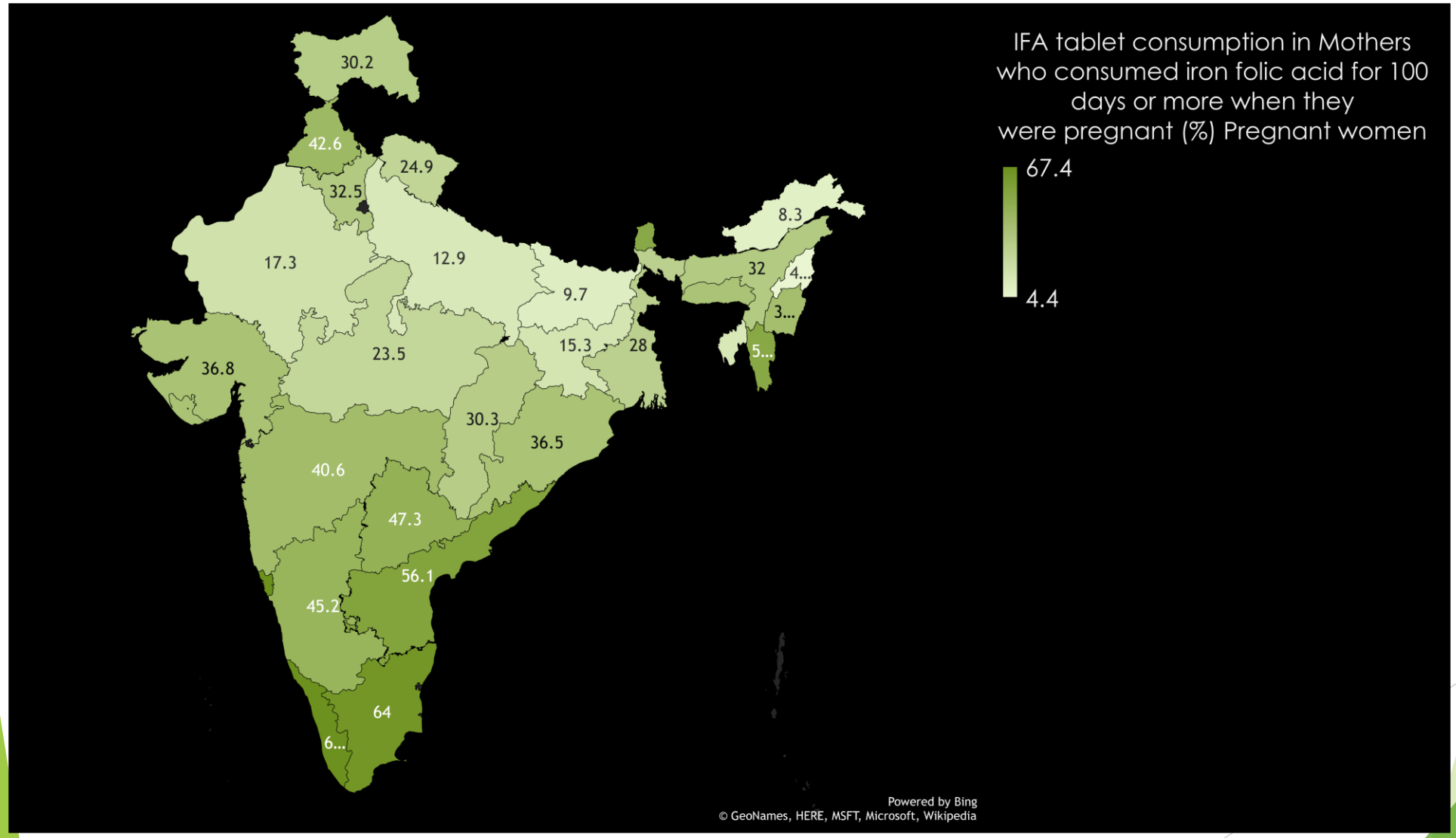
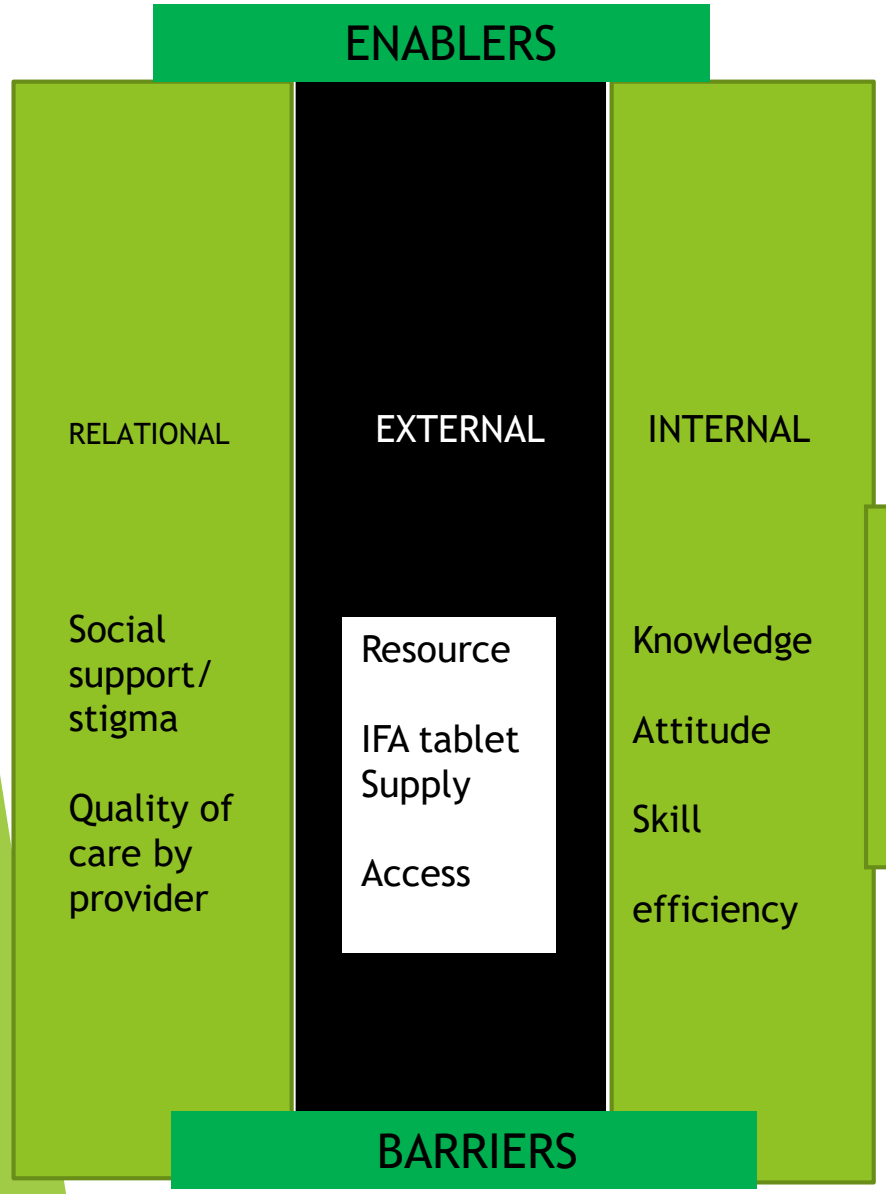


Table 2 the following table represents states in increasing order of IFA tablet consumption for 100 or more days during pregnancy according to NFHS-4 (2014-15) . Ranking table was developed by researcher using NFHS-4 data

State	IFA tablet consumption in Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) Pregnant women
Nagaland	4.4
Arunachal Pradesh	8.3
Bihar	9.7
Uttar Pradesh	12.9
Tripura	13.4
Jharkhand	15.3
Rajasthan	17.3
Madhya Pradesh	23.5
Uttarakhand	24.9
West Bengal	28
Jammu and Kashmir	30.2
Chhattisgarh	30.3
Assam	32
Haryana	32.5
Meghalaya	36.2
Odisha	36.5
Gujarat	36.8
Manipur	39.2
Maharashtra	40.6
Punjab	42.6

Source Kendra Siekmans1 | Marion Roche2 |et al ;2017; Barriers and enablers for iron folic acid (IFA) supplementation in pregnant women; Wiley maternal and child nutrition



Supplementation through VHNDs

community based delivery of IFA tablets

IFA supplementation coverage

Adequate IFA coverage

Counselling and continued access

Daily consumption

IFA supplement adherence

Research Question

What are the reasons for low IFA Tablet consumption among pregnant and lactating women in Bahraich District of Uttar Pradesh?

Objectives

To assess reasons for low IFA Tablet consumption.

To assess awareness among pregnant and lactating women about advantages, disadvantages & taboos related to IFA tablets.

To assess level of counselling received by pregnant and lactating women regarding IFA tablets.

Methodology

- STUDY DESIGN; Cross-sectional Descriptive study
- STUDY AREA; 6 Model VHND (village health and nutrition day) Fakharpur block ,Bahraich , Uttar Pradesh
- STUDY AREA ; 10 February to 10 May 2019
- STUDY TOOL: Self- Structured Questionnaire.

- SAMPLE; pregnant and lactating women visiting model VHND

- Inclusion criteria
  - ✓ Women attending their 2nd, 3rd and 4th ANC checkup.
  - ✓ Lactating women with child in age group of 0-6 months.

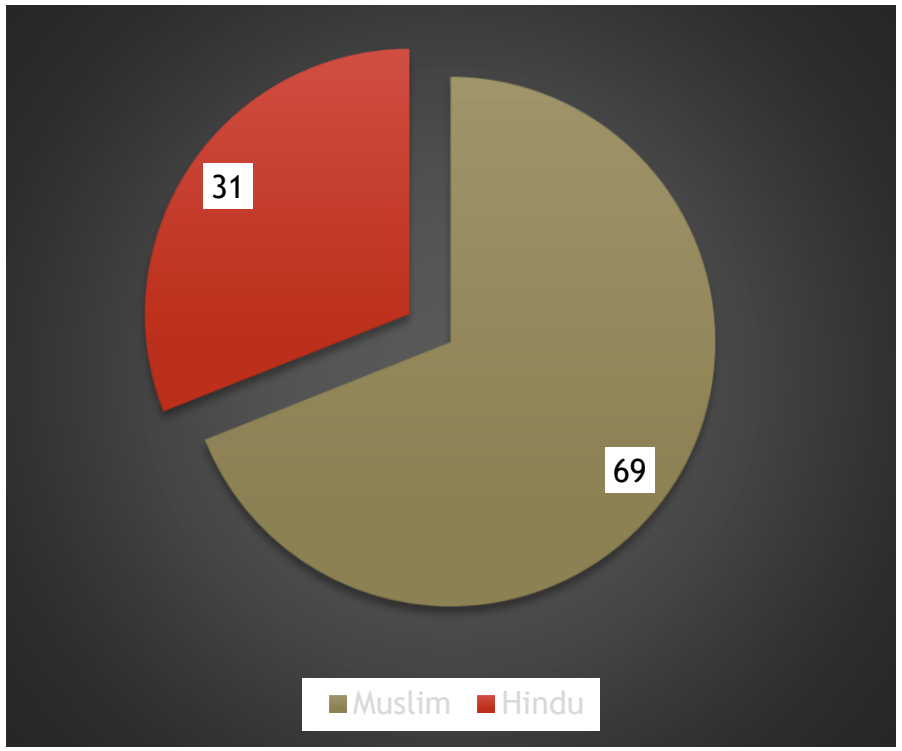
- Exclusion criteria
  - ✓ Pregnant women attending their 1st ANC checkup
  - ✓ Lactating women with child above 6 months of age.

SAMPLE SIZE;-100 Pregnant and lactating women (54 pregnant & 46 lactating) .

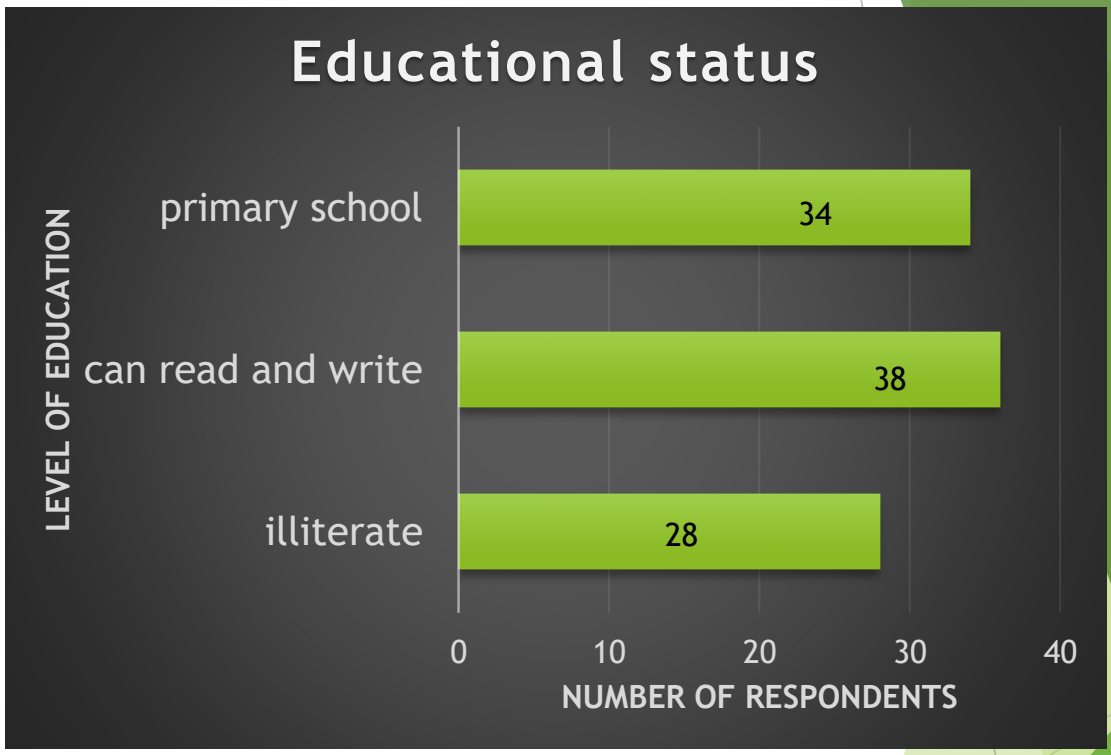
DATA COLLECTION METHOD

- The study was conducted in Fakharpur block of Bahraich district.
- It's a cross-sectional study in which pregnant and lactating women were selected from model VHNDs in Fakharpur block ,Bahraich district, Uttar Pradesh
- These 6 VHNDs were selected randomly from microplanning list of models VHNDs which was available at CHC i.e. Fakharpur village (n=19) Madhawpur village (n=18) Bamiyari village(n=15) Guntoor village (n=17), Kantausa village (n=14) & Baudi villages(n=17)
- In the VHND session researcher spotted the respondents according to exclusion and inclusion criterion and conducted the interview
- Sample was collected till sample size of 100 was reached (including both pregnant and lactating women)

Demographic characteristics of sample population

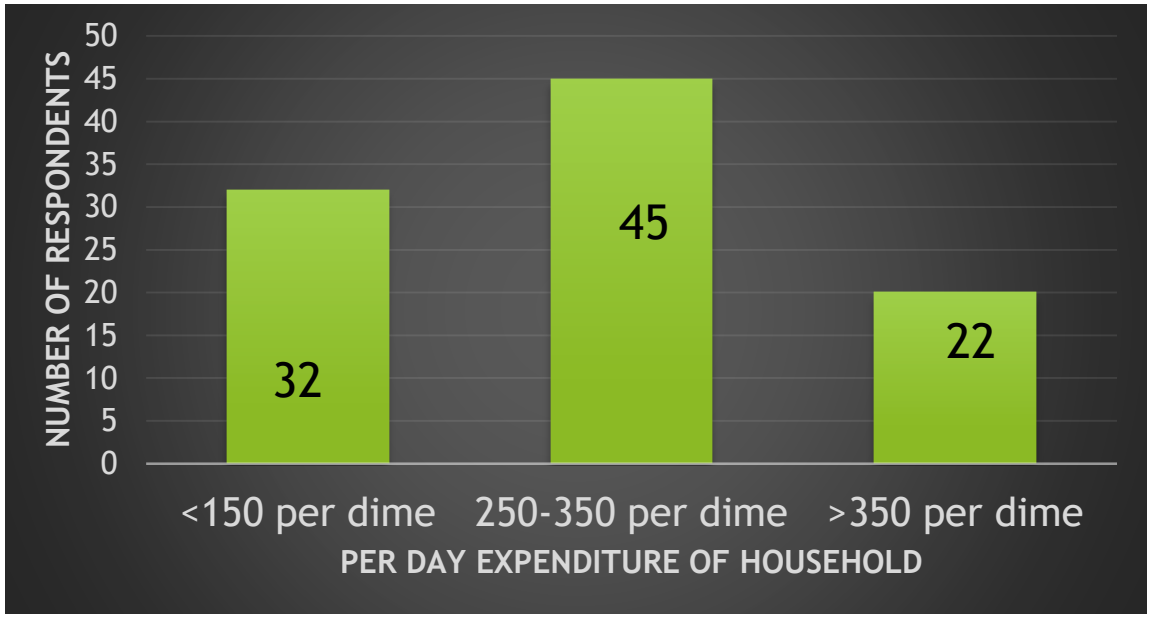


- The mean age of this population under study is 22.9 year.
- It's a Muslim majority population where 69 out of 100 respondents were Muslim and 31 out of 100 respondents were Hindus.

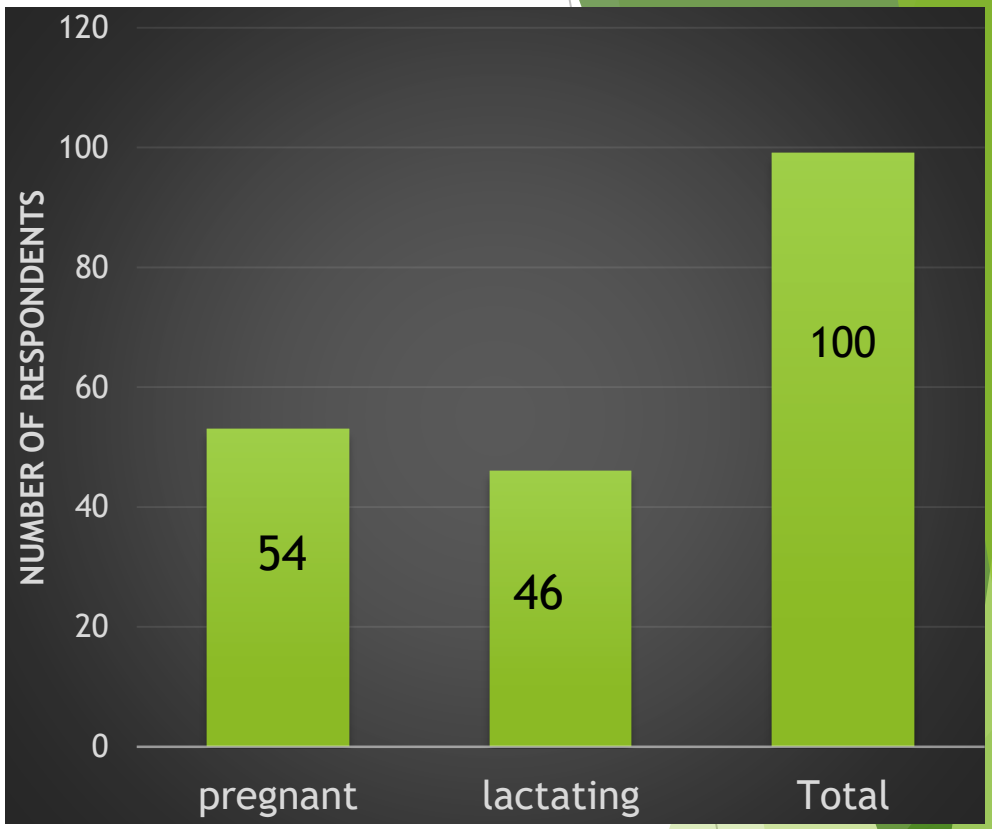


- As per the educational status most of the women i.e. 36% women knew how to read and write.
- 28% women in sample population were illiterate. 34% attended school up to primary.
- The basic education profile of this sample shows majority 64 % (28%+36%) women never attended school or neither they have any formal education.

Average household expenditure per day



- Average Per day expenditure on basic amenities such as groceries, milk, vegetables etc. was of 250-300 per day for 45% of population.
- From which we can drive that minimum household income for 45% of sample population was 9000 INR per month.



- All women(n=100) who were interviewed for this study, out of 100 respondents 54 were pregnant which were in their either 2nd or 3rd trimester.
- 46 respondents were lactating women with children in age group of 0-6 months.

It can be seen that Muslim households were spending more compared to Hindus. Because of bigger family sizes.

religion * income of household Crosstabulation

Table 5.1 distribution of house hold income according to religion.

		income of household					
			1	<150	250-350	>350	Total
religion	hindu	0	0	9	16	5	30
	muslim	2	1	22	29	15	69
		0	0	0	0	0	1
Total		2	1	31	45	20	100

Association between education level and use of IFA tablet

- On cross tabulation a clear trend can be observed as level of education is directly proportional to number of users.
- As level of education increased, number of users also increased.
- Out of total 28 illiterate women only 6 were consuming IFA tablet.
- On the other hand out of 34 women who received education till primary school 28 were consuming IFA tablets.

Table 9 Crosstabulation between user & non-users and educational status & chi square test

		IFA tablets taking currently			
		yes	no	Total	
education status		0	1	1	
	illiterate	6	22	28	
	can read and write	14	22	36	
	primary school	28	6	34	
		0			
Total		48	51	100	

- Null hypothesis- there is no relationship between educational status and use of IFA tablet
- Alternate hypothesis- there is relationship between educational level and use of IFA tablets.
- On performing Pearson's chi-square test it can be seen that value of p is less than 0.05, hence there is a significant association between educational level of respondent and IFA tablet consumption.

			IFA tablets taking currently		
			yes	no	Total
education status		Count	0	1	1
		% within IFA tablets taking currently	0.0%	2.0%	1.0%
	illiterate	Count	6	22	28
		% within IFA tablets taking currently	12.5%	43.1%	28.0%
	can read and write	Count	14	22	36
		% within IFA tablets taking currently	29.2%	43.1%	36.0%
	primary school	Count	28	6	34
		% within IFA tablets taking currently	58.3%	11.8%	34.0%
Total		Count	48	51	100
		% within IFA tablets taking currently	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	174.330[a]	4	.000
Likelihood Ratio	61.960	4	.000
N of Valid Cases	100		

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is .01.

Association between frequency of use of IFA tablet and case type

- It shows that among ***users*** majority was of pregnant women i.e. 44 out of 48,

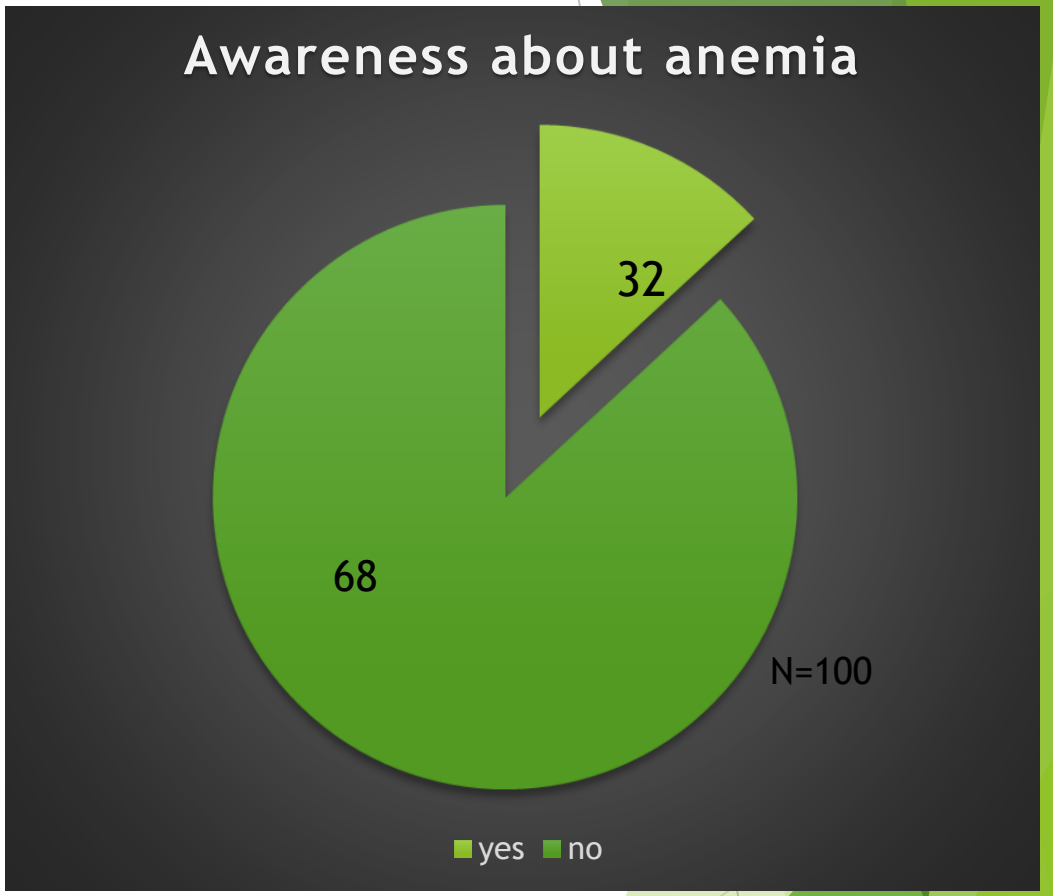
- Among ***non-users*** majority was of lactating women.

		Are you currently taking IFA tablets		
		Frequent users	non-frequent user	Total
pregnant or lactating	pregnant	44	9	53
	lactating	4	42	46
Total		48	51	99

Awareness among respondent about anemia

Do you know what is anemia

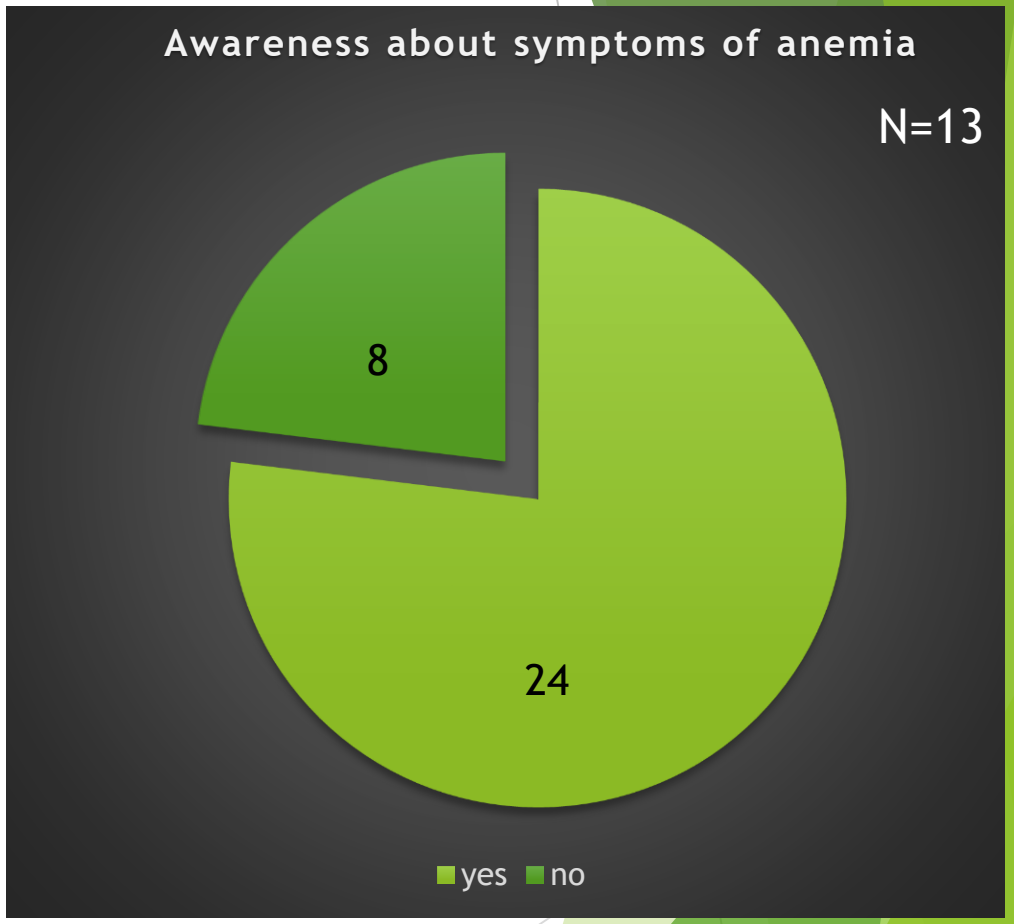
	Frequency	Percent	Valid Percent	Cumulative Percent
yes	32	32.0	32.0	32.0
no	68	68.0	68.0	100.0
Total	100	100.0	100.0	

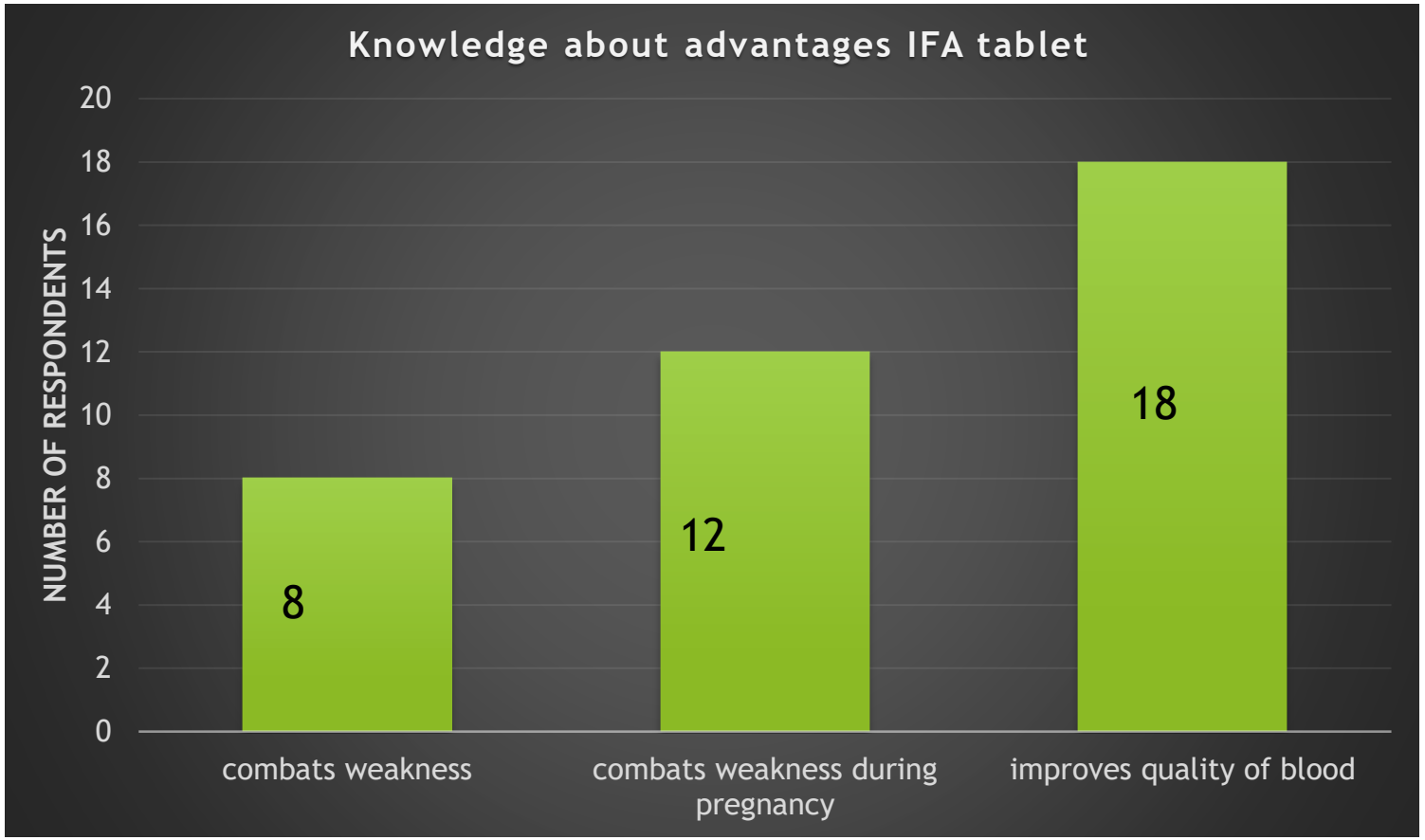


- Majority of the respondents didn't know what anemia is(n=100. 68=no, 32=yes)

		Frequency	Percent	Valid Percent
Valid				
	yes	24	75.0	75.0
	no	8	25.0	25.0
	Total	32	100.0	100.0

Out of 32 respondents who knew what anemia is 24 respondents knew the symptoms of anemia





- On probing it further it was found out that 68 out of 100 women didn't knew about advantages of taking IFA tablets during pregnancy and lactation.
- Only 32 women had knowledge about advantages of taking IFA tablets.

Those who were educated had better knowledge about advantages of IFA tablets.

Table 11 cross between knowledge about advantage and education level

		advantages of taking IFA					
			combats weakness	combats weakness during pregnancy	don't know	improves quality of blood	Total
education status		0	0	0	1	0	1
	illiterate	0	0	1	27	0	28
	can read and write	0	0	5	27	4	36
	primary school	0	1	12	13	8	34
		1	0	0	0	0	1
Total		1	1	18	68	12	100

Only 17 out of 100 women were counselled about IFA tablets by AAA at VHND day.

Rest 82 were never counselled by AAA (Aganwari worker, ASHA & ANM) regarding benefits of IFA tablets.

During the study it was also found that no myths or beliefs were associated with consumption of IFA tablets as none of the 100 respondents reported any religious taboo associated with the IFA tablet consumption or anyone approving or disapproving.

Only 4 out of 100 reported that their mother or mother in law encouraged them to take IFA tablet. Rest reported a neutral attitude.

Suggestions

Health workers should counsel both pregnant and lactating women about advantages, disadvantages of IFA tablets and grave consequences of anemia during pregnancy

AAA focus mostly on pregnant women and immunization of children during VHND, but they should also focus on Lactating women. As it would decrease the burden of anemia.

Usually ANM are responsible for immunization and ANC checkups which require certain set of soft skills. So, responsibility of counselling should be allotted to Aganwari workers or ASHA workers to distribute work load equally among all.

Conclusion

- It can be observed that lack of education and lack of counselling by health workers has led to low level of awareness about IFA tablets. Hence consumption of IFA tablets in sample population is extremely low.
- Even though there was no shortage of IFA tablets and their supply at all the 6 Model VHND sessions.
- Thus, improving counselling by AAA would be of great help to increase IFA consumption and reduce anemia.

Thank you