Enablers for IFA Tablet Consumption among Pregnant women of Rural Bihar

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Introduction :

- Maternal health in India has been a topic of in-depth discussion.
- India being the first developing country to implement the Anemia prophylaxis program in 1970 consisting of ANC and IFA supplementation containing 100g elementary iron and .5mg of folic acid daily.
- Average content of iron in a normal adult male is 4gm and in female is 2.1gm , of which maximum iron is concentrated in hemoglobin.
- An average 1mg iron additional is lost during the menstruation of women.
- Objective here to deliver a healthy baby and keep the mother safe during, at the time and after delivery. secure the mother's life but also help child to grow healthy through its 1000 days of crucial period.

Literature review:

- In India utilization of ANC has increased from 37% (NFHS3) to 51.2%(NFHS4), and consumption of Iron folate tablet from 15.2%(NFHS3) to 30.3%(NFHS4) but in Bihar is even worse with women at least 4 ANC checkup has marginally increased from 11.2%(NFHS3)to 14.4%(NFHS4) and the women consuming at least 100 IFA tablet is 9.7%(NFHS4) from 6.3%(NFHS3).

- Most vulnerable and susceptible to this ill fate to pregnancy women in India is due to the prevailing long standing gender inequality.

- Most of women in India particularly in Bihar enter the pregnancy anemic which further increase their chance of being at risk.

- Women especially in developing countries have very low level of knowledge regarding anemia and subsequently most of them do not consider it a problem that needs attention.

- Lack of IFA tablet is the major supply barrier.
- From the demand side whether the service that is being provided is culturally, economically, geographically, socially acceptable and accessible is to be considered and whether the people (beneficiaries) for whom the service is being provided consider the importance of the service.
- Some article has also mentioned various barriers like not understating the meaning of anemia, not knowing or given any reason why she should take IFA tablet, not informed about the temporary negative side effects like nausea, vomiting, constipation, dizziness, dark stool, health or front-line workers not involving community participation even IFA can harm your baby.
- Among enablers the barrier need to be countered in a effectivities way like improving the quality of ANC service, understanding the importance of identification of first trimester and making the beneficiaries understand the importance of it has a huge impact on IFA consumption

RESEARCH QUESTION :

What are Enablers for IFA Tablet Consumption among Pregnant Women of Rural Bihar**?**

- **OBJECTIVE.**

To assess the factors what enables a woman to take an IFA tablet during pregnancy for improved coverage and adherence of IFA tablets

- **METHODOLOGY.**

- **Study Settings:**

The study was conducted in districts of Bihar. The focus is on perception, psychology and motivational component that made them more adherent with which a woman is taking a IFA table and what are the ideas coming through her mind while taking or continuing an iron table.

- **Study Design:**

Qualitative study aiming at thematic deep dive to develop newer insight based on grounded theory.

Study Participants:

Pregnant women

Selection of the respondent was based on:

- ASHA was available(ASHA_Y).
- ASHA was not available (ASHA_N).
- close to the facility (Facility_N).
- Far from the facility (Fcility_F).

Inclusion criteria:

- women should be taking IFA tablet for more than 21 days.
- Physical verification of IFA table by the interviewer.

Exclusion criteria :

- The pregnant women who is not consuming IFA tablet, or has been taking earlier but currently is not taking.
- Pregnant women physically challenged or mentally unstable, cannot understand or express her view or opinion .

Sample Size :

Total sample of 12 in-depth interviews(IDI) were conducted

Sampling:

Three respondents were selected with one variable like ASHA_Y, ASHA-N, F-F, F-N.

Data Collections Techniques:

The question was asked by the interviewer and debriefing was carried out by the note taker.

All the interview was recorded after taking proper informed consent from the respondent and thematic debriefing was carried out simultaneously by the note taker

Each day maximum of two interviewer were conducted

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The questions are open ended questionnaire focusing on the month of pregnancy, number of ANC visits, food diversity before and during the pregnancy, parity, IFA consumption and what motivates them to take the tablet and continue them, any complication during any previous pregnancy (if any)

Data Quality

- Interviewer guide was written in Hindi, translated into English, and back translated into Hindi.
- Each audio had to be listened at least three times before it is to be transcribed, the transcribed data was again matched with audio .
- Transcription to be completed within the next 24 hours from the time of completion of interview.

ANALYSIS

The interview from all categories (A-N, A-Y, F-F, F-N)were recorded in an audio file and then transcribed in Hinglish ,these transcribed were coded using Atlas.ti software .These codes were transposed into excel sheet where manual interpretation was done.

Interpretation

- Most of our respondent which we interviewed were in second and third trimester, living in a joint family, housewife’s, illiterate women who were consuming IFA tablet continuously for the past 21 days and before any interview was finalized physical verification of the IFA tablet was done by the interviewer.

THEMES	Sub Themes	Interpretation
Pregnancy care	• Place of check-ups (Number of check-ups, months (when check-ups were conducted). • Blood test, Urine test, Ultrasound, Weighing, BP. • In which month of pregnancy first check-up was done? • In which month pregnancy the TT was administered? • What else did you receive during check-ups? • Please tell us about your diet, before & after conceiving.	▪ While most of the respondent believe ANC, checkup is for only tetanus toxoid injection "**suii laganae jatae hai** "(I had gone to get injection) is referred to as ANC checkup. ▪ Most of the respondent had their first ANC check up in late second trimesters most respondent went for their ANC check up with family members . ▪ All respondent was being checked for blood pressure, blood test while the ultrasound and stool testing were performed at the private and the service provided at Aganwadi was poor ▪ Common finding among the respondents even for those who had gone for private check had received the IFA tablets from the ASHA and ANM .

Themes	Subthemes	Interpretation
Please tell us about this tablet you are taking	• Who gave you this tablet? • Where did you receive this tablet? • How many times have you received this tablet? • Please tell us the month of pregnancy when you received these tablets. • In which month of pregnancy, you started taking these tablets? • Please tell us about the prescribed Time and method for taking this tablet.	• Most of the respondent had received the IFA tablet from the ASHA/ANM at Anganwadi • Those respondents F_N and ASHA_Y would receive their IFA tablet in their 4 months of their pregnancy while the respondent F_F and ASHA_N would receive late • . Duration of consumption of this IFA from 3-6 weeks from most of the beneficiaries. • Most respondents would take tablet with water ,some with milk after meals at night, few would take in morning after meals and one respondent had been taking three times **"ek baar 12 baje ... ek baar saanjh ko ... fir raat mein"**

Theme	Subtheme	Interpretation
What instructions/directions you got when you did receive this tablet.	• What is the purpose of this tablet • What will be the result after consuming this tablet. • How this tablet will impact the health of mother and child	▪ Most of the respondent received the counselling from the ASHA regarding the purpose of the table, Few respondents received from the doctor and ANM ▪ Most of the respondent had not any knowledge and suggested that the ASHA/ANM/Doctors had not informed them about why they should take this tablet and how this tablet will impact their health except few who said that they were informed this tablet will benefit their child and their own health

Themes	Sub-Themes	Interpretation
Please tell us about the reasons, you started taking this tablet	• Please tell us about your thought for starting (consuming) this tablet. • Please tell us about your thoughts after taking it every day. • Please tell us about your continuity of tablet taking. (if there are any gaps, why did you re-started?	▪ "**jaise goli khaye to bohat theek hai badan m** (Whenever I take tablet, my body seems to be fine) ▪ " **thakan kamzori ke liye nahi hum khate hai first wala bacha ke samay mein mera blood kam tha tou hum samajte hai ke blood ke liye hai tou khayege tou acha hi hog islye khate hai"** ▪ Most of the respondents had a perceived benefit regarding the consumption of IFA tablets like it will benefit their child, self, helps to reduce the anemia like symptoms, increase the strength of baby while a few respondents believed that they are taking the tablet because they were asked to take it

THEMES	Sub Themes	Interpretation
How do you feel after taking this tablet? Please tell us about that.	• In initial phase • Currently	▪ Most of the respondent mentioned that when they started taking the IFA tablet , they experienced some side effects like constipation , vomiting which later subsided eventually on its own. ▪ some respondent believed they were able to work better without getting exhausted or tired soon in comparison to earlier when they were not taking the IFA tablet during the same period of pregnancy ▪ some of respondent also indicated that they did not feel the difference as they were before taking the tablet they are feeling the same way. ▪ Most of the respondent were least concerned if provided about the exhaustion of the IFA tablet and will consume further if provided
What will happen if all given tablets will be consumed		

Results

- The result was blended with theory of triadic influence to identify internal ,external and relational enablers pregnant women with improved IFA coverage and adherence .
- Increasing coverage and adherence were the two essential outcomes for optimal IFA supplementation
- Analysis of Enablers to increase coverage focused on target behavior of accessing any IFA during pregnancy either by

  Facility based IFA supplementation

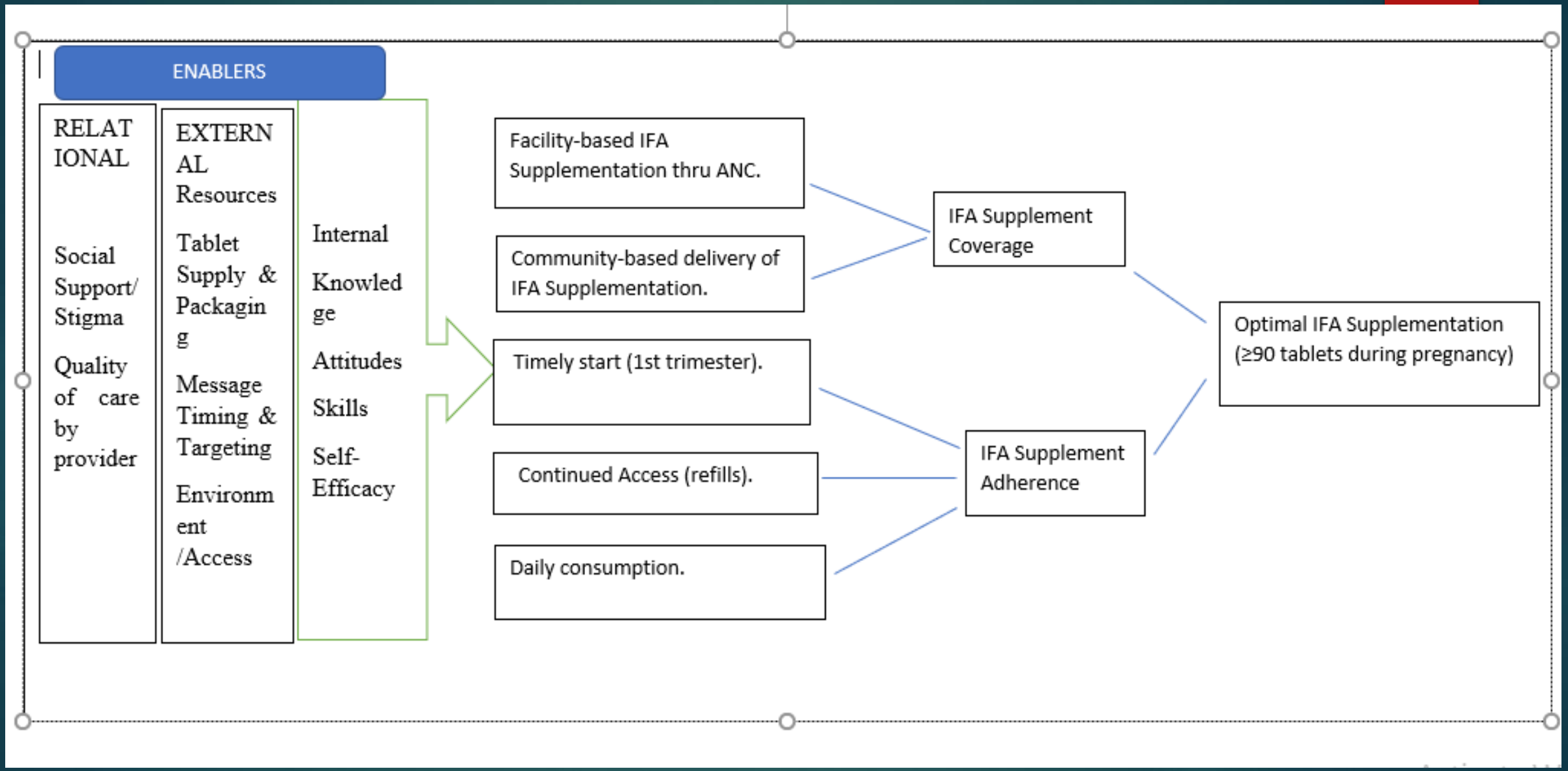
  Community based delivery of IFA supplementation
- Target behavioral considered for enablers to increase adherence include

  Timely start (1st trimester)

  Continued access or regular refill

  Daily consumption

Logical framework of IFA supplementation program



CONCLUSION

- Analyzing the result we synthesize a formulative research on pre and post-natal IFA supplementation. the barriers are clearly depicted and almost all are familiar
- Each context studied few enablers were identified ,so research is essential prior to design context-specific intervention that motivates pregnant women ,theirs families ,health care providers to increase access as well as consumption
- Improved counselling can address concern found in IFA supplementation programme with early contact, frequent resupply, and more personal support for pregnant women

- The perception of an idea that these tablets would keep her health and her baby's health safe and secure
- These perceived benefits are necessary to outweigh the social, financial, physical barriers for IFA consumption
- Most respondent as is evident from the results are regular contact with FLW in one way or the other
- Timely message and early detection of pregnancy.

Suggestion

- The need to strengthening the IFA supplementation regime through FLW as they still can serve as the backbone of our health care delivery system
- Focus on sector and ANM meeting
- Involve key stakeholders to make ASHA home visit more frequent
- Strong intervention at policy, provider, community and individual to achieve the target
- we should be creating an environment where it is norm to take a “one tablet a day” and “iron supplementation "during pregnancy for women

Thank you