Assessment of Knowledge Attitude Practice and Barriers for Iron Folic Acid syrup consumption in U5 children of Vidisha district of Madhya Pradesh

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Introduction

Anemia is a significant public health problem, that occurs worldwide in both developing and developed countries.

The World Health Organization (WHO) has estimated that globally ,1.62 billion people are anemic, with the highest prevalence of anemia (47.4%) among preschool-aged children ; of these 293 million children, 89 million live in India.

Most anemia cases develop progressively and gradually are due to iron deficiency. Bad feeding habits, especially during the weaning period, in early childhood, exacerbate the problem. Anemia mostly develops as breast milk is replaced by foods that may poor in iron and other nutrients, including folic acid and vitamin B12.

Alleviating childhood iron-deficiency anemia is a public-health priority, as anemia is associated with impaired cognitive and psychomotor development.

Programs run by Government

- In India, the **Nutritional Anemia Prophylaxis program is in existence since 1970.**
- The program has been re-designated as the **National Nutritional Anemia Control Program in 1991.**
- For children between 12 and 59 months one tablet of 20 mg elemental iron and to treat children found clinically anemic 100 mg of folate for 100 days in a year was prescribed by the program.
- IFA tablets to be replaced by IFA syrup for the children under ae group 6 – 59 months,in the Government of India's policy in the year 2007
- In **2013,** .Ministry of health and family welfare launched **National Iron Plus Initiative (NIPI)** as a comprehensive strategy to combat the public health challenge of iron deficiency anemia prevalent, across the life cycle.
- As a holistic approach to prevent and control anemia in different age group, Madhya Pradesh has launched NIPI program in June,2014
- **Guidelines for iron supplementation to children six to sixty months of age:**

1.Bi. weekly 1 ml IFA syrup containing 20mg of elemental iron and 100 mcg of folic acid

2.The IFA bottles should have an auto dispenser so only 1ml of syrup will be dispensed at a time.

Operational strategies of IFA supplementation in Madhya Pradesh

Areas	Status
Supply	State procure 50 ml IFA syrup bottles.
Distribution strategy	Twice a week distribution to 6-59 months by ASHA and AWW at AWC
Incentives	Rs100/month for provision of 6-8 doses/per child
Reporting	Reporting formats are printed and ASHA collects reports from AWCs and submit to ASHA Sahyogini who further submitted to ANM.

Demographic profile of Madhya Pradesh and Vidisha district

Indicator	State	District
Total population	72,626,809	1,458,875
Male population	37,612,306	769,568
Female population	35,014,503	689,307
Total child population (0-6age)	10,809,395	235,391
Literacy rate	69.32%	70.53%
Anemia prevalence rate	68.9%	69.8%

Rational of the study

Eight districts of Madhya Pradesh including Vidisha has been enlisted as Aspiration district by NITI aayog. Being a high priority district of Madhya Pradesh, Vidisha has lagged in education and health indicators.

The rate of anemia is significantly high in Vidisha district, indicated as 69.8% in NFHS 4, which is even higher than the over all anemia rate in Madhya Pradesh, which is indicated as 68.9% in NFHS 4.

The present study is aimed to assess the awareness, attitude, practice toward IFA syrup consumption in Under 5 children among mothers and identify the Barriers for regular consumption.

Objectives

- To assess Knowledge, attitude and practice among mothers regarding IFA syrup consumption in under 5 children,at Vidisha district, Madya Pradesh.
- Find out the barriers in IFA syrup consumption among U5 children.

Methodology

- **Study design:** The study will be cross sectional, descriptive study.
- **Study Location:** Village- Kribaya, Negma Peparia of Tyonda-Basoda block, Village- Pasora Haveli, Berkhedi jetu, Dharu khedi and Hasua of Pipal kheda- Vidisha block at Vidisha District, Madhya Pradesh.
- **Sampling technique:** Convenience, purposive sampling

Sampling

- **Sample size:** 60 mothers having children under 6-59 months, of Basoda and Vidisha block each.
- **Inclusion Criteria:** Mothers who were willing and available during the study period
- **Exclusion Criteria:** Mothers having child above 5 years were not included.

Data Collection

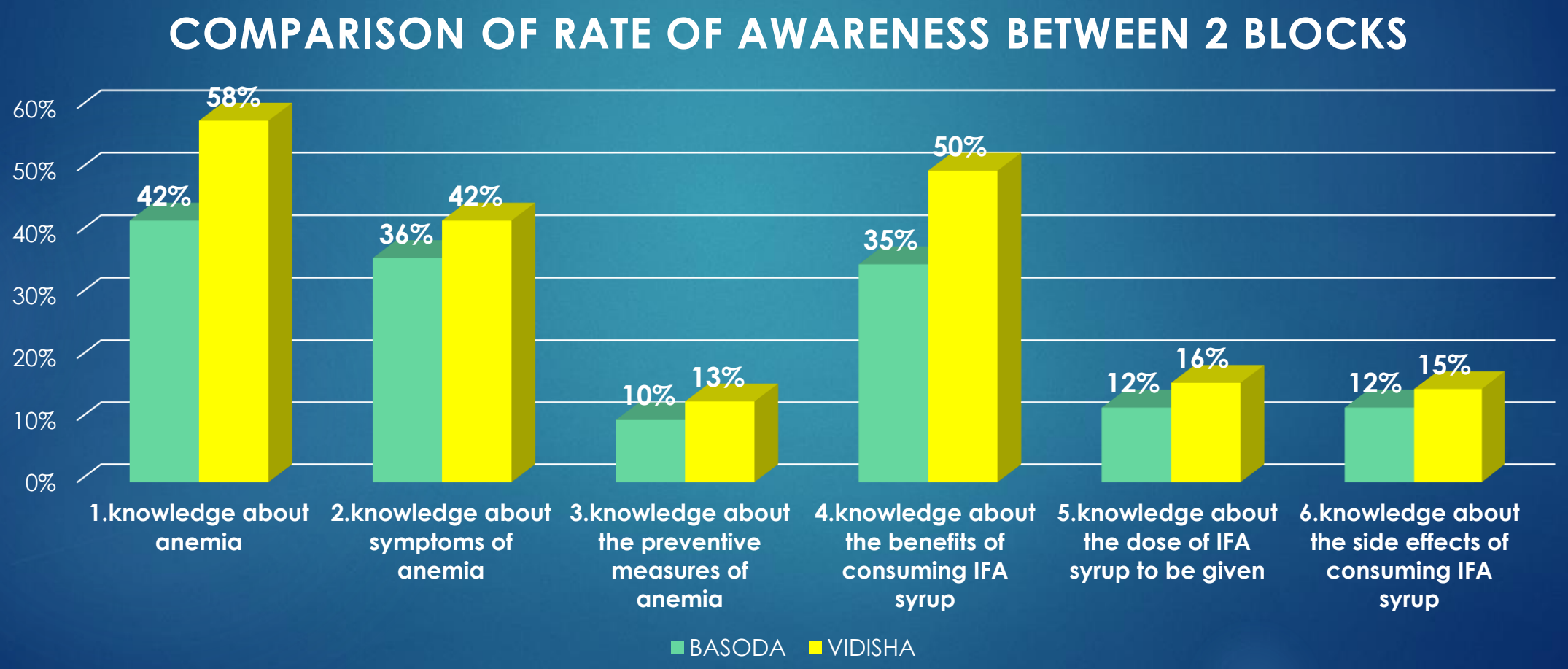
- **Data collection instrument:** Semi Structured Interview Questionnaire

- **Data collection procedure:** Pencil and paper assisted Interview.

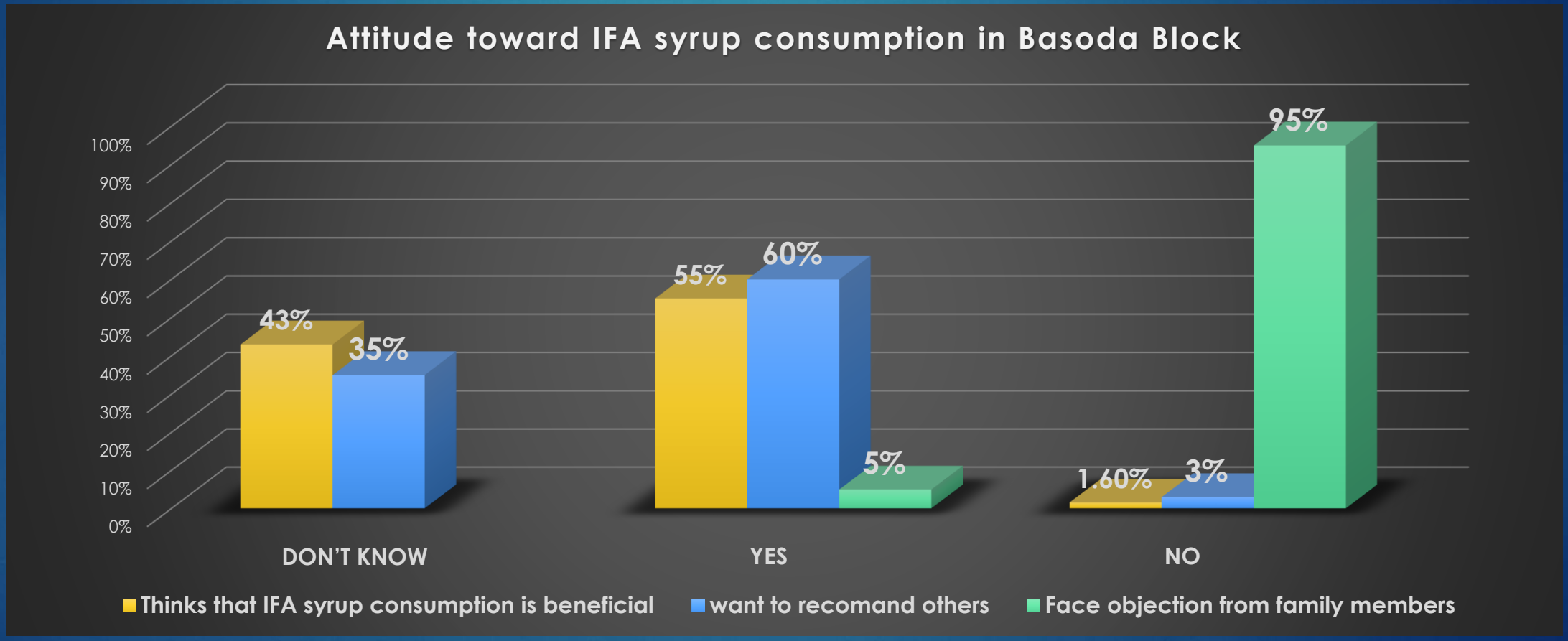
For data collection : According to convenience, villages were visited. A rapid situational analysis tool was prepared for mothers, at their home setting in these villages, the questions were asked and the responses were recorded. The questions were close ended as to explore whether the target population falls into that range of responses, with an intent to find probable reasons.

- **Data Analysis Procedure:** Data is analysed through MS- Excel.

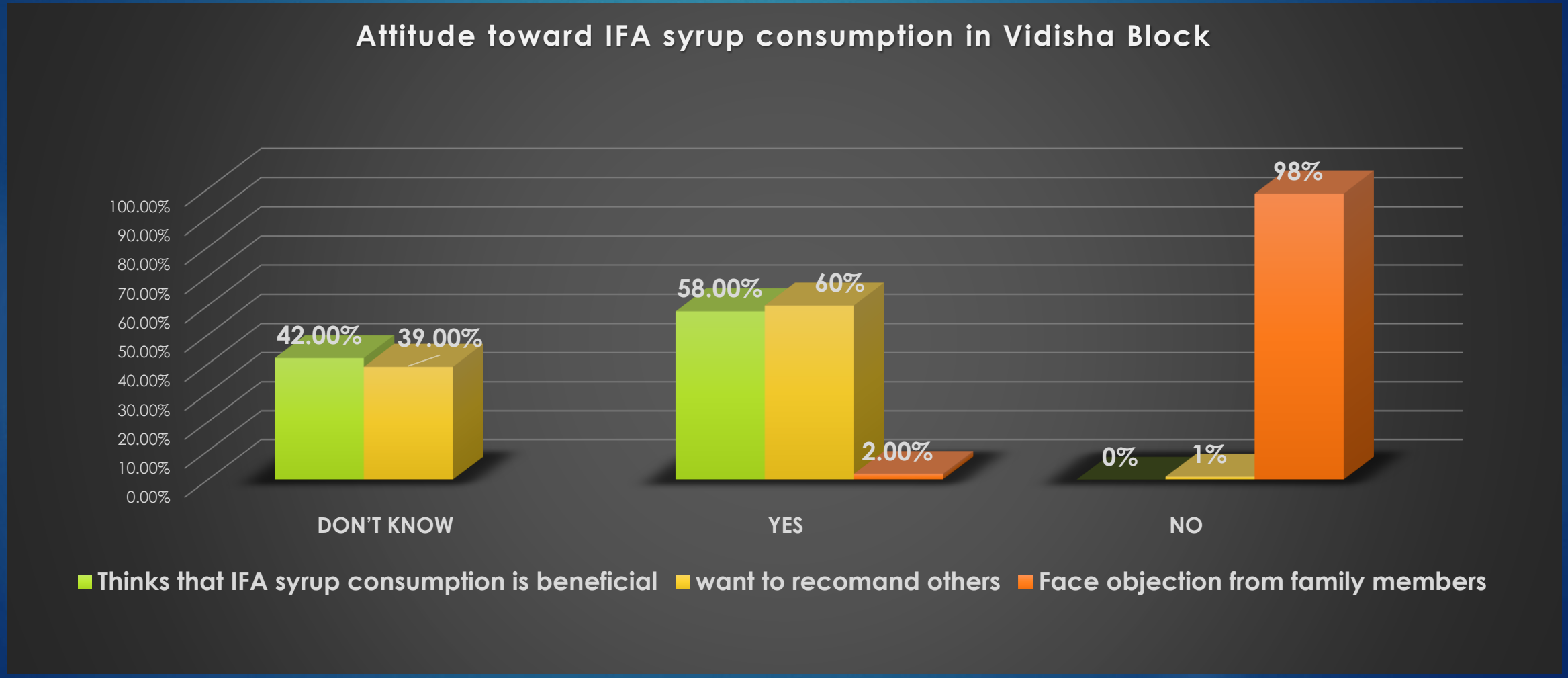
This chart shows the percentage of respondents having Knowledge regarding Anemia and importance of IFA syrup consumption, in Basoda and Vidisha Block of Vidisha District, Madya Pradesh.



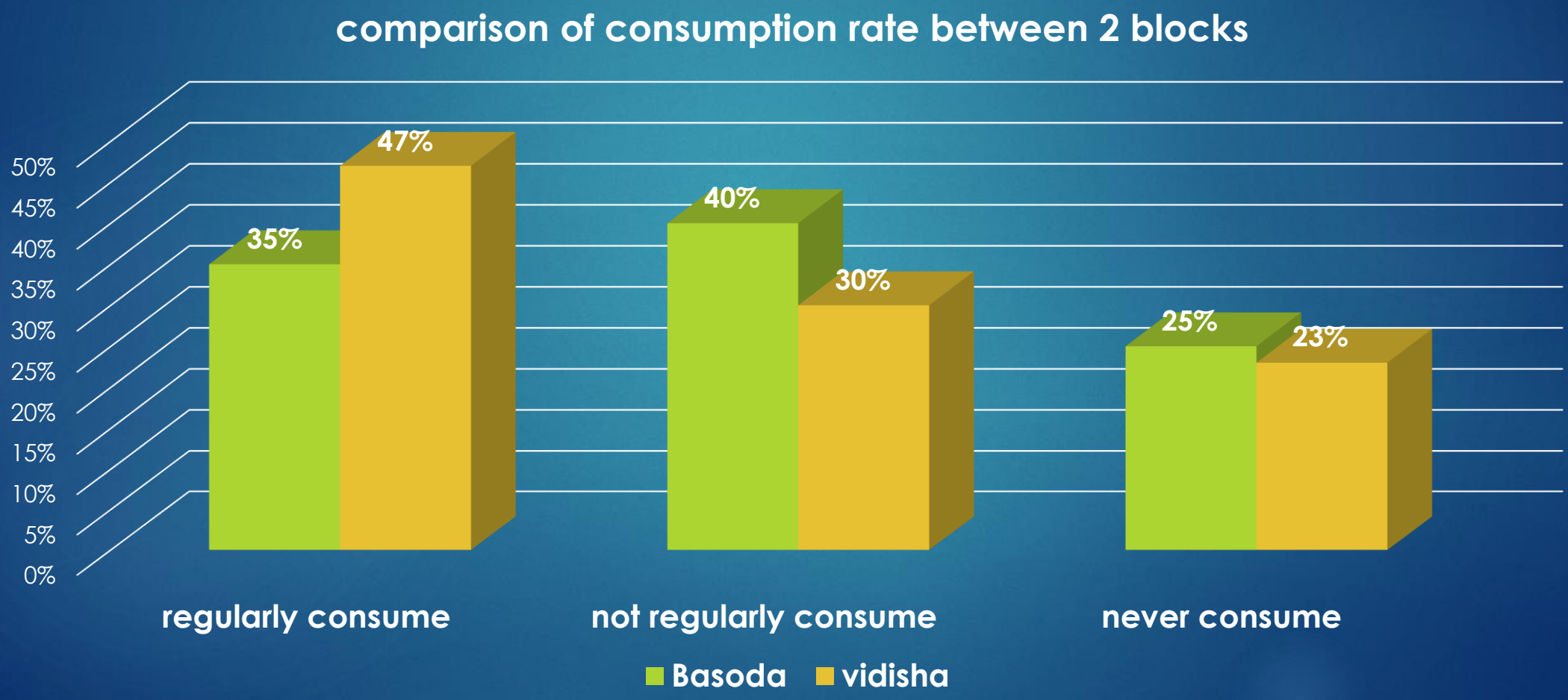
This chart shows the percentage of respondent's Attitude toward IFA syrup consumption in Basoda Block.



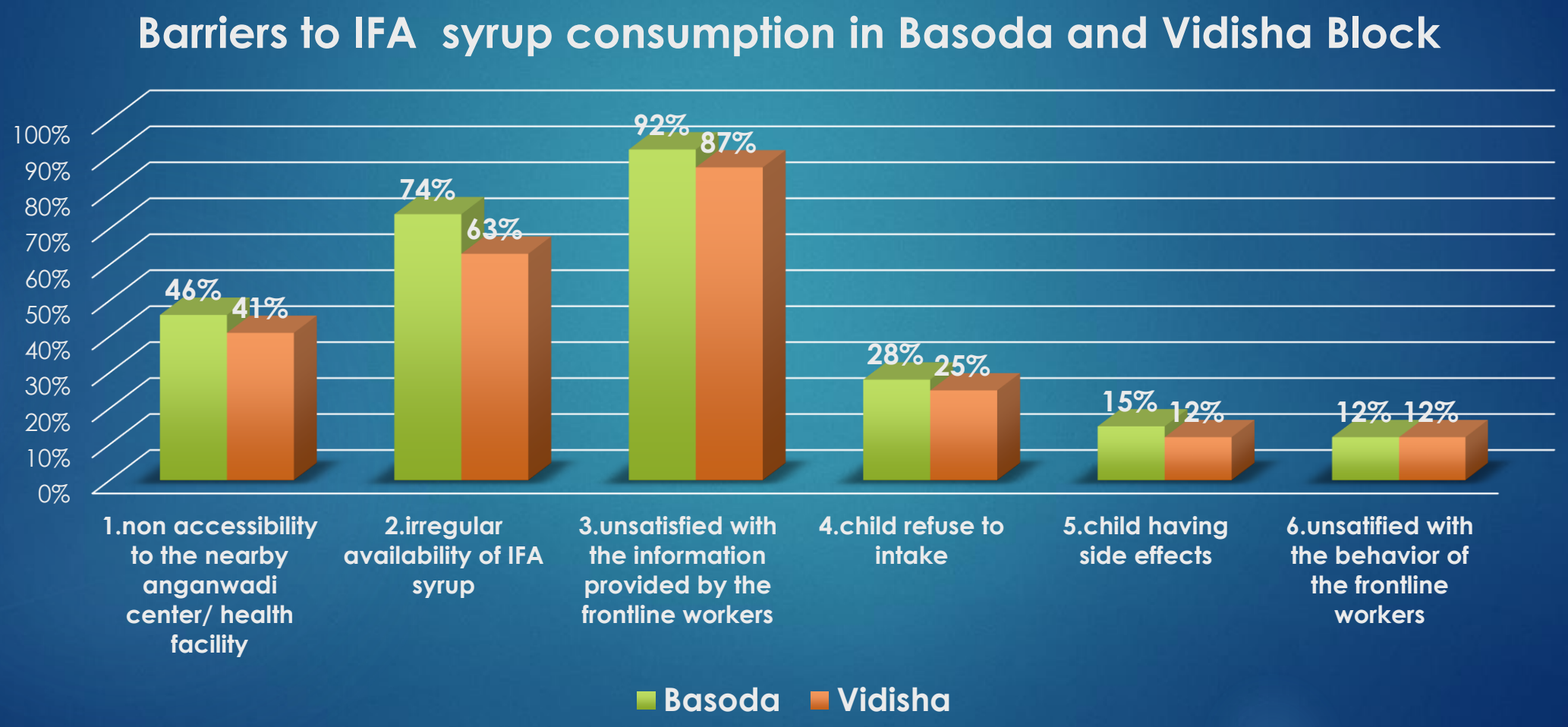
This chart shows the percentage of respondent's Attitude toward IFA syrup consumption in Vidisha Block.



This chart shows the IFA syrup consumption rate in Basoda and Vidisha Block of Vidisha District, Madya Pradesh.

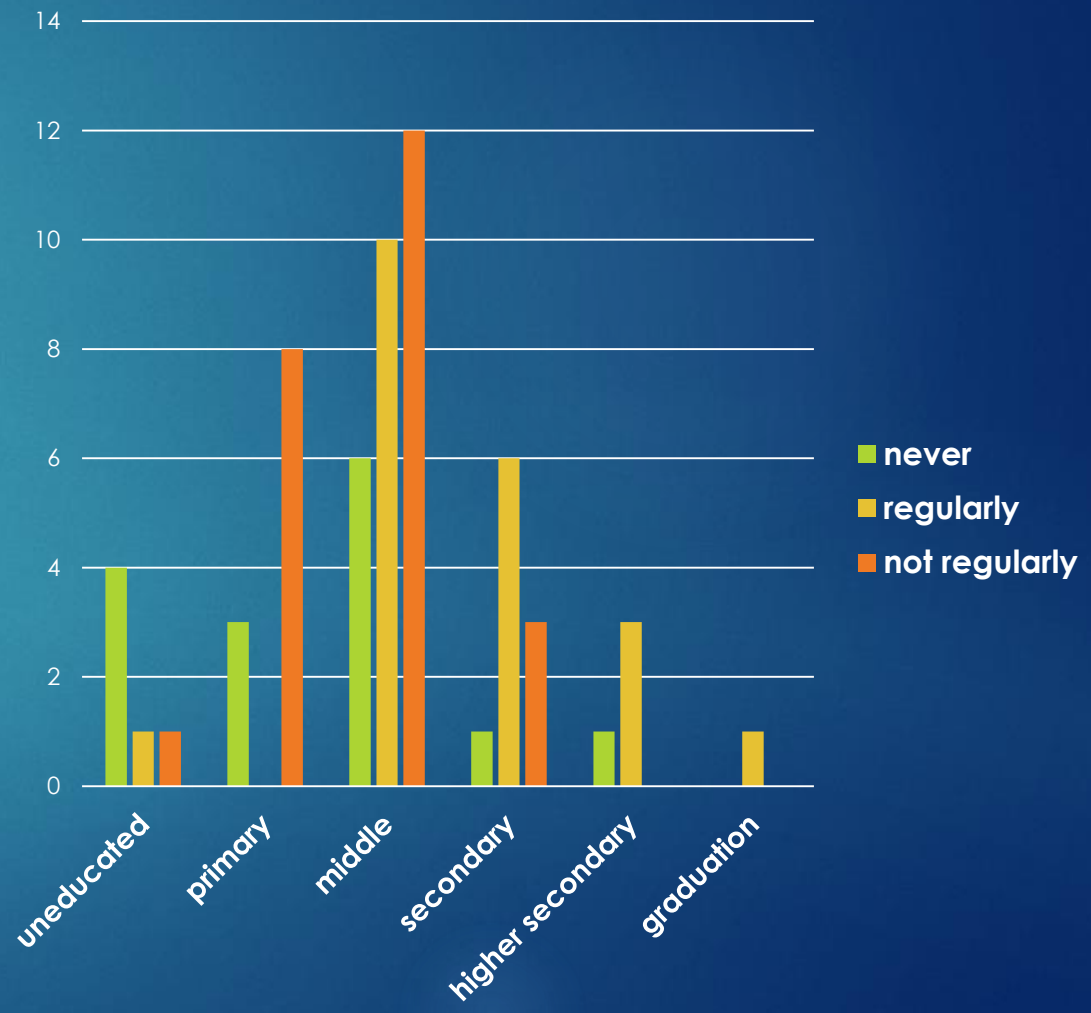


This chart shows the Barriers to IFA consumption in Basoda and Vidisha Block of Vidisha District, Madya Pradesh.



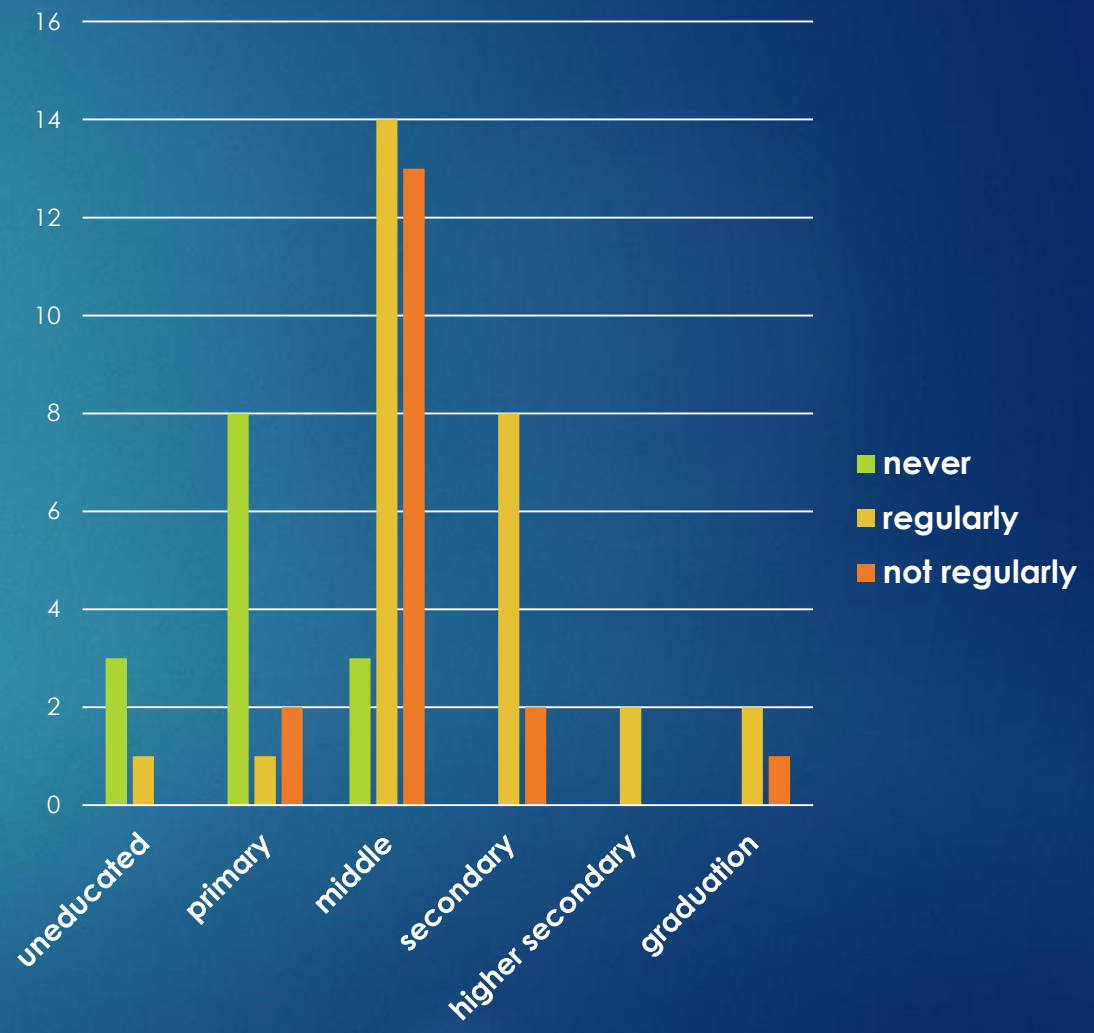
This chart indicates the correlation between the literacy level of the study population and the IFA syrup consumption rate among their child, in Basoda Block.

	Frequency of consuming IFA syrup			
Education Level	**Never**	**Regularly**	**Not Regularly**	**Grand Total**
Uneducated	4	1	1	6
Primary	3		8	11
Middle	6	10	12	28
Secondary	1	6	3	10
Higher secondary	1	3		4
Graduation or higher		1		1
Grand Total	15	21	24	60



This chart indicates the rate of correlation between the literacy level of the study population and the IFA syrup consumption rate among their child, in Vidisha Block.

	Frequency of consuming IFA syrup			
Education level	Never	Regularly	Not Regularly	Grand Total
Uneducated	3	1		4
Primary	8	1	2	11
Middle	3	14	13	30
Secondary		8	2	10
Higher secondary		2		2
Graduation		2	1	3
Grand Total	14	28	18	60



Key findings

- The study shows that over all level of awareness regarding anemia is significantly low in Vidisha district.
- By comparing the two blocks, under study (Basoda and Vidisha block)it can be depicted that the indicators of the awareness(knowledge about anemia, knowledge about symptoms of anemia, knowledge about the preventive measures of anemia, knowledge about the benefits of consuming IFA syrup, knowledge about the dose of IFA syrup to be given, knowledge about the side effects of consuming IFA syrup)occurs in slightly more promising percentage in Vidisha block than Basoda
- From the comparison of 2 blocks we can interpret that the regular consumption rate is higher in Vidisha block than Basoda.
- On an average 60% of the respondent of both the blocks shows positive attitude toward recommending IFA syrup consumption,40% of the respondents were unware.
- The study population **i**ndicates, **non accessibility to the Anganwadi centers, unavailability of IFA supplements and lack of awareness, as the most commonly occurring barriers for IFA syrup consumption.**
- The Impact caused by the above stated barriers were relatively higher in Basoda block than Vidisha block.
- The study also revealed that the higher level of education is directly proportional to the level of awareness and so as with the higher compliance of regular IFA syrup consumption.

Conclusion

In this rural community of Madya Pradesh India, the compliances of iron folic acid syrup are still far behind to reach the National Goal, the service component are not quite strong by the front line workers in terms of enhancing awareness of the community regarding anemia and its preventive measures. Inaccessibility of the house holds and mainly the irregular supply contributes as barriers on a large note. Government policies should first ensures the regular availability of IFA syrup in all the Anganwadi centers. It is evident that consumption of IFA syrup will surely be enhanced if proper social mobilization is undertaken. This simple enhancement will surely change the present scenario in terms of iron and folic acid deficiency in under 5 children towards the better in near future.

Thank you..!! ☺ ☺