

## PREVENTING ANAEMIA IN PREGNANCY - NEED FOR INTENSIVE I.E.C. ACTIVITIES

A.K. Bhardwaj\*, S.K. Ahluwalia\*\*, N.K. Vaidya\*\*\*

*A Study to know the compliance rate of IFA tablets in respect of collection and consumption was carried out in three districts of Himachal Pradesh covering 90 clusters. Out of total women interviewed with child less than one year, only 94.8% had collected IFA tablets. 41.9% and 10% women had consumed these tablets for 60 and 100 days respectively. Majority of women did not consume these tablets with the reason that medicine is taken only during illness and as such they don't require these tablets. Intrusive Information, Education and Communication activities are stressed in the paper.*

### INTRODUCTION

Nutritional Anaemia is a serious public health problem which specially affects women in reproductive age group and the young children. About 87.5% of our pregnant mothers suffer from this malady and 13.1% among these have hemoglobin levels below 7 gms/dl and 37.6% between 7-9 gms/dl. Anaemia in pregnancy accounts for 20% maternal deaths. It also has reaching effects in terms of maternal morbidity, IUGR, low birth weight, impaired learning in children and impaired work performance. Preventive measures for this type of anaemia are directed against Iron imbalance in the body which is the predominant cause of such anaemias throughout the World. Iron supplementation during pregnancy has been in force in India since 4th Five year plan but the results are not encouraging due to frequent dropouts and low compliance rate. The present study is an attempt to know the collection and consumption patterns of Iron and Folic Acid (IFA) tablets among pregnant women, and the reasons for dropouts.

### MATERIAL AND METHODS

The study was conducted by the faculty of Community Medicine, IG Medical College, Shimla, HP as a part of Immunization coverage assessment survey of children and pregnant women in three districts of the State-shimla, Solan and Bilaspur. Survey was conducted in 30 cluster villages in each district. All

those women with child less than one year were interviewed regarding the collection and consumption of IFA tablets during last pregnancy. All those women who had actually consumed tablets (not merely collected) were taken into consideration. Consumption more than two months was taken as satisfactory and less than that as partial consumption. The reasons for non or partial consumption were elicited.

### RESULTS

In all 667 women were interviewed in 90 villages. Out of these respondents, only 632(94.8%) had collected IFA tablets from health Institutions.

Duration of time for which tablets were actually consumed has shown in table-I. It is evident from this table that the consumption went down from 92.7 to 10% during the course of pregnancy. Only 41.9% had consumed these tablets for two months.

Consumption was directly related to the educational status of the women (Table-II) and it was highly significant ( $P < \text{than } .005$ ).

Reasons for partial or non-consumption has depicted in table-III. Out of a total of 667 women, only 187 has continued for more than 2 months and 480 women had either not collected tablets or had terminated in between. Taking tablets without any illness was the main reason for low compliance followed by time constraints, fear of side reactions and irregular supply.

### DISCUSSION

The results of this study indicate that 94.8% women had collected IFA tablets from health institutions which is very high as compared to 72% reported in National Family Health Survey of 1992 from Himachal Pradesh. All India percentage(50.05%) was still less. Variation within the state may be due to the fact that only 3 districts are included in the current study.

\* *Epidemiologist, State Health and Family Welfare Training Institute, Parimahal, Shimla - 171009.*

\*\* *Prof. and Head, Community Medicine, Indira Gandhi Medical College, Shimla.*

\*\*\* *DME cum Principal, IGMC, Shimla.*

**Table I.**  
Showing the time period for which the tablets were consumed.

Time Period (Days)	No. of Women (n = 632)	Percentage*
< 15	586	92.7
15-30	493	78.0
31-45	379	60.0
46 - 60	265	41.9
61 - 90	187	29.6
100 (full course)	63	10.0

\* Cumulative Percentages

Education of women directly influenced IFA consumption (Table-II) which emphasises promotion of female literacy.

mg from initial 60 mg. Will this facilitate in bringing down the incidence. It is a million dollar question. But there are areas which still has not been looked into.

**Table II.**  
IFA\* tablets consumed in relation to the Educational Status of the Women.

Educational Status	No. of women	Duration in Days					
		< 15	15-30	31 - 45	46 - 60	61 - 90	100 (full course)
Illiterate	289	260 (90.0)@	195 (67.5)	129 (44.6)	81 (28.0)	35 (12.1)	6 (2.1)
Primary	170	157 (92.4)	139 (81.8)	101 (59.4)	59 (34.7)	38 (22.4)	12 (7.1)
Middle	93	90 (96.8)	81 (87.1)	72 (77.4)	55 (59.1)	50 (53.8)	16 (17.2)
Matric	67	66 (98.5)	65 (97.0)	65 (97.0)	58 (86.6)	54 (80.1)	22 (32.8)
Post Matric	13	13 (100.0)	12 (100.0)	12 (92.3)	12 (92.3)	10 (76.9)	7 (53.8)

@ Figure in parenthesis denote percentages

\* Iron and Folic Acid

Illiterate vs Literate (consumption > 2 months) -  $X^2 = 77.9, P < .005$

Main aim of National Programme for the control and prevention of nutritional anaemia is to decrease its prevalence and incidence in pregnant and lactating women. Peripheral health workers at subcentre or PHC are responsible for distribution of IFA tablets to the beneficiaries. These tablets, being highly effective, should have brought the prevalence of anaemia in pregnancy down since the inception of the programme in the 4th Five year plan. But this has not happened as evidenced by sustained prevalence rates over the years.<sup>4</sup> The strength of IFA tablets has been increased to 100

Consumption of IFA tablets has never been monitored sincerely.

Only 10% women completed full course of 100 days. Then how can we think of reducing the incidence of anaemia? Unsatisfactory consumption rates has also been reported in ICMR study--. They had even recommended to increase the duration of consumption of IFA tablets during pregnancy for more than 100 days.

Analysing reasons for partial consumption of IFA tablets it was noted that majority of respondents were

**Table III.**  
Showing reasons for nbn consumption, partial consumption\* Of IFA tablets.

Reasons	Number of Wome (n = 480)	Percentage
1. Why to take tablets without illness.	194	40.4
2. Nee time to collect IFA tablets.	110	22.9
3. Irregular Supply.	55	11.5
4. Fear of misoariage.	55	11.5
5. Irregular Health Staff.	47	9.8
6. Fear of change in the complexion of the Child.	19	3.9

\* It means that the tablets were taken for less than 2 months.

not sure about the motive being distribution of these tablets. Some of them disclosed that the packets are just handed over to them and asked to take contents regularly without explaining any thing. This reflects the quality of communication on the part of our health functionaries who, it seems, are not motivated for this programme. So workers, being an important link, should be good at communication. Inter Personal Communication (IPC) is the best form of communication in present time and Mahila Swasthya Sangh the best platform. Still best place for IPC is the field visit of the worker. Mass Media can play a secondary role. Contacts during pregnancy is also an important opportunity for education beneficiaries regarding ill effects of anaemia and benefits of regular consumption of IFA tablets. Objective is to change the behavior of beneficiaries-- regarding this important nutritional programme. Community has also to be involved at all levels. Traditional Birth Attendant can also be entrusted with the responsibility of promoting use of IFA tablets amon expectant mothers as they come in contact with these women quite frequently. Active involvement of Mahila Mandals and Mahila Swasthya Sangh should also be secured. Main objective is to convey the message to the target audience by planning

communication activities to bring about the desired behavioural change.

Only then we can think of preventing anaemia during pregnancy.

## REFERENCES.

1. Reddy V, Rao NP, Sastry JG and Kasinath K. Nutrition trends in India. NIN Hyderabad, 1993; 36-37.
2. Government of India. Policy of Control of Nutritional Anaemia. Ministry of Health and FW, Govt. of India, 1991.
3. Indian Institute of Population Sciences. National Family Health Survey, 1992.
4. UNICEF. The Progress of Nations. UNICEF, 1994;11
5. Indian Council of Medical Research. Field supplementation trial in pregnant women with 60 mg, 120 mg and 180 mg of Iron and 500 mcg of Folic Acid. ICMR Task Force Study, ICMR, New Delhi, 1992.
6. UNICEF, How to Communicate effectively with grass-root women. UNICEF, New Delhi, 1984.
7. Staley J. In " People in Development." Publishers SEARCH, Bangalore, 1982.