



**CHETNA**

For Women Young people Children

# Anaemia Continues To Kill Women



*Raising Consciousness*



*Creating Awareness*

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- In India, nutritional anaemia is one of the major indirect causes of maternal mortality, accounting for 20 to 40 percent of the maternal deaths. With 87 percent pregnant women being anaemic, India contributes about 50 percent to the global anaemia-related maternal deaths.

To identify perceptions, factors and community beliefs that influence anaemia in Rajasthan

To assess awareness level among service providers like Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Auxiliary Nurse Midwives (ANMs) and Medical Officers (MOs) about prevention and treatment of anaemia

- The study was conducted based on interviews of community members as well as service providers from five villages in each district.
- Pregnant women (100)
- Lactating mothers (121)
- Adolescent girls (100)
- ANMs (21) MOs of 21 Primary Health Centres (PHCs), AWWs (20), ASHAs (18), Panchayati Raj Institution (PRI) members (19) and school teachers (20)

## **The study revealed that there was general awareness about anaemia:**

- Majority of the respondents were aware that pregnant women, lactating mothers, adolescent girls were more prone to anaemia.
- They could also describe signs and symptoms of anaemia.
- Adolescents (59 %), pregnant women (32 %), lactating mothers (28 %) mentioned inadequate diet as well as absence of nutritious diet as a cause of anaemia. They perceived costly food as being “nutritious”. Information about avoiding tea along with food was missing.
- The underlying causes of anaemia like- worm infestation, Malaria, excessive loss of blood from body due to multiple pregnancies, heavy bleeding during menstruation was not mentioned by anyone.
- More than a third of the pregnant women reported repeated deliveries, short birth intervals and history of abortions during earlier deliveries.

## Consumption of Iron Folic Acid (IFA) tablets for prevention of anemia

- Only 26 % adolescents, 21 % women and 51 % mentioned IFA tablets as one way of preventing and treating anaemia.
- 45 % of pregnant women reported receiving IFA tablets but half of them actually consumed the entire course of tablets.
- Only 19 % lactating mothers reported receiving IFA.
- Less than one fourth received information about dosages of IFA from service providers.



## **Gender discrimination major threat to nutritional status**

- 55 % of the male respondents reported eating before the women of the family. According to the prevailing social norms women often had to serve hot food for the men.
- According to men, there was equal sharing of food among all the family members.
- According to women, sometimes if no food was left after serving the family they ate only chapattis (Indian bread) with green chillies and salt or slept on an empty stomach.
- About 48 % of the families said they could not afford the food listed as preventing anaemia every day. A majority of those interviewed said they used the Public Distribution System (PDS) to get their quota of wheat, sugar and kerosene every month.
- The community perception was that 'nutritious food' was costly.

- Awareness about anaemia among the service providers
- ASHAs, AWWs, MOs/ANMs were well aware about the signs, symptoms, treatment and prevention.
- Abortion, blood loss, multiple pregnancy were not reported as a cause of anemia by all ASHAs and AWWs.
- The service providers reported exhaustive implementation of anaemia prevention programme (IFA tablets). However, this did not match the reports of the beneficiary group as the data revealed low IFA consumption.



## **Awareness among PRI members and school teachers**

- 16 of 19 PRI members were aware about IFA tablets .
- Eleven of 19 PRI members were aware about the Mamta Divas (Maternal and Child Health and Nutrition Day) at the Anganwadi Centre (AWC) and mid day meal (MDM) programme at the schools .
- None of PRI members were involved in monitoring of services.
- Only eight school principals out of 20 were aware of the IFA supplement for adolescent girls in the school.

- There are several steps the government and policy makers can take to prevent anaemia and the community level and by improving implementation of its programmes. These include;
- Improving health awareness by allocating budget for Behaviour Change Communication, particularly counselling and inter personal communication
- Improving overall dietary intake and promoting use of Iron Folate,
- Protein and Vitamin C rich foods.
- Promoting food diversification and gender equality

- Informing the community about the nutritional entitlements from government programmes and promoting IFA intake
- Providing continuum of nutritional support to children, adolescents, pregnant women and lactating mothers
- Capacity building of service providers on prevention and treatment of anaemia with focus on the social causes leading to anaemia
- Identifying role of village level workers (AWW, ASHA, ANM) and enhancing their capacities, including counselling skills

- Increasing compliance of IFA tablets intake by introducing Direct Observation Therapy (DOT)
- Improving routine reporting related to anaemia under NRHM
- Introducing screening programme for early detection and treatment of anaemia among adolescents, pregnant women and lactating mothers
- Managing anaemia according to its severity and the physiological status of the individual.

- Evolving a comprehensive and multi-sectoral mechanism to address anaemia and under nutrition through convergence with the
- Department of Health and Family Welfare,
- Department of Women and Child Development,
- Department of Food and Civil Supplies,
- Department of Agriculture,
- Department of Horticulture,
- Department of Drinking Water and Sanitation and Environment, Ministry of Rural Development,
- Government of India