

A study to identify the knowledge on anemia and adherence to iron folate supplementation among antenatal mothers

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Abstract

Anaemia is among the most typical conditions associated with pregnancy. Natural bodily changes that occur during gestation have an impact on haemoglobin (Hb), which either has a relative or absolute reduction in content. Iron deficiency anaemia, which affects around 75% of pregnant women, and folic deficient megaloblastic anaemia, which affects more pregnant women with poor diets and who do not take antenatal iron and folic supplements. The present study aims to identify the knowledge regarding anaemia and adherence towards IFA tablet and ultimately to find the correlation between knowledge and adherence. A quantitative approach and descriptive survey was used for the study. 80 antenatal women were selected from selected rural areas of Pune city through convenience sampling. Participants were contacted and approached with prior approval. A semi-structured questionnaire which included sociodemographic and obstetric details was prepared and implemented. Written consent was taken from the mothers before the study. Antenatal mothers were provided with the adequate information before the execution of the study. An inclusion and exclusion criteria was set before the study. The results showed that 53.75% mothers had poor knowledge whereas 38.75% had average knowledge and very less 7.50% had good knowledge. This shows that mothers do not possess adequate knowledge. 62.25% of the antenatal mothers have poor adherence, 27.75% had partial adherence, 10% only had complete adherence. Knowledge and adherence are correlated with each other. When knowledge is less the adherence will also be less. The study concluded that more focus has to be placed on the reporting of tablet utilisation. The compliance to IFAS may be improved by adequate knowledge and information through various sources.

Keywords: Anemia, antenatal mothers, adherence.

Introduction

Anaemia is among the most typical conditions associated with pregnancy. Natural bodily changes that occur during gestation have an impact on haemoglobin (Hb), which either has a relative or absolute reduction in content. Iron deficiency anaemia, which affects around 75% of pregnant women, and folic deficient

megaloblastic anaemia, which affects more pregnant women with poor diets and who do not take antenatal iron and folic supplements.(1) During pregnancy, the bone often develops erythroid hypertrophy, increasing the number of red blood cells (RBCs). During late single conception and late premature births pregnancy, haemoglobin concentration (Hct) decreases with between

38% and 45% in healthy women who are not expecting to about 34% and 30%, respectively, while an excessive rise in plasma causes hemodilution (hydreemia of pregnancy).(2)

These anemias are more prevalent in women who do not take prenatal iron and folate supplements and who have poor diets. Aplastic anaemia and hemolytic anaemia linked to eclampsia are two other, less frequent forms of acquired pregnancy complications. Additionally, hereditary anemias such sickle cell disease might affect the mum's and fetus's health. Of course, both the woman and the foetus suffer negative repercussions from severe anaemia. Additionally, there is proof that less acute anaemia is linked to unsuccessful pregnancies. There is still no clear explanation for this relationship.(3)

The World Health Organization (WHO) reports that anaemia is prevalent worldwide among pregnant women (38.2%) and women who are reproductive (29.4%).(4) IFAS compliance may be impeded by a variety of issues, including poor prenatal care usage, inconsistent pill delivery, lack of compliance counselling, misinformation of the advantages of IFAS, and other possible negative consequences of IFAS.(5)

Studies investigating the true causes of pregnant women in India adhering to IFAS are few and far between.(6) By identifying the facilitators and barriers to IFAS compliance, this study will help primary care health workers to manage prenatal moms more effectively. Therefore, this study evaluated IFAS compliance and related factors while also examining the reasons for not adhering to IFAS.

Aim

1. To identify the knowledge of the antenatal mothers regarding anemia
2. To identify status of adherence of antenatal mothers regarding IAFS

3. To find correlation between knowledge and adherence

Methodology

A quantitative approach and descriptive survey was used for the study. 80 antenatal women were selected from selected rural areas of pune city through convenience sampling. Participants were contacted approached with prior approval. A semi structured questionnaire which included demographic characteristics and obstetric details was prepared and implemented. Written consent was taken from the mothers before the study. Antenatal mothers were provided with the adequate information before the execution of the study. An inclusion and exclusion criteria was set before the study . Mothers with minimum 27 weeks of gestation, who were prescribed Iron and folic acid tablets for at least one month and those who are willing to participate in the study were included.

Results

Section I: Child characteristics

Table 1: Characteristics of the child

N=100

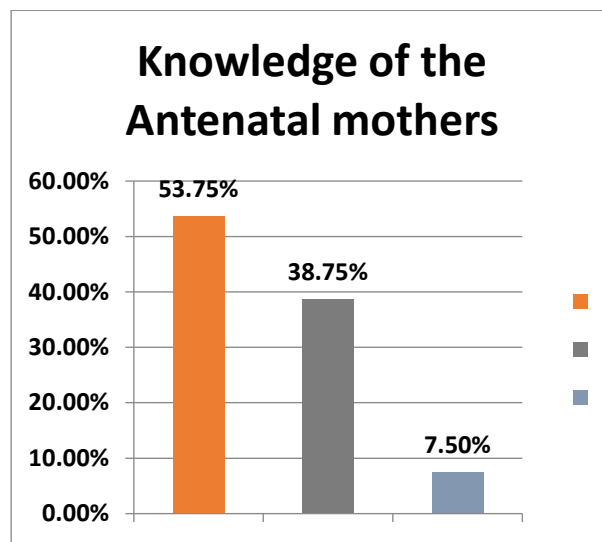
Characteristics	N	Frequency
Age		
18-22	22	27.5%
22.1-26	20	25%
26.1-30	28	35%
More than 30 years	10	12.5%
Qualification		
Primary	19	23.75%
Secondary	21	26.25%

Matriculation	28	35%
Higher education	12	15%
Occupation		
Housewife	38	47.5%
Service	31	38.75%
Business	11	13.75%
Dietary Pattern		
Vegetarian	33	41.25%
Non vegetarian	47	58.75%
Religion		
Hindu	58	72.5%
Muslim	12	15%
Others	10	12.5%
Gravida		
1	19	23.75%
2	41	51.25%
More than 2	20	25%

The data showed that 27.5% were in the age group of 18-22 years, 25% were 22.1-26 Years 35% from 26.1 to 30 years of age and 12.5% were more than 30 years of age. As per education 23.75% had primary education, 26.25% had secondary education, 35% had matriculation and 15% had higher education. 23.75% were having 1st gravid, 51.25% have 2nd gravid and 25% had more than 2 gravida.

Section II: Knowledge of the antenatal mothers regarding anemia

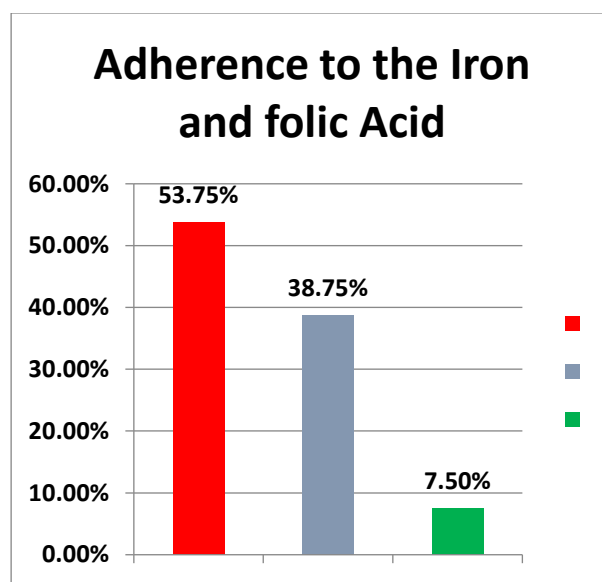
Fig 1 Knowledge of the mothers regarding anemia



The above figure described that 53.75% mothers had poor knowledge whereas 38.75% had average knowledge and very less 7.50% had good knowledge. This shows that mothers do not possess adequate knowledge.

Section III: Adherence of the mothers for IFAS

Fig 2 Adherence of the mothers regarding IFAS

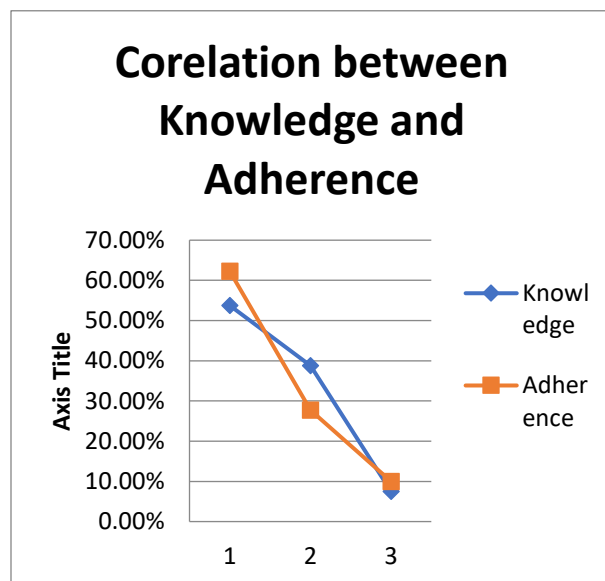


The above table reflects that 62.25% of the antenatal mothers have poor adherence,

27.75% had partial adherence, 10% only had complete adherence.

Section IV: Correlation of the knowledge and adherence

Fig 3 Correlation between knowledge and adherence



The above figure described that the correlation between knowledge and adherence of the iron and folic acid. This shows that knowledge and adherence are correlated with each other. When knowledge is less the adherence will also be less.

Discussion

The results showed that mothers had poor knowledge whereas very less had good knowledge. This shows that mothers donot possess adequate knowledge. Maximum antenatal mothers have poor adherence, and very few had complete adherence. Knowledge and adherence are correlated with each other. When knowledge is less the adherence will also be less. The results are in consistent with the Alemayehu Digssie Gebremariam et al who reported that There was poor IFAS compliance among expectant mothers. The counselling and knowledge, early ANC attendance, past pregnancies, and present anaemia diagnostic

were linked with with IFAS adherence.(7) The moderate degree of compliance with IFA tablets, according to Mithra et al., was due in part to crucial socioeconomic and demographic variables. (8) The sequence of pregnancies, anaemia status, and the lack of knowledge all have a direct impact on the adherence status. More focus has to be placed on the reporting of tablet utilisation. The compliance to IFAS may be improved by adequate knowledge and information through various sources

Conclusion

Even while the government has been giving out free medicines to help the poor lessen their financial burden, unless these aforementioned initiatives are added to it, it is unable to independently enhance IFAS adherence. The precise cause of anaemia should thus be determined through study, and additional IFAS pharmacological combinations should be tested to increase consumer acceptability.

Conflict of interest: Nil

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