

Evaluation of National Nutritional Anaemia Control Programme in Dharwad (Karnataka)

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ABSTRACT National nutrition anaemia control programme at Dharwad taluk was evaluated by interviewing the health functionaries and beneficiaries for knowledge and opinion using a prestructured proforma. About 11 per cent of women in reproductive age were not registered by any of the health functionaries. The iron and folic acid tablets (IFA) were not distributed regularly by the ANMS and 10 per cent subjects did not receive any tablets even once. The tablets supplied were not regularly consumed due to the side effects and blind beliefs. There is a need for nutrition education to enhance the iron intake through tablets and iron rich foods. The health functionaries were aware of potency and side effects of IFA tablets. The record maintenance and follow up of health functionaries needs to be improved in this programme.

INTRODUCTION

Anemia is major health problem of the world especially in developing countries. It is estimated that its prevalence in India is 30 per cent among expectant women. Studies conducted by ICMR show that anemia is not confined to pregnant woman alone but also affects the other population. In India anemia is estimated to contribute 20percent of all maternal deaths, three times greater premature delivery, low birth weight babies and nine times higher risk of perinatal mortality (MOHFW, 1998)

The national nutritional anemia control programme (NNACP) was initiated in 1970. Under this programme iron and folic acid tables (IFA) were given to pregnant, lactating mothers and preschool children at least 100 days in a year. The programme was reviewed and the focus of programme was shifted from prevention to prevention and control. (ICMR 1989). NFHS (1994) National Family Health Survey and family planning has conducted state wise study on distribution of IFA tablets during pregnancy. Nigam (1996) studied the nutritional status of women and children and distribution and delivery of iron and foliate tablets in UP state. NFI (1998) has investigated the demand and supply of micronutrient supplements in two districts of M.P.A few limited studies have been conducted in the evaluation aspects of the programme in Karnataka. Hence the present study is in that direction to evaluate on going NNACP programme at Dharwad taluk, Karnataka.

MATERIAL AND METHODS

The present study was taken up in two primary health centers (PHC) selected randomly from Dharwad taluk. One medical officer, two auxiliary nurse midwives (ANMS) were interviewed from each PHC using a prestructured proforma.

District health officer was also interviewed to understand perception of the programme. Detailed information was also elicited from two randomly selected villages from each PHC area and 60 married women of reproductive age (18-45years) randomly selected from the villages.

RESULT AND DISCUSSION

Results of the study revealed that (Table 1) majority of the women interviewed belonged to the age group of 20-35 years (73.33%). Lesser percentage of women belonged either to older (18.33%) or young categories (8.33%). The women who were interviewed about on going NNACP programmes were categorized as pregnant, lactating and those who had undergone tubectomy (Table 2). About half the subjects (Table 3) had undergone 2-4 pregnancies, 45 per cent had 2 pregnancies and lesser percentage of women (5%) had more than 4 pregnancies.

Table 1: Age group of beneficiaries

Age (Years)	<20	20-35	>35
Percentage	8.33	73.33	18.33
Number	(5)	(44)	(11)

The beneficiaries were registered most of the times by ANM (70%) followed by both ANM and anganwadi worker (18.33%). About 11.76 per cent of beneficiaries were not registered by any functionaries (Table 4). The tablets distributed to the beneficiaries ranged from 30-100 in number. About 35 per cent of beneficiaries received only 30 tablets once (Table 5), similarly, in a study undertaken in rural and urban UP by Nigam (1996) covering over 5,500 women revealed that only 2.3 per cent women had received the full dosage of IFA tablets, the findings indicate that 36.9 per cent women had made no antenatal care visits, while 50.7 per cent women received not even a single tablet. Poor quality and irregular supply of IFA tablets remains major

Table 2: Category of beneficiaries

<i>Beneficiaries</i>	<i>Pregnant</i>	<i>Lactating</i>	<i>Others</i>
Percentage	18.33	56.67	25.00
Number	(11)	(34)	(15)

Table 3: Number of pregnancies in beneficiaries

<i>Pregnancies</i>	2	2-4	>4
Percentage	45	50	5
Number	(27)	(30)	(3)

Table 4: Registration of beneficiaries by functionaries

<i>Registration of beneficiaries</i>	<i>ANM</i>	<i>ANM and AWW</i>	<i>Registered by none</i>
Percentage	70	18.33	11.67
Number	(42)	(11)	(7)

ANM- Auxiliary nurse midwife
AWW- Anganwadi worker

Table 5: Receipt of IFA tablets by beneficiaries

<i>No of IFA tablets</i>	30	60	100	0
Percentage	35	16.66	38.33	10
Number	(21)	(23)	(23)	(6)

Table 6: Consumption of Iron and Folic acid tablets by beneficiaries

	<i>All tablets</i>	<i>Half dose</i>	<i>None of tablets</i>	<i>Not supplied and not consumed</i>
Percentage	58.34	25	8.33	8.33
Number	(35)	(15)	(5)	(5)

constraint in implementation of the programme. About 16 per cent recorded sixty tablets while 38 per cent did not receive any tablets from functionaries. Only about 59 per cent women consumed all IFA tablets given to them (Table 6). It was interesting to note that 25 per cent of beneficiaries consumed half the dose while about 8 per cent did not consume any of the tablets and equal number of them reported non-receipt and non-consumption of any tablets from health functionaries. In another study conducted by NFHS (1995), only 50 per cent of pregnant received iron and folic acid tablets. A significant difference was noted in the percentage of literate mothers (76.4%) provided with IFA tablets as compared to illiterate mothers (38.3%) due to higher awareness amongst literate mothers who demanded IFA tablets. The study conducted by NFI (1998) revealed that only 56.4% pregnant women had received IFA tablets and 13.5% received correct full-recommended dose of 100 tablets.

In the present study the anganwadi workers and ANMS were quite aware of objectives of the programme, potency and side effects of IFA tablets. Health functionaries did not maintain record of folifer tablets distributed to the children. The ANMS had not registered some of the deserving pregnant and lactating women in their area. The district health officer was satisfied about NNAC programme and felt that it was successful. The folifer tablets were received from UNICEF Hyderabad, when indents were placed to the state head quarters. The kits were collected by the PHC medical officers from the district head quarters and taken to the respective PHC's. The PHC medical officers opined that 90 per cent beneficiaries consumed the tablets and rest of them did not due to blind belief and need education by the health functionaries. Progress under the programme was reviewed in the monthly meetings.

In the present study about 10 per cent women reported non-receipt of IFA tablets even once. In a similar study about 64 per cent beneficiaries had received less than 30 tablets and 11 per cent had received more than 60 tablets as against stipulated tablets of 100 (Anonymous-1990). The reason for the less distribution of tablets in the present study may be due to lack of proper follow up and regular visits to the beneficiaries by health workers although the stock was adequate.

Even after receipt of IFA tablets a few

beneficiaries did not consume them. In a study conducted by ICMR only 33 per cent of pregnant women reported to have consumed more than 50 tablets (ICMR, 1985). The reason given for not consuming the tablets in the present study were nausea, constipation, causation of the heat in the body, belief that baby grows large and causes difficult delivery, advise by the elders and the neighbors. Similar side effects have been observed in evaluation study conducted by ICMR, (1989). The symptoms observed being gastrointestinal tract upset, constipation, nausea, vomiting or combination of more than one. The unconsumed tablets were thrown away, given to the ANM or kept inside. An important hurdle in implementation of NNACP is the lack of motivation on part of beneficiary. Thus the beneficiaries need awareness and education not to discard the IFA tablets and for regular intake of iron rich foods.

Thus it can be concluded that service providers must be equipped to counsel mothers and community members on the importance of controlling anemia. Moreover the knowledge of

health care providers regarding NNACP programme needs to be strengthened.

REFERENCES

- Anonymous, Report of a task force on studies on evaluation of nutritional anemia prophylaxis programme, NIN. *Indian Journal of Pediatrics*, **57**: 183-90 (1990).
- ICMR: *Evaluation of National Nutrition Anemia Prophylaxis Programme*, NIN, ICMR, Annual Report, India (1985)
- ICMR: *Indian Council of Medical Research and UNICEF, Report of Meeting on Prevention and Control of Nutritional Anemia and Evaluation of Anemia Prophylaxis Programme. An ICMR Task Force Study* (1989).
- MOHFW: Ministry of Health and Family Welfare. *National Consultation on Control of Anemia in India. 16-17 October*, Nirman Bhavan, New Delhi (1998).
- NFHS: *National Family Health Survey and Family Planning-India 1992-93*. International institute of Population Sciences, Mumbai, pp. 269-287 (1995).
- NFI: *Nutrition Foundation Of India Comprehensive situational analysis on demand and supply of micronutrients supplements*, Madhya Pradesh (1998).
- Nigam, A.: *Nutritional Status of Women and Children In Uttar Pradesh*. Institute of Applied Strategies and Development Studies, Uttar Pradesh (1996).