Strengthen the

In this context, MI supported the Government of Bangladesh in

According to the data on IFAS from BDHS 2007, 55% of the

Despite the implementation of an IFAS program for pregnant

According to BDHS 2011, nearly half of pregnant (49.6%) and

two years of intervention (300 women/district; 1200 total) in both

intervention and comparison districts (Mymensingh, Jessore).

At end-line, 587 of 600 women in intervention districts consumed

any IFAS during their most recent pregnancy; 94% of consumers

(555/ 587) received IPC; women’s consumption of 90+ IFAS

increased from 36% to 54%, an increase of 18 percentage points;

logistic regression analysis found those exposed to improved IPC by

health workers were five times more likely to consume 90+ IFAS

(p<0.001). In comparison districts, 560 of 600 women consumed

any IFAS; 85% of consumers (476/ 560) received IPC; consumption

of 90+ IFAS increased from 46% to 52%, an increase of six

percentage points; regression analysis found no significant effect of

standard IPC on IFAS consumption.

Improved IPC played a significant role in increasing adequate

utilization of IFAS among pregnant women in the intervention areas.

Findings suggest that Bangladesh’s IFAS scale up could focus more

on training to improve IPC skills to increase IFAS consumption

OBJECTIVES

Anemia is found in 49.6% of pregnant women in Bangladesh, (BDHS 2011). The Micronutrient Initiative (MI) and the Government of Bangladesh implemented an improved IPC program to increase iron and folic acid supplement (IFAS) consumption among pregnant women in two intervention areas (Satkhira, Narsingdi).

Interventions included strengthening IFAS supply chain through accurate forecasting of IFAS needs, tracking stock and coverage, streamlining monitoring, building dysfunction capacities, and promoting behaviour change by improving health workers’ IPC skills with pregnant women during home visits and other contacts. IFAS consumption and women receiving improved interpersonal counselling (IPC) exposure were measured through cross-sectional surveys at baseline (200 women/district) and after approximately two years of intervention (300 women/district; 1200 total) in both intervention and comparison districts (Mymensingh, Jessore).

Anemia is found in 49.6% of pregnant women in Bangladesh, (BDHS 2011). The Micronutrient Initiative (MI) and the Government of Bangladesh implemented an improved IPC program to increase iron and folic acid supplement (IFAS) consumption among pregnant women in two intervention areas (Satkhira, Narsingdi).

Interventions included strengthening IFAS supply chain through accurate forecasting of IFAS needs, tracking stock and coverage, streamlining monitoring, building dysfunction capacities, and promoting behaviour change by improving health workers’ IPC skills with pregnant women during home visits and other contacts. IFAS consumption and women receiving improved interpersonal counselling (IPC) exposure were measured through cross-sectional surveys at baseline (200 women/district) and after approximately two years of intervention (300 women/district; 1200 total) in both intervention and comparison districts (Mymensingh, Jessore).

At end-line, 587 of 600 women in intervention districts consumed any IFAS during their most recent pregnancy; 94% of consumers (555/ 587) received IPC; women’s consumption of 90+ IFAS increased from 36% to 54%, an increase of 18 percentage points; logistic regression analysis found those exposed to improved IPC by health workers were five times more likely to consume 90+ IFAS (p<0.001). In comparison districts, 560 of 600 women consumed any IFAS; 85% of consumers (476/ 560) received IPC; consumption of 90+ IFAS increased from 46% to 52%, an increase of six percentage points; regression analysis found no significant effect of standard IPC on IFAS consumption.

Improved IPC played a significant role in increasing adequate utilization of IFAS among pregnant women in the intervention areas. Findings suggest that Bangladesh’s IFAS scale up could focus more on training to improve IPC skills to increase IFAS consumption

BACKGROUND

• Bangladesh, with a population of about 161 million, is ranked 8th in the world in terms of population size (UN, 2015).
• According to BDHS 2011, nearly half of pregnant (49.6%) and lactating women (48%) are anaemic.
• Despite the implementation of an IFAS program for pregnant women since 1988, there has been no significant change in anaemia levels among pregnant women in the country.
• According to the data on IFAS from BDHS 2007, 55% of the women reported received IFA tablets during their last pregnancy.
• In this context, MI supported the Government of Bangladesh in revitalizing IFAS as a key component of the ANC package through demonstration of strategies to improve the coverage and adherence of IFAS among pregnant women in selected districts with the objective of reducing iron-deficiency anaemia.

The program strategies focused on areas described in Figure 1.

To increase adherence to IFAS among pregnant women through a demonstration program in selected areas of Bangladesh:

1. To apply program strategies expected to be instrumental in contributing to the improvement in adherence to IFAS among pregnant women; and
2. To assess the contribution of improved IPC of pregnant women by health workers to increase adherence to IFA tablets.

ABSTRACT

Anemia is found in 49.6% of pregnant women in Bangladesh, (BDHS 2011). The Micronutrient Initiative (MI) and the Government of Bangladesh implemented an improved IPC program to increase iron and folic acid supplement (IFAS) consumption among pregnant women in two intervention areas (Satkhira, Narsingdi).

Interventions included strengthening IFAS supply chain through accurate forecasting of IFAS needs, tracking stock and coverage, streamlining monitoring, building dysfunction capacities, and promoting behaviour change by improving health workers’ IPC skills with pregnant women during home visits and other contacts. IFAS consumption and women receiving improved interpersonal counselling (IPC) exposure were measured through cross-sectional surveys at baseline (200 women/district) and after approximately two years of intervention (300 women/district; 1200 total) in both intervention and comparison districts (Mymensingh, Jessore).

At end-line, 587 of 600 women in intervention districts consumed any IFAS during their most recent pregnancy; 94% of consumers (555/ 587) received IPC; women’s consumption of 90+ IFAS increased from 36% to 54%, an increase of 18 percentage points; logistic regression analysis found those exposed to improved IPC by health workers were five times more likely to consume 90+ IFAS (p<0.001). In comparison districts, 560 of 600 women consumed any IFAS; 85% of consumers (476/ 560) received IPC; consumption of 90+ IFAS increased from 46% to 52%, an increase of six percentage points; regression analysis found no significant effect of standard IPC on IFAS consumption.

Improved IPC played a significant role in increasing adequate utilization of IFAS among pregnant women in the intervention areas. Findings suggest that Bangladesh’s IFAS scale up could focus more on training to improve IPC skills to increase IFAS consumption

METHODS

• IEC materials (i.e. brochures and festoons) were developed based on formative research and applied by health workers during improved counselling sessions with pregnant women to promote IFA tablet consumption (see Figure 2).
• Demonstration program was independently evaluated by a pre- and post-intervention study design with a comparison group using quantitative methods of data collection.
• Baseline survey was undertaken prior to initiation of program activities in early 2012 in the two selected program districts (Satkhira and Narsingdi) and two comparison (Mymensingh and Jessore) districts (see Map 1).
• Endline survey was conducted in April, 2014.
• A total of 800 and 1,200 recently delivered mothers with an infant less than six months were interviewed regarding their last pregnancy at baseline and endline, respectively.
• Additional data were collected from on health officials, health service providers and health workers.
• Ethical clearance was obtained from the Bangladesh Medical Research Council (BMRC).
• Bivariate and multivariate analysis was carried out. Cross tabulations between IFAS adherence and IPC was conducted to understand the association.
• Binary logistic regression analysis found those who had consumed any IFAS and were exposed to improved IPC by health workers were better than five times more likely to consume 90+ IFAS (adjusted odd ratio): 5.672 (95% CI: 2.676-12.022) (p<0.001). The model was adjusted for the age of the mother.

In comparison areas, 560 of 600 women consumed any IFA; 85% of those who consumed any IFA (476/ 560) received IPC. The consumption of 90+ IFA increased from 46% to 52%, an increase of six percentage points; regression analysis found no significant effect of standard IPC on IFAS consumption in the comparison areas.

CONCLUSIONS

• The very large increases in consumption of at least 90 IFA tablets among pregnant women exposed to IPC provided by health workers is a very promising finding for this approach to improving pregnant women’s consumption of IFAS and the associated benefits of reducing anaemia and improving birth outcomes.
• Based on these promising results, the program is being scaled up to ten additional districts in Bangladesh with a focus on improved IPC to pregnant women by health workers.

REFERENCES

This work was undertaken with the financial support of the Government of Canada through the Global Affairs Canada (GAC). We acknowledge the support of the Government of Bangladesh and the support of health workers and women.

IMPROVED INTERPERSONAL COUNSELLING (IPC) BY HEALTH WORKERS AND CONSISTENT SUPPLY CHAIN ENHANCES THE UTILIZATION OF IRON & FOLIC ACID SUPPLEMENTS (IFAS) AMONG PREGNANT MOTHERS IN SELECTED DISTRICTS OF BANGLADESH

Rahman, A1; Rahman, SMM1; Raut, MK1; Chaudhery, DN2

1 1PSU-Global Affairs Canada, Dhaka, Bangladesh; 2 Micronutrient Initiative, Bangladesh Country Office, Dhaka, Bangladesh; 3 Micronutrient Initiative, Regional Office, New Delhi, India

 PROGRAM STRATEGY

Figure 1 : Program strategies

Figure 2 : BCC/IEC materials in local language (Bengali)
The first photo shows the Brochure; second photo shows Fistoion recommending IFA consumption during pregnancy.

ACKNOWLEDGEMENTS

The very large increases in consumption of at least 90 IFA tablets among pregnant women exposed to IPC provided by health workers is a very promising finding for this approach to improving pregnant women’s consumption of IFAS and the associated benefits of reducing anaemia and improving birth outcomes.

Based on these promising results, the program is being scaled up to ten additional districts in Bangladesh with a focus on improved IPC to pregnant women by health workers.

This work was undertaken with the financial support of the Government of Canada through the Global Affairs Canada (GAC). We acknowledge the support of the Government of Bangladesh and the support of health workers and women.

REFERENCES