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Maternal and Child
Survival Program

Demand or Supply: What is the Limiting Factor to the Success of Iron-Folic Acid Supplementation?

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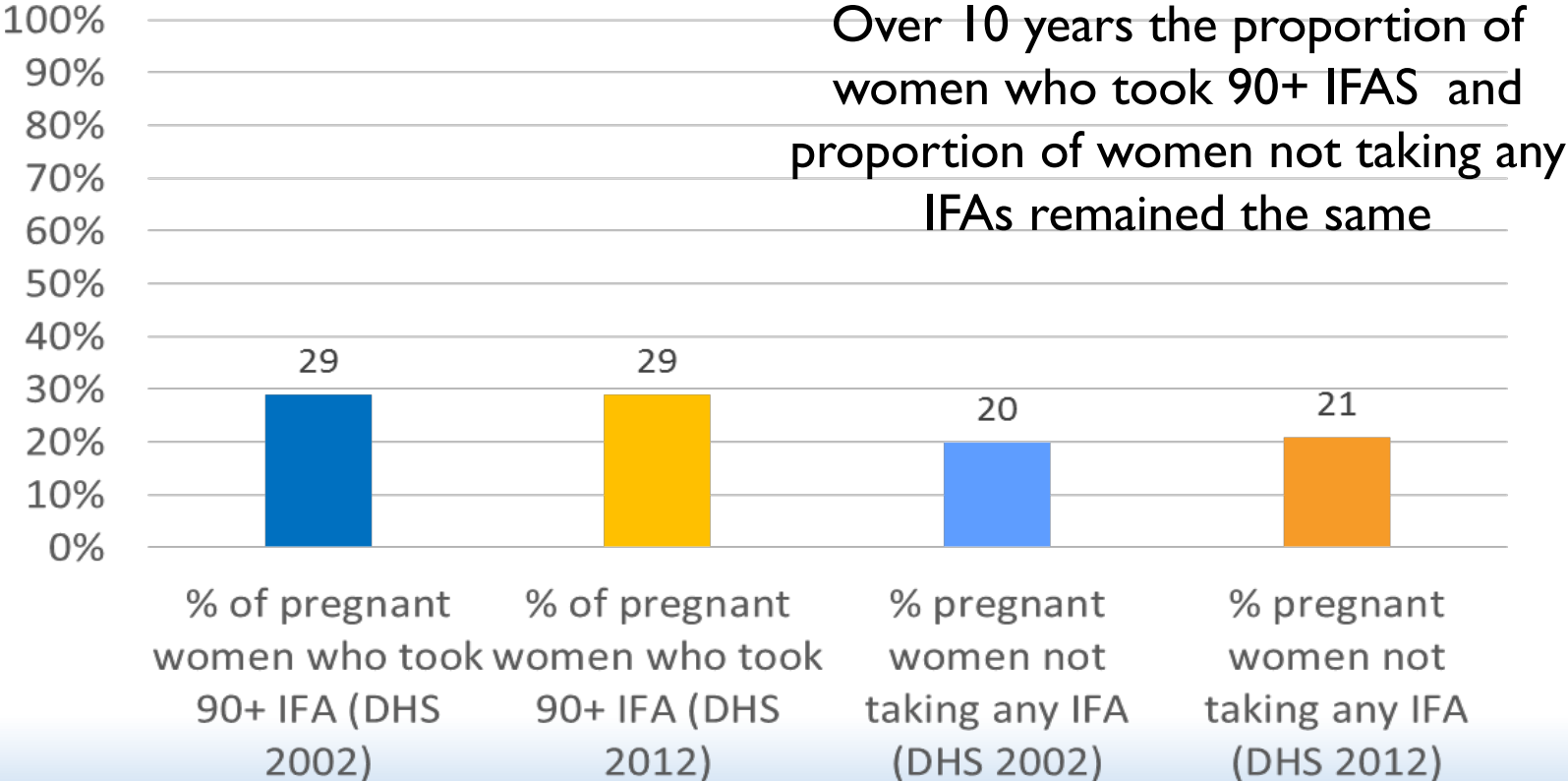
Background

- Established in the 1970s, Indonesia a national policy of complimentary iron folic acid (IFA) tablets to all pregnant women who seek antenatal care (ANC) at public health facilities, providing at least 90 tablets throughout pregnancy.
- However, maternal anemia prevalence has changed minimally in many regions over the last decades.

Results from National Surveys

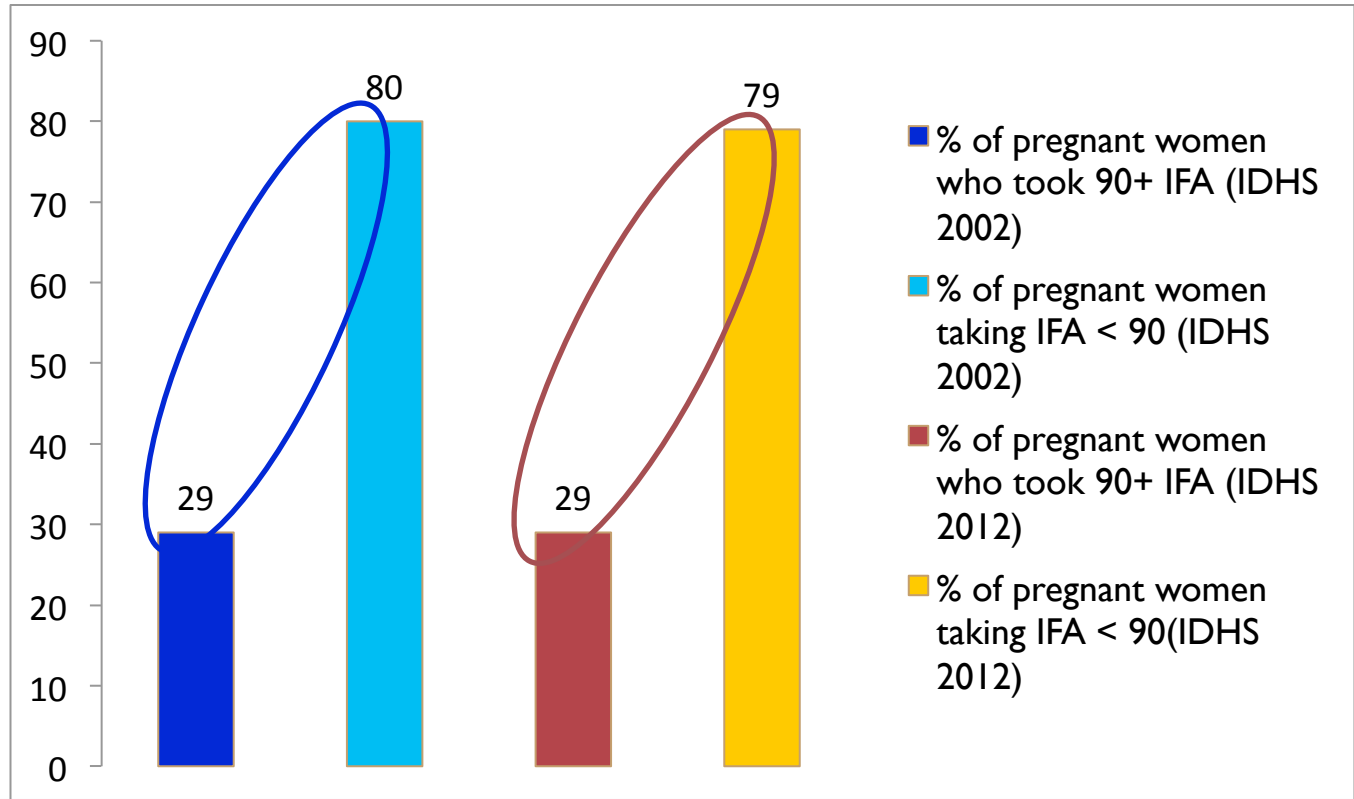
- The national prevalence of anemia among pregnant women declined from **50.9%** in 1995 (National Household Survey) to **37.1%** in 2013 (National Basic Health Survey)
- The national proportion of women taking any IFA supplements increased from **73.6%** in 1994 to **77.1%** in 2012 (IDHS)
- However, the increase in consumption for at least 3 months is not optimal, only **14.4%** of women in 1994 and **32.7%** of women in 2012 took 90+ IFAS (IDHS)
- Big gaps remain between receipt of IFAS and consumption of IFA tablets

IFA Supplementation Trends in Indonesia

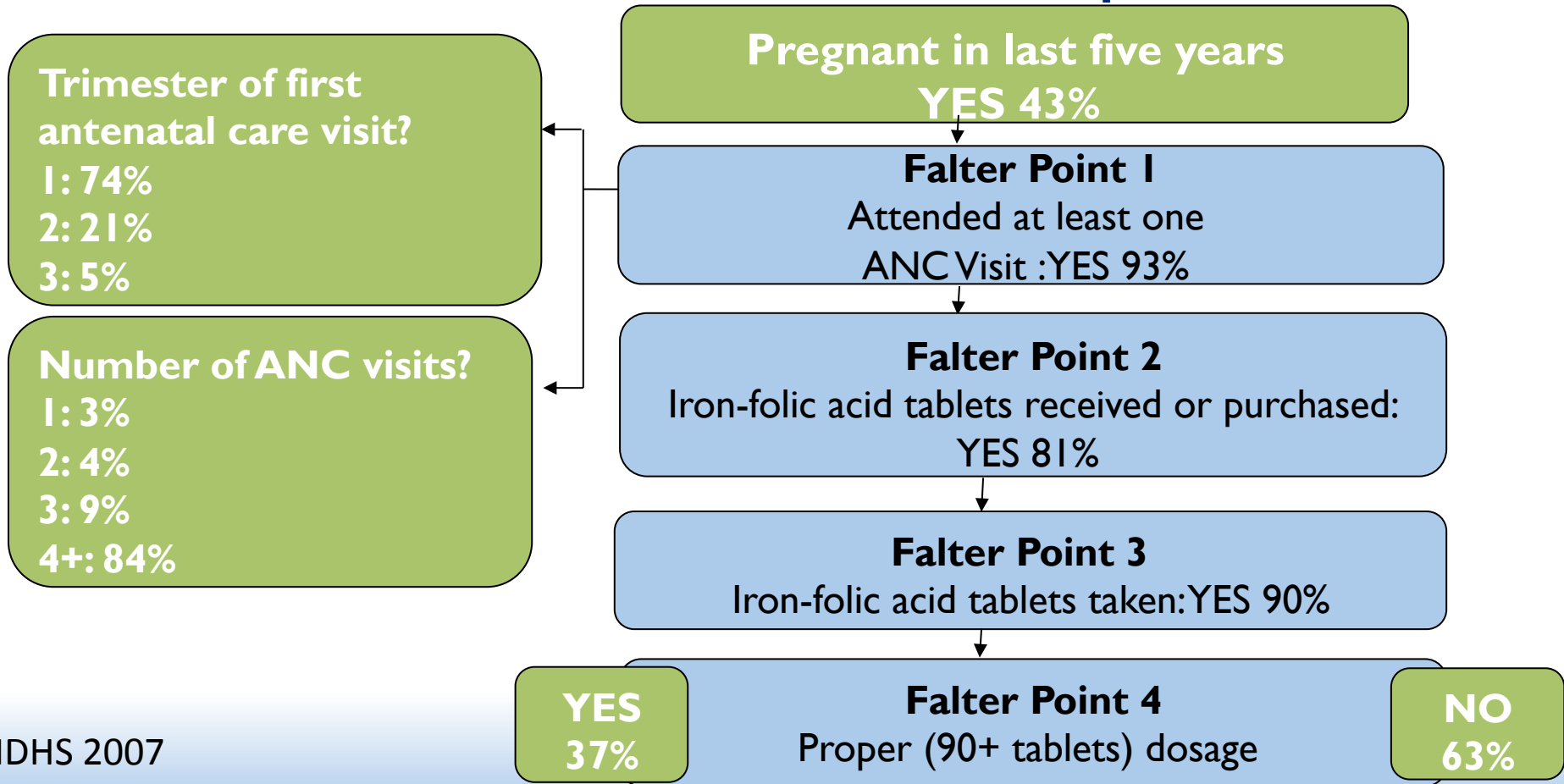


IFA Supplementation Trends in Indonesia

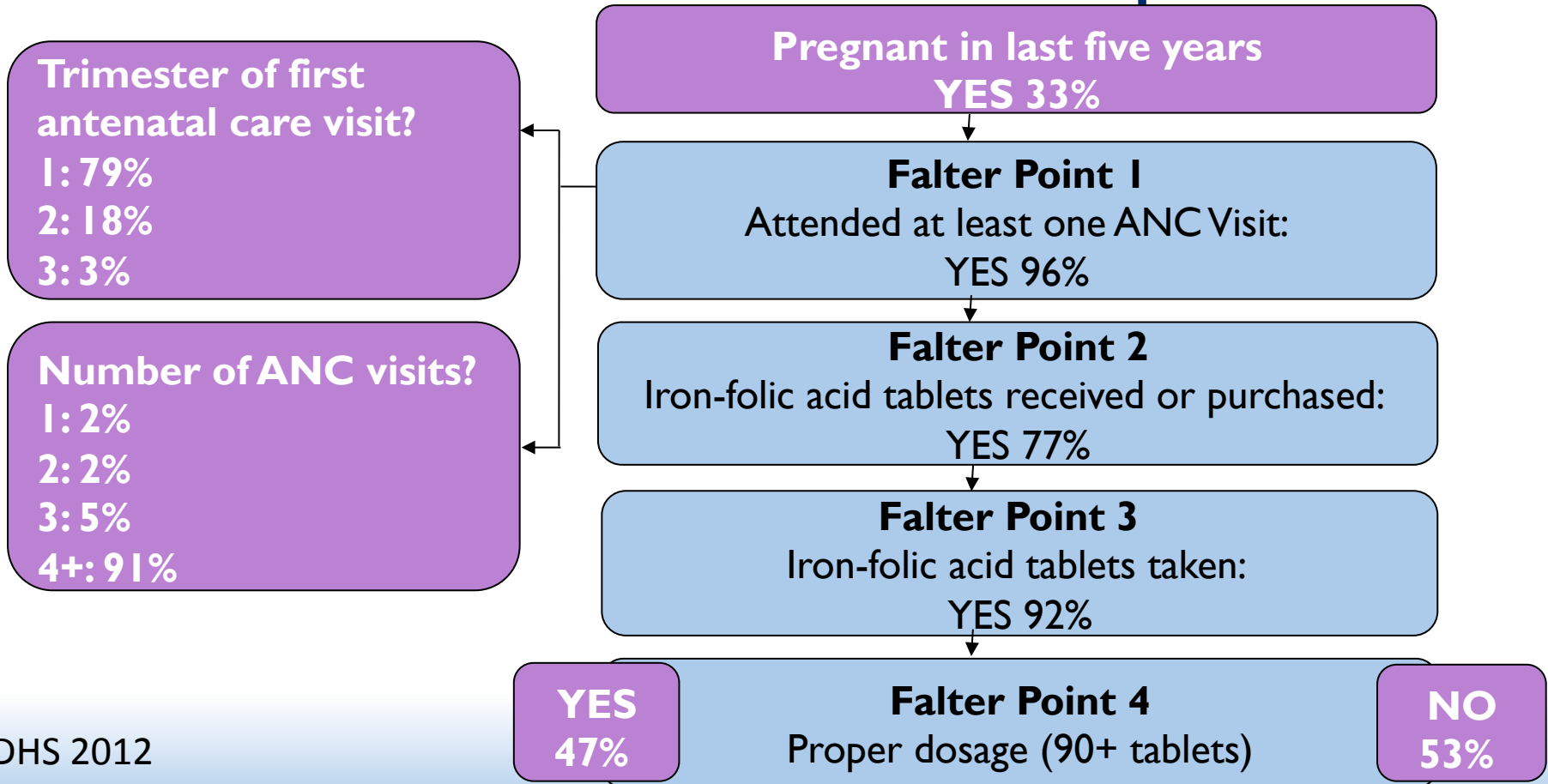
The gap between those who received/took any IFAs and those who took 90+ IFA are large and unchanged



ANC Visits and IFA Consumption

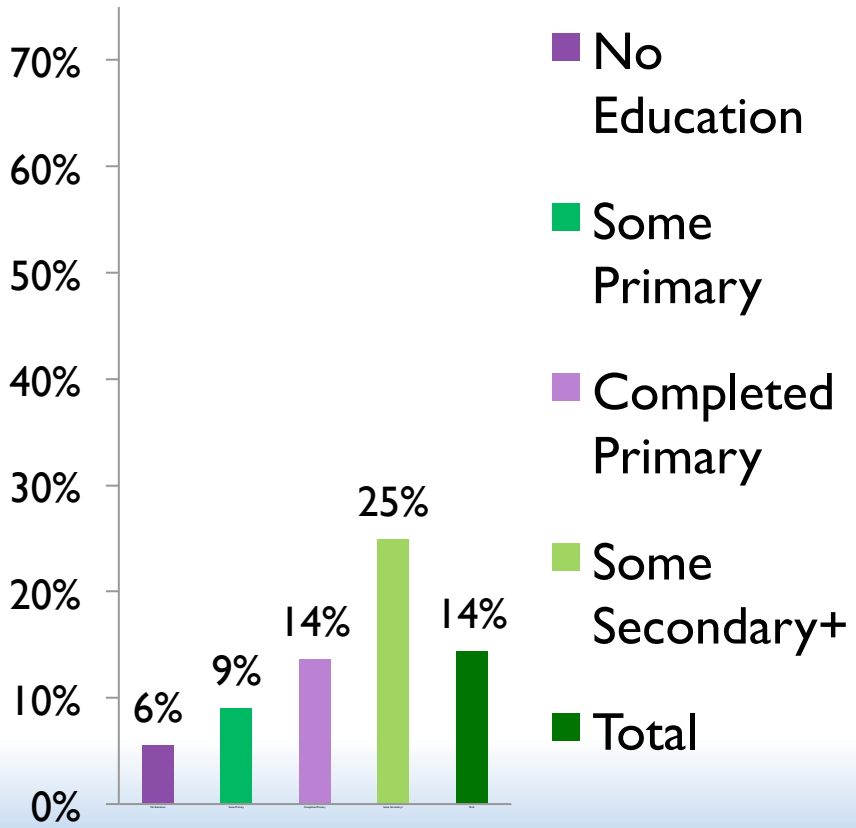


ANC Visits and IFA Consumption

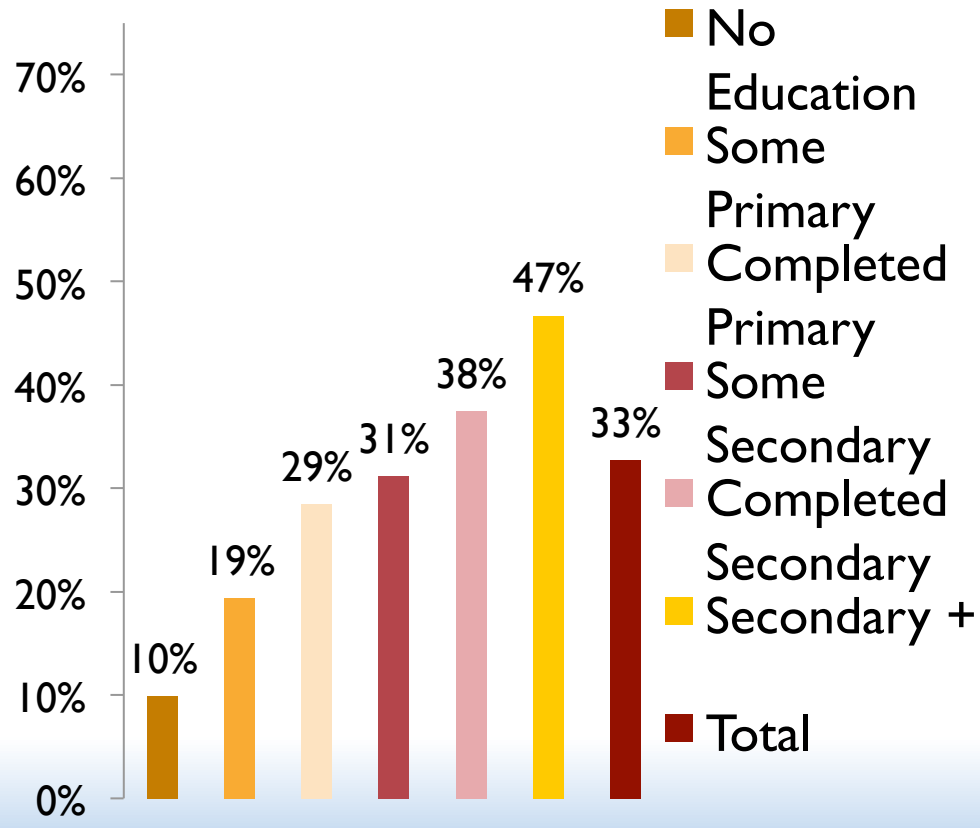


WHY?

Proportion of Pregnant Women Took 90+ IFA by Education (IDHS 1994)

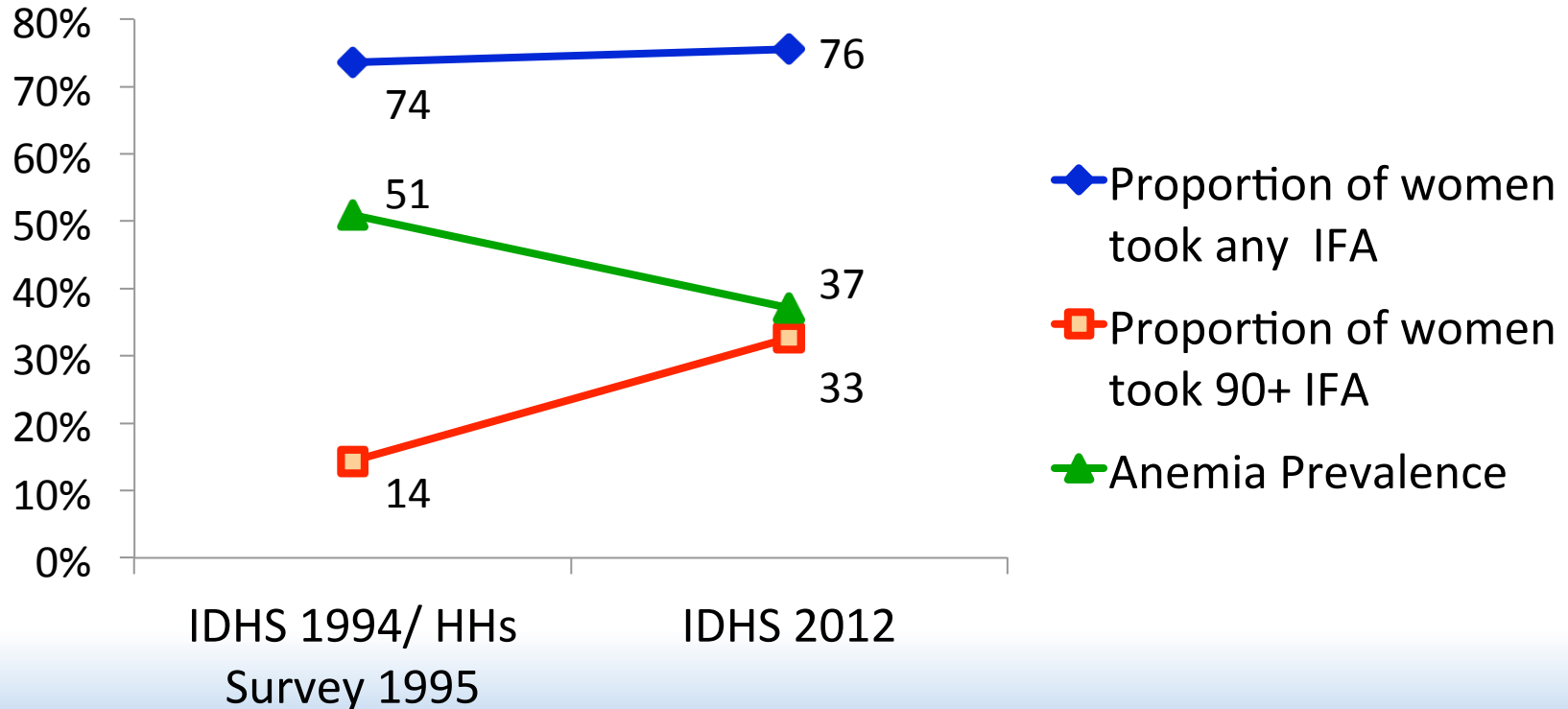


Proportion of Pregnant Women Took 90+ IFA by Education (IDHS 2012)



Demand is the Bigger Problem:

Proportion of Anemia among Pregnant Women has decreased when Proportion of Women Took IFA Tablets increased



Key Challenges

Adequate national supplies of IFA (97%), yet IFA supplies are not available at facility level:

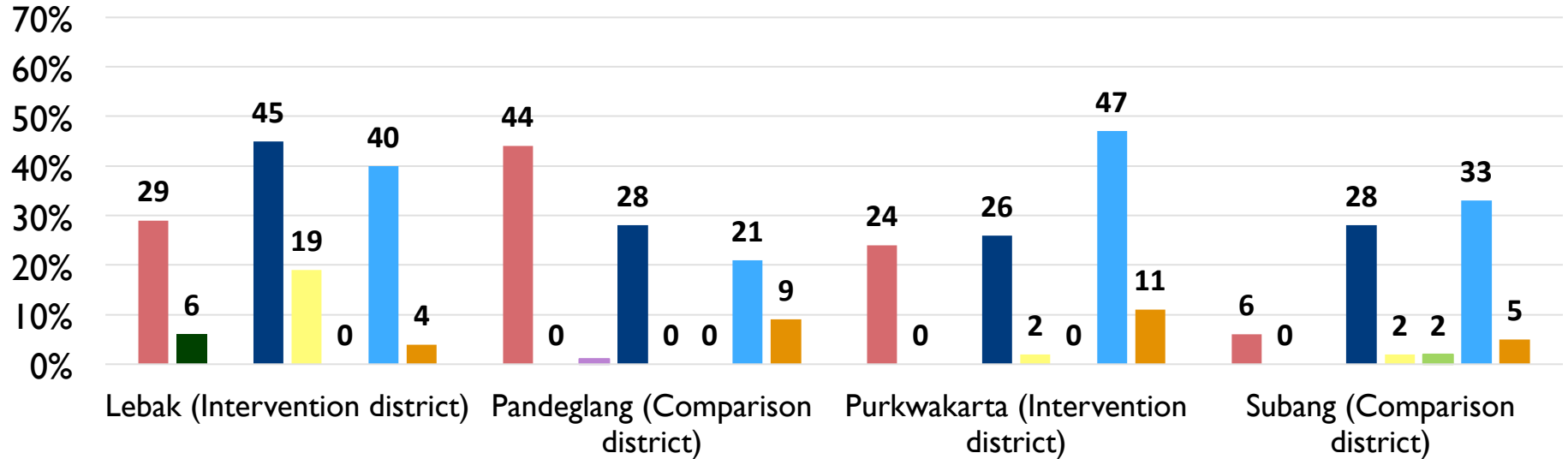
- Private services: clinics, doctor's practices
- Private distribution point, that is close to women such as OTC, drug vendor

Demand from the users:

- Knowledge of health providers
- Demand creation through effective communication has not been scaled-up.
- Concern about IFA causing 'too much blood', high blood pressure and obstetric complications.

Mother's Reason for not Taking IFA

(Source: CHR UI and MI, 2014)



■ Unpleasant taste

■ Side effects

■ Lost the drugs

■ Nausea

■ Family member forbade

■ TBA forbade

Increasing IFA Coverage and Compliance Through Multiple Channels in Indonesia

- **Increased IFA distribution points** – traditional birth attendants and private sector vendors
- **Marriage registration program** – Religious Affairs Officer discusses importance of IFAs for anemia before childbearing
- **Communications campaign** to increase demand
- **Results:**
 - More than half of the women took more than 30 tablets.
 - Anemia prevalence declined from **23.8%** to **14.0%**

MotherCare/JSI/USAID – BCC Materials for Anemia and IFA, Utilized by Midwives

- **MotherCare Indonesia Anemia Control Counselling Cards**
 - **Why mothers need iron pills after giving birth**
 - **How to consume iron pills**
 - **Side-effects/complaints that might occur while taking iron pills**
 - **Where to get iron pills**
- **MotherCare Indonesia Iron Pill Reminder**

Conclusions

- IFA supplements are effective in reducing anemia when access to IFA supplementation is accompanied by demand creation
- The gap between coverage and compliance indicates the problem is increasing because of demand, not availability
- Strategies for improving compliance:
 - Adequate knowledge of how to counsel on IFA side effects and changing perceptions of IFA negative side effects to the health of babies in utero
 - Community campaigns on anemia and IFA supplementation

Key Takeaways to Accelerate Anemia Reduction in Anemia Prevention Programs

- Counselling for why, when, and how to take IFA
- Ensure adequate supplies are widely available for the recommended number of IFAS

For more information, please visit
www.mcspprogram.org

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