



USAID
FROM THE AMERICAN PEOPLE

The role of health facilities in supporting adherence to iron-folic acid supplementation during pregnancy (WPI 60)

An Analysis Brief from The DHS Program

Why study iron-folic acid supplementation?

Maternal anemia is a major public health problem in many low- and middle-income countries. To prevent anemia and improve neonatal health, women should take iron and folic acid (IFA) supplements daily during pregnancy. Health facilities are a key delivery platform for IFA supplementation during antenatal care (ANC). In Malawi and Haiti, however, consumption of IFA supplements during pregnancy remains suboptimal. This study examines the IFA-related services provided in health facilities and their association with women's adherence to IFA supplementation during pregnancy.

Which data were included in the study?

The study used data from the Demographic and Health Surveys (DHS) and Service Provision Assessment (SPA) surveys in Haiti and Malawi—the 2016-17 Haiti DHS and 2015-16 Malawi DHS, and the 2013 Haiti SPA and 2013-14 Malawi SPA.

What methods were used to conduct this analysis?

This study linked DHS survey clusters to health facilities surveyed in the SPA. DHS data provide women's adherence to IFA pills—that is, the percent who took IFA pills for at least 90 days during pregnancy. The SPA data provide the support for IFA supplementation at the health facility - the availability of IFA pills, whether the IFA pills were actually prescribed or given by providers, and whether the clients received counseling on IFA including side effects and use.



© 2014 C. Hanna-Truscott/Midwives for Haiti, Courtesy of Photoshare

What are the key results?

1. From the health facilities (SPA data):

- More than 2/3 of ANC facilities in Haiti and almost all ANC facilities in Malawi had IFA pills available (Figure 1).
- Over 60% of ANC clients in Haiti and over 80% of ANC clients in Malawi were observed to receive IFA pills.
- Counseling on IFA was less common in both countries, and counseling focused on how to take IFA pills; very few women received counseling on side effects of IFA pills.

2. From the household survey (DHS data):

- Only 42% of women in Haiti and 35% of women in Malawi took IFA pills for at least 90 days. Adherence was higher in urban areas than rural areas in both countries.

3. From the linked analysis:

- In rural areas of both countries, women were more likely to comply with taking IFA pills for 90+ days in clusters with a high level of availability of ANC facilities offering IFA supplementation (Figure 2).
- IFA counseling at health facilities was associated with higher odds of IFA compliance in rural areas of Malawi but not Haiti (Figure 3).
- Women who made 4+ ANC visits in both countries were more likely to take IFA pills for 90+ days.

Conclusions and Recommendations

Less than half of pregnant women in Haiti and Malawi took IFA pills for 90 days. Rural women with greater access to health facilities offering ANC with IFA supplements available had a greater likelihood of IFA compliance. Continued efforts are required to address access to IFA supplementation through increasing both the use of ANC services and their quality, particularly in provider counseling. As a complement to existing facility-based programs, community-based IFA supplement distribution may provide an opportunity to improve quality of care and to increase IFA coverage.

Figure 1:
IFA Supplementation at Health Facilities
in Haiti and Malawi

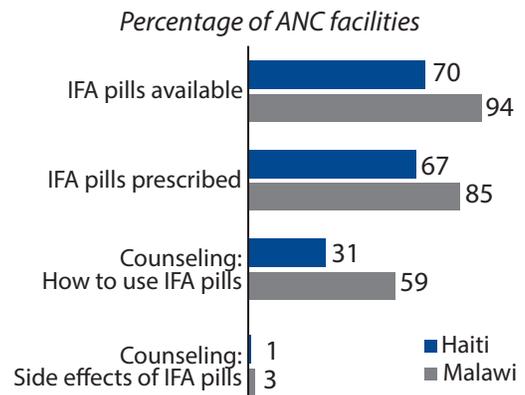


Figure 2:
IFA Adherence by IFA Availability in
Rural Haiti and Malawi

Percentage of women taking IFA pills
for 90+ days during last pregnancy

■ Low ■ Medium ■ High
IFA availability at health facilities

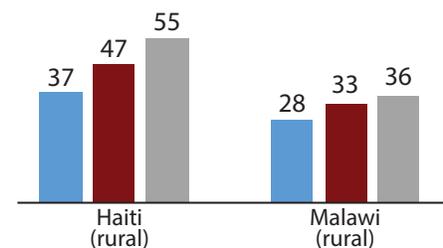


Figure 3:
IFA Adherence by IFA Counseling in
Rural Haiti and Malawi

Percentage of women taking IFA pills for
90+ days during last pregnancy

■ Low ■ Medium ■ High
IFA counseling at health facilities

