

## TEN STEPS TO IMPROVING PREGNANT WOMEN'S COMPLIANCE WITH IRON-FOLATE TABLET SUPPLEMENTATION

1. Conduct qualitative research on knowledge, attitudes, and practices of:
  - a. Mothers or other target groups for iron supplementation;
  - b. Husbands, mothers-in-law or others who influence mothers' decision to take their pills;
  - c. Health workers or others involved in distributing or promoting pills.

Research techniques may include in-depth interviews, focussed group discussions, observations, and small-scale trials of tablet-taking to obtain mothers' reactions to planned project strategies.

2. Use the findings from qualitative research to design a program strategy that is technically satisfactory and that overcomes the problems women confront in obtaining, taking, storing, and continuing to take the iron-folate tablets. The strategy may include (a) an improved product (iron-folate in some form<sup>1</sup>); (b) an improved delivery system; and (c) a communications strategy to inform and motivate health personnel and collaborators as well as mothers.
3. Within the constraints of supply, cost, and efficacy, use pills that are the most acceptable to mothers in terms of color, coating, taste, smell, size, and required frequency of taking and dose. If noncompliance is a major problem because of side-effects, begin mothers on a small dose and increase it to the WHO norms if and only if the anemia is unresponsive.
4. If affordable, use special packaging that is attractive to mothers, that contains key messages, and that extends shelf life in hot, humid climates.
5. To the extent possible, iron-folate pill distributors should be acceptable to mothers and distribution points convenient to mothers. (Usually, the utilization of prenatal services is too low to rely on that alone, so other means of reaching target women will be needed. This could be done through home visits or distributing pills at some gathering place outside of a health facility.)

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<sup>1</sup> Most iron deficiency control programs for pregnant women include folate with the iron because of the widespread deficiency in folate among pregnant women. It is the iron in the tablets that causes the side-effects.

6. Give mothers a sufficient supply to cover the likely time between visits for resupply. Give mothers a container and/or advice on proper storage. Give them reminders--the less frequent the resupply, the more reminders are needed for daily intakes.
7. Carefully explain the purpose and benefits of the pills to health care workers, mothers, or other target groups. Mention both the benefits to the woman and to her unborn child. Relate the benefits of the pills to highly esteemed cultural values. Do not tell or imply to mothers that taking pills will help them have a “big” baby, as this is something that mothers commonly fear.
8. Anticipate problems of long-term compliance and address them through information given with each supply of pills.
  - a. Encourage mothers to take pills with locally available and acceptable vitamin C-rich fruit.
  - b. Tell mothers that side-effects may occur but that these are normal and should decrease over time.
  - c. Tell mothers that they must continue to take the pills even if they feel better (have more energy) after taking the pills for several days.
  - d. Give mothers aids (e.g., an “action card” on which to check off each day) and/or suggestions for helping them remember to take the pills daily.
9. Where feasible, health workers or community collaborators should conduct a home visit three to seven days after the initial supply is given to see how the mother’s pill taking is going, to encourage her, and to answer any questions.
10. Encourage community action (e.g., by mothers’ club members, volunteers) to visit mothers and encourage compliance.