A Qualitative Approach to Understand Iron Deficiency Anaemia in Pregnancy: A Case Study of the Residential Sectors of Colombo District, Sri Lanka

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Background

Anaemia is a global public health problem that affects the social and economic development of a country. Based on the haemoglobin cut-off points recommended by the WHO Scientific Group, approximately 5000 million people are anaemic. It is about 30% of the world's population. It is identified that 50% of the cases of anaemia are due to iron deficiency. In the developing as well as industrialized countries, anemia has become a major problem especially if it occurs during pregnancy. It affects the public health as well as social and economic development of a country. Piyasena and Mahamithawa (2003) have stated the prevalence of anaemia during pregnancy in Sri Lanka as 29.3%. The 2007 Demographic and Health Survey (DHS) states the overall anaemia prevalence in Sri Lanka as 34%, with 20.7% mild anaemia and 13.3% moderate to severe anaemia.

Research problem

Anaemia is a major problem in Sri Lanka, leading to maternal as well as neonatal morbidities, mortality, still births, low birth weight babies, premature deliveries and postnatal depression. De Silva et al. (2003) states that iron deficiency is associated with impaired immunocompetence and increased morbidity.

Objective of the study

To provide an in-depth analysis of the factors that lead to iron deficiency anaemia in pregnancy.

Theoretical basis

There are a number of different theories that could be linked to iron deficiency anaemia. Each theory has a unique focus but there are many similar elements across them.

The most dominant model in understanding the factors that contribute to the persistence of iron deficiency anaemia can be viewed in the UNICEF theory of malnutrition (WHO).

Health Literacy model, social ecology theory and protective motivation theory have also been reviewed in understanding the factors that contribute to the existence of anaemia.

Methodology

This study is largely qualitative. It has utilized the mixed approach to provide a detailed analysis of fifteen anaemic mothers at the end of their first and second trimesters. Purposive sampling has been used as the main sampling technique. The study units were taken from Pitakotte, Homagama and Padukka MOH areas respectively.

In-depth interviews, focus group discussions, key informant interviews and questionnaire surveys have been used as the data collection techniques for the study. The simple Hb test has been used as the method of investigation for iron deficiency anaemia as it is the easiest and the most commonly used measure. Content analysis has been used for data analysis.

Findings

According to the findings of the study; socio economic factors such as poverty, lack of education, side effects caused by the iron supplement, reduced intake of food due to morning sickness, superstitions, cultural influences, language barriers, family influences, ignorance and disinterest in contraceptives show a significant impact on iron deficiency anaemia in pregnancy.

Many individuals have been affected by anaemia due to poverty. Some of them were largely affected by their family, specially the in laws. Those educated were not able to implement their ideas due to barriers from the immediate families. Cultural influences and superstitious beliefs were not too

evident. However, some individuals had quite many myths about their diet. For instance, majority had a belief that meat and papaya should not be consumed during pregnancy.

The study revealed that the prevalence of iron deficiency varies greatly according to a host of factors such as age, number of births, education, environment, family size and wealth quintile. The prevalence of anaemia is high amongst the study units of low wealth quintile and those with below average educational levels.

Conclusion

Iron deficiency anaemia amongst the pregnant mothers in the Colombo district of Sri Lanka is mainly due to socio economic reasons. The burden of iron deficiency could be eliminated by iron fortification programs, media awareness, and state intervention on improving the life style, support from the health sector, improving education, inter-sectoral collaboration and employing Tamil speaking PHMs.

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