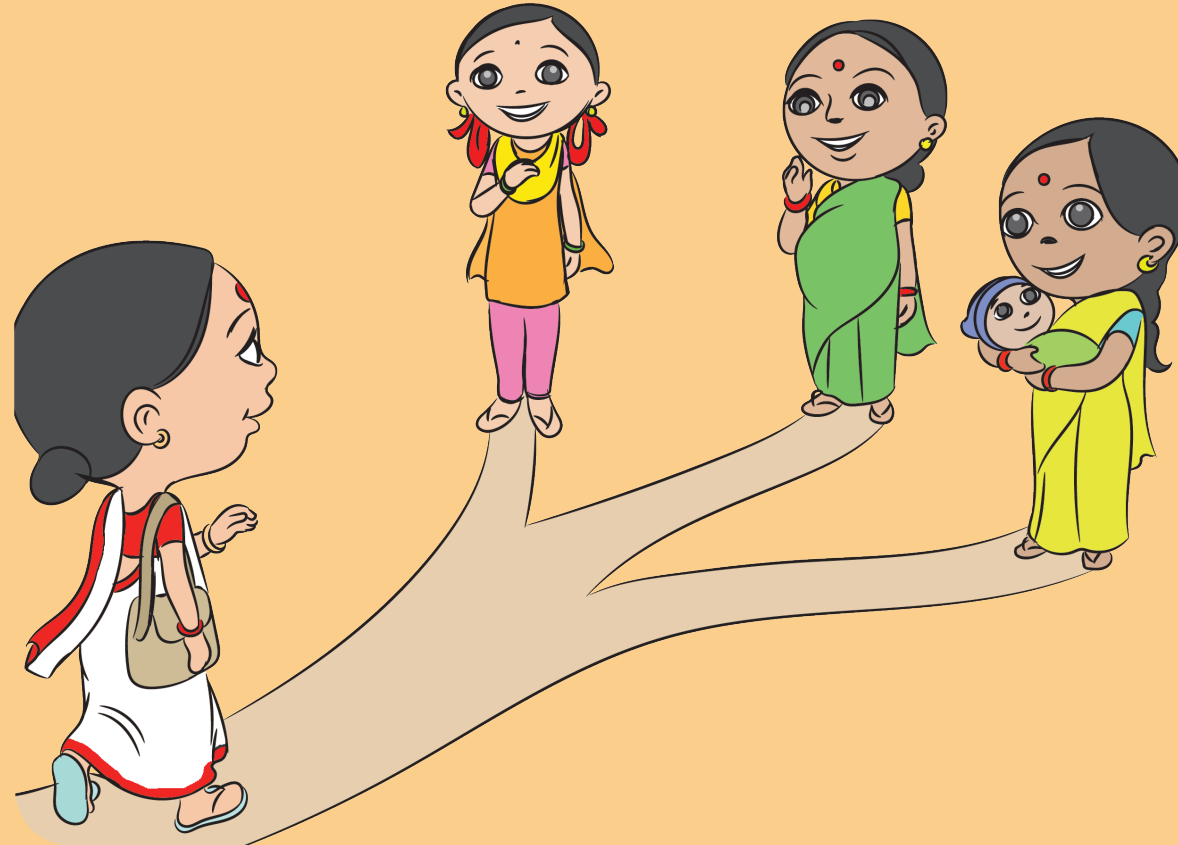


NNM
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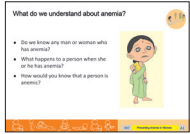
Preventing anemia in women



Ministry of Women & Child Development
Government of India, 2018

7





What do we understand about anemia?



Display the card.



Welcome the participants to the meeting.

Tell them that today we will learn about anemia and prevention of anemia in women.

Ask the participants to read the displayed questions one by one, and to tell what do they know about anemia.

Listen carefully to all the participants, let there be a discussion.

Write down the main points mentioned by the participants



5 Minute

M7

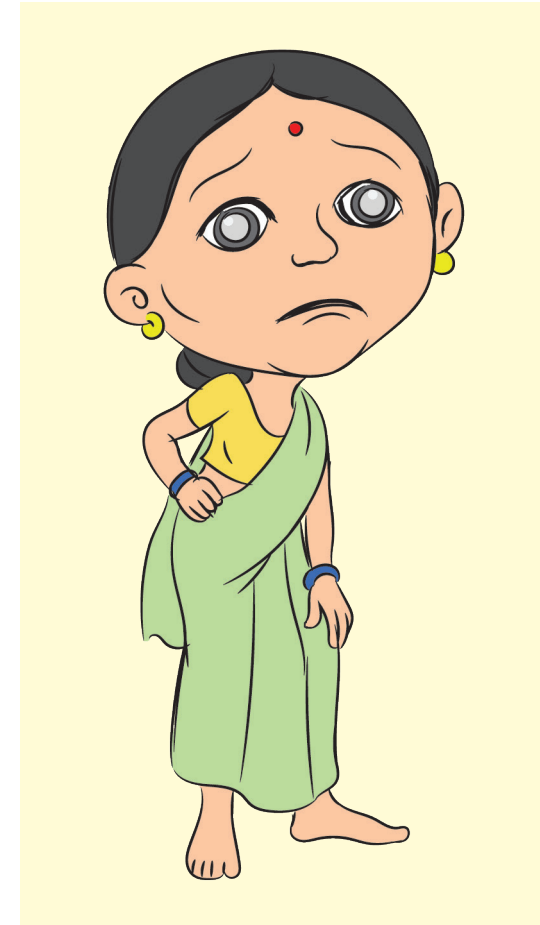
Preventing Anemia In Women

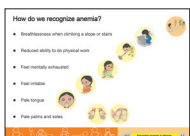
F1

What do we understand about anemia?



- Do we know any man or woman who has anemia?
- What happens to a person when she or he has anemia?
- How would you know that a person is anemic?





How do we recognize anemia?



Display the card.



Tell the participants:

We will now see what the doctors say about anemia.



Use the text on the right to explain each illustration



Ask the participants:

- Are these common symptoms?
- Have any of you experienced this?

Explain that most women and children, and many men as well have anemia – that it is one of the commonest diseases in our society

Hemoglobin is one of the most essential components of blood. If hemoglobin falls below a certain level, the person becomes anemic. A person with less hemoglobin will not be able to do the same amount of work as that of a person with adequate level of hemoglobin. People with low hemoglobin levels experience the following problems:

- Feel weak and tired easily.
- Easily become breathless on doing work (such as climbing stairs).
- Complain of pain in the legs and arms.
- Feel mentally exhausted.
- Feel irritable.

If you examine such a person, you may see the following:

- Paleness or loss of colour in palms and soles.
- Paleness of the nails.
- Paleness of the tongue and lips, sometimes with black patches.
- A fast pulse, or fast heart-rate.

What you should know about hemoglobin:

Hemoglobin is the substance that makes the blood red. Hemoglobin helps transport the oxygen from our lungs to all organs of the body as the blood circulates with every beat of the heart. If there is not enough hemoglobin in our blood, oxygen does not reach the organs in sufficient amount and the work of the organs suffers. Our muscles get tired easily and we are not able to work to our full potential. Our neural activity tends to slow down and we feel mentally exhausted. Our heart tries to pump the blood faster to send more oxygen to the organs, and this increases our pulse rate.



5 Minute

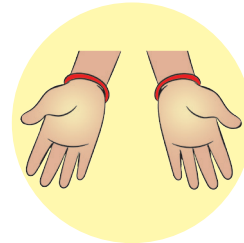
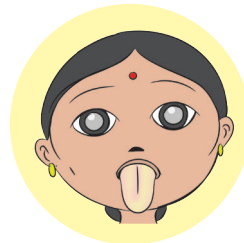
M7

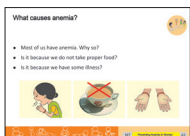
Preventing Anemia In Women

F2

How do we recognize anemia?

- Breathlessness when climbing a slope or stairs
- Reduced ability to do physical work
- Feel mentally exhausted
- Feel irritable
- Pale tongue
- Pale palms and soles





What causes anemia?



Display the card.

Ask the participants to read the questions and respond. Let there be a discussion.

Use the text on the right to explain the main causes of anemia.



Conclude by explaining as to how long it takes to develop anemia:

Iron & folic acid are all stored in the body in organs like the liver and bone marrow. In a healthy person who has been eating well, their stores can last for 6 months.

So, if such a person stops intake of iron, he/she will not have anemia for next six months.

However, most people in our communities have just enough stores to last a few days, so they can become anemic very quickly.

Hemoglobin in our red blood cells is made of iron and protein. The amount of hemoglobin in our blood may be less than it should be due to any of the following reasons:

- We do not consume enough nutrients required for making hemoglobin, such as iron, folic acid, vitamin B12 and protein. We get these nutrients from green leafy vegetables, pulses, milk and milk products, other protein rich foods.
- We consume enough iron, but it does not get absorbed from the intestines. Many food grains have substances that prevent iron in the food from being absorbed in the blood. Consumption of Vitamin C rich foods along with iron-rich foods help in absorption of iron.
- Some long- standing diseases also prevent production of enough protein in the hemoglobin, such as TB or kidney disease, or diseases of the blood like sickle cell disease or thalassemia.
- We may lose blood faster than our bone marrows can make new blood, in some circumstances:
 - Certain types of worms infest our intestines and suck blood
 - Women lose blood during menstruation
 - Certain diseases like malaria cause blood cells to break down
 - Blood may be lost in diseases like piles



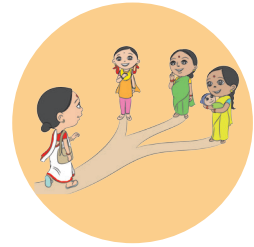
10 Minute

M7

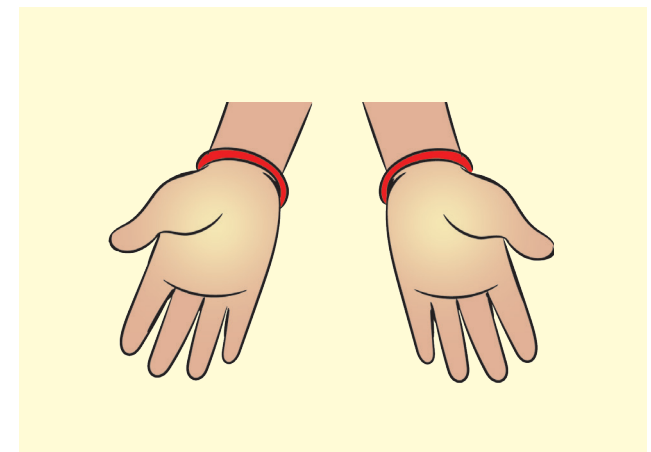
Preventing Anemia In Women

F3

What causes anemia?



- Most of us have anemia. Why so?
- Is it because we do not take proper food?
- Is it because we have some illness?





How do we prevent anemia?



Tell the participants

Now you know in what ways we can become anemic. Can you now tell me how can we prevent anemia?



Display the card.



Ask the participants to read the questions and respond. Let there be a discussion. List all the suggestions.

Use the text on the right to facilitate the discussion.

After the discussion is over, tell the participants:

Most of us get less iron than we need, and this is the commonest cause of anemia. We do not get enough iron in our diet unless we eat a variety of foods every day. The poor have more anemia because they are unable to buy and eat a variety of foods, or are more likely to have diseases like worm infestation or malaria.

(a) We can make sure that the body produces enough blood by consuming sufficient quantities of the right kinds of foods:

- There are only a few vegetarian foods that have large amounts of iron:
 - Certain green leafy vegetables.
 - Certain grains like bajra or ragi.
 - Certain beans and dry fruits (raisins and apricot)
 - Protein rich foods.
- Foods containing folic acid: Most fresh green vegetables and food grains have small amounts of folic acid.
- Foods containing Iron, Vitamin A and B12: Vegetarian sources do not have enough B12. Households that are non-vegetarian may continue to consume food items that are good sources of high quality protein, Vitamin A and D.

(b) We can improve the absorption of iron from the food that we eat:

- By adding sour substances such as lemon, amla, guava, orange, etc.
- By avoiding consumption of tea and coffee for an hour before and after having meals, since they can reduce absorption of iron.

(c) We can prevent blood loss from some diseases:

- By taking tablets like albendazole that kill worms in our intestines.
- By taking treatment for menstrual problems and diseases like piles.
- By treating malaria early and completely



10 Minute

M7

Preventing Anemia In Women

F4

How do we prevent anemia?



- What can we do to make sure that our body produces enough blood?
- What foods can help the body produce more blood?
- What can we do to reduce blood loss?
- What can we do to prevent infections causing anemia?



Green leafy vegetables
with citrus food



Cereals and Millets



Beans and Dry Fruits

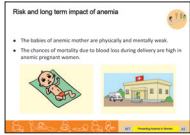


15 Minute

M7

Preventing Anemia In Women

A4



Risk and long term impact of anemia



Display the card.



Ask the participants to read the questions and let there be a discussion.

Explain:

Both mothers and babies can suffer from long lasting impact due to anemia.

Use the text on the right to facilitate the discussion.

- During pregnancy the baby inside the womb fulfills her requirement of blood through her mother. An anemic mother is not able to provide enough blood for her baby inside the womb and as a result the baby can be anemic or malnourished during birth. The mental and physical development of such children is slow.
- Anemic mother, in comparison to a normal mother, may become weaker due to the blood loss during delivery and may even die.



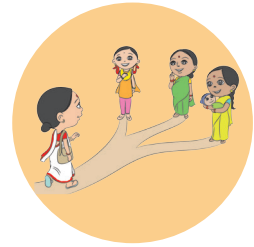
10 Minute

M7

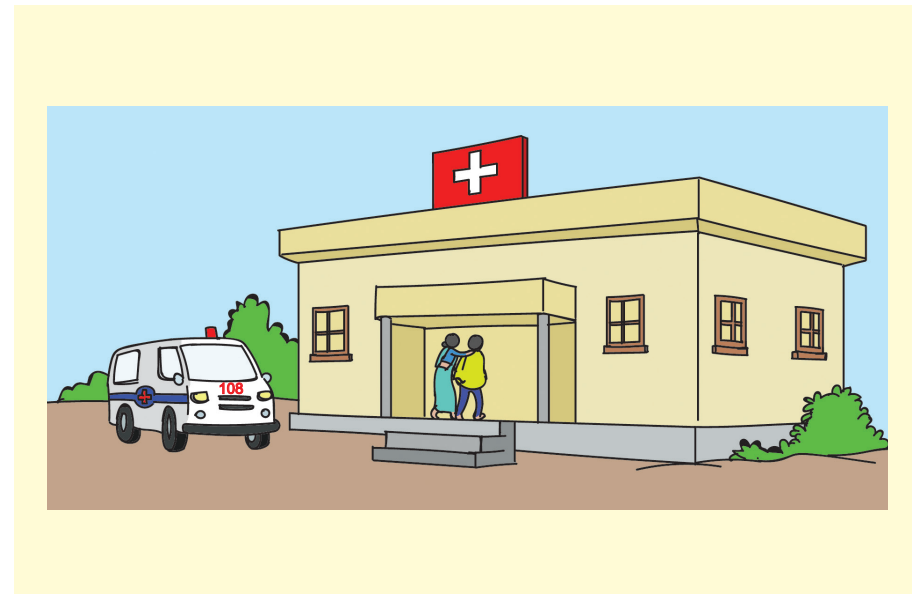
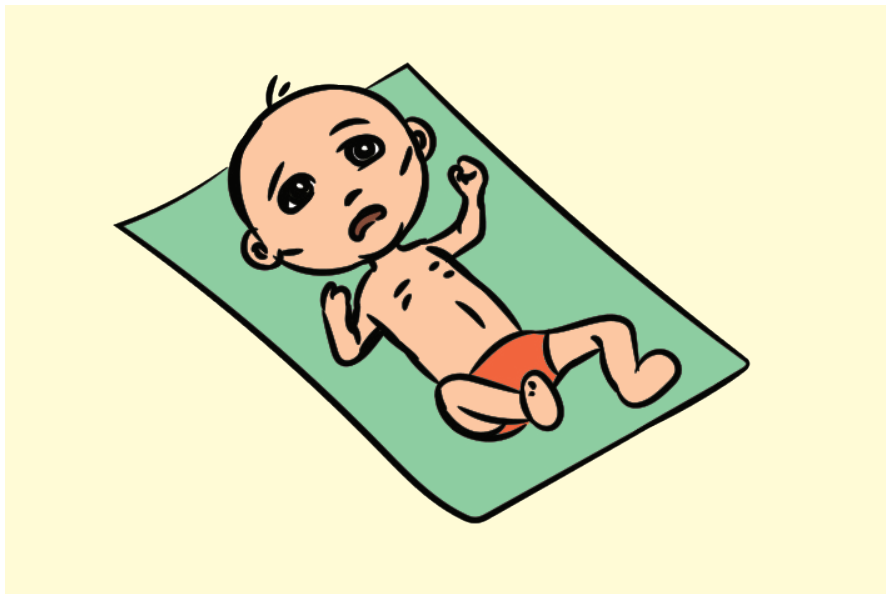
Preventing Anemia In Women

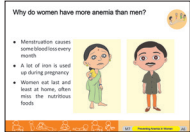
A5

Risk and long term impact of anemia



- The babies of anemic mother are physically and mentally weak.
- The chances of mortality due to blood loss during delivery are high in anemic pregnant women.





Why do women have more anemia than men?



Ask the participants to read the points one by one, and let there be a detailed discussion on each point.

Use the points on the right to facilitate the discussion.

1. Menstruation regularly causes loss of blood. Every month, women lose 30 to 40 ml of blood. To make this much blood, they need 0.012 mg to 0.062 mg additional iron intake. This goes on for at least thirty years, from adolescence to the time they stop menstruating around the age of 45 years. Women who bleed more will need even larger amounts of iron.
2. During pregnancy, a woman needs a lot more iron than at other times. More iron is required to make blood and body of the baby. She also requires more iron to make more blood for herself so that her body can bear the burden of pregnancy. In all, a woman requires 15 mg (daily) of additional iron during pregnancy.

If she has sufficient stores of iron in her body, then she can manage with taking just 1 tablet of iron a day during pregnancy, but most women have very poor stores, and so they become anemic during pregnancy. Also, the child is either born anemic, or become anemic soon after birth. If a woman becomes pregnant frequently, she gets no time to rebuild her iron stores, and so becomes even more anemic. Anemic pregnant women should take 2 tablets of IFA every day, as advised by the ANM or the doctor.

3. Women eat last and least at home, often missing out on the nutritious foods that contain iron and other nutrients, such as protein rich foods (animal sources), the green leafy vegetables, nuts, milk and curd. What they eat most is rice and roti with left over vegetables, which hardly contains enough iron and protein.

Typically, a woman in the villages of India consumes only 5 – 8 mg of iron in her diet and due to lack of Vitamin B 12 in the diet and presence of worms in the stomach, most of the iron is not absorbed in the body.

For these reasons, women are more anemic than men, and need to take iron in the form of tablets.



15 Minute

M7

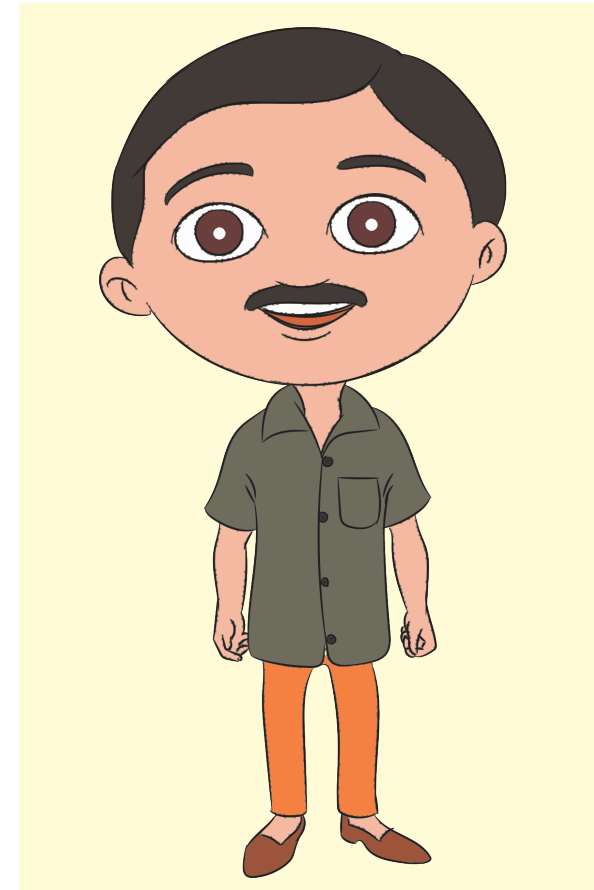
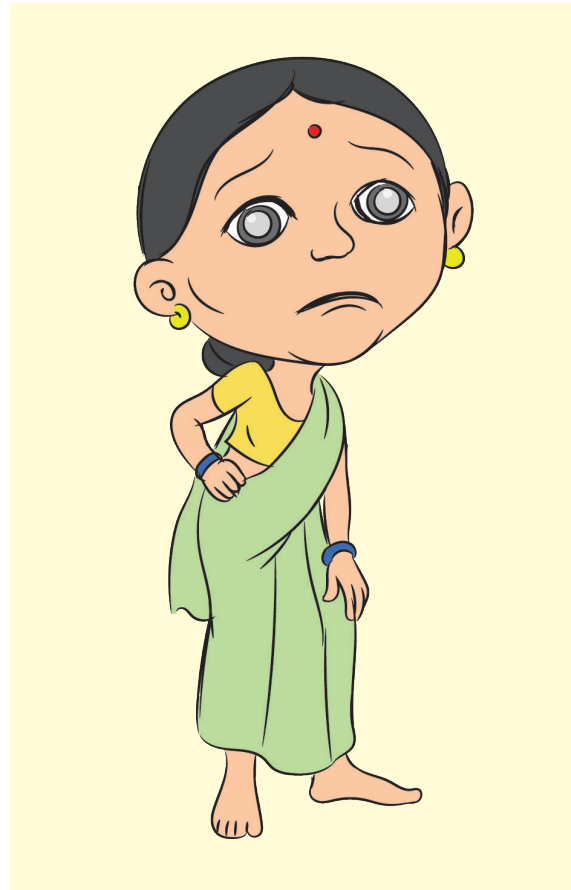
Preventing Anemia In Women

F6

Why do women have more anemia than men?



- Menstruation causes some blood loss every month
- A lot of iron is used up during pregnancy
- Women eat last and least at home, often miss the nutritious foods





What can we do through our program to prevent anemia in women?



Ask the participants to read the points one by one, and let there be a detailed discussion on each point.

Use the points on the right to facilitate the discussion.

Government of India is implementing several programmes to prevent and treat Anemia at different life stages. Such as;

1. Iron tablets for every life-stage

- 6 month to 5 year old child: 1 ml syrup twice in a week at AWC.
- 5 to 10 year old child: Iron tablet for children twice a week
- Out of school and school going adolescent girls: One tablet weekly at AWC and school respectively.
- During pregnancy: Starting from second trimester, 1 tablet per day for 100 days
- Post pregnancy: 1 tablet per day for 100 days

2. Deworming tablets every six months:

- 12 month to 5 year old Children: Deworming tablet once in 6 months along with Vit A.
- 5 to 10 year old child: Deworming tablet once in 6 months
- Adolescents: Deworming tablet once in 6 months.
- Pregnant Women: 1 deworming tablet during second trimester.

3. Advice on consumption of Iron and Vitamin C rich diet, birth spacing, etc. by health and ICDS frontline workers.

4. Advice on availing incentives under Pradhan Mantri Matritva Vandana Yojna (PMMVY) to improve diet during pregnancy.



15 Minute

M7

Preventing Anemia In Women

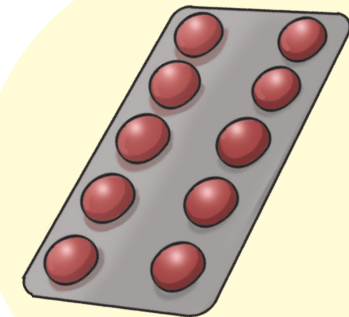
F7

What can we do through our program to prevent anemia in women?



Iron tablets for every life stage

- 6 month to 5 year old children: 1 ml syrup twice in a week at AWC.
- 5 to 10 year old children: Iron tablet for children twice a week
- Adolescents: Iron tablet for adolescents (Blue Colored) once in a week
- During pregnancy: Starting from second trimester, 1 tablet per day for 100 days
- Post pregnancy: 1 tablet per day for 100 days



Iron Tablets

Deworming tablets every six months:

- 12 month to 5 year old Children: Deworming tablet once in 6 months along with Vit A.
- 5 to 10 year old children: Deworming tablet once in 6 months
- Adolescents: Deworming tablet once in 6 months.
- Pregnant women: 1 deworming tablet during second trimester of pregnancy
- Advice for Iron and Vitamin C rich diet and birth spacing.



Deworming Tablets





How to reach women before and during pregnancy



Display the card.

Ask the participants to read the points one by one and respond. Let there be a discussion.

Facilitate using the material on the right.

Let the participants know that now we will do a small role play.

Select one AWW who can play the part of 6 month old pregnant woman and another AWW who can play the role of a mother who had delivered a baby a week before. Ask one of the participants to play the role of a counselor by making use of the points (how to reach pregnant women) given on the right side. After the role play is over review it along with the participants.

How to reach adolescent girls:

- Prepare list of out-of-school adolescent girls, with the help of survey register.
- Provide weekly one IFA tablet to these girls at AWC and deworming tablet once every six months.
- Get hemoglobin estimated through ANM.
- In case of severe anemia, blood transfusion may be required.

How to reach pregnant women:

- Track every woman using pregnancy register. Ensure early registration.
- Start supplementation early so that enough time is available to take tablets. Provide deworming tablet in second trimester.
- Follow up to ensure consumption.
- Advice mothers not to worry if they experience nausea or constipation, advice them to consume the tablet while going to sleep and drink more water.
- Advice them not to consume tea one hour before or after taking the tablet and to take something sour like Lemon, Amla, Guava.
- Get the hemoglobin estimated through the ANM. In case of severe anemia, blood transfusion may be required, especially if detected in third trimester.

How to reach postnatal women:

- PNC home visits, using the pregnancy register.
- Wait for a week after delivery, then start iron tablets.
- Follow up to encourage consumption.
- If anemic, double the dose.
- Birth spacing as needed.
- Dietary advice.



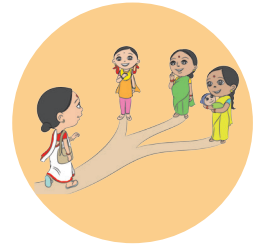
15 Minute

M7

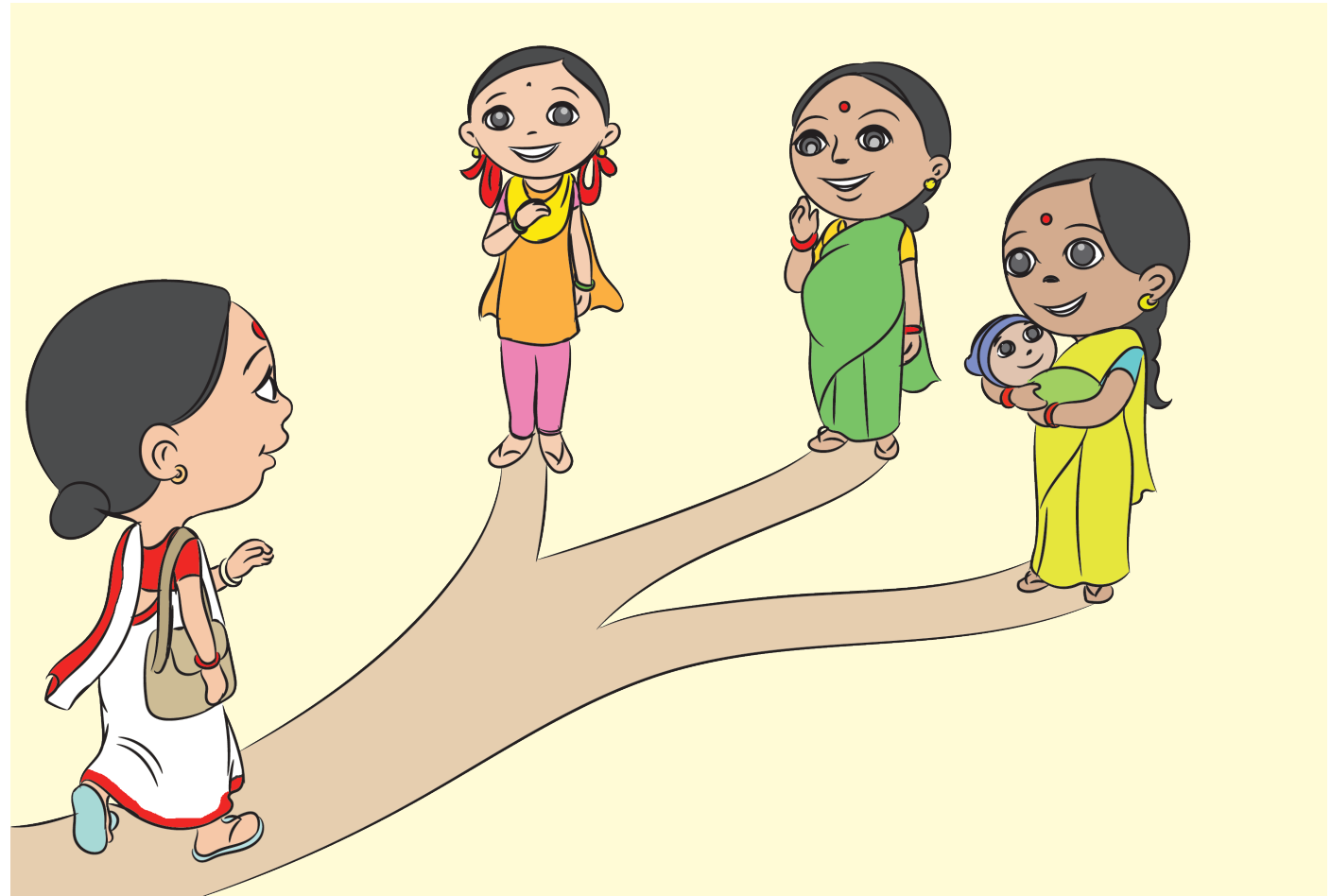
Preventing Anemia In Women

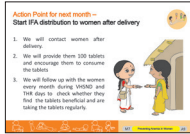
F8

How to reach women before and during pregnancy



- Adolescent Girls
- Pregnant Women
- Lactating Mothers





Action Point for next month – Start IFA distribution to women after delivery



Display the card.



Ask the participant to read the point one by one and respond. Let there be a discussion.

Explain:

We all are used to distributing iron tablets to pregnant women. This is important, and we will continue to do this. But this is not sufficient. It will be even better for women if they have good hemoglobin by the time they become pregnant.

By giving iron tablets to adolescents, we will be able to improve hemoglobin before the first pregnancy.

By giving iron tablets to women after delivery, we will be able to improve hemoglobin before the next pregnancy.



Facilitate discussion using the material on the right. At the end, explain:



In later meetings, we will discuss what can we do to improve hemoglobin of children and adolescent girls, and how can we do to ensure that women do consume iron tablets.

1. We will contact women after their delivery. Since we get to know about every pregnancy and delivery in our village, we will ensure to make post-natal visit on the day of birth and again in the first week and first month. We come to know about every pregnancy and delivery in our village, and we make postnatal visits on the day of birth, and again in the first week and first month.
2. During the postnatal visits in the first week, we will make sure that we provide iron tablets to women and advise them to take one tablet every day after meal. We will provide 30 tablets at a time. When we give them the tablets, we will explain why iron is important for them, and what are its benefits. We will encourage them to try the tablets and see if they experience the benefits, such as feeling less tired and less mentally exhausted.
3. We will follow up with such women every 7 days through VHSND, home visits and THR days, and find out:
 - a. Is the woman feeling better?
 - b. Is she taking the tablets?



10 Minute

M7

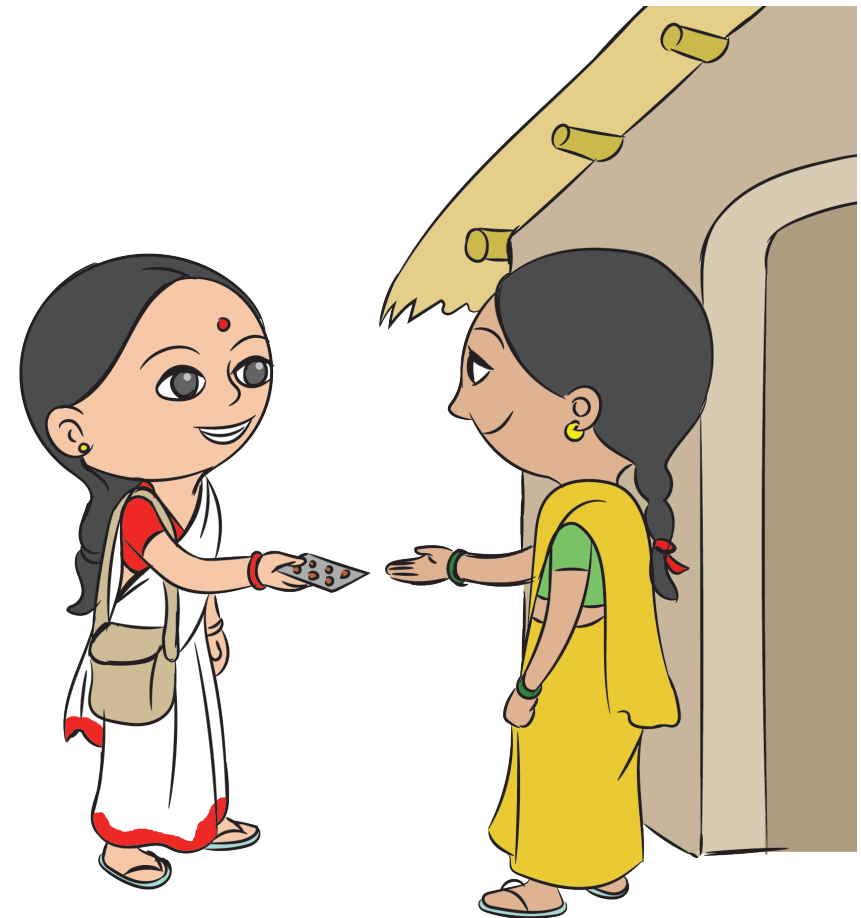
Preventing Anemia In Women

F9

Action Point for next month – Start IFA distribution to women after delivery



1. We will contact women after delivery.
2. We will provide them 100 tablets and encourage them to consume the tablets
3. We will follow up with the women every month during VHSND and THR days to check whether they find the tablets beneficial and are taking the tablets regularly.



- 1 *Why this Monthly Meeting ?*
- 2 *Making or updating Home Visit Planner & Initiating Home Visits*
- 3 *Planning and Organizing Community Based Events at AWC*
- 4 *Observing Breastfeeding in Newborn Babies - Why and How*
- 5 *Identification and Care of a Weak Newborn baby*
- 6 *Complementary Feeding: Diet Diversity*
- 7 **Preventing Anemia in Women**
- 8 *Assessment of Growth in Children*
- 9 *Ensuring that Complementary Feeding improves over time*
- 10 *Ensuring Exclusive Breastfeeding*
- 11 *Care of the Weak Newborn Baby - How many weak babies are we missing?*
- 12 *How to ensure timely initiation of Complementary Feeding*
- 13 *Identifying and preventing Severe Acute Malnutrition*
- 14 *Feeding During Illness*
- 15 *Supporting mothers with issues in Breastfeeding*
- 16 *How to take care of weak newborn with the help of Kangaroo Mother Care*
- 17 *Identification & Referral of Sick Newborn*
- 18 *Preventing illnesses to avert Malnutrition and Death*
- 19 *Prevention of Anemia in girls and adolescents*
- 20 *Birth Preparedness- For Institutional and Home Delivery*
- 21 *Preparation During Pregnancy: For NewBorn Care & Family Planning*

