

As an illustration of the importance of taking a behavioral perspective in what is often considered a service-delivery challenge, below are some lessons learned from several projects that have taken a social marketing approach to reducing anemia among pregnant women. These lessons are based primarily on research and program experience of USAID's MotherCare and OMNI Projects since 1991 in Asia, Latin America, and Africa.

Developing a Strategy

Collect information. Review existing information on iron-supplementation programs and on perceptions and practices regarding pregnancy, anemia, blood, and pill-taking (both iron tablets and other pills). To fill in gaps, conduct new research to gain a thorough understanding of distribution problems and of knowledge, attitudes, and practices of (1) pregnant women as well as husbands, mothers-in-law, and others who may influence women's decisions to take iron tablets and (2) health workers or others involved in distributing or promoting iron supplements. New research should include trials of pregnant women taking iron tablets. These may be supplemented by in-depth interviews, focus group discussions, and exit interviews or observations in health facilities. Sample sizes can be small, but all major cultural groups should be represented.

Develop a program strategy. Use findings to design a program strategy designed to overcome attitudinal, access, or other barriers to women's obtaining, taking, storing, and continuing to take iron tablets. The strategy may include:

- an improved product (e.g., coated tablets; tablets in blister packs);
- changes in the distribution and delivery system (e.g., making tablets accessible in or near communities; giving women a larger supply each time);

- effective communication to inform and motivate mothers; and
- training for health personnel, volunteer distributors, or store keepers.

Many of these actions will require training of health staff or others.

Improving the Product

If research with consumers indicates major problems with the current product, work with all program partners to reach agreement on a more acceptable product. Variables include color, coating, tablet size, dose, and form of the product (usually tablets, although syrup may be considered).

Improving Distribution and Storage

Distribution. Programs must assure a reliable supply of iron tablets at all levels. This requires, besides funds to purchase tablets for the program area, accurate projections of needs, good transport, and secure storage. Most programs distribute iron tablets through prenatal visits, but if the percentages of pregnant women receiving initial and follow-up supplies are too low through this means, establish alternative distribution channels that are acceptable and convenient to mothers. These may include selling tablets at low prices in stores or markets, and tablet distribution by community volunteers, including traditional birth attendants or promoters, either in their homes or in home visits.

Protecting tablets. If affordable, use special packaging that protects tablets in hot, humid climates and that is attractive to mothers. An alternative is to encourage local actions to protect iron tablets at the health facility and/or household level, such as tying them up in small pieces of plastic.

Improving Compliance

Motivating mothers to obtain tablets. Experience indicates that although pregnant women are generally aware of the symptoms of anemia, they may need to be convinced that these problems are not a normal part of pregnancy and that they can be prevented or cured. Mothers may also need to be persuaded that anemia should be a serious concern for themselves and their babies.

Teaching and motivating compliance. Problems of compliance can be anticipated in the household trials that are part of the qualitative research. Address these problems through good counseling, and, if feasible, home visits to mothers in their first days of taking tablets. Important information includes the purpose and benefits of the tablets to both women and their unborn children. For mothers experiencing significant anemia symptoms, the counselor can promise a quick alleviation of symptoms. For all pregnant mothers, the supplements protect their health and that of their babies. The counselor can relate taking the tablets to highly esteemed cultural values such as having a healthy or robust baby. If appropriate, the tablets can be said to strengthen women's blood. As needed, the counselor should address women's common fears, e.g. of taking medicine during pregnancy, of having a big baby (and consequently a difficult delivery), or of iron tablets increasing their blood and causing them to bleed more during delivery.

Help women remember. Give women some kind of physical reminder (such as a calendar to post on the wall) and other suggestions for helping them to remember to take the iron tablets according to the local schedule (e.g., make the husband responsible for giving a daily reminder). Also suggest that they take the tablet at the same time each day to help them remember, e.g., just before going to bed.

Enhance tablets' effects. Encourage women to take tablets with locally available vitamin C-rich fruit juice or clean water. Advise women to cut down on coffee, tea, and milk consumption, especially around the time of tablet-taking.

Give strategies for side effects. Tell women that side effects may occur but that these are normal and that they usually diminish substantially in three to five days. Mention that it is normal for the tablets to cause dark stools and suggest how to alleviate constipation. If a woman complains of side effects beyond the first few days, suggest that she break each tablet in two and take the parts at separate times. If complaints continue, suggest taking tablets with a little food. If these ideas do not work, suggest cutting the recommended dose in half, at least temporarily.

Focus on continuation. Emphasize that women must continue to take the iron tablets even if they feel better (have more energy) after taking them for several days. This is because all pregnant women need extra iron to prevent anemia.