

October 27, 2022 | Webinar

Micronutrient status specifically (serum ferritin, folate and vitamin A) and risk factors during pregnancy in Eastern Ethiopia: A community-based study

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Although the high burden of micronutrients deficiencies among pregnant women in low-resource settings like Ethiopia is well documented, evidence is scarce on the underlying causes using biochemical tests. Therefore, this study assessed the micronutrient status and factors associated with micronutrients deficiencies using among pregnant women in Haramaya district, eastern Ethiopia. A community-based cross-sectional study was conducted among randomly selected pregnant women in Haramaya district, eastern Ethiopia. The serum ferritin (SF), retinol and serum folate concentrations were measured in the National Biochemical Laboratory of Ethiopia. A binary logistic regression analysis identified variables associated with micronutrients deficiencies. An adjusted odd ratio (AOR), and a 95% confidence interval (CI), were used to report associations. Finally, the p-value <0.05 was the cut-off point for the significant association. A total of 397 pregnant women) were included in the study. The overall prevalence of at least two micronutrient deficiencies, among the study participants was 36.5% (95% CI=32%-41%). Over 81% of the women were deficient for at least one micronutrient. More than 26% of the pregnant women were both iron and vitamin A deficient, whereas 35% of women were both iron and folate deficient. Almost one-fourth of the women were both folate

and vitamin A deficient. Pregnant women who had no IFA supplementation were 2.15 times more likely risk to have at least two micronutrient deficiency (AOR=2.15 (95% CI=1.24-3.69) compared to those who had IFA supplementation. However, women who had ANC follow up (AOR=0.26; 95% CI=0.16-0.42) and high consumption of ASFs (AOR=0.57 (95% CI=0.33-0.98) 74% and 43% were less likely risky to have at least two micronutrient deficiencies respectively. Micronutrient deficiencies are a real public health problem for pregnant women in the study setting. Social and behavioral change communication intervention on maternal nutrition should include strategies that promote shifts in social norms on food taboos and enable desirable dietary behavior to realize adequate nutrition for pregnant. Ensuring compliance with IFA supplementation during pregnancy at the grassroots level is essential for reducing the micronutrient deficiencies in rural settings. Social and behavioral change communication intervention on maternal nutrition should include strategies that promote shifts in social norms on food taboos and enable desirable dietary behavior to realize adequate nutrition for pregnant. Health policy should give attention to considering the implementation of antenatal multiple micronutrient supplementations (MMS) that might be better than IFAS in terms of the risk of birth outcomes.

Received Date: June 21, 2022; **Accepted Date:** June 23, 2022; **Published Date:** October 30, 2022

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Awareness of mothers coming to obstetric wards of allied hospitals regarding neonatal care and the working of community health workers in their districts; a cross sectional descriptive study

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Introduction: Neonatal mortality remains a significant challenge not only to the world, but especially to a developing country like Pakistan. It can be majorly attributed to the sub-par healthcare, insufficient and under-recognised community health workers, and the lack of knowledge of proper newborn care on the part of the parents. This study targets the level of knowledge of the mothers and the services provided by community health care workers as the main factors determining neonatal care.

Methods: A cross-sectional study was conducted in the OBS (obstetrics) wards of Hospitals affiliated with Rawalpindi Medical University from January 2022 to June 2022. The sample size was 138. Data was collected by one-on-one interviews, using a standardized USAID Community Health Worker Assessment and Improvement Matrix questionnaire. Data analysis was done using SPSS v28. Chi-square test was applied to check for significance. Results: Out of the total 138 participants, 47.8% (n = 66/138) were between the ages of

21 to 25. Results showed that women between the ages of 21–25 (P = 0.000058) and women who had their first child between the ages of 23–27 had good knowledge about neonatal care. 45% (n = 62/138) of the participants had poor knowledge of neonatal care, whereas 55% (n = 76/138) had good knowledge (P = 0.000002). As for the role of community health workers, only 20-30% of the participants were being provided with their services; hence their performance was not found to be adequate.

Conclusion: The world of medicine is moving rapidly toward a new framework of the health systems in which the real foundation will be based on what actually takes place in the community, therefore, community health workers can play an important role in improving maternal and neonatal care. Family-centered care, appropriate age of first conception and motherhood, and proper guidance to first-time parents can ensure significant improvement in neonatal care in the future.

Received Date: September 25, 2022; **Accepted Date:** September 27, 2022; **Published Date:** October 30, 2022