

PERSISTENT ANEMIA AMONG WOMEN OF REPRODUCTIVE AGE IN PAKISTAN: A QUALITATIVE LENS ON BARRIERS AND SYSTEMIC GAPS

D4N 2025

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BACKGROUND/OBJECTIVE

- Global anemia among women of reproductive age (WRA) has stagnated at ~**32%** over the past decade.
- The **SDG 2030** target aims to reduce anemia by **50%** from **2012** levels, calling for renewed global action.
- Maternal anemia remains a major public health concern, increasing risks of **low birth weight, preterm birth, and neonatal mortality**.

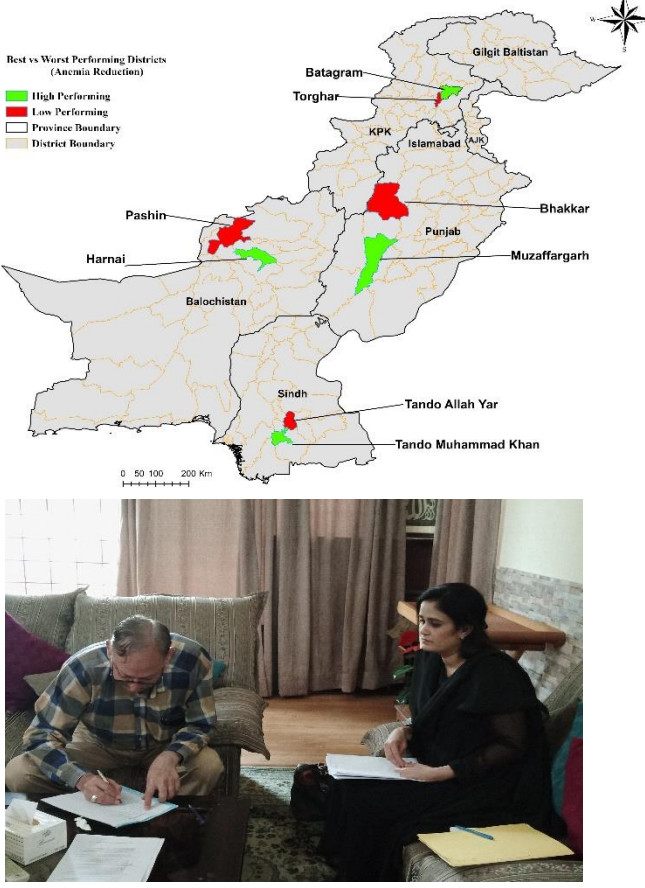
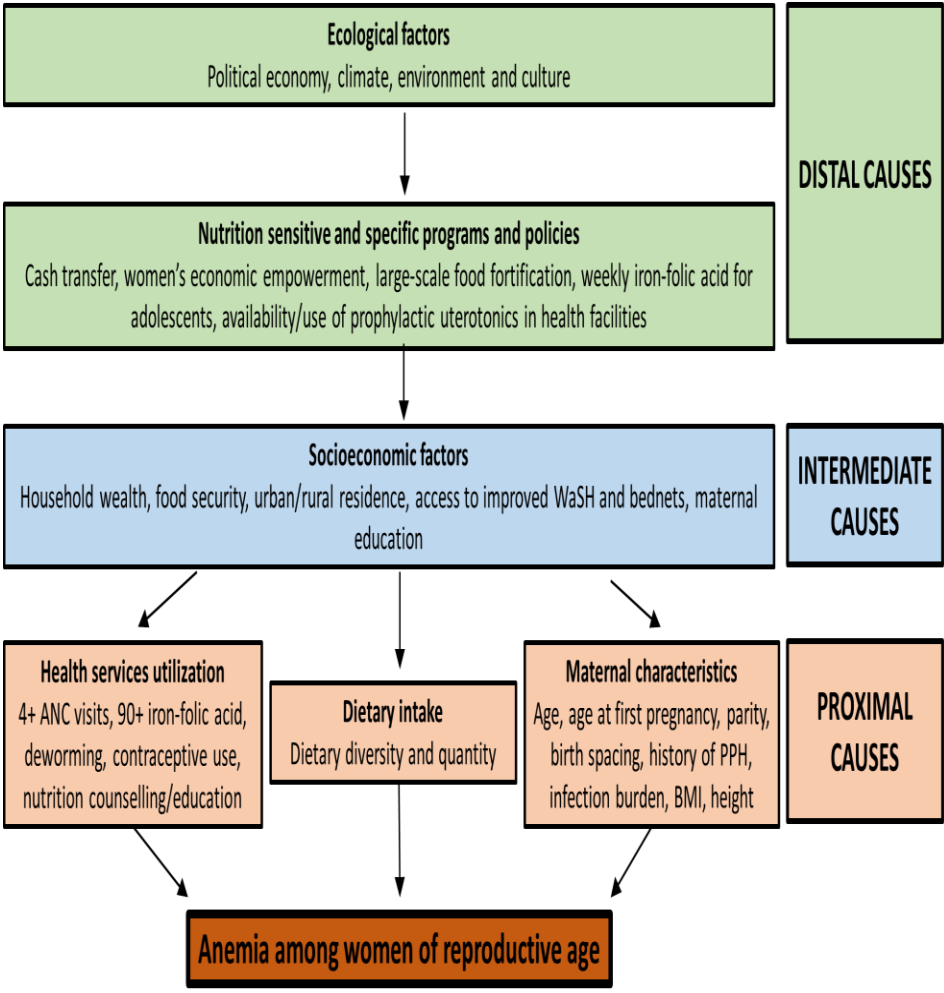
The study examined nutrition interventions and contextual factors within and beyond the health sector that influenced anemia reduction among WRA in Pakistan.

METHODS

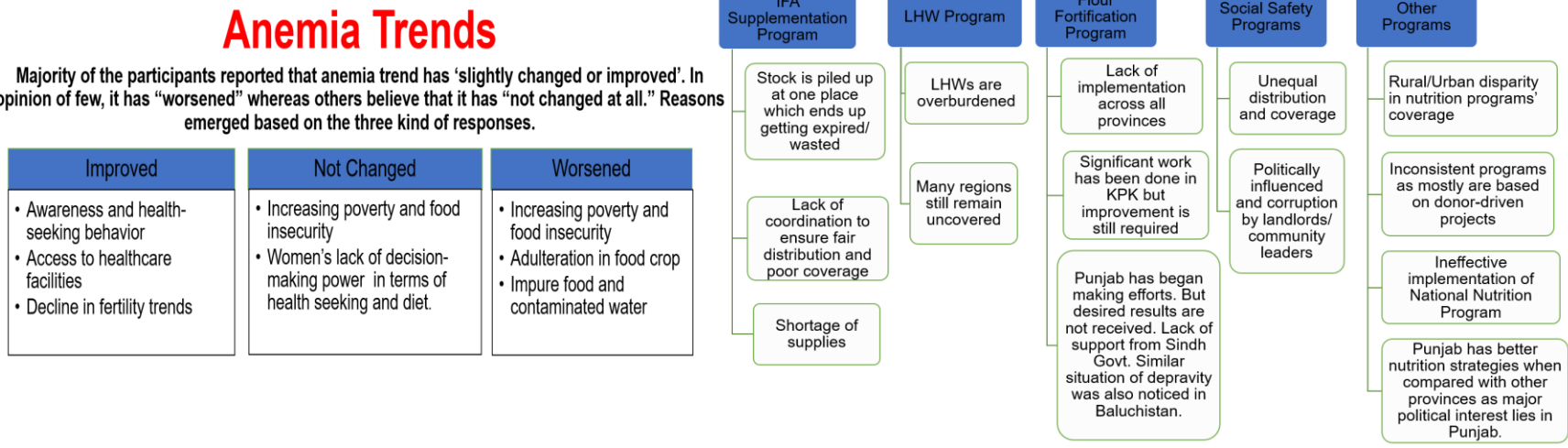
QUALITATIVE STUDY (MAR–MAY 2021)	IN-DEPTH INTERVIEWS	FOCUS GROUP DISCUSSIONS
	At National, Provincial and District Level	At District Level
Target Group	<ul style="list-style-type: none">Government and NGO experts (30)District health officer (DHO) (08)Academia Representatives (03)Flour Millers (02)Maternal Healthcare providers (16)Nutrition focal person (08)Community influencers (16)	<ul style="list-style-type: none">Women of Reproductive age- WRA<ul style="list-style-type: none">Pregnant WRA 15- 49 years (16)Lactating WRA 15-49 years (16)Non-Pregnant WRA 15-30 years (16)Non-Pregnant WRA 31-49 years (16)LHWs (16)Community Influencers<ul style="list-style-type: none">Mothers-in laws (16)Husbands (16)
Sample size	83	112
Sampling and Analysis	Purposive convenient sampling and willingness for participation Inductive thematic analysis using NVivo	
Study Sites	Two districts from each of the four provinces (one best-performing and one worst-performing with respect to anemia reduction) were selected.	

RESULTS

- Partial Improvement in best-performing** districts due to stronger policy implementation, inter-departmental coordination, and food fortification, nutrition support programs, better community engagement and health services.
- Policy and Political Challenges:** Limited commitment, donor-driven approaches, poor IFA coverage and inequitable allocation of social protection funds.
- Governance:** Devolution under the **18th Amendment** further fragmented oversight and weakened program continuity.
- Climate Shocks:** Floods and droughts disrupted access to nutrition and care.
- Structural Barriers:** Poverty, gender inequality, early marriages, lack of birth spacing, orthodox mentality and low acceptance of ANC/PNC and IFA



Flaws in Programs and Policies



CONCLUSION

- Strong political commitment, effective policy implementation, and food fortification are key to sustained anemia reduction.
- Poverty, gender inequality, early marriage, and poor uptake of maternal health services and iron-folate supplements must be addressed.
- Equity, women's empowerment, and accountability are essential to reach **SDG 2** targets.

VOICES FROM THE GROUND

Policy Implementation: "Lack of accountability and monitoring in the nutrition department lead to discrepancies." (Nutrition Officer, UNICEF)

Maternal Health Risks: "Women come to us for blood transfusions when their hemoglobin levels drop to around 4-6 g/dL." (Gynecologist)

"Due to poverty, pregnant women eat mud to satisfy hunger." (Husbands, Pishin)

Gender Inequality: "The birth of a male child is celebrated more than that of a female; men are usually served the best portion of food." (Nutrition Officer, UNICEF)

Climate and Livelihoods: "Heavy rains and floods have devastated everything. We have no shelter, no food, and no crops to grow." (WRA, Sindh)

