



KNOWLEDGE REGARDING PREVENTION AND MANAGEMENT OF ANEMIA AMONG ADOLESCENT GIRLS.

Gracy S

Student, MBA in Hospital Management, Annamalai University, Chithambaram, Tamilnadu, India.

N. Junior Sundresh

Associate Professor of Surgery, Raja Muthiah Medical College, Annamalai University, Chithambaram, Tamilnadu, India.

ABSTRACT

Anemia is a major health problem in the world today. Adolescent girls are particularly prone to get iron deficiency anemia because of the increased demand of iron by the body. Aim: To assess the knowledge regarding prevention and management of anemia among adolescent girls. Method: Descriptive study was conducted at Nehru Nagar in Bhadravathi. The sample size includes 60 adolescent girls selected by convenient sampling technique. Designed questionnaire was used to collect data. Results: The results showed that majority of adolescent girls (57%) had inadequate knowledge, only (43%) had moderate level of knowledge and none of the adolescent girls had adequate knowledge. regarding prevention and management of anemia. Conclusion: Diet counseling should receive higher priority, periodic de-worming once in every 6 months, maintaining hygienic practices and regular hemoglobin screening tests to identify the anemia in early stages are the means to prevent anemia.

KEYWORDS : Knowledge, Anemia, prevention, Management.

Introduction:

Anemia is a condition in which the number of red blood cells or the amount of hemoglobin is low. Red blood cells contain hemoglobin protein that it enables them to carry oxygen from the lungs and deliver it to all the parts of the body. When the number of red blood cells or the amount of hemoglobin in them is low, the blood cannot carry an adequate supply of oxygen this produces the symptoms of anemia. Anemia is found in 30% of the world with major consequences for human health as well as social and economic development of the country. Adolescents aged between 13-19 years account for more than one fifth of the world's population. Prevalence of anemia among adolescents is more than 25% in developing countries 1-12% in developed countries. In India this age group forms 21.4% of total population.

Aim:

To assess the knowledge regarding prevention and management of anemia among adolescent girls.

Methods:

This descriptive study was conducted in urban area at Nehru Nagar in Bhadravathi. The sample size includes 60 adolescent girls selected by convenient sampling technique. The pilot study was conducted with 10 adolescent girls. The reliability of tool was established by Karl Pearson's technique and the reliability was calculated to be 1.03.

Results:

The data was analyzed using descriptive study and inferential statistic. The chi square test was applied to check the association of demographic variables with the knowledge score. The findings showed that computed chi square value greater than table value of education, religion and income of the family. Hence, there is significant association between knowledge score and demographic variables. The results showed that majority of adolescent girls (57%) had inadequate knowledge, only (43%) had moderate level of knowledge and none of the adolescent girls have adequate knowledge regarding prevention and management of anemia.

Discussion:

The present study involved a sample of 60 adolescent girls residing at Nehru Nagar. The age wise distribution pattern reveals that majority of respondent (40%) were from the age group of 16-18 years and (23%) respondent were from the age group of 14-16 and (22%) were from 12-14 years and (15%) were 18-19 years respectively. The present study reveals that majority of the respondent (60%) were belonging to Hindu religion (38%) were belonging to Muslim religion and (2%) were belonging to Christian

religion. Educational status reveals that majority of the respondents (48%) had high school education and (33%) had PUC education (19%) had school till primary education. Age of menarche reveals that majority of the respondents (58%) attained menarche at the age of 12-14 years (20%) attained menarche at the age of 14-16 years (17%) attained at the age of 10-12 years and (5%) attained at the age of 16-18 years respectively. Considering the occupation of the parent's majority (37%) were unemployed and minorities (13%) were farmers. Considering the income of the family (40%) was Rs. 5000-10000 and minority (12%) was Rs. 3000 below. Knowledge regarding anemia reveals that majority of the respondents (53%) were not having knowledge regarding anemia and minority (47%) were having knowledge regarding anemia. Considering the sources of information among 47 subjects were having previous knowledge, 54% got information about anemia from family and friends and 7% got from significant others.

Table 1 Distribution of Demographic variables of study patients

Demographic variables		Frequency	Percentage
Age	12-14	13	22%
	14-16	14	23%
	16-18	24	40%
	18-19	9	15%
Religion	Hindu	36	60%
	Muslim	23	38%
	Christian	1	2%
	Any other	0	0
Education	Illiterate	0	0
	Primary education	11	19%
	High school	29	48%
	PUC	20	33%
Age of menarche	10-12	10	17%
	12-14	35	58%
	14-16	12	20%
	16-18	3	5%
Occupation	Farmer	8	13%
	Laborer	20	33%
	Business	10	17%
	Unemployed	22	37%

Income	Rs. 3000 below	7	12%
	Rs.3000-5000	16	26%
	Rs.5000-10,000	24	40%
	Rs.10,000 above	13	22%
Knowledge	Yes	28	47%
	No	32	53%
Source o information	Printed media	3	11%
	Electronic media	8	28%
	Family and friends	15	54%
	Significant others	2	7%

Table 2
Distribution of level of knowledge

S.NO	Level of knowledge	Frequency	Percentage
1	Inadequate	43	57%
2	Moderate	17	43%
3	Adequate	0	0

Table 3 Cross tabulation of level of knowledge with demographic variables

Demographic variables		Inadequate knowledge	Moderate knowledge	P Value
Age	12-14	11	4	Non significant
	14-16	12	2	
	16-18	20	4	
	18-19	6	1	
Religion	Hindu	30	3	Significant
	Muslim	20	6	
	Christian	1	0	
	Any other	0	0	
Education	Illiterate	0	0	Significant
	Primary	7	3	
	education	27	4	
	High school PUC	16	3	
Age of menarche	10-12	10	1	Non significant
	12-14	27	7	
	14-16	11	1	
	16-18	3	0	
Occupation	Farmer	7	1	Non significant
	Laborer	15	6	
	Business	8	1	
	Unemploy ed	20	2	
Income	3000 below	6	2	Significant
	3000-5000	13	2	
	5000-10000	20	2	
	10000 above	11	2	
Knowledge	Yes	15	7	Non significant
	No	15	3	

Source of information	Printed media	3	1	Non significant
	Electronic media	8	1	
	Family and friends	13	3	
	Significant others	13	2	

Conclusion

Iron deficiency anemia occurs more often in women than in men. The main reason is excessive loss of iron or demand of iron associated with menstruation and childbirth. Among women, reproductive age women are at the highest risk of anemia. Anemia can be prevented by adequate dietary intake of iron, periodic deworming once in every 6 months, maintaining hygienic practices, avoiding the meal skipping and regular hemoglobin screening tests to identify the anemia in early stages.

Reference

1. D.C.Dutta, Text of book of Obstetrics, 6th edition, Calcutta, New Central Book Agency(p) Ltd,2004.262-276.
2. Joyce M. Black and Jane Hawks, Text book of Medical surgical nursing, 7th edition, New Delhi, Elsevier publication,2005,2271-2299.
3. Suzanne and Brenda Bare, Textbook of Medical Surgical Nursing, 10th edition, New York, Lippincott publication, 2004, 871-885.
4. An International journal of nightingale nursing times, A window for health in action, Vol.9, No 2, 12 May 2013, published by Ashok Jouin, New Delhi, page no 41-44.
5. Malhotra. P,Kumara. S, Varma.S,(2004), prevalence anemia in adult rural population of north India, Journal of association of physicians of India, page no. 18-20.
6. Iron deficiency anemia, Assessment prevention and control, WHO (2001), available from: URL:http://www.WHO.in/nutrition/publication.