Knowledge of Prevention of Anemia Among Registered Antenetal Women

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ABSTRACT Anemia in pregnancy is defined by World Health Organization (WHO) as a hemoglobin concentration below 11g/dl.

Title -Assess the knowledge of prevention of anemia among registered antenetal women attending OPD in KH, Karad.

Objectives *A study is to assess the knowledge of antenetal women regarding prevention of anemia and to find out its relationship with selected demographic variablales.*

METHDOLOGY- *Non experimental research design was used with descriptive approach. Purposive sample teachnique were used. Total 50 registered Antenatal women were by administering structured questionnaire.*

RSULTS- *Majority i.e. 28 (56%) of mothers belonged to 20-24 years of age, maximum*

37(74%) women have average knowledge on prevention of anemia and minimum 5(10%) have poor knowledg also. maximum 27(54%) women have average knowledge on treatment of anemia and minimum 23(46%) have poor knowledge . There was significant association was found between knowledge of anemia and age, education and family income .

CONCLUSION *Study concluded that the majority of mothers having average knowledge regarding prevention of anemia.*

Introduction

Anemia in pregnancy is defined by World Health Organization (WHO) as a hemoglobin concentration below 11g/dl.[1] Iron-deficiency anemia is the most common form of malnutrition in the world and is the eighth leading cause of disease in girls and pregnant women in developing countries. Women's health is central to the survival of the society as they give beginning to the new life on the earth and cares for all the family members.[2] Both developed and developing countries are affected by anemia. It has been global public health problem with major consequences for human health. According to WHO, anemia is classified as mild degree (Hb 9.0-11.0 g\dl), moderate (7.0-9.0 g\dl) and severe (4.0-7.0 g\dl).[3]

NEED FOR THE STUDY

Anemia in pregnancy accounts for one fifth of maternal deaths and is a major factor responsible for low birth weight. In India, 16% maternal deaths are attributed to anemia. The association between anemia and adverse pregnancy outcome, higher incidence of preterm and low birth weight deliveries has been demonstrated. [4] In view of the low dietary intake of iron and folate, high prevalence of anemia and its adverse health consequences, India became the first developing country to take up a National Nutritional Anemia Prophylaxis Program (NNAP) to prevent anemia among pregnant women.

NNAPP was initiated in 1970 during the fourth 5-year health plan with the aim of reducing the prevalence of anemia to 25%. The Government of India recommends a minimum dose of total 100 iron and folic acid tablets to be prescribed during pregnancy. [5] Public health program of distribution of the iron tablets to the pregnant women (during last trimester) and preschool children is in operation in India as part of Maternal and Child Health (MCH) services. [6]

The impact of anaemia among pregnant women can be drastically reduced through simple interventions, including iron supplementation for pregnant women, malaria, and hookworm control and efforts to ensure optimal birth spacing. It is hoped that the outcome of this study will help to improve the quality of antenatal care.

Statement Of The Problem

A study to assess the knowledge regarding prevention of anemia among antenatal women attending antenatal clinics opd of Krishna Hospital, Karad

Objectives

- To assess the knowledge of antenetal women regarding prevention of anemia
- To find out association with selected demographic variables.

Methodology

The study was conducted on fifty antenatal women attending antenatal opd of Krishna Hospital, Karad by using two group simple randomized design with an descriptive approach. Study was aimed at identifying the knowledge regarding prevention of anemia among registered antenatal mothers with non experimental design. Sample cluster consisted of 50 registered pregnant mothers attending antenatal clinics with purposive (non-probability) sampling was adopted with Inclusion criteria: All the registered pregnant mothers attending the antenatal clinics and Exclusive Criteria Antenatal mothers who are not registered and who are admitted. A formal permission to conduct the study was obtained from the authorities of the hospital. Structured interview schedule with the option of 'yes', 'no', or 'do not know' and a checklist with the option 'yes' or 'no', was developed .

Section I : the sociodemographic and baseline data of the mothers such as age,religion, marital status and educational status, Family income, occupation,obstetric score, etc. There were totally 9items in this section.

Section II :It is divided into 2 subsections for the convenience of getting required information. The obtained data was tabulated and analyzed in term of objectives of the study using descriptive and inferential statistics

Findings
4.1 Findings Related to sample characteristics
FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES
TABLE -1
n=50

Sr.No.	Variables	Frequency	%
1	Age		
	Below 19	7	14
	20 to 24	28	56
	25 to 29	14	28
	30 & Above	1	2
2	Education		
	Primary	3	6
	Secondary	32	64
	Higher Secondary	5	10
	Graduate	10	20
3	Religion		
	Hindu	39	78
	Muslim	9	18
	Christian	2	4
4	Family Type		
	Nuclear	20	40
	Joint	30	60
5	Occupation		
	Housewife	36	72
	Labour	5	10
	Professional	9	18
6	Income		
	Below 3000	2	4
	3001 to 5000	15	30
	5001 & above	33	66
7.	Obstetric Score		
	Primi Gravida	23	46
	Multi Gravida	27	54
8.	Registration Status		
	Booked	38	76
	Unbooked	12	24
9.	Diet		
	Vegetarian	20	40
	Mixed	30	60

Majority i.e. 28 (56%) of mothers belonged to 20-24 years of age, only 1 (2%) were in the age group of 30 years and above .

According to educational status, maximum 32 (64%) of the mothers had secondary education while 3 (6%) had primary education and also5 (10%) were graduates.

Regarding religion majority 39 (78%) of mothers belonged to Hindu religion, 9 (18%) of the mothers belonged to Muslim religion, 1 (2%) of the mothers belonged to Christian religion.

Also majority 30(60%) of the mother's belonged to joint family and only 20 (40%) belonged to nuclear family.

Regarding occupational status of women majority 36 (72%) of the mother's were Housewives and 9 (18%) were professionals. and 5 were (10%) labors.

The family income indicates that majority 41 (39.04%) of the family income ranged between Rs. 2001-3000 per month and 10.95%) ranged between Rs. 5001 and above per month. Regarding diet majority 30 (60%) of the mothers were taking mixed diet, whereas 20 (40%) of the mothers were taking vegetarian diet. Maximum women 27(54%) were multipara and 23(46%) were primigravida.

TABLE -2: frequency & percentage distribution of women according knowledge prevention of anemia

SR NO	Knowledge of prevention ofanemia	Frequency	%
1	poor (below 5)	5	10
	average(5-6)	37	74
	good(above 6)	8	16

Table 2 reveals maximum 37(74%) women have average knowledge on prevention of anemia and minimum 5(10%) have poor knowledge

TABLE -3: Frequency & Percentage Distribution Of Women According Knowledge Treatment Of Anemia

SR NO	Knowledge of treatment ofanemia	Frequency	%
1	POOR (below 2)	-	-
	AVERAGE(2-3)	27	54
	GOOD(above 3)	23	46

Table 3 reveals maximum 27(54%) women have average knowledge on treatment of anemia and minimum 23(46%) have poor knowledge .

Findings related to Association between knowledge of anemia and demographic variable

For age $P = 0.015$, chi square $= 12.355$ df $=4$ which shows that there is statistically significant association between age of the mothers and level of knowledge at $p<0.005$.

Association between knowledge of anemia and education as $P = 0.000$ $2 = 20.586$ df $= 2$ and **2 calculated value shows that there is statistically significant association between mothers educational status and level of knowledge at $p<0.005$.**

Association between knowledge of anemia and family income as $P = 0.000$ $2 = 19.047$ df $= 4$

which shows that there is statistically significant association between family income of the mothers and level of knowledge at $p<0.005$.

Association between knowledge and Gravid status of mothers obstetric score $P = 0.196$ $2 = 3.254$ df $= 2$ **2 calculated value shows that there is no statistically significant association between mothers gravid status and level of knowledge** at $p<0.005$.

Discussion

Majority i.e. 28 (56%) of mothers belonged to 20-24 years of age, only 1 (2%) were in the age group of 30 years and above . similar findings were observed in the study conducted by

Rajeev Kumar Yadav[7] Majority 242 (60.50%) women were in the age group 20-24 years

followed by 106 (26.50%) in age group 25-29 years. According to educational status, maximum 32 (64%) of the mothers had secondary education while 3 (6%) had primary education and also5 (10%) were graduates. Similar findings were found in the study conducted by Rajeev Kumar Yadav[7] where they found Majority 148 (37.0%) of the women had secondary level education followed by primary level education 121 (30.3%), higher secondary 55 (13.8%), illiterate 43 (10.8%) and 33 (8.3%) had graduate level education .

The family income indicates that majority 41 (39.04%) of the family income ranged between Rs. 2001-3000 per month and 10.95%) ranged between Rs. 5001 and above per month.Similar findings were found in the study conducted by Anitha[9] where they found In the study done in Karnataka, 99.05% had income of less than Rs.5000 and 0.95% had income of more than Rs.5000.

Maximum 37(74%) women have average knowledge on prevention of anemia and minimum 5(10%) have poor knowledge .The study was not supported by the study conducted by N. Ghimire and N.Pande [8] which shows that more than half of the mothers (51.3%) had not adequate knowledge on prevention of anemia

Association between knowledge of anemia and education as $P = 0.000$ $2 = 20.586$ df $= 2$ and 2 calculated value shows that there is statistically significant association between mothers educational status and level of knowledge at $p<0.005$. This finding supports the study done by Anitha [9]

The finding of the study stated that individuals with a higher educational level had better knowledge of anemia and may be explained by more access to internet, books and magazines as source of information in work area.

Conclusion

Based on the findings of the present study, it can be concluded that pregnant women had average

level of knowledge in the study area. There was significant association between level of age ,education, monthly income and obstetric score and knowledge of anemia.

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