



PREVALENCE OF ANEMIA AND KNOWLEDGE REGARDING ANEMIA AMONG REPRODUCTIVE AGE GROUP WOMEN OF AREA CATERED BY SUB-CENTRE SYED-PORA BLOCK HAZRATBAL SRINAGAR (J&K)

Community Medicine

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ABSTRACT

Introduction: Anemia is a major health problem throughout the world with an annual prevalence of 400 million. The prevalence rates are higher in developing countries like India, especially affecting toddler, adolescents and women. Further women of child bearing age are more susceptible to have anemia because of various factors. The current study throws a light on the same issue.

Material and method: This descriptive study was conducted to assess the prevalence and knowledge of anemia among women of reproductive age group (15-49years) residing in rural Srinagar jammu and kashmir. 160 reproductive age women of village syed-pora Hazratbal Srinagar J&K were randomly selected through lottery method for the study and interviewed with help of self structured validated tool. Feasibility and reliability of the tool was confirmed by conducting pilot study. Collected data was analyzed for descriptive statistics.

Results: The overall prevalence of anemia among women of reproductive age group was found to be 75% and about half of subjects were falling with mild (10-11 gm/dl) category of anemia. As per the knowledge part is concerned only 15% were having adequate knowledge regarding anemia.

KEYWORDS

Knowledge, prevalence, reproductive women, anemia

I. INTRODUCTION

Anemia is one of the most widespread nutritional deficiency disease and a major public health concern all over the world affecting all the ages and both gender^[1]. It is one of the most prevalent health issue among women within reproductive age group. All women aged 15-49 years who are anemic are 65.9% and all women aged 15-19 years who are anemic are 76.2 % anemic in UT of Jammu and Kashmir (NFHS-5)^[2]. Anemia is not a specific disease state but a sign of an underlying disorder. Anemia is a condition in which Hemoglobin concentration is lower than normal, reflects presence of fewer than normal RBCs with in circulation, that leads to reduced oxygen flow to body tissues^[1]. Iron deficiency anemia is one of the commonest forms of anemia whose prevalence is high among reproductive age women. The main reason is excessive loss of blood or demand of iron associated with menstruation and child birth. It is a critical health concern as it effect growth, energy levels and also leads to various health problems. It is one of the main causes of morbidity, mortality in reproductive age and a key factor to low birth weight. Due to poverty, inadequate diet, pregnancy, lactation, poor educational level and poor access to health services women become an easy prey for anemia^[3]. The reason for the high morbidity and mortality rates among women can be that the manifestations of anemia among women in reproductive age may not be noticeable easily in the beginning as it is like an ice berg. But Paleness, fatigue, low blood pressure can be manifested later. In severe cases, there will be shortness of breath and chest pain, which is an evidence of inadequate perfusion and oxygenation of the major organs. These factors can worsen the health conditions of women and lead to various secondary health problems such as lung diseases, cardiovascular diseases and heart attack, ultimately death. Whereas severe anemia is closely related to risk of high mortality even mild anemia carries health risks and reduces capacity to work^[4]. In spite of various programmes started by government of India, there is no significant decline in the prevalence of anemia. Still a large chunk of women falls into deadly jaws of anemia^[5].

II. Need of the Study

Due to lack of appropriate knowledge about anemia and its prevention is one of the causes of high prevalence of anemia^[6]. So keeping this background in mind felt the need to conduct the present study assessing the prevalence and knowledge of anemia among the women of reproductive age group (15-49years).

III. Objectives:

- To assess the prevalence of anemia among women of reproductive age group.
- To assess the Knowledge regarding anemia among women of reproductive age group.

RESEARCH DESIGN:

A descriptive survey approach was used in present study to assess the prevalence and knowledge regarding anemia among women of rural community syed-pora of block Hazratbal.

SAMPLE AND SAMPLING TECHNIQUE:

sample size of 160 women of reproductive age group (15-49years) was calculated by taking prevalence of anemia 65.9%, 95% confidence level, population of syed-pora is 1200. They were recruited through random sampling method. Initially a house to house survey was done to identify the women and then through lottery method desired sample of 160 women was chosen out by some another person who was not aware about the study.

DEVELOPMENT & DESCRIPTION OF TOOL:

structured tool was prepared which consisted of three parts:

Part I: It consisted of 7 items related to demographic profile of reproductive age women^[7]

Part II: It included clinical signs of anemia and hemoglobin level which was checked using Sahlis, Hemoglobinometer^[8].

Part III: Structured knowledge questionnaire on anemia which included 27 questions related to anemia, ^[7] Maximum score of the questionnaire was 50. Scoring was categorized as follow:

Inadequate score:-<50%(<27 score)

Moderately adequate :-50-75%(27-36score)

Adequate score :- 75%(>36 score)

Structured knowledge questionnaire regarding anemia.

S No.	Content	No. of questions	Question No.	Max. score	Inadequate scoring (<50%)	Moderately adequate (50-75%)	Adequate (>75%)
1	Meaning of anemia	02	1,2	2	<1	1	>1
2	Causes of anemia	01	3	3	<2	2	>2
3	Risk factors	01	4	2	<1	1	>1
4	Sign and symptom of anemia	02	5,6	6	<3	3-4	>4
5	Diagnosis of anemia	01	7	3	<2	2	>2
6	Ill effects of anemia on a)work capacity b)immunity c)pregnancy d)foetus	04	8,9,10,11	8	<4	4-6	>6
7	Treatment of anemia	02	12,13	5	<3	3-4	5

8	Prevention of anemia	10	14-23	16	<8	8-12	>12
9	Daily requirement of iron	03	24,25, 26	3	<2	2	>2
10	Complications	01	27	2	<1	1	>1
	Total	27	27	50	<27	27-36	>36

Prior to main study a pilot study was conducted on 5 women of reproductive age group of different village of same area to find out reliability of the tool and feasibility of the study.

Verbal consent was taken from the subjects before proceeding for the study.

DATA COLLECTION: Data collection of the study was carried out on desired sample of 160 women. Prior to handing over the questionnaire to collect the data from subjects, investigator self introduced himself and explained the purpose of the study. Subjects were assured that their responses were kept confidential and will only be used for research purpose. On an average 30 minutes were taken by each subject to fill the questionnaire. Simultaneously health assessment of each subject was done to identify clinical signs of anemia i.e color of tongue, eyes, Capillary refilling time and Hb level. Hemoglobin level of women was checked by taking drop of blood by Sahli's method and subsequently the levels of anemia are categorized as no anemia (>11 gm/dl), mild (10-11gm/dl), moderate (7-10 dm/dl), severe(<7 gm/dl) **WHO classification**

DATA ANALYSIS:

The data collected was coded and entered in to master sheet. Descriptive (Frequency, %, mean, S.D.)

VI. RESULTS

1. DEMOGRAPHIC PROFILE:

TABLE 1 depicts the socio demographic characteristics of the study subjects. It shows that maximum number (52.5%) of subjects were from age group of 15-25 years. Education wise 57.5% of respondent had studied up to secondary level whereas only 2.5% of respondent were graduate. Most of the women (82.5%) were non – working. About half of the subjects had monthly income ≤5,000 rupees and only 5% respondent had monthly income ≥Rs 15,000. 62.5% of respondent were married. About 70% of subjects came from nuclear type of family.

Table – 1: Percentage Distribution Of Subjects As Per Demographic Data (n = 160)

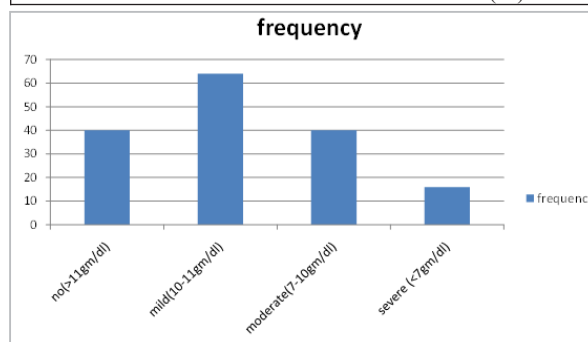
Variable	n(%)
Age (in years)	
15-25	84(52.5)
26-35	56(35.0)
36 and above	20(12.5)
Education	
Never attended school	12 (7.5)
Primary	52(32.5)
Secondary	92(57.5)
Graduate and above	4(2.5)
Working status	
Working	28(33)
Non-working	132(82.5)
Family income	
≤ 5,000	80(50)
5,000-10,000	52(32.5)
10,000-15,000	20(12.5)
≥15,000	08(5)
Marital status	
Unmarried	56(35.00)
Married	100(62.5)
Widowed	04(2.5)
No. of children	
0	60(37.5)
1	44(27.5)
2 and above	56(35.0)
Type of family	
Joint	48(30.0)
Nuclear	112(70)

2. PREVALANCE OF ANEMIA:

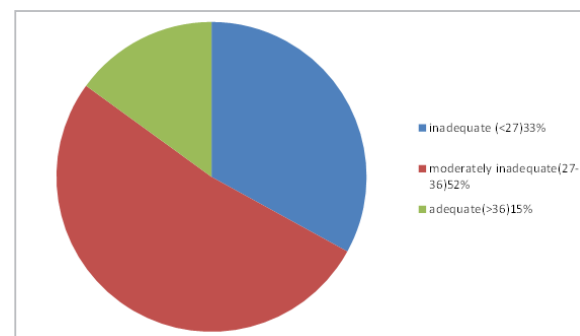
Results shows that 32.5% of women had previous history of anemia and only 17.5% of women were taking the iron supplement. Sign and symptoms wise more than half of the subjects (57.5%) reported weakness, followed by fatigue (55%), lethargy (47.5%) and fainting episodes (17%). According to clinical signs of anemia 65% of respondents had pallor skin, followed by (37.5%) had pallor tongue, (35%) had CRT >3sec whereas only very small number of subjects (7.5%) had spoon shaped nail. Maximum numbers of subjects (40%) were falling under mild anemia category, whereas about (25%) had moderate anemia and (10%) had severe and 25% had no anemia respectively. (TABLE 2)

Table – 2: Frequency and percentage distribution of women of reproductive age group according to prevalence of anemia

Variable	n(%)
Previous History of anemia	
Yes	52(32.5)
No	108(67.5)
Taking any supplement	
Yes	28(17.5)
No	132(82.5)
Assessment of women for Anemia	
Fatigue	88(55)
Weakness	92(57.5)
Lethargy	76(47.5)
Any episode of fainting	28(17.5)
Clinical Sign of anemia	
Pallor Skin	104(65)
Pallor tongue	60(37.5)
Spoon shaped nail	12(7.5)
CRT >3sec.	56(35)



Frequency distribution of women according to levels of Anemia



Frequency distribution of women as per knowledge regarding anemia.

VIII. DISCUSSION

The aim of study was to assess the prevalence and knowledge regarding anemia among women of rural community Syed- pora Hazratbal Srinagar Jammu and Kashmir. 160 women were recruited for the study. Overall prevalence of anemia among women of reproductive age group was found to be 75% and 40% had mild anemia, 25% moderate anemia and 10% had severe anemia. These results are more as compared to NFHS-5 (2019-2020), were 65.9% of women of reproductive age group were anemic. The increased prevalence is due to lack of knowledge regarding anemia as only 15%

have adequate knowledge and 85% have inadequate knowledge. Poor access to health facility, poor educational level (only 4% above graduation), Low family income (50% participants have family income < 5000 Rupees) leads to high prevalence of anemia.

IX. CONCLUSION

Anemia remains a very common health problem among the women of reproductive age group and leads to high morbidity and mortality rates among females. Most of the women have poor knowledge regarding anemia, its cause, prevention and management. The current study was an attempt towards this side to estimate prevalence and knowledge regarding anemia among reproductive age women. The overall findings of the study show the high prevalence of anemia. There is need to improve the health care services, facilities and more importantly knowledge among the women on topics related to anemia and its prevention. More and more grass root level workers should be trained in this area so that they can provide services at the primary levels before the initiation of illness. Further more and more studies should be carried out in different parts of country to get an exact picture of anemia and based upon that practical approach should be adopted to eliminate the problem.

RECOMMENDATIONS

On the basis of findings of study, it is recommended that:

A study can be replicated on a larger sample thereby findings can be generalized for larger population.

A study can also be conducted among other age group.

A study can also be conducted in an urban community.

REFERENCES

1. Park. K, Text book of preventive and social medicine , 25th edition.2019 ,680
2. National Family Health Survey 2019-2020(NFHS-5)
3. Bhanushali, M. M., Shirode, A. R., Joshi, Y. M., and V.J. Kadam (2011). An intervention on iron deficiency anaemia and change in dietary behaviour among adolescent girls. *International Journal of Pharmacy and Pharmaceutical Sciences*, 3: 40-42.
4. Khatry J (2008). Study on sustainability of management of moderate anemia in pregnant women and its impact on birth weight dissertation for MD CHA submitted. University of Delhi, Delhi.
5. Umeta. M, Haider J, Demissie G, Akalu G, Ayana G (2008). Iron deficiency anemia among women of rep
6. Mishra P, Ahluwalia SK, Garg PK, Kar R, Panda GK (2012). The prevalence of Anemia among reproductive age group (15-45years) women in a PHC of rural field area of MM Medical College, Ambala, India. *J Women's Health Care*. 1(3): 1-3
7. Upadhyaya S, Kumar AR, Raghuvanshi R and Singh BB (2011). Nutritional Status and Knowledge of Hill Women on Anemia: Effect of Various Socio-demographic Factors. *J Hum Ecol*. 33(1): 29-34
8. 7.Mamta L, Tamphasana D.Prevalence of anemia and knowledge regarding anemia among reproductive age women.journal of nursing and health science(2014)pp-54-60]
9. Chaudhary SM, Dhage VR (2008). A Study of Anemia Among Adolescent Females in the Urban Area of Nagpur. *Indian J Community Med*. Oct 2008; 33(4): 243-245.
10. Kanani and Poojara, R.H. (1999). Supplementation with iron and folic acid enhances growth in adolescent Indian girls *J. Nutr.*, 130,452S-455S.
11. Kaur, M. and K. Singh (2001). "Effect of Health Education on Knowledge, Attitude and Practices About Anaemia Among Rural Women in Chandigarh." *Indian Journal of Community Medicine*, 26(3): 128-128.
12. Malhotra P, Kumari S, Kumar R, Varma S (2004). Prevalance anemia in adult rural population of north india. *Journal of association of physicians of india*. 52:18-20