



# Knowledge About Foods Which Prevent Nutritional Anemia Among Patients at A Tertiary Care Centre in Eastern Part of Uttar Pradesh

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**KEYWORDS**

**INTRODUCTION:** In 2010, global anaemia prevalence was 32.9% (ie, more than 2.2 billion people were affected); iron deficiency was the most common cause.<sup>1</sup> Anaemia is estimated to contribute to more than 115 000 maternal deaths and 591 000 perinatal deaths globally per year.<sup>2</sup> The consequences of morbidity associated with chronic anaemia extend to loss of productivity from impaired work capacity, cognitive impairment, and increased susceptibility to infection,<sup>3</sup> which also exerts a substantial economic burden.<sup>4</sup> Anaemia is socially patterned by education, wealth, occupation (eg, agricultural workers), and residence.<sup>5, 6,7</sup> Several strategies exist for anaemia prevention and control, and these include improvement of dietary intake and food diversification, food fortification, supplementation with iron and other micronutrients, appropriate disease control, and education.<sup>11,12,13</sup> Several are low cost and rank among the more cost-effective interventions at the population level.<sup>14,15</sup> However, several barriers impede anaemia prevention and control strategies.<sup>16,17</sup> Also, there are implementation challenges relating to delivery and scale-up of existing anaemia interventions; addressing implementation knowledge gaps, and maximising opportunity to learn from past failures and successes could improve understanding of how to achieve and sustain impact.

**AIMS AND OBJECTIVES:**

1. Improve awareness about anaemia among women of reproductive age group
2. Motivate all women to choose healthy food-habit
3. Find out the knowledge about food-products that prevent nutritional anaemia
4. Assess the difference of knowledge between different socio-demographic parameters

**Material and Method:** This is a cross-sectional study done at dept of obstetrics and gynecology in IMS,BHU in 06 months among 1000 women. A simple questionnaire form was used regarding age, residence, socioeconomic status, education and knowledge about different food products to prevent nutritional anaemia. We simply asked if they knew what food helps in increasing haemoglobin level.

**OBSERVATION:** Knowledge about different food types in relation to age, residence, socioeconomic status (SES) and education as shown in table below:

**Table 1. n=1000**

PARAMETER		Awareness about iron rich foods	Awareness about protein	Awareness about vitamins
URBAN	630	450(71.4%)	380(60.31%)	490(77.7%)
RURAL	370	180(48.6%)	200(54.05%)	150(40.54%)

Socioeconomic status				
LOW SOCIOECONOMIC STATUS	400	90(22.55%)	70(17.5%)	60(15%)
MIDDLE	580	470(81.03%)	400(68.96%)	380(65.51%)
HIGH	20	18(90%)	16(80%)	15(75%)
Education status				
Illiterate	40	10(25%)	15(37.5%)	15(37.5%)
Uptill matriculation	650	200(30.76%)	300	180
Graduation	200	150(75%)	180(80%)	140(70%)
Postgraduation	110	98(89.09%)	90(81.81%)	92(83.63%)

**DISCUSSION:** In most settings, anaemia is a marker of socioeconomic disadvantage, with the poorest and least educated being at greatest risk of exposure to risk factors for anaemia and its sequelae.<sup>8,9,10</sup>

This is a cross-sectional study done at dept. of obstetrics and gynecology in IMS,BHU. This study aims to improve awareness about anaemia among women and find out knowledge about foodproducts that prevent nutritional anaemia.

Urban women were more aware as compared to rural women (71.45 vs 48.6%). Education also play an important role. The women who were graduate and postgraduate were more aware than illiterate and who had done matriculation. Women belonging to low socioeconomic status(22.55%) were lacking information as compared to women of high socioeconomic status(90%).

**CONCLUSION:** Anaemia continues to be an endemic problem of large magnitude, and the increasing trends in several developing countries point to the failures of existing approaches to alleviate this burden. Identification of the local determinants of anaemia and improvement of the implementation of contextually appropriate strategies will be crucial for progress in this important global health issue.

Women above 20 years has better knowledge about nutritional foodstuff. Urban and more educated women knew how to prevent anaemia by diet. Still there was some lack of education and information about anaemia prevention that we simply overlook. We hope that in near future we will improve social awareness and nutritional education to effectively eliminate nutritional anaemia.

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