

Anaemia: A Global Public Health Problem in Muzaffarpur Town

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Abstract

Anaemia is a global public health problem of both developing and developed countries. It occurs when concentration of hemoglobin falls below the normal level. It can affect psychological and physical behaviour. Anaemia in pregnancy is associated with adverse consequences both for the mother and the foetus. Muzaffarpur town the Anaemia is found in in most of the pregnant women. Education plays important role in combating Anaemia by educating them to eat proper and balance diet and rich in iron and Vitamin.

Key Words: Anaemia, Health, Pregnant Women, Behaviour, Muzaffarpur

Anemia is a global public health problem of both developing and developed countries. It occurs when concentration of hemoglobin falls below the normal level. It can affect psychological and physical behaviour. Anaemia in pregnancy is associated with adverse consequences both for the mother and the foetus. Studies have shown that the adverse consequences of maternal Anaemia may affect not only the neonate and infant but also increase the risk or non-communicable disease when the child grows into an adult and the risk of low birth weight in the next generation.

Anaemia can affect psychological and physical behaviour. Even very mild forms influence the sense of well-beings, lessen resistance to fatigue, aggravate other disorder and affect work capacity. For pregnant women Anaemia can result in

severe morbidity and mortality and reduces the resistance to blood loss with the result that death may result from the blood loss associated with delivery. The so called Physiological Anaemia occurs when there is disproportionate increase of Plasma volume during pregnancy, leading to apparent reduction of Red Blood cells, hemoglobin and Hematocrit value.

Socio-demographic history of pregnant women:

Data on the background of the respondent were collected in respect of age, education, religion, monthly house hold income, size of family and type of family and women's marital status:

(a) Age:

It refers to the number of completed years or months (at the time of interview of data collection) as reported.

Represents the age on which the lady became pregnant

Age	Respondent	Percentage (%)
<20 yrs.	36	9%
20 – 25 yrs.	160	40%
25 – 30 yrs.	124	31%
> 30 yrs.	80	20%
Total	400	100%

(b) Education:

It refers to literacy status of pregnant women. The literacy status of pregnant women was classified as indicated below:

Illiterate
 ≤middle school complete
 High school complete or intermediate
 ≥ Graduate

Represents the education level of respondent

Education	Respondents	Percentage (%)
Illiterate	22	5.5%
Middle School Complete	42	10.5%
High School complete or intermediate	156	39%
Graduate	180	45%
Total	400	100%

(c) Religion:

Respondents were selected from Hindu, Muslims, Sikh and others religion.

Data collection:

The data was collected with the use of interview. The sample size is 400. The data has been collected from pregnant lady who are anaemic.

In present study the data has been collected from both primary and secondary sources:

Primary sources: The information has been collected through taking interview, group interview and focused group interview of anaemic pregnant lady.

Secondary sources: The information has been collected through various records, journals, newspaper and internet related to the Anaemic topic.

During pregnancy, growth of the fetus and of the Placenta and the larger amount of circulating blood in the expectant mother lead to an increase in the demand for nutrients, especially iron and folic acid. The majority of women in the developing countries start pregnant with depleted body stores of these nutrients and this means that their extra requirement is even higher than usual.

RDA for Pregnant Women

Nutrient	Normal Women	Pregnant Women
Energy (Kcall)	1875	+300
Protein (g)	50	+15
Fat (g)	20	30
Calcium (mg)	400	1000
Iron (mg)	30	38
Vitamin A (ug)	600	600
Thiamine (mg)	0.9	+0.2

Riboflavin (mg)	1.1	+0.2
Niacin (mg)	12	+2
Ascorbic acid (mg)	40	40
Folic acid (ug)	100	400
Vitamin K (ug)	1	1

From this study the background profile of pregnant women has been studied. The age in which they were pregnant mostly 51.5% in 24-28 yrs. Only 24% women 29 yrs. 72% respondents were belong to joint family. Because of that proper care not be done 49% were belongs to 5-10 member (medium size family in that condition due to large family member balanced diet or nutrition diet would not be possible 51% respondents were Hindu and 30% were Muslims. By the study it reveals that 5.5% respondent were illiterate, which represent as an obstacle for health improvement programs. Moreover, about 45% graduate 10.5% were middle school completed and 39% were High School or Intermediate 22% respondents were doing only job, 5.2% were housewife and 26% respondents carrying the responsibilities of both house and office. So they have double burden of pressure only 33.5% respondents belongs to upper middle class while rest of coming in low income or middle income group. That is why due to low income the diet management of family will be affected.

70% the respondent were over wt. and obese. 3% pregnant woman had Hb% 3-4 gm/dl and 4.5% had 5-6 gm/dl. Otherwise 31.5% respondent had 7-10 gm/dl Hb% only 41% had > 10gm/dl hb%.

36% pregnant women had first trimester, 40% had 2nd trimester and 24% had 3rd trimester, 20.5% respondent had history of

miscarriage or abortion.

72% respondents had frequent nausea or vomiting. Only 51.5% respondents had eating habits Double or more than previous. Other wise 50% had just like previous or less than previous.

85% respondents had take iron supplements and 70% respondent knew about double diet. 61% respondent had stress or worry. 68.5% respondents were feeling better after consulting with doctor.

70 respondents were taking 4 times or more than 4 times meal otherwise remaining 30% were taking less than 4 time meal. That is not good for their health. Interval of time between two meals was also very long. Approx 50% respondent ate at 6hr or more them 6 hrs. of interval. That was also not good. Small but frequent eating is needed.

In this study of total 400 respondent 45% were vegetarian. They did not eat animal protein which is very good for pregnant lady.

75% respondent drunk 10 glass water per day. Remaining 25% drink less than 10 glasses. That was risky for respondent. Because of less water digestion is not done properly and respondent had to face other complication.

39% respondents were taking pulses in good amount. Rest of the respondents was taking in 50-50 or less amount that is not good for

the respondents and fetus also. During pregnancy increased need of protein.

Green leafy veg. was take in good amount only by 40% and 17% only taking milk and milk products in good amount.

45% and more respondents took three or more cups of tea in a day that is not good for respondents and also for the health of fetus. Increased intake of tea can be harmful. 22% respondent were taking fruits in daily basis otherwise rest were or alternate, weekly or sometime, fruits are rich in vitamins and mineral which is good for brain development and body building of fetus so less amount can be harmful. Taking iron rich food in combination with Vitamin C rich food is necessary because iron is absorb in combination of Vitamin C 24% respondent

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were not awarded about this. They have knowledge about vitamin C and iron.

Only 9% respondents were doing exercise or morning walk. Exercise or morning walk is necessary during pregnancy for the better movement of fetus and proper digestion.

Conclusion:

In Muzaffarpur town the Anaemia is found in in most of the pregnant women. Education plays important role in combating Anaemia by educating them to eat proper and Balance diet and rich in iron and Vitamin. Economic status of pregnant women also plays an important role on the nutritional status of pregnant women and in combination; unawareness also play a major role in overall health of pregnant woman.