



Research Article

A Descriptive Study to Assess the Prevalence of Anemia and Identify Dietary Practices among Adolescent Girls in Selected School of Moradabad, Uttar Pradesh

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Abstract

Introduction: Anemia is one of the major public-health problems that affects the world's total population widely Anemia is known to affect people belonging to all age-groups, particularly women of child bearing age and children. Hence, the researcher felt the need to conduct a descriptive study to assess the prevalence of anemia and identify dietary practices among adolescent girls in selected school of Moradabad, Uttar Pradesh.

Materials and Methods: Quantitative approach with descriptive survey design was used to achieve the objectives of the study. The sample consisted of 100 adolescent girls (11-17 years) from selected school of Moradabad. Convenient sampling technique was used to select the sample. A structured questionnaire was developed to identify dietary practices and to obtain demographic profile of adolescent girls and a recording sheet was used to collect data regarding their haemoglobin level.

Results: The data collected was analysed and interpreted using both descriptive and inferential statistics. The study showed that 66% of the adolescents were anemic; out of which 31% were mild anemic, 25% moderate and 10% were severely anemic. There was a significant relationship between anemic statuses of the sample with their frequency of eating junk food. A pamphlet on prevention and management of anemia among adolescent was developed and disseminated to the adolescent girls.

Conclusion: The point prevalence of anemia among adolescent girls was found to be 66%. The high prevalence of anaemia among adolescents demands due emphasis on iron and folic acid supplementation, iron rich food intake, health education regarding personal hygiene and periodical deworming to reduce the burden of anaemia among adolescent girls.

Keywords: Adolescent girls, Anemia, Descriptive

Introduction

Adolescence is considered as a bridging period from childhood to adulthood. As per a WHO report, paediatricians are the first contact point for various health problems of children and adolescent till 19 years of age. It has also been noted that most of the problems are related to dietary habits from initial age of a child. These habits lead to micro and macro nutritional anemia and various other health issues. Nurturing a girl child from her infancy to

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childhood to adolescence is of paramount importance and by intervening at adolescent age of a girl we could stop the vicious cycle of ill health and contribute towards a healthier nature and society.¹

Anemia is one of the major public-health problems that affects the world's total population widely Anemia is known to affect people belonging to all age-groups, particularly women of child bearing age and children. According to World Health Organization (WHO) anemia, in children from to 6 months to 5 years, is defined as, Hb level<11g/ dl, and in children between 5-11 years as Hb<11.5g/dl.²

Adolescents are considered to be a nutritionally vulnerable segment of the population. Due to enhanced growth during adolescence, the requirement of some minerals is of paramount important. A rapid growth rate combined with a marginal nutrient intake increases the risk of nutritional deficiencies in this population. Micronutrients such as iron and zinc are essential trace elements involved in the high growth rates of adolescents.³

A study was conducted to assess the Dietary pattern, nutritional status, anaemia and anaemia-related knowledge in urban adolescent college girls of Bangladesh. The objective of the study was to examine dietary pattern and nutritional status of adolescent college girls of Dhaka, Bangladesh with a particular focus on the prevalence of anaemia and appropriate knowledge about it among them. Sixty-five adolescent girls aged 15-19 years were selected randomly from Home Economics college of Dhaka. A 7-day food frequency questionnaire was used to investigate the dietary pattern. Nutrient intake of the participants was assessed by 24h recall method. Anthropometric data indicated that 63% of the girls were stunted (heightfor-age <95% of NCHS reference values) and 45% were underweight (weight-for-age <75% of NCHS reference values). The prevalence of anaemia (Hb<12 g/dl) among the participants was 23%. About 17% had low serum iron (<40 µg/dl), 23% showed evidence of iron-deficient erythropoiesis (Transferrin Saturation <15%) and only 8% had vitamin C deficiency (<0.29 mg/dl). About 65% of the participants had correct knowledge about the causes of anaemia; while 72.3% and 80% respectively, knew about the prevention and treatment of anaemia. Surprisingly, 73.8% of the participants were not aware about the sources of iron-rich foods.³

Patimah S et al. conducted a study to assess the association of balanced diet behavior and microcytic-hypochromic anemia among adolescent girls.⁴ A cross-sectional study has been conducted among 200 adolescent girls in five senior high schools in Maros regency on March to April 2015. Assessment of anemia was performed by Flow Cytometry and SLS-haemoglobin method, data of balanced diet behavior was collected using structured questionnaire. Data was analysed by using chi-square test with SPSS software for windows. The prevalence of microcytic-hypochromic anemia was 19.5%. There were 41% subjects had low knowledge about balanced diet, more than a half (55.5%) had negative attitude to balanced diet, and 46.5% had a poor practice of balance diet. Knowledge and attitude about balanced diet had no association with microcytic- hypochromic anemia. In contrast, the practices of balanced diet had a significant association with microcytic-hypochromic anemia (p=0.048). It is suggested to conduct an intervention for balanced diet education among adolescent schoolgirls to improve their balanced diet behavior.

The facts show that anemia exhibits as one of the most prevalent disease and perilous threat to health care sector, so it becomes a potential subject to be dealt with, to increase the quality and life expectancy. Hence this study was taken up to study the prevalence and create awareness about the measures to prevent it in order to reduce the prevalence of the disease.

Materials and Methods

The research approach and research design selected for the study was quantitative approach with descriptive survey research design. Convenient sampling technique was used for the selection of 100 students from Little Angel Girls Senior Secondary School, Moradabad, Uttar Pradesh to assess the prevalence of anemia and identify dietary practices among adolescent girls. Observational recording sheet was used for assessment of Hb level and questionnaire for collection of data regarding dietary practices and demographic data. The reliability of the questionnaires was calculated using Cronbach alpha formula and the reliability was found to be 0.86, hence the tool was reliable. Ethical permission was sought from Institutional Review Board of Jamia Hamdard.

Results

(n =100) S. No. Sample characteristics Frequency Percentage 1. Age 11 to 12 years 26 26 13 to 14 years 63 63 > 15 years 11 11 2. Family monthly income Up to Rs. 5000 31 31 39 39 Rs. 5001 to 10000 Rs. 10001 to 20000 14 14 >Rs. 20000 16 16 3. No. of family members Less than 4 persons 18 18 56 5 to 7 persons 56 More than 7 persons 26 26 4. Place of residence Urban 74 74 Rural 26 26 5. Education status of Illiterate 14 14 mother's Primary education 15 15 Secondary education 38 38 Intermediate 25 25 Graduation and above 8 8 6. Any history of worm Yes 54 54 infestation 46 46 No 7. Family history of anemia Yes 31 31 No 69 69 8. Onset of menarche Not yet started 13 13 11-12 years 21 21 13-14 years 58 58 15 years or later 8 8 9. Duration of blood flow Not applicable 13 13 during mensuration 18 18 1-3 days 4-5 days 28 28 6-7 days 38 38 More than 7 days 3 3 25 10. **Consumption of Tablets** 25 Yes under WIFS program 75 75 No

Table 1.Frequency and percentage distribution of adolescents by their demographic characteristics

Table 2. Frequency and percentage distribution of adolescents by their anemia status

Category	Hb (level)	Frequency	Percentage			
Non-anemic	12 g/dl	34	34.0			
Mild anemic	between 10 g/dl -11.9 g/dl	31	31.0			
Moderate anemic	between 7 - 9.9 gm/dl	25	25.0			
Severe anemic	Below7 g/dl.	10	10.0			

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The data in Table 2 reveals that maximum number of the adolescents i.e. 66% were anemic out of which, 31% were mild anemic, 25% were moderate anemic and 10% were found to have severe anemia 0.34% of adolescents were non anemic. Hence the point prevalence of anemia was found to be 66%.

S. No.	Dietary Practices Freque			Percentage	
1.	Type of diet	Vegetarian	28	28	
		Non-Vegetarian	72	72	
2.	Frequency of eating fish	More than 5 times per month	3	3	
		2-3 times per month	3 14 28 55 40 18 10	14	
		Less than 2 times /month	28	28	
		Not applicable /Do not eat fish	55	55	
3.	Frequency of eating meat	More than 5 times per month	40	40	
		2-3 times per month	18	18	
		Less than 2 times /month	10	10	
		Not applicable /Do not eat meat	32	32	
4.	Frequency of eating egg	Daily	13	13	
		Weekly	31	31	
		Fortnightly	6	6	
		Monthly	22	22	
		Not applicable /Do not eat egg	28	28	
5.	Meals taken per day	Twice	40	40	
		Thrice	53	53	
		More than 3 meals		7	
6.	Frequency of eating Green leafy	Daily	15	15	
	vegetables	Weekly		63	
		Monthly		18	
		Never	4	4	
7.	Frequency of consuming fruits	Daily	76	76	
		Weekly		22	
		Monthly	2	2	
8.	Frequency of consuming pulses	Daily	30	30	
		Weekly	55	55	
		Monthly	10	10	
		Never	5	5	
9.	Consumption of lemon, amla,	Frequently	16	16	
	orange along with meals	Occasionally	44	44	
		Never	40	40	
10.	Consumption of tea or coffee	Yes	48	48	
	after meals	No	52	52	
11.	Frequency of eating junk food	Daily	16	16	
		2-3 times in a week	36	36	
		Once in a week	17	17	
		Monthly	20	20	
		Never	11	11	

Table 3.Frequency and percentage distribution of adolescents by their dietary practices

12.	Practice of consuming milk or	Yes	31	31
	milks products along with meals	No	69	69
13.	Consuming Bajra, Poha, Til,	Yes	36	36
	Jaggery frequently in your diet	No	64	64
14.	Habit of eating pica	Yes	12	12
		No	88	88

Table 4 (a). The relationship between anaemic status of adolescent girls and selected dietary practices viz. type of diet, frequency of eating fish, frequency of eating meat, frequency of eating egg and meals taken per day

S. No.	Dietary practices		Severe anemic	Moderate anemic	Mild anemic	Non- anemic	Fisher's exact	p value
1.	Type of diet	Vegetarian	1	9	7	11	3.172	0.366
		Non-Vegetarian	9	16	24	23		
2.	frequency of eating fish	More than 5 times per month	0	0	2	1	12.71	0.176
		2-3 times per month	0	5	8	1		
		Less than 2 times / month	4	6	8	10		
		Not applicable /Do not eat fish	6	14	13	22		
3.	Frequency of eating meat	More than 5 times per month	6	8	15	11	7.877	0.547
		2-3 times per month	2	6	6	4		
		Less than 2 times / month	1	2	2	5		
		Not applicable /Do not eat fish	1	9	8	14		
4.	Frequency of consuming egg	Daily	2	3	4	4	11.27	0.564
		Weekly	1	9	10	11		
		Fortnightly	1	0	3	2		
		Monthly	5	5	7	5		
		Not applicable /Do not eat egg	1	8	7	12		
5.	Meals take	Twice	4	8	13	15	2.44	0.875
	per day	Thrice	6	14	16	17		
		More than 3 meals	0	3	2	2		

Significance at <0.05 p value significant.

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Table 4 (b).The relationship between anemic status of adolescent girls and selected dietary practices viz. frequency of taking green leafy vegetables, fruits, frequency pulses, lemon, Amla, orange with meals, junk food, tea or coffee after meals, milk or milk products along with meals, of bajra, poha, Til, jaggery and pica

S. No.	Dietary prac	Severe anemic	Moderate anemic	Mild anemic	Non- anemic	Fisher's exact	P value	
1.	Green leafy vegetables in diet	Daily	0	5	2	8	12	0.213
		Weekly	6	15	24	18		
		Monthly	4	3	4	7		
		Never	0	2	1	1		
2.	Frequency of fruits	Daily	7	16	25	28	4.6	0.595
	consumption	Weekly	3	8	6	5		
		Monthly	0	1	0	1		
3.	Frequency of consuming	Daily	1	7	9	9	10.71	0.296
	pulses	Weekly	8	15	20	15		
		Monthly	1	2	2	6		
		Never	0	1	0	4		
4.	Do you take lemon, Amla,	Frequently	2	3	7	4	3.57	0.734
	orange with meals	Occasionally	3	13	11	17		
		Never	5	9	13	13		
5.	Do you take tea or coffee	Yes	6	10	12	20	3.88	0.274
	after meals	No	4	15	19	14		
6.	Frequently do you eat junk	Daily	2	4	5	5	13.42	0.04*
	food	2-3 times in a week	1	11	14	10		
		Once in a week	2	3	4	8		
		Monthly	5	4	6	5		
		Never	0	3	2	6		
7.	Consume milk or products	Yes	2	12	9	8	4.88	0.18
	along with meals	No	8	13	22	26		
8.	Do you include any of these	Yes	2	13	11	10	4.53	0.209
	food items frequently in your diet	No	8	12	20	24		
9.	Habit of eating pica	Yes	1	1	5	5	2.28	0.515
		No	9	24	26	29		

*Significance at <0.05 p value.

Discussion

The findings of the present study show that out of the 66% of adolescent girls who were anemic, mostly (31%) were mild anemic, 25% were moderate anemic and 10% were found to have severe anemia 0.34% of adolescents were non anemic. The study findings are similar to the study conducted by Chaudhary SM and Dhage VR⁵ to estimate the prevalence of anemia among adolescent females and to study the socio demographic factors associated with anemia. A cross-sectional survey was conducted in an urban area under Urban Health Training Center, Department of

Preventive and Social Medicine, Government Medical College and Hospital, Nagpur. A total of 296 adolescent females (10-19 years old) were included in this study. The findings showed that the prevalence of anemia was found to be 35.1%. A significant association of anemia was found with socio-economic status and literacy status of parents. Mean height and weight of subjects with anemia was significantly less than subjects without anemia.

The present study findings showed that 66% of adolescents were anemic out of which, 31% were mild anemic, 25% were moderate anemic and 10% were found to have

severe anemia 0.34% of adolescents were non anemic. The study findings are consistent with the study conducted by Melwani V et al. to assess the prevalence of anaemia amongst adolescent girls residing in selected slum of Bhopal city. A cross sectional study was conducted for a period of 3 months on adolescent girls residing in selected urban slum of Bhopal. 98 adolescent girls who were registered in Anganwadi and present at time of study were interviewed. The data regarding their socio-demographic profile, anthropometric measurements were collected using a semi-structured questionnaire. Hemoglobin level was also estimated using Hemocue (Hb 201) and participants were classified as having no, mild, moderate and severe anaemia based on WHO grading of anaemia. Anaemia was present in 57.65% girls. Out of which 34.7% had mild, 44.9% had moderate and 20.4% had severe anaemia.6

Conclusion

The high prevalence of anaemia among adolescents demands due emphasis on iron and folic acid supplementation, iron rich food intake, health education regarding personal hygiene and periodical deworming to reduce the burden of anaemia among adolescent girls and need for appropriate nutrition interventions to overcome the problem. Replication of the same study on a larger sample may help draw conclusions that are more definite and can be generalized to a larger population.

Conflict of Interest: None

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