Prevalence of Anaemia in Female Students of Pharmacy College and its Association with Various Socio-Demographic Variables: A Study Conducted in Rural Teaching Institute, Kasegaon

Ghorpade V V, Shinde P P, Madhkar N S, Pol V S

ABSTRACT

Abstract: Nutritional anaemia though global in occurrence is more of concern in the developing countries because of the high prevalence in these regions. In India, this silent emergency is rampant among women belonging to reproductive age group (15-49 yrs). Objectives: 1. To estimate the prevalence of anaemia among girl students of rural Pharmacy College. 2. To find out any association between socio-demographic variables, dietary habits and menstrual history

Material and methods: A cross sectional institution based study was conducted in Rajarambapu Patil College of Pharmacy, Kasegaon from 15 Jan 2016 to 30 Jan 2016. In total 168 respondents participated. A pre designed and pretested self administered questionnaire interview method was used. Information on socio demographic factors, dietary habits and menstrual history was obtained. Data collected was analysed and interpreted with the help of percentage and chi square test.

Results: In present study only one fourth i.e.44 (26.19%) of study subjects had normal haemoglobin, while three fourth i.e. 124(73.81%) had one or other grade of anaemia. Among anaemics major i.e. 70.23% contributed between mild to moderate category. Consumption of GLV & fruits, menorrhagia & passing clots during menses were significantly associated with anaemia prevalence.

Conclusion: Present study revealed high prevalence of anaemia in college going girls.

Keywords: Prevalence, Anaemia, Young female students.

INTRODUCTION

Nutritional anaemia is a worldwide problem with the highest prevalence in developing countries. It is found among women of child-bearing age, young children, during pregnancy and lactation.

Nutritional anaemia though global in occurrence is more of concern in the developing countries because of the high prevalence in these regions.1 Anaemia is attributed to dietary inadequacy due to poor purchasing power, illiteracy, ignorance regarding nutritional value of available cheap food, cultural taboos, superstition, large families etc. In India, this silent emergency is rampant among women belonging to reproductive age group (15-49 yrs). As per District Level Health Survey (DLHS 2002-2004) prevalence of anaemia in adolescent girls is very high (72.6%).3 In adolescent girls, educational or economic status does not seem to make much of a difference in terms of prevalence of anaemia. Prevention, detection or management of anaemia in adolescent girls has till now not received much attention.

Iron deficiency can arise either due to inadequate intake or poor bioavailability of dietary iron or due to excessive losses of iron from the body e.g. in women loss of considerable amount of iron during menstruation.

Iron deficiency anaemia in adolescent girls is significant risk factor for maternal mortality, high incidence of low birth weight babies, high perinatal mortality and fetal wastage, which ultimately results in higher fertility.4 It can even cause lack of concentration, irritability and impair academic performance of students.

Adolescence, a period of transition between childhood and adulthood, occupies crucial position in the life of human being.4 It is considered as most appropriate time to intervene. Behaviour change messages embarrassed by this group can contribute to sustained health impact.

So the present study was planned to ascertain the prevalence of anaemia and its association with various factors among young female students of Pharmacy College and to suggest intervention strategies.

Aims and objectives
To estimate the prevalence of anaemia among female students of rural Pharmacy College.
To find out any association between socio-demographic variables, dietary habits and menstrual patterns with prevalence of anaemia among female students of rural Pharmacy College.

MATERIAL AND METHOD

The present cross sectional institution based study was carried out in Kasegaon Education Society’s “Rajarambapu Patil Pharmacy College, Kasegaon” Tal- Walwa, Dist- Sangli (M.S.). Total strength of Boys and Girls students was 352, out of which 194 were girls forming universal sample. Out of 194 girl students 168 participated in present study. Inclusion criterion – those who were present and willing to participate in study, informing about 1cc blood collection by prick. Exclusion criterion: those who were not willing to participate in study. The study period was from 15 January 2016 to 30 January 2016. Written consent was obtained from The Head of Institution and purpose of study was explained to him. Ethical clearance was taken from Institutional Ethical Committee, IMSR Mayani. A pre designed and pretested self administered questionnaire interview method was used after obtaining informed consent of students.

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socio demographic factors, dietary habits and menstrual history was obtained. Haemoglobin was measured by experienced laboratory technician using Sahli’s method. Privacy of data was strictly maintained to protect physical, mental and social integrity of participants. The standards set by the WHO used to detect anaemia were used.

**STATISTICAL ANALYSIS**

Collected data was analysed and interpreted using Chi-square test with the help of SPSS version 21. p value of < 0.05 was considered to indicate statistical significance.

In present study, majority i.e. (70.60%) belonged to age group between 20 years to 22 years. About half participants in this study (59.53%) belonged to middle socio-economic group. Percentage of participants staying at home was slightly more (by 13.09%) than percentage of participants staying at hostel (table-1).

In present study only one fourth 44 (26.19%) of study subjects had normal haemoglobin level, while three fourth 124(73.81%) had one or other kind of anaemia. Out of anaemics, 118 (95.16%) contributed for mild & moderate anaemia together (table-2). Prevalence of anaemia among vegetarian & consuming mixed type of diet were 75.68% & 72.34% respectively. 93 (90.29%) and 108(84.38%) girls were anaemic who do not consume green leafy vegetables and fruits regularly respectively. Most significant associations in present study was found between anaemia and not regular consumption of fruits and green leafy vegetables daily (p<0.001). No significant association was found between anaemia and habits of regular breakfast, doing fast & type of diet (table-3).

Study subjects in present study showed significant association (p<0.001) between anaemia with duration of menstrual flow >5 days & passing clots in menstrual flow, while age at menarche & irregularity of menstrual cycle showed no association. 85(91.4%) & 78(85.71%) study subjects were having menstrual flow for more than 5 days & h/o passing clots during menstruation respectively (table-4).

**DISCUSSION**

According to WHO, if the prevalence of anaemia is more than 40% it is considered as problem of high magnitude. Present study highlights the fact that the problem of anaemia is far wider than expected among females especially from rural settings and needs immediate attention.

In present study Table-2 shows that only 44 (26.19%) participants were with normal haemoglobin level that is >12 gm/dl. While 124(73.81%) participants had one or other form of anaemia. The findings are comparable with 62.63%, 76% and 73.81% had anaemia. Majority of anaemics, i.e. 90.29% & 93 (90.29%) and 108(84.38%) girls were anaemic who do not consume green leafy vegetables and fruits regularly respectively. Most significant associations in present study was found between anaemia and not regular consumption of fruits and green leafy vegetables daily (p<0.001). No significant association was found between anaemia and habits of regular breakfast, doing fast & type of diet (table-3).

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**CONCLUSION**

Prevalence of anaemia and its severity is influenced by several independent but overlapping factors. Lack of proper diet and excessive blood loss during menstruation are major contributory factors for anaemia in females. In present study only 26.19% participants had normal haemoglobin levels on the contrary 73.81% had anaemia. Majority of anaemics, i.e. 90.29% &

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Age group (in years) n= 168</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>33</td>
<td>19.64</td>
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<tr>
<td>20</td>
<td>42</td>
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<td>21</td>
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<td>22</td>
<td>37</td>
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<tr>
<td>23</td>
<td>8</td>
<td>04.76</td>
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<tr>
<td>Socio-economic status* n= 168</td>
<td></td>
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<tr>
<td>Upper(I)</td>
<td>48</td>
<td>28.57</td>
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<tr>
<td>Upper middle (II)</td>
<td>72</td>
<td>42.86</td>
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<tr>
<td>Lower middle (III)</td>
<td>28</td>
<td>16.67</td>
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<tr>
<td>Upper lower (VI)</td>
<td>12</td>
<td>07.14</td>
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<tr>
<td>Lower lower (V)</td>
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<td>04.76</td>
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<tr>
<td>Residential status</td>
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<tr>
<td>Hostel</td>
<td>73</td>
<td>43.45</td>
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<tr>
<td>Home</td>
<td>95</td>
<td>56.54</td>
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<tr>
<td>Type of family</td>
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<tr>
<td>Joint</td>
<td>93</td>
<td>55.36</td>
</tr>
<tr>
<td>Nuclear</td>
<td>75</td>
<td>44.64</td>
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</table>

*Significant classification as suggested by B G Prasad and modified; as per The All India Consumer price index (AICPL) of May 2014.

**Table-1:** Distribution of study subjects according to Socio-demographic variables

<table>
<thead>
<tr>
<th>Grade of Anaemia</th>
<th>No of girls (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-anaemic (Hb &gt;12gm/dl)</td>
<td>44 (26.19)</td>
</tr>
<tr>
<td>Grade I – Mild Anaemia (Hb 10.0 to 11.9 gm/dl)</td>
<td>57 (33.93)</td>
</tr>
<tr>
<td>Grade II- Moderate Anaemia (Hb 7.0 to 9.9 gm/dl)</td>
<td>61 (36.31)</td>
</tr>
<tr>
<td>Grade III – Severe Anaemia (Hb &lt;7 gm/dl)</td>
<td>6 (3.57)</td>
</tr>
</tbody>
</table>

**Table-2:** Prevalence of anaemia as per grades in study subjects (n=168)
83.10% had unhealthy diet preferences like non consumption of GLV & fruits respectively even though belonged to rural settings where these are freshly available.

**RECOMMENDATIONS**

Need to include iron rich food in diet of girls.

Efficient utilization of government programmes like ICDS, Nutrition programme for underweight adolescent girls, Kishori shakti yojana, Weekly iron folic acid supplementation for adolescent girls.

Health education, seminars on menstrual hygiene should be conducted at regular intervals.

**REFERENCES**


