

## Right to Health - Anemia in Obstetrics

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**Introduction**

A healthy person is an asset to the society. Health of women is not merely a state of physical well-being but also an expression of many roles they play as wives, mothers, health care providers in the family and in the changed scenario even as wage earners. Health picture of Indian Women is still not satisfactory. In the Indian context the female children before, during and after the birth have suffered a neglect, which is reflected in their higher infant mortalities, low proportion of the total population, female infanticide and even feticides and lower levels of nutrition. Reproductive health of the women means that they have the ability to reproduce and to regulate their fertility and are able to undergo pregnancy and child birth safely. A woman's reproductive system is a delicate and complex system in the body. Half of the young women in India get married before legal age of 18 years. They are unaware about reproductive health and healthy reproductive practice, which will cause unnecessary illness to them. It is important to take steps to protect it from infections and injury, and prevent problems-including some long-term health problems [1].

**Anemia in Obstetrics**

Iron deficiency Anaemia (IDA), a common complication associated with pregnancy causes a major health concern in developing world due to maternal mortality. According to **WHO** around 5, 00,000 maternal deaths per year and 20,000,000 morbidity cases per year are attributed to iron deficiency anaemia [1]. In India, the prevalence of iron deficiency anaemia (IDA) is perhaps highest in the world and includes 50% adult women and 80% pregnant women [2,3]. According to a standard laid down by WHO, anaemia in pregnancy is present when the haemoglobin concentration in peripheral blood is 11g% or less. However, because of haemodilution and socio-economic deprivation in developing countries, the level is brought down to 10g%.

Anemia continues to be a major public health problem in India. Iron deficiency anemia occurs more often in women than in men, the main reason is excessive loss of iron or demand of iron associated with menstruation and child birth. Among the women also reproductive age women are at the highest risk for anemia as their requirements for iron are higher than any other group and they are most susceptible to associated health problems. The prevalence of anemia among women is as high as of 96.8% [4].

The prevalence of anemia is 55% among women below 30 years of age. More over the risk for anemia is further aggravated by poverty, illiteracy, ignorance and lack of knowledge regarding iron deficiency anemia. Most of the Indian women often take food left over by their husband. In some societies, men eat first and women last and poorly. This is increasing the burden of iron deficiency anemia among them [5].

Nutritional anemia is one of India's major public health problems. The prevalence of anemia ranges from 33% to 89% among pregnant women and is more than 60% among adolescent girls. Under the anemia prevention and control program of the Government of India, iron and folic acid tablets are distributed to pregnant women, but program exists no such for adolescent girls [6].

The low iron stores in these young women of reproductive age will make them susceptible to iron deficiency anemia during pregnancy [7].

The prevalence of iron deficiency anemia among adolescent girls is consistently high. Nowadays most of the adolescent girls, having an intention to maintain a slim structure, are eating very less quantity of food. An influence junk foods and fast foods will reduce the intake of dietary iron rich foods [8].

Changes in the educational system and improvement in the standards of education will increase the workload of students. This will increase the stress among adolescents. It will lead to meal skipping and gives a way to develop iron deficiency anemia. Due to iron deficiency the adolescent girls may get impaired physical work, poor intelligent quotient, decreased motor and cognitive function [9]. Because of stressful life style, women of reproductive age group don't follow the proper food habits and also have obsession to be slim. They stop eating or eat less that give rise to amenorrhea and respiratory symptoms leading to death. Hence education regarding prevention and management of iron deficiency anemia is most important among this group [10].

It is a challenging task to raise awareness regarding reproductive health care issues in women because of the social standing of women which distances them from the right source of information and also because of the taboos regarding the discussions on issues

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like menstruation, safe sex, unsafe sexual practices etc. Knowledge on reproductive health among women is very important to prevent reproductive problems. The health care team members have a vital role to create awareness regarding reproductive health among the women [1].

## References

1. Kumari MJ (2017) Assessment of knowledge on reproductive health among the women. *Int J Med Sci Pub Health*. Sept 6: 524-29.
2. Hassan MK (2005) Reproductive rights and decision making: A comparative study in rural and urban Bangladesh. *Perispectives in social sciences* 8: 127-145.
3. M Haque (2015) A comparative study on Knowledge about Reproductive Health among Urban and Rural Women of Bangladesh. *J Family Reprod Health* 9: 35-40.
4. Mishra P, Ahluwalia SK, Garg PK, Kar R, Panda GK (2012) The prevalence of Anemia among reproductive age group (15-45 years) women in a PHC of rural field area of MM Medical College, Ambala, *Indian J Women's Health Care* 1: 1-3 doi: 10.4167-0420.1000113.
5. Malhotra P, Kumari S, Kumar R, Varma S (2004) Prevalence of anemia in adult rural population of north India. *J Assoc Physicians India* 52:18-20.
6. Toteja GS, Padam Singh, Dhillon BS, Sexana BN, Ahmad FU, et al. (2006) "Prevalence of anemia among pregnant women and adolescent girls in 16 districts of India." *Food Nutr Bull* 27: 311-315.
7. Beard JL (2000) Iron requirements in adolescent females. *J Nutr* Feb 130: 440-442.
8. Suraj Gupta (2009) *Textbook of paediatrics: 11<sup>th</sup> ed.* New Delhi: Jaypee brothers 212-214.
9. Dr. UN Panda (2007) *Hand book of paediatrics. 4<sup>th</sup> ed.* New Delhi: CBS Publ 115-130.
10. *Approaches to prevention and control.* World Health Organization, Geneva.

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