



Introduction

- Anemia is one of the most **common nutritional** deficiency diseases observed globally and affects more than a quarter of the world's population (Alene and Dohe, 2014).
- WHO estimated that in **developing countries**, prevalence rate among PW are commonly in the range of **40 -60%** (Okeke, 2012).
- According to NDHS 2016, the prevalence of anemia among PW was 46% and higher proportion of women in Terai (52%) were anemic compared to mountains and hills (MoH, 2017).

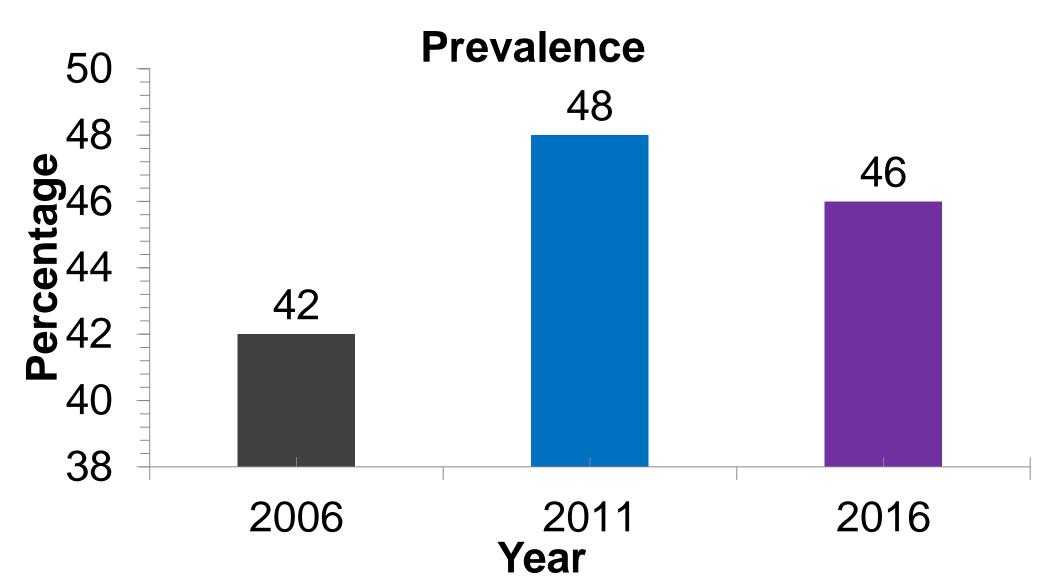


Fig 1: Prevalence of anemia among pregnants in Nepal a/c to NDHS

- Maternal health is a complex, influenced by various genetic, social and economic factors, infectious and environmental conditions, many of which may affect fetal growth (Srilakshmi, 1993).
- Anemia carries a lot of threats to the pregnant females as well as growing foetus (Marahatta, 2007).

Objective

The objective of this study is to find out prevalence of anemia and its associated factors among PW attending antenatal care in Rani Primary Health Care Centre.

Prevalence of Anemia and its associated factors among Pregnant women attending Antenatal Care in Rani Primary Health Care Centre, Biratnagar Seajal Khadka and Richa Bhattarai

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Methods

- Hospital based cross-sectional study was conducted among 105 PW attending antenatal care in Rani PHC.
- PHC of Rani was selected purposively and data was collected from the PW visiting the PHC for ANC service during the study period.
- Hemocue Hb 201+ kit was used to determine the blood hemoglobin level.
- Anthropometric measurement and structured questionnaire was administrated to the participants to know the nutritional status, socio-demographic data, obstetric history, general practices and dietary pattern.



• All the data were first coded and entered into **SPSS** version 20.0. Chi-square test and fisher exact test was performed to analyse the association between hemoglobin level and various studied factors.

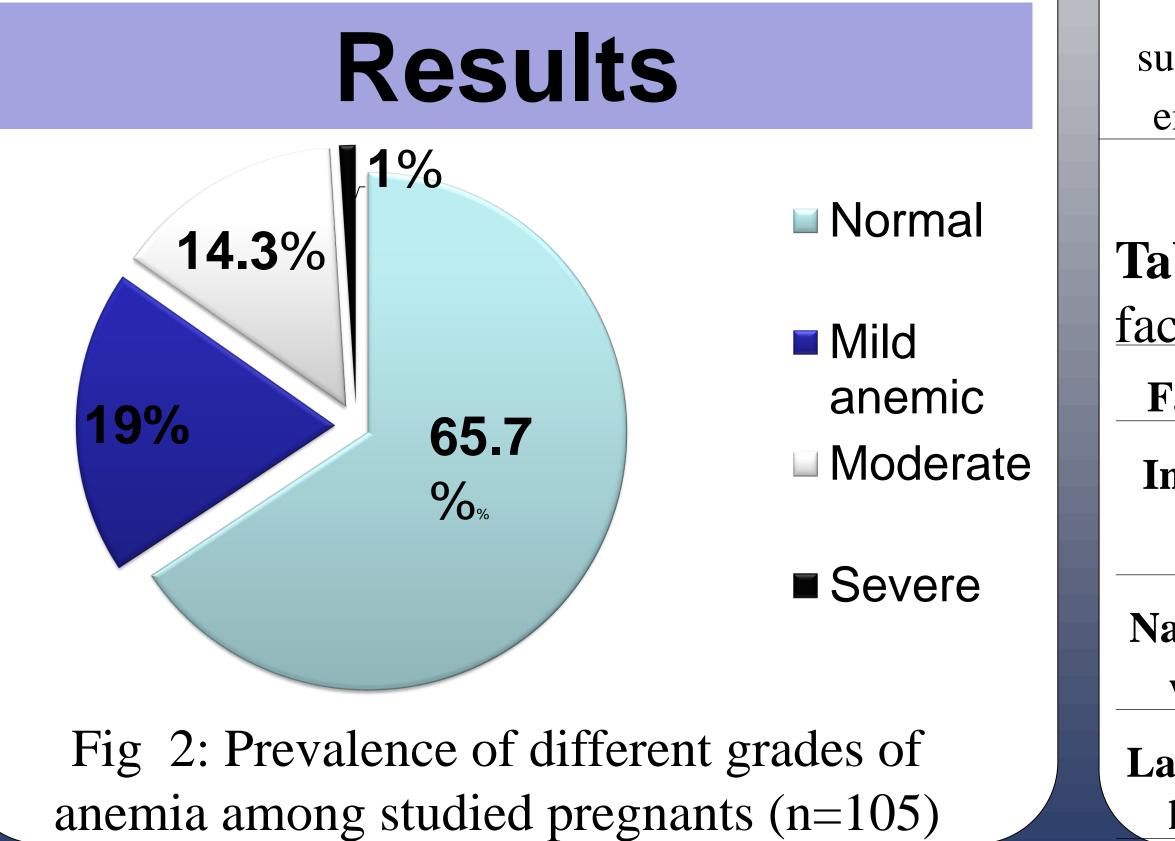


Table 1: Sample characteristics associated				
with anem	nia			
Factors		Non-anemia	Anemic	p-value
	First	85%	15%	
Trimester	Second	52%	48%	0.013*
	Third	74.3%	25.7%	
Iron	Yes	57.1%	42.9%	0.048*
supplement	No	75.5%	24.5%	
Duration of	No	75.5%	24.5%	
iron intake	1-4 months	42.1%	57.9%	0.000*
	5-6 monthst	88.9%	11.1%	
MUAC	Normal	72.5%	27.5%	0.044*
status	Malnourished	52.8%	47.2%	

 Table 2: Dietary habits associated with anemia

Factors		Non-anemic	Anemic	p-value
Fruit	Rare	48.6%	51.4%	
consumption	Regular	73.7%	26.3%	0.032*
	Frequent	75.0%	25.0%	
Meat	Rare	55.4%	44.6%	
consumption	Regular	79.5%	20.5%	0.023*
	Frequent	100.0%	0.0%	

Table 3: Obstetric history associated with anemia

Factors		Non-anemic	Anemic	p-value
Gravidity	<3	61.8%	38.2%	0.046*
	3 to 5	87.5%	12.5%	
Parity	<2	62.0%	38.0%	0.031*
	2 t0 4	92.3%	7.7%	
Iron				
supplem-	\leq 4 months	57.1%	42.9%	0.024*
entation	5-6 months	84.8%	15.2%	

Table 4: Household and sociodemographic factors associated with anemia

Factors		Non-anemic	Anemic	p-value
ncome/	< 2 lakhs	77.2%	22.8%	0.007*
year	2 to 5 lakhs	52.1%	47.9%	
ature of	Light	67.0%	33.0%	0.048*
work	Heavy	0.0%	100.0%	
atrine at	Yes	70.1%	29.9%	0.001*
home	No	12.5%	87.5%	

The **results** of this study indicate that anemia is still one of the multifactorial public health problem. Income, second trimester, iron supplementation, duration of its intake, MUAC, latrine facility, nature of work, inadequate consumption of fruits and meat as well as gravidy, parity and iron supplementation in previous pregnancy were the major risk factors for **anemia during pregnancy**. This study **indicate** that there's a need to develop effective and sustainable health systems which focuses on counselling session about the physiological demand of the pregnancy stage.

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Conclusions

Reference

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