Anemia amongst Women in India : An Analysis

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Abstract *: Anemia is one of the major conditions that affects the quality of life of women and determines the health of the child. The major cause for anemia is dietary practices and the other causes being medical. It is a matter of concern as it not only affects the quality of life today but also of the future generation. The data from the NFHS-IV reveals the most inequitable status of health between men and women in the prevalence of anemia, obesity and low body mass index. For the purpose of study one of the important indicator of health i.e. anemia has been chosen. The reason being anemia is a condition which affects the fertility, productivity and in a broader views the quality of life of women. Though anemia is a condition which affects both men and women the prevalence is more among women than men. Prevalence of anemia among women of reproductive age is an important matter of concern as the society needs to compromise with the quality of life at present and need to undermine the development of the society in future. The existing gender gap evidences the absence of proper knowledge and system to address the special health needs of women.*

Keywords *: Anemia, Reproductive Age, Gender Gap*

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Introduction

The inequality between men and women manifests in different ways in most of the developing nations. India is not an exception to it. However since the Declaration of Beijing plat form for action, Millennium Development Goals and the Sustainable development goals several efforts are been taking place at the member nations to reduce the gap, if not eliminating it. One of the important are of in equality that has been expressed is in the area of health. There exists widespread inequality. The data from the NFHS-IV reveals the most inequitable status of health between men and women in the prevalence of anemia, obesity and low body mass index. For the purpose of study one of the important indicator of health i.e. anemia has been chosen. The reason being anemia is a condition which affects the fertility, productivity and in a broader views the quality of life of women. Though anemia is a condition which affects both men and women the prevalence is more among women than men.

Anemia is a deficiency of red blood cells or hemoglobin in the blood and the dietary intake or absorption of iron is inadequate. The job of hemoglobin is to carry oxygen because hemoglobin (found inside RBCs) normally carries oxygen from the lungs to the tissues, anemia leads to hypoxia (lack of oxygen) in organs. Because all human cells depend on oxygen for survival, varying degrees of anemia can have a wide range of clinical consequences.

Anemia has many causes. The most common are the inadequate intake of iron and other nutrients, resulting largely from consuming too little iron in a form that is poorly absorbed. Other nutrient deficiencies that contribute to anemia include vitamins A and C, folate,riboflavin, and B12.Poor absorption of iron, because dietary components such as phytates in cereal foods bind with the little iron present in plant foods making much of it unavailable for absorption. As a result, iron taken into the body cannot be readily absorbed and used. Malaria, particularly in young children and pregnant women. Parasitic worms (e.g., hookworm) and other parasites Infections.

Prevalence of Anemia at the Global Level

WHO has estimated that prevalence of anemia in developed and developing countries in pregnant women is 14 percent in developed and 51 per cent in

developing countries and 65-75 percent in India alone (DeMayer;Tegman,:1995). Prevalence of anemia in South Asian countries is among the highest in the world. It is estimated that about half of the global maternal deaths due to anaemia occur in South Asian countries and India alone contributes to 50% of global maternal deaths and about 80 per cent of the maternal deaths due to anemia in South Asia

Prevalence of Anemia in India

The NFHS – IV presents data on the prevalence of anemia in India which is highly alarming and calls for a national action. On an average 50% of the women between the ages of 18-59 are anemic.

Causes of Anemia

The causes of anemia among women differ from that of men as the life cycle of women differ. The possible causes for anemia may be classified as biological and dietary factors. However the issues regarding the biological factors are not discussed here. But the dietary factors calls for the attention. Here we need to understand why women are not able to consume adequate amount of nutrition. Is it lack of access to nutritious food or lack of knowledge and interest on the part of women regarding their health care?

Understanding the Life Cycle of Women

The physiology of the women undergoes significant changes in life stages of menstruation, pregnancy, nursing and during menopause. Each stage requires the special attention.

Consequences of Anemia Among women of Reproductive Age

Anaemia resulting from iron deficiency adversely affects cognitive

and motor development, causes fatigue and low productivity (Stoltzfus et al: 2007,Balarajan et al:2011 and Haas:2001) When it occurs in pregnancy, may be associated with low birth weight and increased risk of maternal and parental mortality (kozuki and Katz: 2012, Steer; 2000). In developing regions, maternal and neonatal mortality were responsible for 3.0 million deaths in 2013 and are important contributors to overall global mortality It has been further estimated that

90 000 deaths in both sexes and all age groups are due to iron deficiency anemia alone.

Thus the prevalence of anemia not only affects the present generation but also of the future generation. Child born from the anemic mother will be anemic which will hamper the development of the child on the one hand and the productivity and quality of the life of women on the other hand. The children irrespective of the gender with poor health cannot learn, grow, develop and contribute. The prevalence of anemia among women, thus affects the development of the nation negatively.

Methodology

The present study has been made taking the secondary source of data from NFHS – IV. The data has been presented state wise in descending order. Further the gender gap in the prevalence of anemia has been presented. understanding

health inequality helps to identify the health "gap" for disadvantaged population subgroups, and to ensure that policies, programmes and practices are successful in reaching the most vulnerable. Additional information on the reasons behind the differences in health provides decision-makers with the information they need to more effectively understand the barriers to health and to design interventions and approaches to overcome them. Developing equity-oriented health information systems entails country capacity-building to support the collection, analysis and reporting of data.

Prevalence of Anemia in states

Sl. No.	State/Union Territory	Anemia Among men (%)	Anemia Among women (%)	Gap(%)
1	Chandigarh	19.3	75.9	56.6
2	Dadra and Nagar Haveli	30.7	79.5	48.8
3	Haryana	20.9	62.7	41.8
4	Pondicherry	15.3	54.8	39.5
5	Telangana	19.8	58.1	38.3
6	Daman and Diu	23.6	58.9	35.3
7	Andaman and Nicobar Islands	30.8	65.7	34.9
8	Tamilnadu	20.4	55.1	34.7
9	Gujarat	21.7	54.9	33.2
10	Andhra Pradesh	26.9	60.0	33.1
11	West Bengal	30.3	62.5	32.2
12	Maharashtra	17.6	48.0	30.4
13	Tripura	24.7	54.5	29.8
14	Uttarakhand	15.5	45.2	29.7
15	Rajasthan	17.2	46.8	29.6
16	Bihar	32.2	60.3	28.1
17	Punjab	25.9	53.5	27.6
18	Madhya Pradesh	25.5	52.5	27
19	Karnataka	18.2	44.8	26.6
20	Chhattisgarh	22.2	47.0	24.8
21	Meghalaya	32.4	56.2	23.8
22	Odisha	28.4	51.0	22.6
23	Assam	25.4	46.0	20.6
24	Goa	11.0	31.3	20.3
25	Sikkim	15.7	34.9	19.2
26	Manipur	9.6	26.4	16.8

Source: NFHS – IV 2015-16

Discussion

The gender gap in the prevalence of anemia is highest in Chandigarh with 56.6%, where as 75.9% of women are anemic and only 19.3% of men are anemic. Dadra and nagar haveli ranks second with 48.8% gender gap where in 79.5% of the women are anemic and 30.7% of the men are anemic. The third in ranking is Haryana with the gender gap of 48.8%, with the prevalence of 62.7% among women and 20.9% among men.

Pondicherry has 39.5% of gender gap with the prevalence of 54.8% among women and 15.3% among men. Telangana has the gender gap of 38.3% with the prevalence of 58.1% among women and 19.8% among women. Daman and Diu has the gender gap of 35.3% with the prevalence of 58.9% among women and 23.6% among men. Andaman and Nicobar Islands has the gender gap of 34.9% with the prevalance of 65.7% among women and 30.8% among men. Tamilnadu has the gender gap of 34.7% with the prevalence of 55.1% among women and 20.4% among men. Gujarath has the gender gap of 33.2% with the prevalence of 54.9% among women and 21.7% among men. Andhrapradesh has the gender gap of 33.1% with the prevalence of 60.0% among women and 26.9% among men. West Bengal has the gender gap of 32.2% with the prevalence of 62.5% among women and 30.3% among men. Maharashtra has the gender gap of 30.4% with the prevalence of 48.0% among women and 17.6% among men.

Tripura has the gender gap of 29.8% with the prevalence of 54.5% among women and 24.7% among men. Uttrakhand has the gender gap of 29.7% with the prevalence of 45.2% among women and 15.5% among men. Rajasthan has the gender gap of 29.6% with the prevalence of 46.8% among women and 17.2% among men. Bihar has the gender gap of 28.1% with the prevalence of 60.3% among women and 32.2% among men. Punjab has the gender gap of 27.6% with the prevalence of 53.5% among women and 25.9% among men.

Madhya Pradesh has the gender gap of 27% with the prevalence of 52.5% among women and 25.5% among men. Karnataka has the gender gap of 26.6% with the prevalence of 44.8% among women and 18.2% among men. Chattisgarh has the gender gap of 24.8% with the prevalence of 47.0% among women and 22.2% among men. Meghalaya has the gender gap of 23.8% with the prevalence of

56.2% among women and 32.4% among men. Odisha has the gender gap of 22.6% with the prevalence of 51.0% among women and 28.4% among men.

Assam has the gender gap of 20.6% with the prevalence of 46.0% among women and 25.4% among men. Goa has the gender gap of 20.3% with the prevalence of 31.3% among women and 11.0% among men. Sikkim has the gender gap of 19.2% with the prevalence of 34.9% among women and 15.7% among men. Manipur has the gender gap of 16.8% with the prevalence of 26.4% among women and 9.6% among men.

From the above discussions it is evident that the 50% of the women of reproductive age in India anemic. Further to attach the cause to the poverty alone there exists a significant gender gap in the prevalence of the condition. This calls for special programmes and initiatives to address the issue else the nation will be trapped in the vicious circle of poor health condition and its consequences.

Suggestions and Recommendations

Women with lower educational attainment and those living in disadvantaged areas tend to have poorer quality diets and are less likely to follow infant and child-hood feeding recommendations for their children. Poor dietary quality in early life has been associated with lower IQ at the age of 4 years as well as lower lean body mass. Lower IQ leads to poorer educational attainment and the cycle can continue for generations. Intervening before women become pregnant is thought to be important, but enabling behavior change is challenging (Crozier et all 2009).

1. To have 'healthy conversations' with women attending the centres, enabling them to take control of their own health behaviors and improve their own and their children's health.

2. Another intervention is being developed for teenagers to help them understand the long-term consequences of their health behaviour and lifestyle on their own and their children's health. A life course view of women's health offers a more unified and woman-centered approach to health promotion, disease prevention and management, with implications for long-term, cross-generational health gain.(Barker et al. 2011)

3. Supporting long-term cohorts and routine data linkage studies to generate the necessary evidence base and guide future policy.
4. Starting education about healthy lifestyles in pregnancy, and continuing with consistent and clear messages in early childhood and throughout life.
5. Removing financial and healthcare provider barriers to seamless integration of services across the interconnected phases of a woman's life including contraception, preconception, antenatal and postnatal stages as well as lifelong gynecological health. Enabling women to decide on the timing and spacing of pregnancies as well as optimizing conditions for healthy life and ageing.

Conclusion

Prevalence of anemia among women of reproductive age is an important matter of concern as the society needs to compromise with the quality of life at present and need to undermine the development of the society in future. The existing gender gap evidences the absence of proper knowledge and system to address the special health needs of women. In this context it is recommended that the proper programmes must be implemented by the government to address the issue.

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