A healthy mother is expected to give birth to a healthy and normal child. Furthermore, children born to malnourished mothers remain at a high risk of developing malnutrition. Thus, by improving health status of pregnant women, a corresponding improvement in the health of future newborns can well be expected.

Amongst various nutritional disorders affecting women of child-bearing ages all over the world, anaemia holds a top position. It is known to cause widespread ill effects on the pregnancy and its outcome. Anaemia is a general indicator of poor health and is closely linked with poverty and malnutrition. It is well prevalent in both developed and developing countries; former are facing the problem much more than the latter (Kothari and Shende, 1949; Shanker, 1962; Steingold, 1966 and Dawn, 1973).

Anaemia is considered as a condition of reduction in the concentration of haemoglobin in the peripheral blood below the normal for the age and sex. According to Aralev (1977), it is a condition, characterized by a haemoglobin concentration below normal level, in which the patient suffers from tissue hypoxia due to low oxygen carrying capacity of the blood.
The term 'anaemia of pregnancy' is indeed different from 'anaemia in pregnancy'. While the former deals with only those types of anaemia which appear for the first time during pregnancy, the latter includes all forms, irrespective of the origin. The general preventive measures, to fight against the problem of anaemia among pregnant women, can best be applied against the problem of 'anaemia of pregnancy'. This is because the anaemia occurring due to associated pathological conditions require additional treatment, specific for the associated conditions.

The clinical manifestations and complications of anaemia associated with pregnancy have been documented since long. In about 1500 B.C., a disease characterized by pallor, dyspnoea and oedema had been described in the 'Papyrus Ebers', an Egyptian Manual of Therapeutics, believed to be the oldest complete medical manuscript (Bryan, 1931). In India, Charak (200 A.D.) had also described a disease with similar characteristics with the name of 'Pandu Roga', in a textbook of Indian medicine - 'The Charak Samhita'.

Pregnancy imposes extra nutritional demands on the mother and is likely to unmask any latent deficiency state. In Indian society, a repeated quick succession of childbirth further enhances this effect. Before a woman
recoups her reserves from the strains put upon her by the past pregnancy, she is thrust upon with a second conception thus, leading a further increase in her deficiency.

The graveness of the problem can be judged by its consequences. Many workers have reported anaemia of pregnancy to be the one of the important contributing factors in maternal deaths; in some cases it has been directly responsible for such deaths (Menon, 1967; Khanam et al., 1979; Sirkar and Konar, 1979). Incidence of anaemia of pregnancy is also considerably higher in anaemic women than in non-anaemics (Chaudhury, 1970).

There has been a positive correlation between
the maternal haemoglobin level and foetal birth-weight
(Yusufji, 1973). The neonatal and perinatal loss is very
high in severely anaemic mothers (MacGregor, 1963; Mittal
and Nether, 1970). Even milder degree of anaemia may be
detrimental. Such anaemia has been shown to be associated
with premature delivery, lower birth-weight and placental
hypertrophy (Baker, 1978).

Lack of iron in diet and increased iron demands
during pregnancy are the major causes of iron deficiency
in pregnant women (W.H.O., 1970). However, the relatively
recent detection of folic acid deficiency in pregnant
women as a definite entity has positively led to an
improvement in the management and prognosis of anaemia.
During pregnancy, folic acid requirement in women is thought to be considerably high due to rapid cell multiplication (W.H.O., 1975).

In recent years, the prevalence of anaemia of pregnancy has shown considerable geographical variations. Studies conducted in collaboration with the Pan American Health Organization (Cook, 1969) envisaged prevalence rates varying from 22.0 percent to 62.7 percent in various countries of Latin America. In a study carried out in collaboration with World Health Organization (1969) in different countries of the world, it was revealed that the prevalence rate of anaemia among pregnant women varies from a minimum of 20 percent in Poland to a maximum of 80 percent in India.

In India, a study conducted in Hyderabad showed an overall prevalence of anaemia of 46 percent amongst women attending antenatal clinic (Shanker, 1962). In another study (Cook, 1967), in Delhi and surrounding villages, it was observed that the prevalence of anaemia of pregnancy is higher among ruralites than urbanites.

The variation in the prevalence of anaemia, by and large, depends on the standards used for selecting the cases, criteria used for labelling a case as anaemic or otherwise, variation in the population due to geographical characteristics, various socio-cultural
factors associated with it and nutritional status of the population (Nelson, 1967). However, many factors contributing significantly in such variation could not be brought forth hitherto. There is need to carry out studies to investigate relevant factors and their contribution in the variation of prevalence of anaemia within and between countries.

Lacunae in the knowledge

Though, some studies on anaemia and its various associated epidemiological factors have been carried out so far, however, the literature on the subject is still very scanty. Further, studies from developing countries like India, where anaemia of pregnancy poses a great problem, have been very few. Available studies are mostly hospital based, providing a little or no information regarding the epidemiological features of the problem of anaemia of pregnancy. In India field based studies particularly, those dealing with rural populations where its prevalence is significantly higher than urbanites (Mac Fie, 1973; I.C.M.A., 1975) are, in fact, rare.

Further, certain correlative factors of anaemia like age, gestational age and parity etc. have extensively been studied but many other important factors such as lactation, socio-economic status, spacing, age at marriage, literacy status of the mother and of husband, size of the
family and occupation of husband etc. have not been studied much for their contribution, if any, in the prevalence of anaemia of pregnancy. Therefore, there seems a need to investigate these factors for their relevant contributions.

With above in view, a door to door follow up investigation on anaemia of pregnancy was carried out in a rural population of Primary Health Centre, Kochhabhanwar, a Rural Health Training Centre of the Department of Social and Preventive Medicine, M.L.B. Medical College, Jhansi, Uttar Pradesh during April to November, 1980.

The objectives of the study were:

1. To find out the extent of problem of anaemia of pregnancy in a rural population of Primary Health Centre, Kochhabhanwar, District Jhansi, Uttar Pradesh.

2. To investigate the association of various factors, like - age, literacy status of the couple, religion, socio-economic status, age at marriage, parity, spacing, lactation and dietary factors with the prevalence of anaemia, if any.

3. To suggest suitable measures for the control of anaemia of pregnancy in the area as far as possible.