Chapter-2

Review of Literature
REVIEW OF LITERATURE

Researcher have reviewed & gone through the books, literatures, journals, reports & thesis of prominent sociologist & learned researchers to summarize & simplify the complicacy of the selected research subject.

Chaoudhry and Manglik (1938)

Observed, in 2,400 antinatal women from Agra (U.P.) that only 5.0% them were anaemia Hb, level below 7.25% gm %.

Ganguli (1954),

He reported in increase in the prevalence rate of anaemia with the advancement of age. The mean haemoglobin level was also low in higher age group being 69.8% in above 20 years and 72.2% in below 20 years ago group.

Venkatachalam (1962)

Observed that amongst 198 women examined in the third trimested of pregnancy, 56% were anaemic.

Hunt Venessa

Observed that 35 studies met the inclusion criteria on the uptake & response to VCT of which 21 were specific to pregnancy. There are
many factors which affects the uptake of VCT services including knowledge and perception of HIV, MTCT & VCT for stigma and demograohic factors. Once testing has been under taking women have slake decision and several areas which are discussed in counseling; returning for the disclosing the test result & contraception & infant feeding practices.

Gajwani et al (1969)

Opined that variations in the prevalence of anaemia, between countries, and within different regions of the same country, are chiefly due to the differences in socio-economic status, custom, nutritional status and cultures of the people. However, in part it may also be due to the differences in the criteria adopted for labeling anaemia.

Subramaniam & Fornades (1970)

Observed the distribution of anaemic mothers as 93.75% in microcytic hypochrani group, 3.12 % in demographic group and 2.34%megaloblastic group, Refactory anaemia was found in 0.79% cases.

W.H.O (1970)

Lack of iron in diet and increased iron demands during pregnancy are the major cases of iron deficiency among rural women. 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 diagnosis of anaemia.

Since the 1970s,

The increase in scientific documentation on women's issues has also been reflected in the nutrition literature. From a narrow focus on women's biological role and needs, there has been a shift towards a more expanded perspective on women and nutrition to include the economic and social aspects of their life situation.

Metha (1971)

Reported that out of 143% anaemic cases, 67% had inadequate folate in their diet.

Yusul ji et al (1973)

Observed, in his study, that majority of anaemic rural women were normal on physical examination. Among those who had sign of anaemia, glosstis was found in 19% and stomalities in 7% cases.


Observed that the prevalence of anaemia at 32-36 wk gestation (Hb<1 109/L) was 53.3% at day 3 post partum (Hb< 100g/L) 32.9% and at day 7 post partum 27.2% there was a significant association between

Social and psychological factors leading anaemia among rural women in Jhansi District
maternal anaemia & lower haemoglobin concentration above 105 g/L infant abnormalities were not presented among mothers having a haemoglobin concentration above 115/g/L.


In this report, women's roles in food production, food handling, and nutrition were analysed on the basis of a review of documentation from the social sciences as well as nutrition and medical research.

Rural community of Ludhiana revealed

A study conducted in 30 out of 53 women's to have a haemoglobin level less than 10gm.

Kumari, (1989)

Physical and psychological oppression including abuse, threats and slaps, demand of more money and gifts, which had devastating effect on mental as well as physical health of women.


Showed that only 10 per cent of the studied worries were consuming a balanced diet. Majority of the women were suffering from anaemia and complained of backache, head ache and pain in the body. A balanced diet ensures nutritional adequacy, increases food
acceptability, adds variety and also increases the resistance to various diseases.

Census (1991)

A critical element of the health care system is the health of women in the child bearing age and children under five. As per the 56% of the population in India fall under this category. Anaemia, chronic undernutrition and complications during pregnancy and child birth are the orders of priority for tackling maternal health.

As intestinal mucosa remains tuned to the body requirements of iron, the findings reported here have important implications with respect to the treatment of iron deficiency anaemia. The increased expression of transferrin receptor at the site of iron absorption in deficient conditions can functionally increase iron absorption. This is achievable only when saturating amounts of iron are present in the intestinal lumen. However, when therapeutic doses of iron are given the concentration of mucosal ferritin increases and blocks the further entry of iron into the mucosa. In this context, administration of iron intermittently rather than daily is a useful strategy.

The studies show that when iron deficient rats are repleted with a high dose of iron along with the antioxidant vitamins C and E, almost all the intestinal oxidative stress is reduced.

Social and psychological factors leading anaemia among rural women in Jhansi District
Recent Studies at the NIN, Hyderabad

For the past 5 years studies have been carried out at the NIN, Hyderabad to answer some of the concerns regarding iron absorption and the behaviour of intestine to large supplements of iron.


The pain, anguish, oppression, and desertion experienced by women in their marital relations shatter their dreams and often women tend to be silent due to patriarchal notions of the privacy of family.


Identifying physical and psychological health as basic human needs of man and woman, in a study analyzing the socio-economic, cultural and, political constraints which limits women from meeting their health needs, argues that gender-specific inequities of unequal burdens of domestic labour, relative powerlessness even in determining women's own sexuality, unequal distribution of household resources, discrimination in wage work, political constraints and violence are barriers, which hinder the well-being of women.

Zive et. al (1996)

Reported that deficient intakes of essential nutrients such as calcium; iron, magnesium, zinc, folate, vitamin A, vitamin 65, vitamin
C, were found more in large proportion of young women than young men. A faulty diet can certainly be a source of stress and this leads to the formation of poor dietary habits. Women with deficiencies of folic acid and other B-vitamins are at an increased risk of cardio-vascular diseases.

S.M. Ziauddin Hyder1 (1996)

Objective: Determine the magnitude of social stratification of anaemia among the non-pregnant women in a rural area of Bangladesh. Current prevention and control programmes for anaemia have been limited in their effectiveness. A contributing factor for this limited effectiveness could be that there is a social stratification of anaemia among the women and that the programmes may not reach the strata of women with the highest prevalence of anaemia.

Methodology: The study was carried out in 12 villages of Fulbaria thana of Mymensingh district. One hundred seventy-nine married healthy women aged 15-45 years were selected. Information on indicators of socioeconomic situation and haemoglobin concentration was collected through household visit. The socioeconomic indicators included household economic status, schooling of women, and land ownership. A socioeconomic score was developed where these three
indicators were combined. Haemoglobin concentration was assessed on a fingerprick blood sample using a portable photometer and disposable cuvettes. Haemoglobin concentrations were categorized into normal (120+ g/L of haemoglobin), mild (100-<120 g/L), moderate (70-<100 g/L), and severe (<70 g/L).

Results: The overall prevalence of anaemia among the women was 73%. The prevalence of severe, moderate and mild anaemia was 1%, 21%, and 51% respectively. All the three indicators of socioeconomic situation were found to be associated with the prevalence of anaemia. Women without formal schooling had a prevalence of 78% compared to 68% for women with schooling (p<0.05). Women who lived in the households with less than 50 decimals of land had a prevalence of 79% compared to 63% if they had more land (p<0.05). Finally, women who perceived their economic situation as deficit had the prevalence of 83% compared to 68% among those who perceived it as non-deficit (p<0.05). The combined socioeconomic score was associated with anaemia in a stepwise manner, and the prevalence of anaemia increased with each additional negative socioeconomic indicators. Women exposed to all three negative aspects had a prevalence of 86% compared to 58% among those not exposed to any socioeconomic risk factors.
Conclusion: Anaemia is a highly-prevalent health problem among women in rural Bangladesh. Although most women are affected, those from poor socioeconomic strata have the highest prevalence of anaemia. To improve the effectiveness of anaemia prevention and control programmes, it may prove to be of value to ensure that the programme coverage of women of the poorest socioeconomic strata is sufficiently high.


Keeping this in view, the present study has been undertaken with the following objectives. Diet and nutrition are important factors in the promotion and maintenance of good health throughout the life cycle. Income, prices, individual preferences and beliefs, cultural traditions, as well as geographical, environmental, social and economic factors all interact in a complex manner to shape dietary consumption patterns and affect the morbidity and clinical status of women. A normal balanced diet must include daily foods from the various food groups in sufficient amounts to meet the needs of an individual and to increase immunity. The present study is undertaken to study the Health and Well-being of Rural women. For the purpose of study, 75 women between the age-group 25-45 years who were moderate workers, were
selected from rural areas of district Yamunanagar, (Haryana). The mean daily intake of nutrients was calculated by using the Food Composition Tabks and was compared with the Recommended Dietary Allowances for adult women.

The National Family Health Survey 1998/99 (NFHS-2)

Provides nationally representative cross-sectional survey data on women's hemoglobin status, body weight, diet, social, demographic and other household and individual level factors. Ordered logit regression analyses were applied to identify socio-economic, regional and demographic determine of anaemia.

Dr. Kedar Prasad Baral:

Objective: To review prevalence and distribution of anemia and public health significance of the problem in Nepal.

Results: There has not been adequate study in relation to consequences of iron deficiency anemia in health. Iron deficiency anemia is moderate to high magnitude of public health problem in Nepal. Although, many of the studies reviewed were not large enough to represent more than 80 percent of rural inhabitants of Nepal, there are sufficient evidences that it has not been improving as compare to other health problem like diarrheal diseases. In children, none of the studies showed that prevalence below 20% and representative studied.
showed much higher prevalence of up to 90%. Among women of reproductive age the lowest prevalence was 66% and among pregnant mothers a bit higher is found. The least studied group is adolescents and the lowest prevalence is 42% among them.

**Conclusion:**

Considering the magnitude of anemia, there should be a multi-prong community-based programme for the prevention and control of anemia. Strategies should include improvement in dietary intake of iron, food fortification, and integration with other development programs. Oral iron supplementation remains the primary approaches for anemia prevention and treatment for short and medium term strategy. In Nepal context, strategies to reach large sections of the women, children, and adolescent population are only possible through community based approach. found that there was a need to formalize clinic-based PNC care to ensure the provision of basic interventions aimed at preventing postpartum problems and/or detecting and responding to them early, with a view to reducing maternal and newborn mortality and morbidity.

**Kakuma and Dadaab (2000)**

However, despite the deficiencies found in the safe motherhood services in the camps at Kakuma and Dadaab, mortality rates were again found to be low. In 2000 there were four maternal deaths
reported in Kakuma camp (maternal mortality ratio 216 per 100,000 live births) and twenty-two maternal deaths in the Dadaab camps (maternal mortality ratio 460 per 100,000 live births); some of these deaths were caused by either malaria and/or anaemia.

**Angola (2001)**

The recommendations made at the conclusion of the assessment, relevant to safe motherhood (and other aspects of reproductive health care), included the reconstruction and resupply of health facilities, improved referral procedures, more ambulances/adequate transport options, qualified/trained professionals, and essential drugs.

**Zambia (2001)**

Assessment of reproductive health for refugees in Zambia found that safe motherhood services were better for refugees than for the local population. Antenatal care for refugee women was found to be satisfactory, although there was some variation between camps/locations; for example, syphilis testing appeared to be available at some camps/locations but not at others.

**Hunt. V (2002).**

A literature review on the uptake and response by pregnant women to voluntary counselling and testing to reduce mother-to-child transmission of HIV in resource-poor countries.

Social and psychological factors leading anaemia among rural women in Jhansi District
This research investigates the prevalence and determinants of anemia among women in Andhra Pradesh. We examined differences in anemia related to social class, urban/rural location and nutrition status body mass index (BMI). We hypothesized that rural women would have higher prevalence of anemia compared to urban women, particularly among the lower income groups, and that women with low body mass index (BMI; <18.5 kg/m2) would have a higher risk compared to normal or overweight women.

**Dhaka 1000 Bangladesh**

Although the data on food intake among women is rather limitedo Tseveral studies have shown that calorie intake among young women in Africa was only 50-70% of their recommended allowance. Similar data on food intake among poor women in India, Philippines, and Gambia have shown that women's calorie intake was no more than 60-65% of their needs. Interestingly enough, food intake among women in Mexico and Korea have been reported as being within the adequate range. Clearly, there is need for better data in this area. However, plenty of corroborating evidence from sources such as household budget surveys and food and nutrition surveys point to the fact that a
chronically low level of food intake exists among low income households, and women and young children are often at a relatively higher risk of food deprivation. As a matter of fact, several of the indicators of poor health among women, particularly low weight gain during pregnancy and widespread nutritional deficiencies, are partly explained by poor diet and chronic undernutrition.


**Objective:** Study the beliefs and practices associated with diet during pregnancy to design appropriate educational strategies and to promote appropriate behavioural change.

**Methodology:** About 300 pregnant women of Muktagacha thana of Mymensingh district were selected for the study. A questionnaire was used for interviewing the pregnant women to obtain information regarding age at the time of pregnancy, parity, breastfeeding practices, antenatal care, taboos about food, household food habits, and food distribution. Twenty-four-hour dietary recall was used for obtaining information on daily dietary practices of the women.

**Results:** The mean age and parity of the women were 22±2 years and 3 respectively. The 24-hour food recall data reflected that there was very little variety in the diet, with rice being the primary
component. Only 20% of the women had 3 or more serving of animal protein. Ninety-four percent reported having no yellow vegetables, 59% no fruit, and 65% no oil in their daily diets. Furthermore, 96% of the women were the last people to take food in the house. During pregnancy, 34% of the women were still breast-feeding their last child, even in their 3rd trimester. Of those who did not breastfeed, only 6% had stopped due to their pregnancy. Although only 3% of the women practised taboos about food, they avoided protein and calorie-rich foods, such as egg, hilsha, and mrigal fish. Conversely, 30% reported that the custom of consuming food, such as egg, milk, and green vegetables, was followed in their households. They mentioned a preference for dry cereals. An increased dietary intake during pregnancy, in terms of quantity, was reported by 65%, while 39% reported lower intakes.

**Conclusion:** To combat malnutrition, intersectoral programmes targeted toward poverty alleviation need to be undertaken. In addition, the whole family needs to be educated on the nutritional needs of pregnant women.

**Houston AM et al., (2006)**

**Purpose:** There is a lack of current information concerning the knowledge and attitudes of urban adolescents regarding menstruation.
The purpose of this research was to determine: (1) The prevalence of dysmenorrhea, premenstrual symptoms and other menstrual disorders among adolescents who receive their health care at an urban adolescent health center; (2) The attitudes and expectations adolescents have relating to their menstrual period; and (3) The relationship between teens' attitudes and expectations regarding menses and actual menstrual-related morbidities such as school absenteeism.

**Methods:** A 35-item, survey was administered to postmenarcheal adolescents ages 12-21 years. Descriptive analysis of the prevalence of the menstrual disorders was completed. Chi-square testing was used to compare the prevalence of menstrual-related morbidities with the level of adolescents' expectations regarding menstruation.

**RESULTS:** 91.5% of the respondents were African-American. Premenstrual syndrome (PMS) was the most prevalent reported menstrual disorder (84.3%) followed by dysmenorrhea (65%), abnormal cycle lengths (13.2%), and excessive uterine bleeding (8.6%). Only 2% of teens report receiving information about menstruation from their health care provider. Negative expectations regarding menstruation were associated with higher rates of school
absenteeism and missed activities (P=0.0790 and P=0.0297 respectively).

CONCLUSIONS: PMS and dysmenorrhea are prevalent medical disorders among urban adolescents. Morbidities, including school absenteeism, are higher among those with negative period expectations. Since only 2% of teens received information regarding menstruation from their health care provider. It is imperative that health care providers increase their anticipatory guidance regarding normal menstruation. This may aid in the prompt diagnosis and treatment of menstrual disorders, and decrease their associated morbidities.


A community-based, cross-sectional study was conducted to determine the prevalence of anaemia among unmarried, adolescent south Indian girls in an urban slum setting. A total of 100 apparently healthy girls between the ages of 11 and 18 years were recruited. Their socioeconomic, dietary and anthropometric information was collected, and blood haemoglobin (Hb) was estimated. The prevalence of anaemia (Hb<12 g%) was 29%. Most had mild anaemia; severe anaemia was not seen. Two-thirds of those with anaemia had low
serum ferritin (<12 microg/L). Significant associations were observed between anaemia and low socioeconomic status, religion and reporting infrequent/non-consumption of meat (heme iron). Only meat consumption was related to haemoglobin by multiple regression analysis. Anaemia is a common problem among adolescent girls in this setting, though severe anaemia is rare. There is a need to improve their haemoglobin status through dietary modification along with preventive supplementation and nutrition education.

Rampal et al., (2006)

Purpose of review: Obstetric fistula has a devastating impact on the lives of women in poor countries. Currently, there is an international campaign by the World Health Organisation, United Nations Population Fund and other bodies to address this problem. This article reviews recent literature and highlights the paucity of evidence-based data.

Recent findings: Articles on the pathophysiology, co-morbidities and sequelae including physical injury to 'multiorgan systems' and social consequences associated with obstetric fistula, are discussed. In particular, the devastating social, economic and psychological effects on the health and well-being, reintegration and
rehabilitation are addressed. There is a need for prevalence and incidence studies to measure the extent of this problem. The creation of well-equipped fistula centres with multidisciplinary teams to evaluate patients should be the aim. Expert surgeons and optimal databases

Researcher has also reviewed many other descriptive reports, thesis & literatures relation to various social & Psychological factors leading to anaemia among rural women in Jhansi.