

DOMINANCE OF SOCIOECONOMIC DETERMINANTS IN PREVALENCE OF ANEMIA AMONG WOMEN OF INDIA

Barnali Basu (Banerjee)*

ABSTRACT

Anemia is a major public health problem worldwide. The UN General Assembly announced Sustainable Development (SD) from 2015-2030 with 17 important goals. Among them, Goal 2 and Goal 3 are mainly focused. i.e. food security and improved nutrition, healthy lives for all at all ages are to be achieved by 2030. Now anemia is one of the most prevalent forms of malnutrition. Around 2 billion people, 30% of the world's population, are affected by anemia, and the majority of them are from the developing world, particularly among females of reproductive age in developing country (Bhandary, Shrestha, 2011). This study investigates the severity and distribution of anemia among women aged 15 to 49 years of 29 states in India and its association with certain socio-economic, demographic, regional factors. I have examined the differences in anemia level of women related to place of living, social class, marital status and age. It is observed that rural women are more prone to be anemic than urban one. Higher caste women are more anemic than lower caste. Severity of anemia decreases with age increase. Lastly, prevalence of anemia is higher for lone women than others.

KEYWORDS: *Dominance, Socio-Economic, Adolescence, Lone, Anemia, Caste, Demographic.*

Introduction

Anemia continues to be a major public health problem Worldwide. Around 2 billion people, 30% of the world's population, are affected by anemia, and the majority of them are from the developing world, particularly among females of reproductive age in developing country settings. In 1992, World Health Organization global estimates of anemia prevalence averaged 56%, with a range of 35 –75% depending on geographic location World Health Organization 1992 (WHO, 1992). Prevalence of anemia in South Asia is among the highest in the world, mirroring overall high rates of malnutrition. In India, recent nationally representative data from the National Family Health Survey 2005-06 (NFHS-3), International Institute of Population Sciences and ORC Macro 2007) on anemia of women of reproductive age describe the magnitude of the problem. More than one third of Indian women have a body mass index (BMI) <18.5 kg=m2, reflecting chronic energy and micronutrient deficit. The prevalence of anemia among all women in the Indian sample is 52%. Fifteen percent of these women are classified as moderately anemic (Hb 70–99 g/l) and 2% as severely anemic (Hb <70 g/l). Smaller-scale studies conducted in India of micronutrient deficiency confirm the high prevalence of anemia among adolescent girls and women (Sharma et al, 1996; Kanani & Poojara, 2000; Chakma et al, 2000; Rajaratnam et al, 2000; Kapil et al, 1999).

More than 75% of Indian toddlers are anemic. Data on factors associated with anemia in India are limited. Hemoglobin level was primarily associated with iron status in these Indian toddlers; however, maternal hemoglobin level, family wealth, and food insecurity were also important factors. Strategies for minimizing childhood anemia must include optimized iron intake but should simultaneously address maternal anemia, poverty, and food insecurity.

The causes of anemia are manifold, but iron deficiency is by far the most important cause of nutritional anemia worldwide. Anemia is the most common nutritional disease in developing countries. It mostly affects

* Assistant Professor in Economics, Barasat College, P.O. Nabapally, P.S. Barasat, Kolkata, West Bengal.