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2 **A study to assess the Effectiveness of Structured Teaching Program on**
3 **knowledge regarding Iron Deficiency anemia among Adolescent girls with**
4 **main objectives to assess the effectiveness of Structure Teaching Program on**
5 **Iron deficiency anemia among Adolescent Girls .**

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7
8 **ABSTRACT**

9
10 **Introduction**

11 Introduction-Iron is an important micronutrient which is Very Important for various functions in
12 human body. It is essential for cellular growth and differentiation, oxygen binding, transport and
13 storage, enzymatic reactions, Immune function, cognitive function, mental and physical growth
14 etc. So, deficiency of iron due to either physiological or pathological reason can affect mental
15 and physical growth resulting in decreased learning capacity and work productivity. Iron
16 Deficiency Anemia is characterized by a defect in hemoglobin synthesis, resulting in
17 hypochromic and microcytic red blood cells. Iron deficiency can result either due to less
18 nutritional supply, increased demand or blood loss due to any reason. Anemia is a serious global
19 public health problem that particularly affects young children, Adolescent and pregnant women.
20 Although IDA occurs at all ages and Involves both sexes, adolescent girls are more prone to it.
21 The World Health Organization (WHO) defined adolescents as the population of 10-19 years of
22 age. About three fourth of adolescent girls do not meet the dietary requirements.

23
24
25 Majority of the adolescents think that they are in good health and show little concern for
26 protecting their health. The main nutritional problems of adolescents are micronutrient
27 deficiencies like Iron deficiency, folate and vit.A. According to a study by WHO on anaemia
28 during 1993-2005, the worldwide prevalence of anaemia was 25%. According to WHO
29 guidelines for the control of IDA, nutritional anaemia is a major public health problem in India
30 and is primarily due to iron deficiency. The National Family Health Survey-3 (NFHS-5,19-

31 2021) data suggests that the prevalence of anaemia in adolescent girls (15-19 years) is 59.1%.
32 According to the National Nutrition Monitoring Bureau Survey (NNMBS) 2006, the prevalence
33 of anaemia in adolescent girls (12-14 years) is 68.6% whereas In (15-17 years) it is 69.7%. Aim-
34 main aim of A study to assess the Effectiveness of Structured Teaching Program on knowledge
35 regarding Iron Deficiency anaemia among Adolescent girls with main objectives to assess the
36 effectiveness of Structure Teaching Program on Iron deficiency anemia among Adolescent Girls .
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61 **CHAPTER -1**

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UNDER PEER REVIEW IN IJAR



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INTRODUCTION

68

69 Anemia is a nutritional disorder mainly caused by iron deficiency especially in disadvantaged
70 adolescent girls Based on WHO guideline, adolescence are said to be anemic when the

71 hemoglobin level is less than 12mg/dl .Anemia is a major public health problem worldwide and
72 is often ignored in both developed and developing countries. Preschool children, pregnant
73 women and adolescents constitute vulnerable group of anemia.“The adolescent girl still
74 remains young planet that neither gets light or water, she remains the flowers that could have
75 blossomed but did not”

76 The world adolescent derived from the Latin word ‘adolescence meaning ‘to grow, to mature’.

77 There are about 1.2 billion adolescents in the world, which is equal to 1/5th of the world
78 population and their numbers are increasing out these 5 million adolescents are living in
79 developing countries.

80 India is the one of the fastest growing youth populations in the world with an estimate 190
81 million adolescent in which 22% are girls. This is vulnerable period in the human life cycle for
82 the development of nutritional anemia which affects both sexes and all age group, particularly in
83 developing countries, among adolescents, girls constitute a vulnerable for anemia. The
84 prevalence of anemia among adolescence is 27% in developing country and 6% in developed
85 countries.

86 Anemia is one of the most common hematological abnormalities found in children. It is the
87 reduction in oxygen - carrying capacity or as a reduction in the red cell mass of the body. There
88 is also evidence that anemia may result in reduced growth and increased morbidity. The main
89 causes are family with limited resources; the female child is more likely to be neglected and the
90 added burden is menstrual blood loss [normal/abnormal] precipitates the crises too. Other
91 associated risk factors for anemia are low intake of meat [fortified food with iron], frequent
92 dieting, vegetarian eating styles, meals skipping, significant weight loss, heavy menstrual period,
93 rapid growth, participation in endurance sports and intensive physical training. A recent report
94 from UNICEF says more than half of adolescent girls in India’s as adolescent girls in India are
95 anemic. Malnourishment among India’s as adolescent population is found to be higher than even
96 some of the least developed countries Sub - Saharan Africa.

97 Anemia accounts for a majority of the nutritional problem across the globe and it is principally
98 engendered by deficiency of iron although it occurs in all the age group, prevalence is on a
99 higher side among women of childbearing age. Its prevalence is inordinately higher among

100 developing nations, because of low socioeconomic status and indigent access to healthcare
101 services.

102 In developing countries, the adolescent group is more exposed to nutritional challenges and
103 adolescent girls are more vulnerable to the disease. Studies showed that adolescent anemia was
104 the greatest nutritional problem encountered in developing countries. India had reported high
105 prevalence of anemia among adolescent girls, which is apparently higher when compared with
106 the other developing nations.

107

NEED OF THE STUDY

109 Anemia is one of the most universally prevalent diseases in the world today. Iron deficiency
110 anemia is the most common micronutrient deficiency. WHO (World Health Organization) studies
111 show higher rate in developing countries. The iron deficiency anemia is common 52% of
112 pregnant women and about 35-40% of non-pregnant

113 Anemia is caused by inadequate supply of dietary iron, is the most prevalent nutritional disorder
114 in the United States and the most common disturbances. Almost 16% of lower income children
115 are anemic.

116 Nutritional anemia is one of India's major public health problems. The prevalence of anemia
117 ranges from 33% to 89% among pregnant women and is more than 60% among adolescent
118 girls. Anemia is generally recognized as the greatest nutritional problems among adolescent girls
119 and diet is likely a major factor. In a review of 32 studies from developing countries the
120 overall prevalence of anemia was the order of 27%. In the International Center for Research on
121 Women studies rates ranged from 16%-55% in India. The International Nutritional Anemia
122 Consultation Group estimates 46% of the world's children belong to 5 - 14 years are anemic.
123 Majority of this anemia is occurring in individuals from the developing world as discussed in a
124 recent study. Majority of the adolescents think that they are in good health and show little concern
125 for protecting their health. Main nutritional problem of adolescents are micronutrient
126 deficiencies like iron deficiency, folate and vitamin A. The prevalence of anemia was 68.8% and
127 associated with diet consumed.

128 Dietary inadequacies likely more of threat among adolescent girls because of erratic eating
129 pattern and specific psycho social factor underlying these combined with the particularly high
130 nutritional requirements for rapid growth. Anemia in adolescent girls poses a great health hazard.
131 Their physical, mental, emotional and social development takes the prominence during their
132 period of time. The lowered hemoglobin status hampers and stunts this growth associated with
133 development .

134 Awareness to adolescent girls is a matter of fact to be considered due to their negligence to have
135 healthy adolescent girls ,one needs to be strong and healthy. The health education given to them
136 will give them the insight to practice healthy life styles and there by prevent anemia.
137 Adolescence is a period of peak growth for girls nutritional requirements in relation to body size
138 are more during adolescence. In a country like India with varing social customs and common
139 belief against female, there is a high prevalence of malnutrition and anemia among adolescent
140 girls. The increased aptitude on slimming and physical beauty conscious has made the girls more
141 vulnerable to anemia.

142 -Nov-Dec(2020)

143

144 Iron deficiency anemia is one of the most prevalent nutritional deficiencies in the world,
145 especially among adolescence girls. Adolescence gain 20% of the adult weight and 30% of the
146 adult height in the adolescent period itself.

147 A high prevalence of iron deficiency anemia reflects their poor status of nutrition because of
148 their rapid growth combined with poor eating habits and menstruation. The world health
149 organization(WHO) states that the worldwide mortality rate of iron deficiency anemia was
150 60,404,000 in 2005. National family health survey in 2006 showed that 56% of adolescent girls
151 were anemic in India.

152 Based on this information, the researcher feels that it is important to prevent iron deficiency
153 anemia among adolescent girls.

154 - Dec(2021)

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159

PROBLEM STATEMENT

160 *“A study to assess the level of knowledge regarding management of anemia among adolescent*
161 *girls in “ St.Mary’s School Vikasnagar, Dehradun.”*

162

163 **OBJECTIVE OF THE STUDY :**

164 1. To assess the level of knowledge regarding anemia among adolescent girls.
165 2. To find out the association between the knowledge level of regarding anemia and its
166 management with their selected demographic variables.

167

168 **OPERATIONAL DEFINITION:**

169 **DESCRIPTIVE**:-describing something, especially in a detailed, interesting way.

170 **ASSESS**:-To determine the rate or value of something. Here it refers to make judgement about
171 the prevention and knowledge level of adolescents girls regarding Anemia.

172 **KNOWLEDGE**:-In this study knowledge refers to Facts, information and skills acquired
173 through experiences or education. Here it refers to the assessment of knowledge about Anemia
174 among adolescents girls in St.Mary’s School Vikasnagar, Dehradun.

175 **ANEMIA**:-Anemia happens when the number of red blood cells or the haemoglobin
176 concentration within them is lower than normal.

177 **PREVENTION**:-Anemia can be prevented by eating a healthy diet, avoiding blood loss, and
178 taking iron supplements when needed.

179 **ADOLESCENTS**:- Adolescence is the phase of life between childhood and adulthood, from
180 ages 10-19.[WHO]

181

182 **ASSUMPTION**:-

183 (a) Anemia can impact development of adolescent girls.

184 (b) Anemia can impact on concentration, education performance and development of adolescent
185 girls.

186 (c) The knowledge regarding anemia may vary in adolescent girls based on different age and
187 intelligence level.

188 (d) The adolescent girls will be honest while responding to questionnaire.

189 (e) The adolescent girls will have some previous knowledge regarding anemia.

190

191 **HYPOTHESIS:-**

192 H1-There will be significant association between level of knowledge and selected demographic
193 variable.

194 H0- There will be no significant association between level of knowledge and selected
195 demographic variable.

196

197 **DELIMITATION OF THE STUDY:-**

198 1. The study is only limited to adolescent girls.

199 2. This study is limited to the adolescent girls who are present at the day of data collection.

200

201 **CONCEPTUAL FRAMEWORK:-**

202 Conceptual framework can be said as essential of research for better understanding of the key
203 concept of research and the relationship between the research variables. Conceptual framework
204 involves different theories that have been proven and given by different theorists, which can be
205 applicable to get an idea and reference on which research may proceed.

206 **Modified King's goal attainment theory was adapted to explain the concept:**

207 Imogene king's theory is based on the idea that it must be firstly based on the mutual goal setting
208 between the nurse and the client in which the major role of a nurse is to assess client's concerns,
209 problems and disturbance in health. The other things are nurse and client's perception of
210 inference along with the amount of information shared in between them to attain the identified
211 goal.

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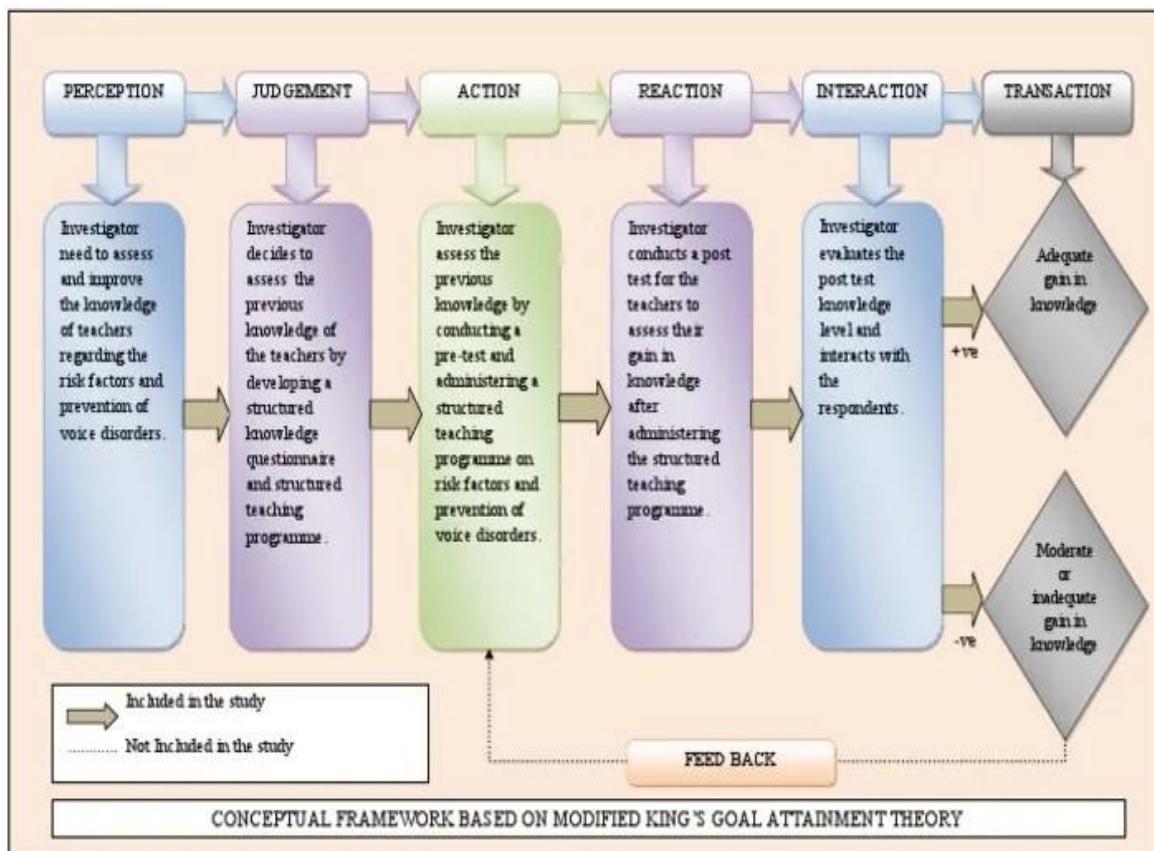
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CHAPTER - II

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LITERATURE REVIEW

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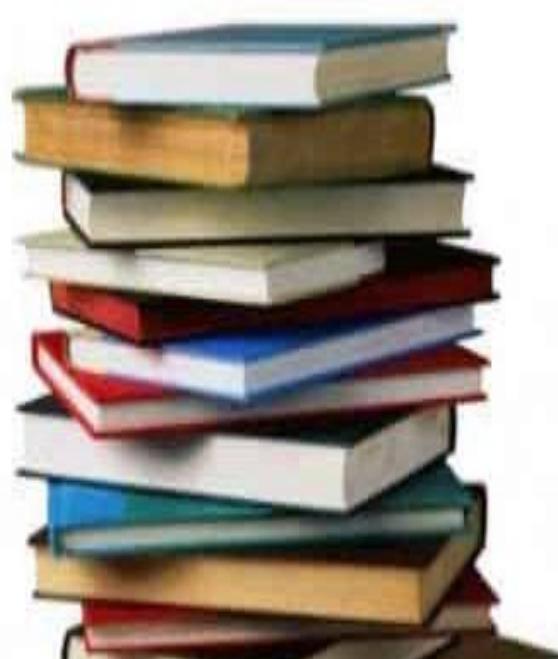
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REVIEW OF LITERATURE

● Review of literature related to Anemia

➤ **(R. Sridevi)** et al Asst. Prof/ HOD of Dept, Vinayaka mission's college of nursing Karaikal has conduct a research on the level of knowledge regarding Anemia among adolescent girls in V.O.C Higher Secondary School at kotucherry, Karaikal in year 2016. Data was collected from 70 adolescent girls by using convenient sampling. Data were analyzed by descriptive and inferential statistic

- **Kamala Verma;** 2 Ginish C. Baniya has conducted a research study on prevalence, knowledge, and related factors of Anemia among School going adolescent girls in a remote area of western Rajasthan which was published in the journal of Family Medicine and Primary Care in April, 2022 and published online at 13 March, 2022. It is a cross - sectional study of 625 adolescent girls aged 11years to 19years was carried out by questionnaire that included socio - demographic, clinical and knowledge question about Anemia.

266

267

-2020

- **Dayana B.A.A; Snega.R; Kowsalya.T** Department of Medical Surgical Nursing, Saveeta college of Nursing, SINATS, Chennai, Tamilnadu, India has conducted a research study to assess the knowledge level of Anemia among adolescent girls in Eriyamangalam in year 2020. A quantitative approach with descriptive research design was used. 30 adolescent girls were selected by using non-probability convenience sampling technique. Self structured

273 questionnaire was used to collect the demographic data and knowledge level of anemia
274 among adolescent girls.

275 - 2020

276 • **Review of literature related to management of anemia**

277 ➤ **Tamilsevi S; Muthumari; Vijayrani** Prince has conducted a research study on effectiveness
278 of dietary intervention on iron deficiency anemia among adolescence girls from selected
279 rural area in Dharapurum which was published in the Asian journal of nursing education and
280 research in volume - 12, issue - 4 in year 2022. evaluative approach was used for the study
281 in which 60 adolescent girls with hemoglobin level of below 11g/dl were selected as sample
282 by using non-probability purposive sampling technique. The data were analyse by using
283 described inferential statistics. The study results shows that; the mean score of pre-test and
284 post-test of hemoglobin among adolescents girls were 8.95 and 11.24 respectively and the
285 mean difference was 2.29

286 - 2022

287 ➤ **Dr. Mahendra Singh** ;Department of community and family Medicines ; AllMS, Rishikesh,
288 Uttarakhand, India has conducted A research study to cross –sectional study in a monthly
289 campaign including 5,776 beneficiaries. Camps were organised at hospital Campus, school
290 'district hospital, Community health centre , Primary health centre ,Sub centre Anganwadi
291 health worker slum

292 ➤ Areas.5,776 participants 53.3percent were anaemic .Females (54.6 percent) 33.5 % of
293 pregnant females were found to be Anaemic .Reduce the prevalence of anaemia and promote
294 the Health individual ,community as well as the country .Kristine Jimenez ,MD, Stefanie
295 KulniggDabsch specialist in internal Medicine, Gastroenterology ,and Hematology at
296 Medical University of Vienna in Vienna, Austria has conducted a research study to proper
297 management improves quality of life,reduces the need for blood transfusion ,treatment
298 option include oral and intravenous iron therapy. A total of 100 adolescents females (11-20
299 years old) were included in this study result is positive endoscopic examination is still
300 recommended

301 ➤ **Sanjeev M Chaudhary et al. Vasant R Dhage**; Department of preventive and social
302 medicine, Government medical college and hospital, Nagpur Maharashtra, India has
303 conducted a research study to cross survey in an sectional Urban area under urban health
304 trainningcentre, Department of preventive and social Medicine. A total of 296 adolescents
305 females [10-19 years old] were included in this study Statistical analyses were done using
306 percentage, chinese square test, and students 't' test. The prevalence of anemia was found to
307 be 35.1 percent.

308 -2008

309 ➤ **Kristine Jimenez, MD, stefanieKulniggDabsch** specialist in internal medicine,
310 gastroenterology, and hepatology at Medical University of Vienna, Austria has conducted a
311 research study to proper management improves quality of life, reduces the need for blood
312 transfusions, treatment option include oral and intravenous iron therapy. A total of 100
313 adolescents girls [10-19 years old] were included in this study.Result is positive, endoscopic
314 examination is recommended.

315 -2021

316 ➤ **Dr. Lokesh Singh**, Department of community and Family medicines was conducted at
317 Hyderabad in 2015, to determine the nutritional knowledge among adolescent girls the study
318 was undertaken on 100 adolescent junior collage students. A random sampling technique
319 method was used. A questionnaire has been developed to collect the data. Result reveals that
320 only 25 percent of the subjects were having good knowledge about anemia. Study conclude
321 that the nutritional education

322 ➤ Intervention is required for the adolescent girls to create awareness and to disseminate the
323 knowledge related to the prevention and control of anemia. The knowledge of the adolescent
324 girls was inadequate regarding anemia and its prevention and the age of the sample was
325 statically associated with their knowledge score.

326 -2019

327 ➤ **Sarita Ahwal** department of obstetrics and gynecological nursing, Rufaida college of
328 nursing, New Delhi, India a cross-sectional study was conducted in Udhamsing Nagar,

329 Uttarakhand, in 2020 on anemia prevalence and contributory factors among 390 adolescents
330 girls, Random Sampling, method was used to select sample, data was collected using self-
331 structured questionnaires. The result show that iron supplementation, nutrition education
332 among adolescent girls and overall hygiene are important to improve iron status.

333 -2023

334 ➤ **Harendra Singh** has conducted the study on adolescents anemic health knowledge, attitude
335 and practices among adolescents girls of Chitwan District Nepal .A Descriptive analysis was
336 done and data were analyzed using chi-square. A five pointlikert scale was applied to
337 computer knowledge attitudes, and practices of the adolescent girls and result found most of
338 the adolescent girls had good knowledge about anemia.

339 -2021

340 ➤ **AbilashSasidharannairChandrakumari, S jaikumar**, This study was a cross-sectional
341 study conducted among 255 adolescent girls, After getting informed consent from the
342 subjects, the informarion regarding age, sociodemographic status, menstrual histiry and short
343 clinicals details were recorded. Blood samples were collected and analyzed using automated
344 hematology analyzer. The majority of the anemia girls [55.64 percent]were having mild
345 degree of anemia. Among 255girls, 188[73.73%) were from the early adolescent age
346 group[10-14 years). Prevalence of anemia[52.24%] was high among the late adolescents and
347 those belonging to low socio economic class.

348 -2023

349 ➤ **Sumit Malhotra, Kiran Goswami** was conducted in 28 villages of Ballagarh Block of
350 District Faridabad, Haryana. From the computerized health Management information system
351 data a random list of 363 adolescent girls was generated. Adolescent girls who had attained
352 menarche were included in the study. Hemoglobin level was measured for all the consented
353 or assented participants using a digital hemoglobinometer .A total result of 272 participants
354 were enrolled in the study.

355 ➤ Mean [SD] age at menarche was 13.2 years. 195 anemic adolescent girls, severe, moderate,
356 and mild anemia was observed in 4.8%, 41.2% and 25.7%

357

-2022

358 ➤ **Abdieahman Ahmed and Abdulkarim Mohammed** a cross-sectional study was conducted
359 in a higher secondary school in Godey to estimate the prevalence of anemia among school
360 going adolescent girls and to identify the associated factors. Hb levels were assessed directly
361 in the school Data related to socio-demographic, Socio -economic characteristics, dietary
362 habits. past health status and anemia related knowledge among adolescent girls were
363 collected by Interview method and analyzed with the help of SPSS version 25. A result of
364 total of 372 school adolescents participated in this study with a response rate of 100%. The
365 mean age with a SD of the adolescent girls was 17.8 [+ 1.2] years.

366

-2022

367 ➤ **Puuspa Sari, Raden Tina Devi Judistiani**, department of public health, faculty of
368 Medicine west Java, Indonesia, a cross-sectional study was conducted with 95 adolescent
369 girls and 85 women between April and November 2018 Cluster random sampling was used
370 to select the participants from seven villages in the Jatinangordistrict. Anthropometrics were
371 gathered to determine the body mass index, and venous blood samples were analyzed for
372 CBC and Hb levels
373 ➤ Descriptive statistics followed by bivariate and multivariable logistic regression were used to
374 identify anemia-associated factors. Result of iron deficiency anemia among the girls was
375 21.1% and 9.4% among women. in growth and with an average hemoglobin levels in
376 adolescent girls of 10.75gm/dl (+0.79) and in adults 11.20 gm/dl (+0.61], The majority of
377 our samples were not stunted were also within a normal weight range.

378

-2023

379 ➤ **Dayana BAA Snega R. Kowsalya** Department of collage study to anemia among
380 adolescent girisess the o assess knowledge res Mysore 1 convenient sampling questionnaire
381 was analyzed by 100 samples were restarth regarding preverersion of ris in the selected area
382 of selected by non-prot technique. Th was utilized to col using descriptive olestThe
383 structured lect data, Dara waistics The result had average level scene had that 76% of the
384 ado knowledge score and the educationa group 13 y years and the girls age samampl
385 secondary sch vel of onal status of adolescent educational status of ary school was 100%

386 Study concludes sample was statically associated with that the age of the sample their
387 knowledge score.

388 -2021

389 ● □**Review of literature related to effect of anemia on adolescent girls**

390 ➤ **Mashavu H. Yussuf** Department of Pathology Shri Sai Medical College and Research
391 Institute ,Ammappettai ,Tamil Nadu has conducted a research study to among adolescents (10-19 years) is a leading cause of morbidity and mortality .The survey was conducted 2,479
392 School going adolescent aged (10-17 years) from 42 schools on the Zanzibar Tanzania.
393 Hemoglobin concentration was measured along with the collection of socio-demographics ,
394 health , food frequency , and water sanitation and hygiene data. Based on WHO cut off
395 anaemia ,53.3% of the sample had anaemia(Mild ,Moderate , or Severe). Using chi -
396 Square tests and logistic regressions , We determine the females of Anaemia.
397

398 - 2019

399 ➤ **Melkam Tesfaye** Department of medical Laboratory Science and Pathology College of
400 Health Services ;Jimma University has conducted A research anemia adolescence girls
401 reduced physical and mental capacity and diminishe concentration in work and educational
402 performance. A cross sectional study among 408 School adolescents in Bonga Town
403 ,Southwest Ethiopia ,from March 15,2014 to May 25 ,2014, An interviewer administered
404 questionnaire was used to collect sociodemographic data. Blood and stool samples were
405 analyzed for haematological and parasitological analyses . The overall prevalence of
406 anemia was 15.2% (62/408), of which 83.9% compromised mild anemia.

407 ➤ **Dr. Priyanka Chaudry** Department of Medical Surgical Nursing ,DeshBhagat University
408 School of Nursing, Punjab India ,A study to assess the knowledge level of prevention of
409 anemia adolescent girls .One group pre test and post test experimental descriptive research
410 design is used to collect sample of Mohali of 100 adolescent girls . The sample is collected
411 through purposive sampling technique .The data is collected by socio – demographic
412 questionnaire and self instruction module . Adolescent girls had inadequate knowledge 40%
413 ,had moderate knowledge and 2% ,had adequate knowledge in pre test before administering
414 standard teaching program.

415

-2021

416 ● **Review of literature related to prevalence of anemia**

417 ➤ **Dr.Priyanka Chaudhary, Ms. Ramanpreet Kaur** a cross-sectional study was conducted
418 under anemia Mukt Bharat camp, in Delhi in 2019, on prevalence of anemia among school
419 going adolescent girls. The study included 203 adolescent girls attending class 9th, 10, 11
420 and 12th through random sampling. anemia was semi structured questionnaire was used to
421 collect data. The result show that prevalence of found was concluded that anemia was
422 highly prevalent among adolescent girls and factors vegetarian diet underweight
423 deworming and presence of pallor were found to be associated with anemia. Liketo be 59%.

424

-2022

425 ➤ **Ansari Nagar, Ne Shashi Kant Sanjeev Gupta** department of Biostatistics All India Institute
426 of Medical Sciences An Delhi a cross-sectional study was conducted in rural on prevalence
427 of in 2019 Study conducted. were selected through of anemia among adolescent girts ted
428 among 255 adolescent purposive using questionnaire New plesue data cent girts Samp
429 Sampling techniqu shows th Ret was collected us ence of anemia was found to be 48.6
430 overall prevalence Majority of anemia. of a the aneicPrevalerce of girls 55.4 5.64% were
431 having mild degree low socio-anemia (52.24% was high amon the late adolescent and those
432 belonging to incipere is a urtherconclude . The study further concluded that there is a
433 significant relationship between anemia and socio-economic status.

434

-2022

435 ➤ **Roy Arokiam Daniel, Mani Kalaivani**, Centre for community Medicine All India Institute Of
436 Medical Sciences New Delhi India was cond conducted a cross-sectional -sectional study
437 study targeting adolescent girls will allow a opportunity to correct their nutritional health
438 and improve their obstetric outcomes. Hence we did a systematic review and meta-analysis
439 of community-based studies to obtain a comprehensive pooled estimate of the prevalence
440 of anemia among adolescents girts in India

441

-2024

442 ➤ **Shekhar Chauhan, Pradeep Kumar** department of public health, Secondary data analysis 1
443 was data from The understanding the ther of adoles performed on cross-section the mple
444 size was 20,594 adolescents aged The 19 years sin Uttar Pradesh and Bihar har India
445 outcome variable was anemia and the y variables were explanatory v tion working status,
446 media exposure ationwor caste religion, residence and states statistics ar status, wealth
447 index. Descriptiv and bivartate analysis were used to find the preliminary results.

448 -2021

449 ➤ **Ms. Deepti, Ms.P.Chitra** Master of Science in Nursing, Associate professor, Assistant
450 Professor, Department of Medical Surgical Nursing Desh Bhagat University Punjab, India A
451 cross-sectional study was conducted of India in 2018, on anemia 526 adolescents were
452 selected by simple random sampling technique and data was collected through structured
453 questionnaire study reveals that the total prevalence of anemia girls was 45.7%. Conclusion
454 of study was problem of anemia is high among females

455 -2018

456 ➤ **Veena Melwani** Department of community medicine, Gandhi Medical Coilege, Bhopal,
457 Madhya Pradesh, A cross-India A sectional study was conducted in a school of jimma town
458 in 2019, to assess the prevalence of anemia and associated factors. Data were collected
459 from 528 secondary school adolescent girls. A multi stage sampling technique was used to
460 select the study participants. A portable battery-operated hemocue HB 30+/analyzer was
461 used to measure the hb level, living condition of the adolescent girls, dietary diversity score,
462 duration of menses, and low economic status were positive predictor variables, Therefore,
463 iron rich and diversified food consumption should be given attention.

464 -2019

465 ➤ **Shekhar Chauhan, Pradeep Kumar** a cross-sectional survey was conducted in sharanpur
466 block in UP in 2024, on prevalence of anemia among 100 adolescent girls aged 10-19
467 years.Random sampling technique was used to select sample data was collected through
468 pre structured interview. Result show that 74% subjects were found to anemic with varying

469 degree ranging from mild [16%], moderate [54%], and severe 4%. Study concluded that
470 despite being a time of vulnerability, adolescent girls is time of greatest opportunity for
471 being a heathy adult.

472 -2022

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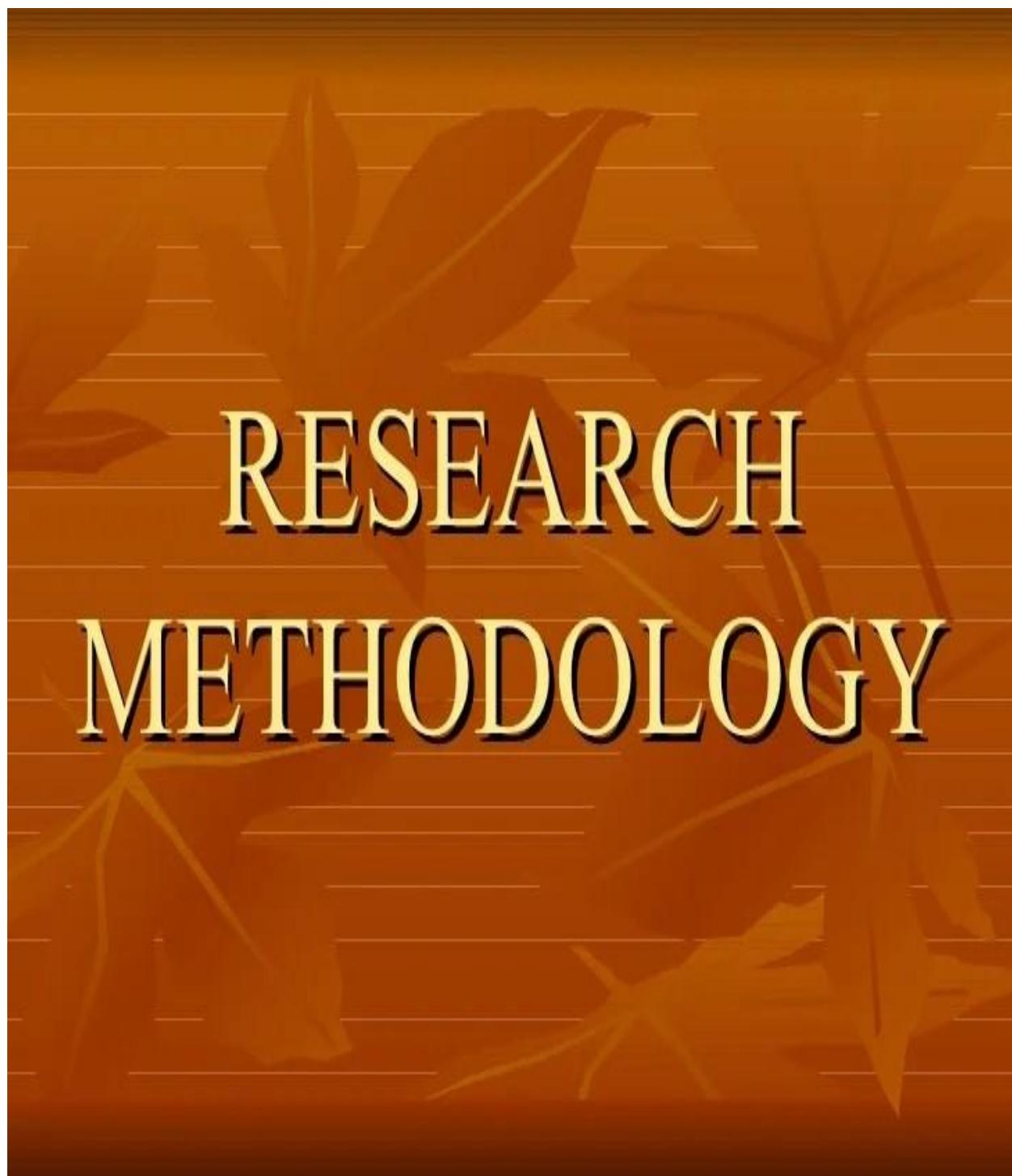
474 **CHAPTER - III**

UNDER PEER REVIEW IN UAR

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RESEARCH METHODOLOGY

479 Research methodology is the systematic process used by researcher to plan, execute and analyze
480 studies in a structured and reliable manner.

481 The chapter includes research approach, design of the study, identifying variable under study, the
482 setting of the study, population, sample and sample technique sampling criteria, development and
483 description of tool, validity and reliability of tool, description of pilot study, data collection
484 procedure and plan for data analysis.

485 The present study was aimed to assess level of knowledge regarding anemia among adolescent
486 girls.

487

488 RESEARCH APPROACH:

489 Research approach are the plans and the procedures for research that span the steps from broad
490 assumptions to detailed method of data collection, analysis, and interpretation.

491 The research approach adopted in this study was quantitative approach .

492 RESEARCH DESIGN:

493 The research design refers to the overall strategy that you choose integrate the different
494 components of the study in a coherent and logical way, thereby, ensuring you will effectively
495 address the research problem; it constitutes the blueprint for the collection, measurement, and
496 analysis of data. (De Vaus, D. A, 2006)

497 Research design adopted for the study is descriptive research design.

498 VARIABLES:

499 Variables are the characteristics, events or responses that represents the elements of the research
500 question in a detectable and measurable way. In quantitative research, the concepts that are of
501 interest are translated into measurable characteristics called variables.

502

503 **Independent Variable:** The independent variable in the present study is

504

505 **Dependent Variable:** The dependent variable in the present study is
506 **Demographic Variable:** The demographic variables in the present study are age, education
507 status of parents, residential area, monthly income of family, religion ,dietary pattern, source of
508 information regarding anemia, occupation of parent, economic status of family, standard of
509 adolescent girl.

510

511 **RESEARCH SETTING:**

512 The research setting refers to the place where the data is collected.
513 The study sample are selected from St Mary School Vikasnagar, Dehradun.

514 **POPULATION:**

515 Polit and Hungler (1999-37) refer to the population as an aggregate or totally of all the objects,
516 subjects or members that conform to set of specification.

517 The population for the study consists of adolescent girls of selected school of Dehradun

518 **SAMPLE AND SAMPLE SIZE:**

519 The sample is a subset of a population that is used to represent the entire group as a whole
520 (Kendra Cherry, 2015).
521 The study sample was 60 adolscent girls of selected school of Dehradun who met the inclusion
522 and exclusion criterion for the sample selection.

523 **CRITERIA FOR SELECTION OF SAMPLE:**

524 To meet the criteria the subjects were screened as follows. All the subjects who fulfilled the
525 following set criteria were included in the study.

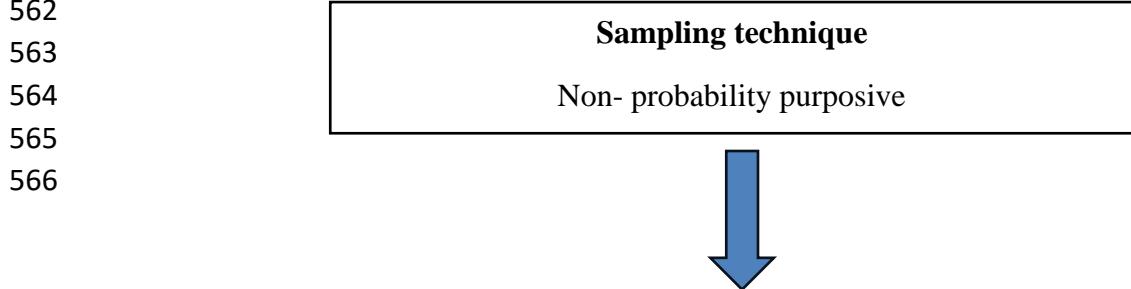
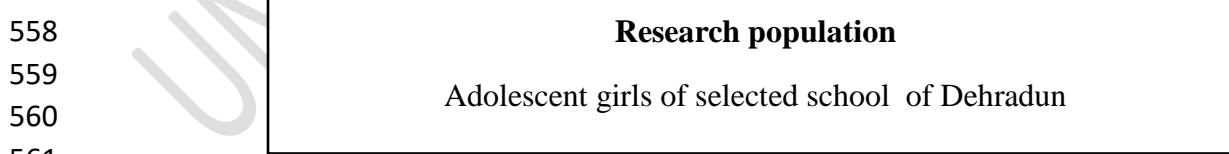
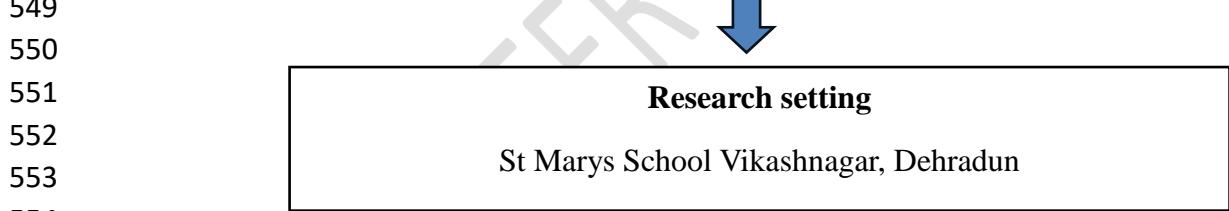
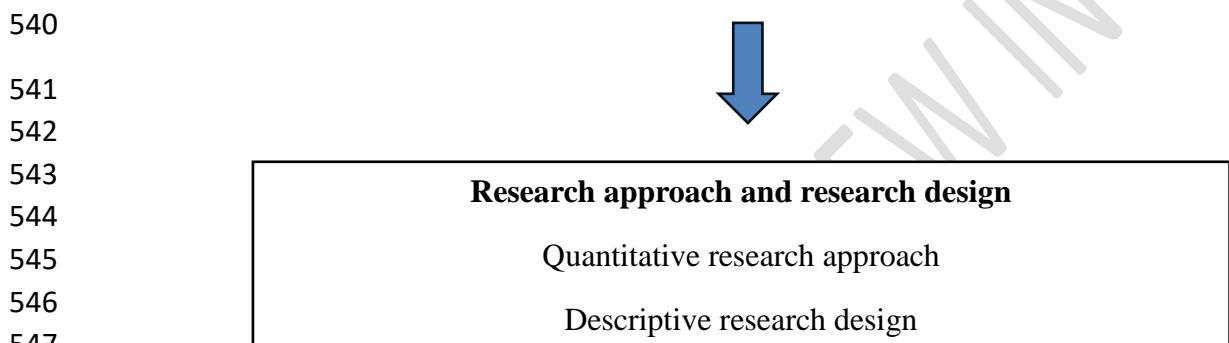
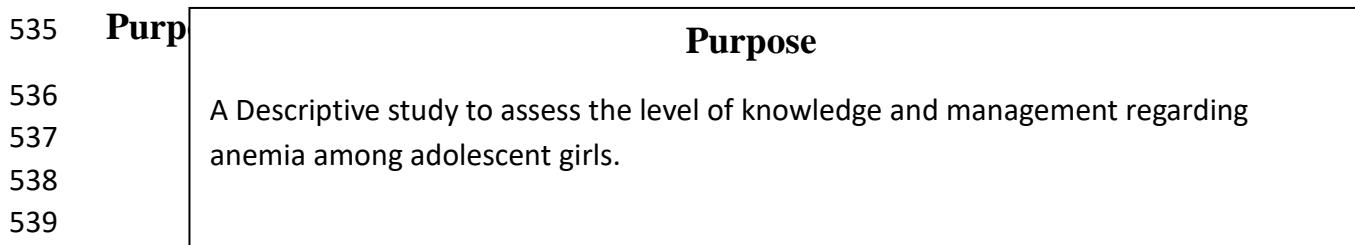
526 **INCLUSION CRITERIA:**

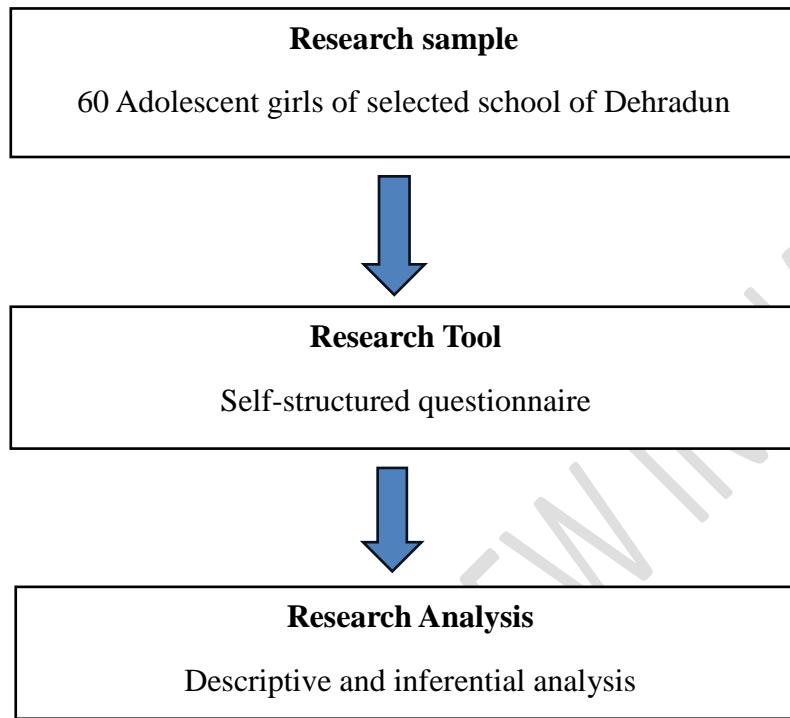
527 1.Aged between 12 to17years who attend menarch..
528 2.Who are willing to participate in the study.
529 3.Available during the data collection procedure.

530 **EXCLUSION CRITERIA:**

531 1. Absent during the data collection procedure.
532 2. Who are not willing to participate in the study.
533 3. Other than adolescent girls.

534





587 **Fig- 1: Systematic representation of research methodology**

588

589

590 **SAMPLING TECHNIQUE:**

591 Sampling technique refers to method of selecting portion of the population and sample to
 592 represent the entire population [Pilot and Hunger, 1991].
 593 The non-probability purposive sampling technique was found appropriate for the present study.

594

595 **TOOL FOR DATA COLLECTION**

596 Research instruments are the testing device for measuring a given phenomenon, such as a paper
 597 and pencil test, a questionnaire, an interview, a research tool, or a set of guidelines for
 598 observation [Mosby's Medical Dictionary, 2009].

599

600 All the questions were developed by the researcher in English language. The requirement of
 601 translating the questionnaire was not found as the adolescent girls were able to read and

602 understand the English language properly, as the mode of learning in professional education is
603 English.

604 Tool is divided into two parts:

605 **Part 1: Socio-demographic profile**

606 The socio-demographic tool consists of 10 multiple choice questions. Each question contains
607 several options, and the sample must choose one option only from the given options. It includes
608 the following items:

- 609 1. Religion
- 610 2. Age
- 611 3. Monthly income of family
- 612 4. Standard of adolescent girls
- 613 5. Dietary pattern
- 614 6. Economic status of family
- 615 7. Occupation of parents
- 616 8. Residential Area
- 617 9. Source of information regarding anemia
- 618 10. Education status of parents

619

620 **Part 2: Self Structured questionnaire**

621 This part consists of 30 self-structured questions on knowledge regarding anemia among
622 adolescent girls.

623 **Scoring Key-**

S.NO.	Quality of Life	CATEGORY	PERCENTAGE
1.	High Quality of Life	Between 1-20	0%
2.	Moderate Quality of Life	Between 21-40	70%
3.	Low Quality of Life	Between 41-60	30%

624

625 The percentage distribution on quality of life in context of visually impaired among adolescents:

- 0% Adolescents had High Quality of Life
- 70% Adolescents had Moderate Quality of Life
- 30% Adolescents had Low Quality of Life

629 **VALIDITY OF TOOL**

630 Validity refers to the degree to which an instrument measures what it supposed to measuring.

631 -Pilot and Hungle

632 Validity is the appropriateness, meaningfulness and usefulness of the inference made from the
633 scoring of the instrument.

-American Psychological Foundation

635 To ensure the content validity, tool along with objectives and criteria checklist. The tool was
636 given to three experts of the field. The experts were given a criteria checklist and requested to
637 give their opinion and suggestions regarding the reluctance, accuracy and appropriateness of
638 items. Based on the suggestion of the expert the necessary modifications were made in the tool,
639 thereafter final tool is prepared.

641 PILOT STUDY

642 A pilot study is referred to a small-scale preliminary try out of the method to be used in a large
643 study, which acquaints the researcher with the problem that can be corrected in proportion for the
644 research study or is done to provide researcher with an opportunity to try out the procedure,
645 method, and tools of data collection.

646 Pilot study is a small-scale rehearsal of main study to test the feasibility of proposal research
647 process/ protocol.

- Kumar. R, 2018

650 The pilot study is conducted for the group with 10 adolescent girls of selected school of
651 Dehradun using non probability purposive sampling method who fulfill the inclusion criteria is
652 selected as samples. Verbal consent is obtained from the 10 samples.

653 The pilot study was conducted in selected school of Dehradun. It was conducted on 09 -11-24
654 from morning 10 am to 1 pm. After obtaining formal permission from Principal, the investigator

655 selected 10 samples who fulfilled the inclusive criteria by using non probability purposive
656 sampling technique. Data includes 10 demographic variables and 30 questionnaires.

657 A short introduction about the study was given and informed consent was obtained from selected
658 adolescent girls. The findings were accepted by the experts. There was no modification in self-
659 structured questionnaires. The researcher identifies the feasibility of conducting the main study.

660 The investigator assessed the knowledge of 60 adolescent girls. The adolescent girls were
661 interested and cooperated well. The necessary data was collected, analyzed, and interpreted.
662 There are no modifications was made in the tools.

663

664 RELIABILITY OF TOOL

665 Reliability is another important feature of a research instrument. It is more important to achieve
666 the highest quality of measurement achieve the highest quality of measurement possible in
667 research. Evaluation of the reliability of research instrument is concerned with question of
668 consistency. Reliability concerned with consistency and accuracy of an instrument. A test is
669 considered reliable if researcher frequently gets the same reading at different time interval.

670 . The correlation coefficient of knowledge score reliability is 0.73

671

672 ETHICAL CONSIDERATION

673 The study was conducted after the approval of the Principal of selected school of Dehradun. The
674 procedure was explained to participants and consent was taken before starting the data collection.
675 Assurance was given to the study participants regarding the confidentiality of the data collected.
676

677 DATA COLLECTION PROCEDUR

678 The data was collected from adolescent girls of selected school of Dehradun, before that prior
679 permission was taken from the Principal of the school. A self -introduction was given by the
680 investigator 60 Adolescent girls who fulfilled the inclusion criteria are selected using non-
681 probability purposive sampling technique. Each sample took 30 min to fill the questionnaire and

682 demographic variable. The investigator obtained the verbal consent from subject prior to the
683 study.

684

685 **PLAN FOR DATA ANALYSIS**

686 Data analysis is done to give meaning to the data. The analysis of the data was performed based
687 on objectives and hypothesis, using descriptive and inferential statistics.

688

689 **DESCRIPTIVE ANALYSIS:**

690 a) Descriptive statistics i.e. frequency, percentage were used to describe the demographic
691 characteristics of the samples.

692

693 **INFERENTIAL STATISTICS:**

694

695

696 **SUMMARY**

697 This chapter deals with the methodology adopted for the study. It includes research approach,
698 research design, population, sample and sampling technique, research setting and study
699 instrument. It also includes content validity, reliability, and pilot study. Plan for data analysis was
700 also prepared in this chapter followed by ethical consideration for the study.

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CHAPTER – IV

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714 ANALYTIXLABS
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DATA ANALYSIS

AND INTERPRETATION - AN OVERVIEW



DATA ANALYSIS &

734 **INTERPRETATION**

735 The process of arranging and synthesizing data so that research question can be addressed and
736 hypotheses evaluated is known as analysis.

737 Analysis entails calculating specific indices or majors and looking for connections within the
738 data set. It entails testing hypotheses to draw conclusions and estimate the value of unknown
739 population factors.

740 **(Kothari C.R, 1995)**

741

742 The “ **DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE**
743 **REGARDING MANAGEMENT OF ANEMIA AMONG ADOLESCENT GIRLS IN St.**
744 **MARY’S SCHOOL VIKASNAGAR, DEHRADUN**” was conducted among 60 samples by
745 purposive sampling and data were collected by unstructured questionnaire schedule from
746 collected data were organized analyzed and tabulated and interpretative using descriptive study.

747

748 **The data Is presenting in following section:**

749 **Section – 1**

750 Percentage distribution of students according to demographic characteristics.

751 **Section – 2**

752 Comparison of level of knowledge among adolescent girls regarding management of Anemia.

753 **Section – 3**

754 Percentage distribution of adolescent girls according to their knowledge.

755 **Method of data collection**

756 Unstructured questionnaires were selected as a suitable method to collect them based on the
757 study objective.

758 **Instruments**

759 The instruments used for the study were a questionnaire to assess the level of knowledge
760 regarding management of anemia among adolescent girls at St. Mary’s School Vikasnagar,
761 Dehradun.

762 **Description of tools**

763 The tool were designed in two sections “part – 1”, “part – 2” to achieve the objective.

764 **Part – 1**

765 This consist the demographic variables – Age, Standard, Dietary pattern, Economic status of
766 family, Occupation of parents, Source of information, Religion, Area of residence, Educational
767 status and Monthly income of family.

768 **Part – 2**

769 Consist of questionnaires to assess the level of knowledge regarding management of anemia
770 among adolescent girls in St. Mary's School Vikasnagar, Dehradun.

771

772 **SECTION - A**

773 Table No. 1 : Percentage distribution of students according to demographic characteristics.

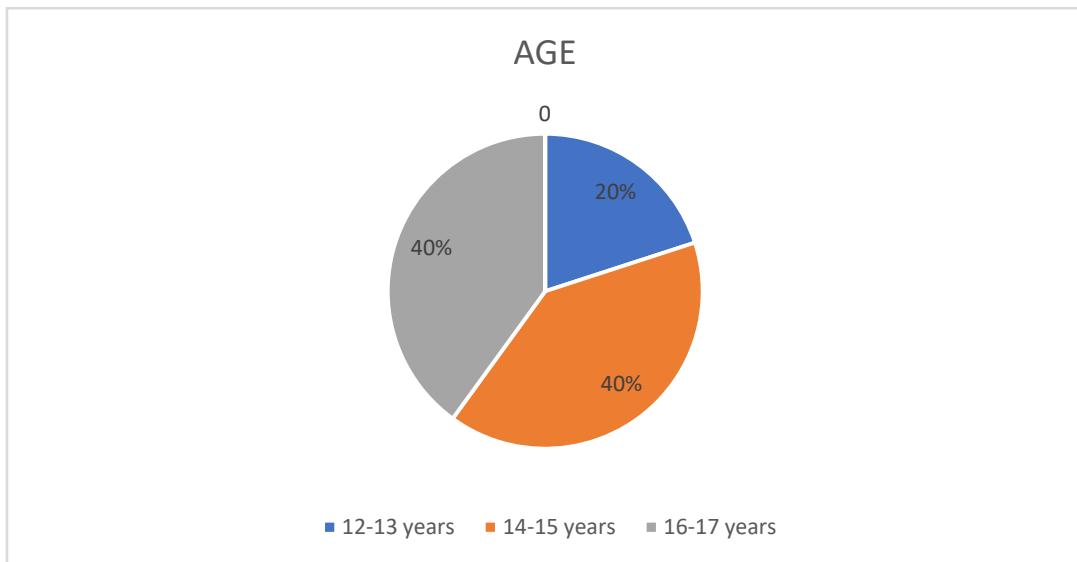
S.NO.	GROUPS	FREQUENCY	PERCENTAGE
1.	AGE a) 12-13 YEARS b) 14-15 YEARS c) 16-17 YEARS	2 4 4	20% 40% 40%
2.	STANDARD OF ADOLESCENT GIRLS a) 8 – 9 CLASS b) 9 – 10 CLASS c) 11 th CLASS	4 4 2	40% 40% 20%
3.	DIETARY PATTERN a) VEGETARIAN b) NON-VEGETARIAN c) BOTH	2 5 3	20% 50% 30%
4.	ECONOMIC STATUS OF FAMILY a) MIDDLE CLASS b) UPPER MIDDLE CLASS c) UPPER CLASS	6 1 3	60% 10% 30%
5.	OCCUPATION OF PARENTS a) GOVERNMENT EMPLOY b) PRIVATE EMPOLY c) SEMI PRIVATE EMPOLY	2 7 1	20% 70% 10%
6.	SOURCE OF INFORMATION REGARDING ANEMIA a) MASS MEDIA b) NEWSPAPER c) TEACHER	2 1 7	20% 10% 70%
7.	RELIGION a) HINDU b) MUSLIM c) CHIRSTIAN	6 1 3	60% 10% 30%
8.	AREA OF RESIDENCE a) URBAN b) RURAL c) SEMI - URBAN	2 6 2	20% 60% 20%
9.	EDUCATION STATUS OF PARENTS a) 10 th CLASS b) 12 th CLASS c) GRADUATION	1 2 7	10% 20% 70%
10.	MONTHLY INCOME OF FAMILY a) 15000 – 20000 b) 20000 – 25000 c) 25000 – 30000	1 3 6	10% 30% 60%

775

AGE

776

Percentage distribution of students according to their age.



777

778 A pie chart showing percentage distribution according to age. The percentage distribution of
779 students according to their age was 12 – 13 years 20%, 14 – 15 years 40%, 16 -17 years 40%.

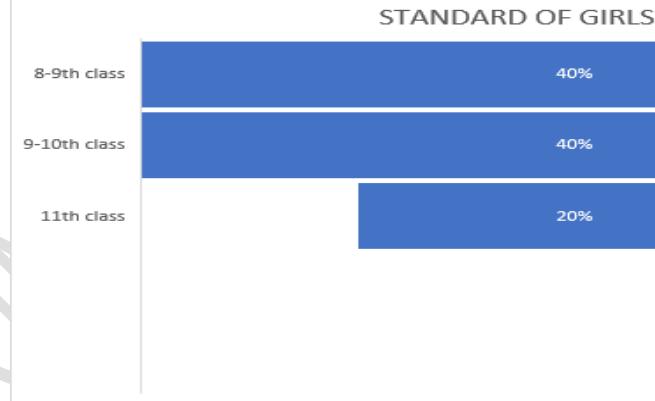
780

STANDARD

781

Percentage distribution of students according to their standard.

782



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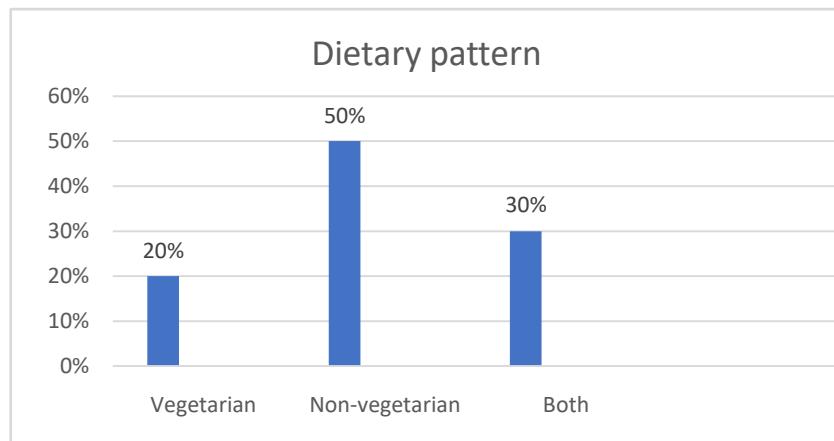
790 A funnel graph shows percentage distribution of standard of adolescent girls. The percentage
791 distribution of standard of adolescent girls shows that 40% of girls are in 8 – 9th class, 40% of
792 girls are in 9 – 10th class and 20% of girls are in 11th class.

793

DIETARY PATTERN

794

Percentage distribution according to the Dietary pattern of adolescent girls.

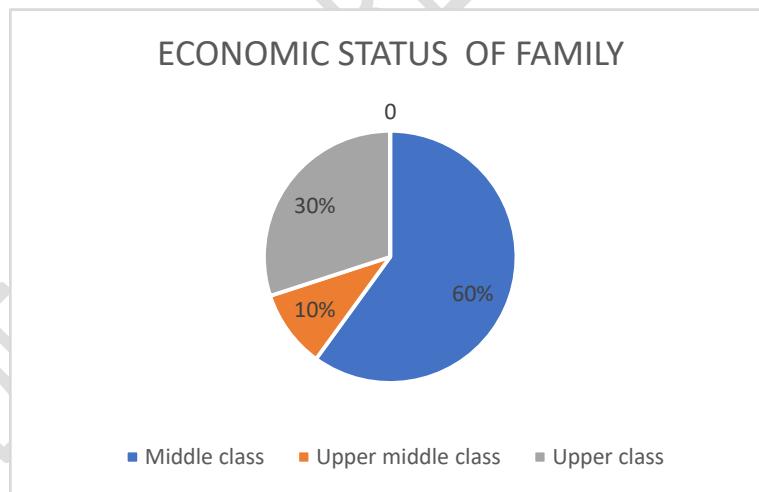


795

796 A column graph showing the percentage distribution according to their dietary pattern. This
797 percentage shows that 20% adolescent girls are vegetarian, 50% adolescent girls are non-
798 vegetarian and 30% adolescent girls are both.

799

800 **ECONOMIC STATUS OF FAMILY** Percentage distribution according to the economic
801 status of family

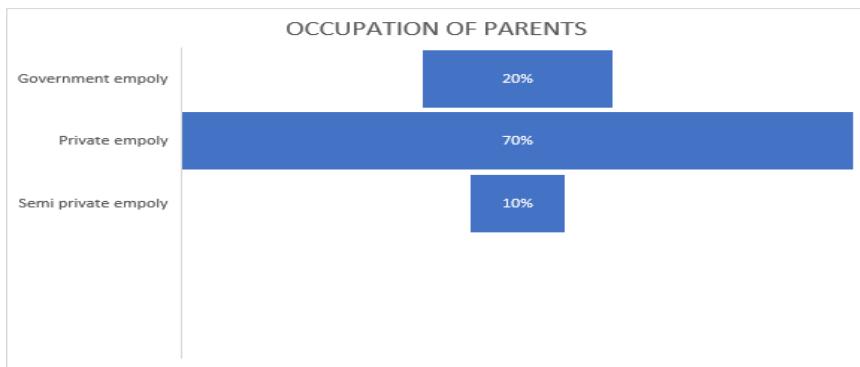


802

803 A pie chart shows the percentage distribution according to the economic status of family. This
804 distribution shows that 60% of family member are middle class, 10% of family member are
805 upper middle class and 30% of family member are upper class.

806

OCCUPATION OF PARENTS
807 Percentage distribution according to the occupation of parents.



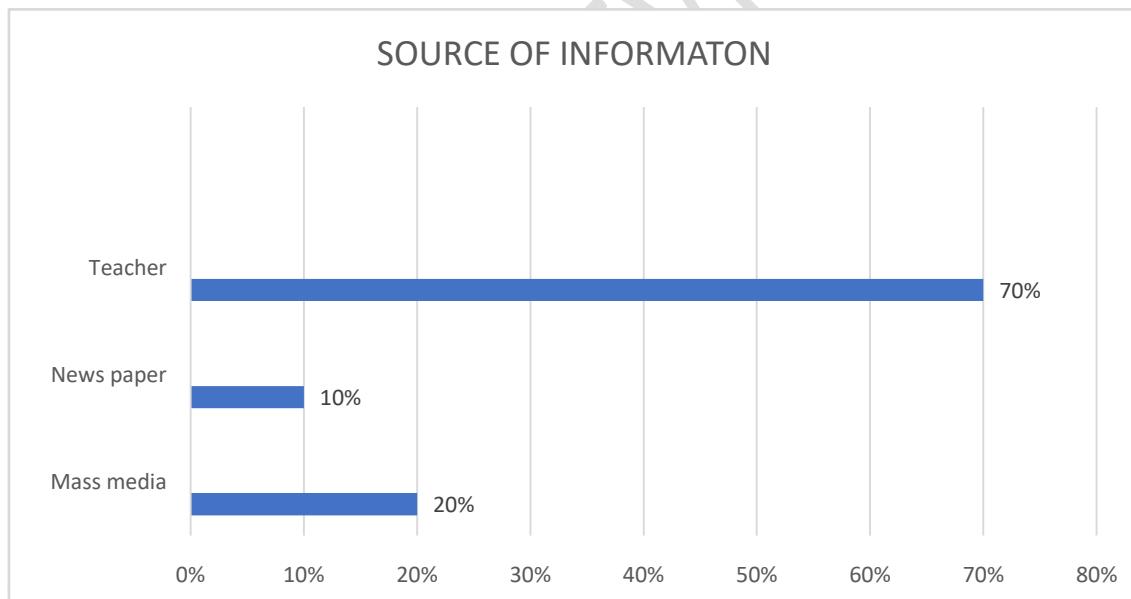
808

809 A funnel graph shows the percentage distribution according to the occupation of family member.
 810 This distribution shows that 20% of parents are government employy, 70% of parents are private
 811 employy and 10% of parents are semi private employy.

812

SOURCE OF INFORMATION REGARDING ANEMIA

814 Percentage distribution according to the source of information of adolescent girls.



815

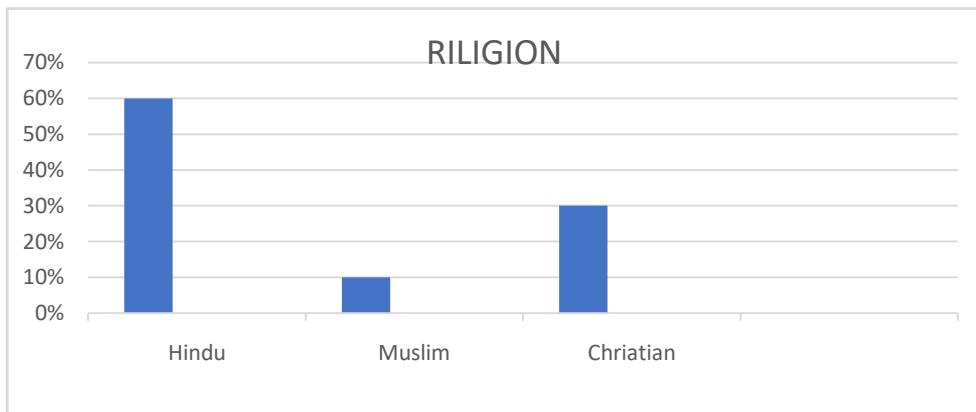
816 A bar graph shows the percentage distribution according to the source of information regarding
 817 anemia. The percentage distribution of students according to their source of information shows
 818 that 70% from teacher, 10% from news paper and 20% from mass media.

819

RELIGION

821

Percentage distribution according to the religion



822

823 A column graph shows the percentage distribution according to the religion of adolescent girl.
824 This distribution shows that 60% girls are Hindu, 10% girls are Muslim and 30% of girls are
825 Christian.

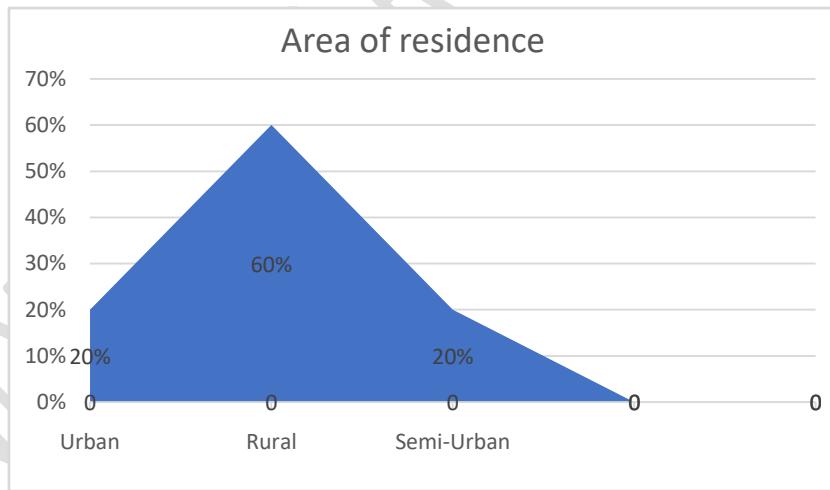
826

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AREA OF RESIDENCE

828

Percentage distribution according to the area of residence.



829

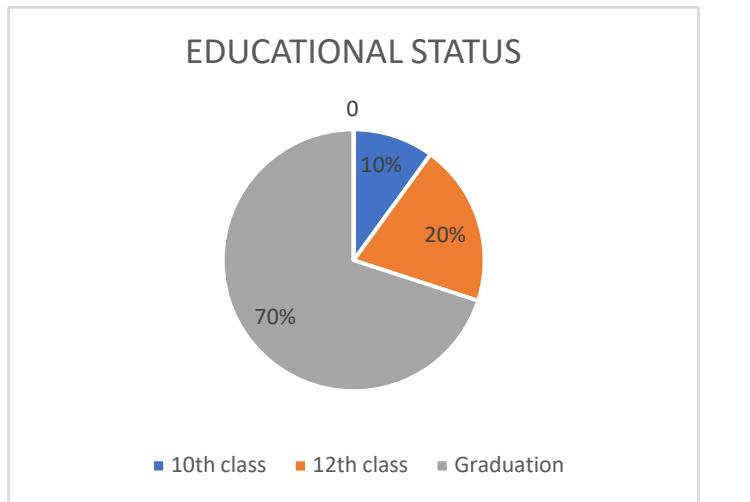
830 A graph shows the percentage distribution according to the area of residence. This distribution
831 shows that 20% girls are from urban area, 60% girls are from rural area and 20% girls are from
832 semi- urban area.

833

EDUCATION STATUS OF PARENTS

834

Percentage distribution according to the education of parents



835

836 A graph shows the percentage distribution according to the education status of parents. This
 837 distribution shows that 10% of parents are 10th class pass, 20% of parents are 12th class pass and
 838 70% of parents are graduate.

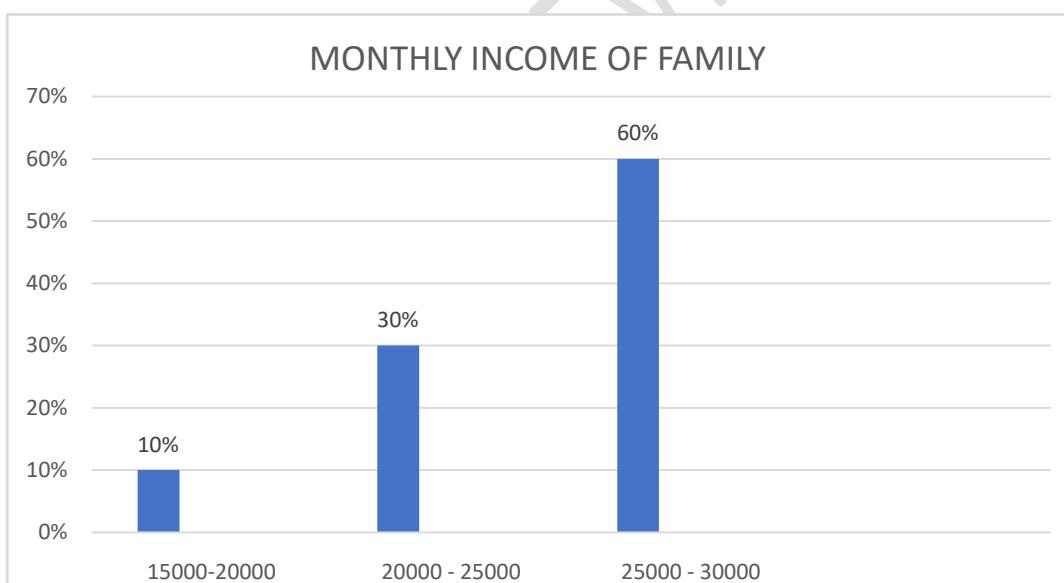
839

840

MONNTHLY INCOME OF FAMILY

841

Percentage distribution according to the monthly income of family members.



842

843 A column graph shows the percentage distribution according to the monthly income of family
 844 members. This distribution shows that 10% of family's monthly income in between 15,000 -
 845 20,000, 30% of family's monthly income in between 20,000 - 25,000 and 60% of family's
 846 monthly income in between 25,000 - 30,000.

847

CHAPTER - V

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DISCUSSION

852 The findings of the study have been discussed with references and objectives, considering other
853 studies conducted in the same area.

854 Findings and Discussion

855 The discussion of the findings of the study is made under the following sections:

856 Section 1: Demographic Characteristics

857 This section consists of a self-structured questionnaire to assess demographic characteristics such
858 as age, class, type of family, dietary habits, socioeconomic status, and parental education of
859 adolescent girls.

860 Section 2: Knowledge Regarding the Management of Anemia

861 A self-structured questionnaire was used to assess the level of knowledge regarding anemia
862 management among adolescent girls.

863 The findings of the present study reveal that, at the time of data collection:

- 864 • 50% of adolescent girls had poor knowledge regarding anemia management.
- 865 • 30% of adolescent girls had moderate knowledge regarding anemia management.
- 866 • 20% of adolescent girls had good knowledge regarding anemia management.

867 These results indicate that the majority of adolescent girls have poor knowledge about anemia
868 management, emphasizing the need for health education programs focusing on anemia
869 prevention, causes, symptoms, and treatment.

870 MAJOR FINDINGS OF THE STUDY

- 871 • 50% of adolescent girls had poor knowledge regarding anemia management.
- 872 • 30% of adolescent girls had moderate knowledge regarding anemia management.
- 873 • 20% of adolescent girls had good knowledge regarding anemia management.
- 874 • Most students were unaware of dietary sources of iron and the importance of iron
875 supplementation.
- 876 • Family income, parental education, and dietary habits were key factors influencing knowledge
877 levels.

878 • The study highlights the need for school-based health awareness programs to improve
879 knowledge regarding anemia prevention and management.

880 Implications: The self-structured questionnaire used in this study can serve as an effective tool
881 for assessing knowledge levels regarding anemia management among adolescent girls. Schools
882 and health organizations can utilize this tool to identify gaps in knowledge and develop targeted
883 awareness

884 There is a literature gap in understanding adolescent girls' knowledge of anemia and its
885 management. More research is needed to:

886 • Evaluate the effectiveness of school-based health education programs on anemia prevention.
887 • Identify barriers to accessing iron-rich foods and supplements among adolescent girls.

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CHAPTER - VI

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SUMMARY

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914 This chapter deals with summary of the study , that is problem statement , objectives, hypothesis,
915 assumption, conceptual framework , findings and key conclusion.

916 **Problem statement :-**

917 A descriptive study to assess the level of knowledge regarding management of anemia among
918 adolescent girls.

919 **THE OBJECTIVE OF THIS STUDY WERE;-**

920 It 's primary objective is to assist the knowledge of adolescent girls regarding management
921 anemia.

922 **ASSUMPTIONS**

923 1. Maximum adolescents will have adequate level of knowledge regarding management of
924 anemia

925 2. We assume that most of the adolescents would have taken the following precautionary
926 Measures such as early detection, iron supplementation, nutritional education, healthy eating
927 Habits etc

928 **CONCEPTUAL FRAMEWORK**

929 The “general system model” was adopted for conceptual framework as in depth review of
930 literature was done for the study .The instruments used for the study are mentioned in 3 section.

931 **SECTION – A**

932 Demographic variables

933 **SECTION – B**

934 It consists of questionnaire related to the knowledge regarding management of adolescents girls
935 were selected by using convenient technique.

936 The Study was conducted at ST.Mary's School Vikasnagar, Dehradun Prior permission was
937 obtained from concerned authorities of selected school, Date was collected by self-administerial
938 questionnaire technique.

939 **SECTION- C**

940 Association between level of knowledge and selected demographic variables.

941 **SECTION- A**

942 Demographic characteristics of study samples.

943 • Highest percentage of participants (40%) in the age group of 14 - 17years.

944 • Highest percentage of participants (60%) belongs to rural area.

945 • Highest percentage of participants (70%) got the information from teachers.

946 • Highest percentage of participants (50%) of adolescents girls are non-vegetarian.

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CONCLUSION

967 • On the basis of study results following conclusion were drawn.

968 • The Purpose of the present study was to find the level of knowledge among adolescents
969 anemic girls.

NURSING IMPLICATIONS

971 • The implication of the study result has been discussed in nursing practice, nursing education ,
972 nursing research and nursing administration .

NURSING PRACTICE

974 • As one of the most important role nurse's play to impact knowledge and to create awareness
975 among

976 adolescent girls , Nurses should have good knowledge about adolescents anemic girls.

977 In Nursing Practice with adolescent girls diagnosed with anemia , focus on nutritional education
978 ,

979 iron supplementation , and addressing underlying factors like menstrual hygiene and access to
980 healthcare , while also promoting healthy lifestyle choices and providing emotional support.

NURSING EDUCATION

982 • Nursing education for adolescent anemic girls should focus on understanding anemia , its
983 causes ,

984 symptoms , and prevention , emphasizing healthy eating habits , iron supplementation , and
985 regular

986 check-ups, and promoting positive attitudes towards health.

NURSING RESEARCH

988 • As the research provide evidence used to support nursing practice , on the basis of finding of
989 present

990 day , nursing professionals can conduct further researches on adolescent anemic girls by using
991 different approaches , design and can assess different variables.

992 **NURSING ADMINISTRATION**

993 • In Nursing administration for adolescent girls with anemia, focus on prevention , early
994 detection, and
995 effective management through interventions like nutritional education , iron supplementation,
996 and
997 addressing underlying causes.

998 **LIMITATIONS**

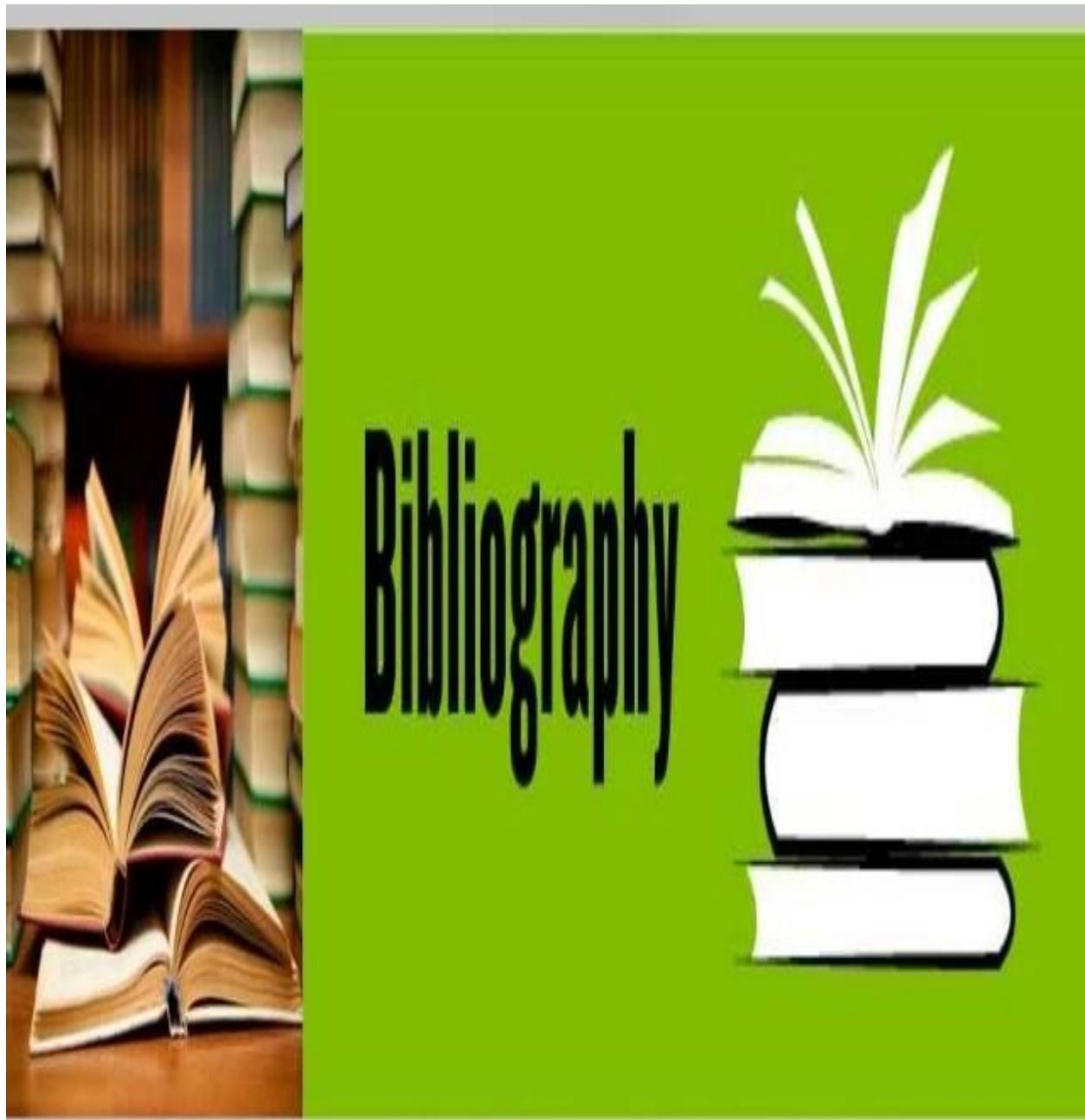
999 1. The study only assessed the knowledge and management taken by anemia adolescents girls .
1000 2. The study did not use any educational interventions .
1001 3. Small sample size.
1002 4. Structured knowledge questionnaire used for data collection restrict the amount of
1003 information that can be obtained from the sample . To overcome the above limitations some
1004 recommendation are suggested.
1005 5. The study is only limited to the adolescent girls.

1006 **RECOMMENDATION**

1007 1. Similar study can be conducted by using experimental design.
1008 2. The study can be conducted among large population to generalize the findings.
1009 3. Further study can be conducted by using variables such as attitude.

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1112 girls in rural Bangladesh and highlighted the need for school-based nutritional education and
1113 improved sanitary facilities.

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List of statistical formulae

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1187 1. Mean (\bar{x}) = $\Sigma X / N$

1188 2. Mean percentage (Mean%) = Mean x 100/Maximum score

1189 3. Standard deviation (SD)

1190 $SD = \sqrt{(\sum (x - \bar{x})^2 / n)}$

1191 4. Chi-Square

1192 $\chi^2 = \sum (observed - expected)^2 / expected$

1193 $= (O - E)^2 / E$

1194 5. Df = $(r-1)(c-1)$

1195 Where Df = degree of freedom

1196 r = No. of rows

1197 c = No. of columns

1198 Where SD Standard deviation

1199 SE- Standard error

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1212 **Tool for assessment of level of knowledge regarding Anemia among adolescent**
 1213 **girls**

1214 **DEMOGRAPHIC DATA**

1215

S.NO.	GROUPS	FREQUENCY	PERCENTAGE
1.	AGE a) 12-13 YEARS b) 14-15 YEARS c) 16-17 YEARS	2 4 4	20% 40% 40%
2.	STANDARD OF ADOLESCENT GIRLS a) 8 – 9 CLASS b) 9 – 10 CLASS c) 11 th CLASS	4 4 2	40% 40% 20%
3.	DIETARY PATTERN a) VEGETARIAN b) NON-VEGETARIAN c) BOTH	2 5 3	20% 50% 30%
4.	ECONOMIC STATUS OF FAMILY a) MIDDLE CLASS b) UPPER MIDDLE CLASS c) UPPER CLASS	6 1 3	60% 10% 30%
5.	OCCUPATION OF PARENTS a) GOVERNMENT EMPLOY b) PRIVATE EMPLOY c) SEMI PRIVATE EMPLOY	2 7 1	20% 70% 10%
6.	SOURCE OF INFORMATION REGARDING ANEMIA a) MASS MEDIA b) NEWSPAPER c) TEACHER	2 1 7	20% 10% 70%

7.	RELIGION a) HINDU b) MUSLIM c) CHIRSTIAN	6 1 3	60% 10% 30%
8.	AREA OF RESIDENCE a) URBAN b) RURAL c) SEMI - URBAN	2 6 2	20% 60% 20%
9.	EDUCATION STATUS OF PARENTS a) 10 th CLASS b) 12 th CLASS c) GRADUATION	1 2 7	10% 20% 70%
10.	MONTHLY INCOME OF FAMILY a) 15000 – 20000 b) 20000 – 25000 c) 25000 – 30000	1 3 6	10% 30% 60%

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SELF STRUCTURED QUESTIONNAIRE

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1221

Q 1. What is the primary cause of iron deficiency anemia?

1222

a) Lack of vitamin B 12

1223

b) Insufficient iron intake

1224

c) Excessive bleeding

1225

d) Chronic disease

1226

1227

Q2). Which of the following is a symptom of anemia?

1228

a) Increased energy level

1229 b)Weight gain

1230 c)Fatigue and weakness

1231 d)Improved cognitive function

1232

1233 Q3). What is the name of the protein in red blood cells that carries oxygen?

1234 a)Hemoglobin

1235 b)Myoglobin

1236 c)Ferritin

1237 c)Transferrin

1238

1239 Q4). Which type of anemia is caused by a deficiency of vitamin B12?

1240 a)Iron deficiency anemia

1241 b)Pernicious anemia

1242 c)Sickle cell anemia

1243 d)Thalassemia

1244

1245 Q5). What is the treatment for severe anemia?

1246 a)Dietary changes only

1247 b)Supplements and dietary changes

1248 c)Blood transfusion

1249 d)Surgery

1250

1251 Q6). What is the term for anemia caused by abnormal hemoglobin production?

1252 a)Thalassemia

1253 b)Sickle cell anemia

1254 c)Pernicious anemia

1255 d)Iron deficiency anemia

1256

1257 Q7). What is the name of the test used to measure the average size of red blood cells?

1258 a)Mean corpuscular hemoglobin (MCH)

1259 b)Mean corpuscular volume (MCV)

1260 c)Mean corpuscular hemoglobin concentration (MCHC)

1261 d)Red blood count (RBC)

1262

1263

1264 Q8).Which type of anemia is characterized by an abnormal "Sickle" shaped of RBC?

1265 a)Sickle cell anemia

1266 b)Thalassemia

1267 c)Iron-deficiency anemia

1268 d)Pernicious anemia

1269

1270

1271

1272 Q9).What is the primary function of erythropoietin in the body?

1273 a)To stimulate white blood cell production

1274 b)To regulate RBC production

1275 c)TO increase platelets count

1276 d)To enhance immune function

1277

1278 Q10).Which of the following is a complication of untreated anemia?

1279 a)Increased risk of infection

1280 b)Decreased risk of bleeding

1281 c)Improved cognitive function

1282 d)Reduced risk of heart disease

1283

1284

1285 Q11).What is the name of the dietary supplement that can help prevent folic acid deficiency
1286 anemia?

1287 a) Iron sulphate

1288 b) Vitamin B12 injections

1289 c)Folic acid tablets

1290 d)Vitamins C

1291

1292 Q12).what is the name of the genetic disorder that affects hemoglobin productions loading to
1293 anemia?

1294 a) Thalassemia

1295 b) Sickle cell anemia

1296 c) Hemophiliia

1297 d) Cystic fibrosis

1298

1299 Q13). Anemia is defined as a hemoglobin level less than

1300 a) 10g/dl

1301 b) 11g/dl

1302 c) 12g/dl

1303 d) 13g/dl

1304

1305 Q14). What is the most common cause of anemia in the adolescent girls?

1306 a) Vitamin B12 deficiency

1307 b) Iron deficiency

1308 c) Folic acid deficiency

1309 d) Chronic diseases

1310

1311 Q15). Which of the following is a risk factor for anemia in adolescent girls?

1312 a) High iron diet

1313 b) Low menstrual bleeding

1314 c) Vegetarian diet

1315 d) Regular physical exercises

1316

1317 Q16). What is the recommended daily iron intake for adolescent girls?

1318 a) 8mg

1319 b) 12mg

1320 c) 15mg

1321 d) 18mg

1322

1323 Q17). Which lab test is most commonly used to diagnose iron deficiency anemia?

1324 a) Serum creatinine

1325 b) Blood glucose level

1326 c) Complete blood count [CBC]

1327 d) Liver function test

1328

1329 Q18). Which of the following foods is highest in iron content and recommended for
1330 adolescent girls with anemia?

1331 a) Dairy products

1332 b) Red meat

1333 c) Citrus fruits

1334 d) Whole grain

1335

1336 Q19). Which of the following symptoms might indicate severe anemia in adolescent girls?

1337 a) Dizziness and fainting

1338 b) Increased energy

1339 c) Regular menstrual cycle

1340 d) Normal skin color

1341

1342 Q20). Which demographic is at the highest risk of developing iron deficiency anemia?

1343 a) Post- menopausal women

1344 b) Adolescent girls with heavy menstrual bleeding

1345 c) Adolescent boys

1346 d) Pregnant women

1347

1348 Q21. What is the primary function of hemoglobin in RBC?

1349 a) To transport nutrients

1350 b) To carry oxygen from lungs to the rest of the body

1351 c) To fight infections

1352 d) To remove CO₂ from the body

1353

1354 Q22). What is the role of ferritin in the body?

1355 a) Transport oxygen

1356 b) Synthesize hemoglobin

1357 c) Produce white blood cell

1358 d) Store iron

1359

1360 Q23). A diet rich in which of the following can help prevent anemia

1361 a) Vitamin D and calcium

1362 b) Protein and fibre

1363 c) Iron and vitamin C

1364 d) Fats and carbohydrates

1365

1366 Q24). Which of the following is an important dietary source of non – heme iron, which is
1367 commonly found in plant based foods?

1368 a) Eggs

1369 b) Spinach

1370 c) chicken

1371 d) Fish

1372

1373 Q25). Which condition could result from excessive iron supplementation?

1374 a) Iron deficiency

1375 b) Iron overload [Hemochromatosis]

1376 c) Hypocalcemia

1377 d) Hypoglycemia

1378

1379 Q26). How does heavy menstrual bleeding contribute to anemia in adolescent girls?

1380 a) It causes excessive iron loss

1381 b) It decreases RBCs production

1382 c) It increases iron absorption

1383 d) It improves hemoglobin synthesis

1384

1385 Q27). How does anemia affect the body?

1386 a) The blood does not deliver enough oxygen to the body

1387 b) Blood becomes thin

1388 c) Tissues retain fluids

1389 d) none of the above

1390

1391 Q28). How does iron – deficiency anemia affect children and teens?

1392 a) More fatigue

1393 b) Increased irritability

1394 c) Aggravates hyperactivity

1395 d) A and B

1396

1397 Q29). Anemia can contribute to which of these among older adults

1398 a) More falls

1399 b) High blood pressure

1400 c) Diminished eye sight

1401 d) Diabetes

1402

1403 Q30). What anemia is megaloblastic ?

1404 a) Chronic posthemorrhagic anemia

1405 b) Folic acid deficiency anemia

1406 c) Aplastic anemia

1407 d) Hemolytic anemia

1408

1409 **ANSWER KEY**

1410 Ans1) B

1411 Ans2) C

1412 Ans3) A

1413 Ans4) B

1414 Ans5) C

1415 Ans6) A

1416 Ans7) A

1417 Ans8) A

1418 Ans9) B

1419 Ans10) A

1420 Ans11) C

1421 Ans12) A

1422 Ans13) C

1423 Ans14) B

1424 Ans15) C

1425 Ans16) D

1426 Ans17) C

1427 Ans18) B

1428 Ans19) A

1429 Ans20) B

1430 Ans21) B

1431 Ans22) D

1432 Ans23) C

1433 Ans24) B

1434 Ans25) B

1435 Ans26) A

1436 Ans27) A

1437 Ans28) D

1438 Ans29) A

1439 Ans30) A

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