



Iron Deficiency Anaemia

What is Anaemia?

A Condition in which number of red blood cells (RBCs), and consequently their oxygen-carrying capacity, is insufficient to meet the body's physiological needs.



Causes of Anaemia

- ✚ Low body stores of iron
- ✚ Repeated and teenage pregnancy
- ✚ Insufficient quantity of iron-rich foods coupled with low absorption
- ✚ Late initiation of complementary feeding
- ✚ Infections such as malaria
- ✚ Hookworm infestation, intestinal worm infestation
- ✚ Increased iron requirements in physiologic groups

National Iron + Initiative

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- ✓ Bi-weekly iron supplementation for preschool children 6 months to 5 years.
- ✓ Weekly supplementation for children from 1st to 5th grade in Govt. & Govt. Aided schools.
- ✓ Weekly supplementation for out of school children (5–10 years) at Anganwadi Centres.
- ✓ Weekly supplementation for adolescents (10–19 years).
- ✓ 1 tablet daily for 100 days, starting after the first trimester, at 14–16 weeks of gestation for pregnant and lactating women.
- ✓ Weekly supplementation for women in reproductive age.
- ✓ Age appropriate deworming.

| Age groups | No Anaemia | Mild | Moderate | Severe |
|--|------------|---------|----------|--------|
| Children 6–59 months of age | ≥11 | 10–10.9 | 7–9.9 | <7 |
| Children 5–11 years of age | ≥11.5 | 11–11.4 | 8–10.9 | <8 |
| Children 12–14 years of age | ≥12 | 11–11.9 | 8–10.9 | <8 |
| Non-pregnant women (15 years of age and above) | ≥12 | 11–11.9 | 8–10.9 | <8 |
| Pregnant women | ≥11 | 10–10.9 | 7–9.9 | <7 |
| Men | ≥13 | 11–12.9 | 8–10.9 | <8 |

Source: Haemoglobin concentration for the diagnosis of anaemia and assessment of severity. WHO

Symptoms

- ✚ Extreme fatigue, weakness, irritability
- ✚ Pale skin, shortness of breath, brittle nails, headache, dizziness or light headedness, cold hands and feet, fast heartbeat
- ✚ Inflammation or soreness of the tongue
- ✚ Poor appetite, especially in infants and children with iron deficiency anaemia
- ✚ An uncomfortable tingling or crawling feeling in your legs (restless legs syndrome)

- Promotion of consumption of grains –wheat, jowar, bajra, sprouted pulses, ground nut, sesame, jaggery, green leafy vegetables like spinach, chana sag, cholai, mustard leaves, methi, arvi ke sag, etc., pulses like lentil, kala chana, soybean, arhar, etc., fruits like kuchcha kela, water melon and vitamin C rich foods like amla, citrus fruits like oranges, lemon etc. and meat products like liver, egg, and fish which have bioavailable iron, particularly by pregnant and lactating women.
- Avoid consumption of tea/coffee along with food.
- Awareness generation in mothers attending the AWC/ANC, Immunization sessions, crèches about the prevalence of anaemia, ill effects of anaemia and its prevention
- Addition of iron rich foods to the weaning foods of infants
- Regular consumption of foods rich in vitamin C, folic acid and Vitamin B 12
- Promotion of home gardening to increase the availability of common iron rich foods
- Discouraging the consumption of foods and beverages which hinder the absorption of iron
- Control of parasitic worms and malaria

Supplementation to be provided to the Beneficiaries

