



ANEMIA AMONG ADOLESCENTS GIRLS IN KASHMIR

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ABSTRACT

Anemia is a significant social health issue in the world especially among adolescent girls as they have higher nutritional needs as they develop and also due to the loss of menstrual blood. The purpose of the study was to evaluate the prevalence, severity and determinants of anemia in adolescent girls living in Kashmir. It included a sample of 100 (10-19 years old) of urban and rural population. A portable hemoglobinometer was used to measure hemoglobin levels and anemia was categorized using the guidelines of World Health Organization. The findings indicated that 62% of the participants were anemic with 26% having mild anemia, 24% moderate anemia and 12% severe anemia. Rural residence and low socio-economic status, nutritional and physiological, including poor dietary intake of iron, heavy or irregular menstrual cycles and under nutrition were important factors that were found to be significantly related to anemia prevalence. These results emphasize multifactoriality of anemia in adolescent girls in the region and reveal the necessity of an intervention, which should be focused on nutrition education, dietary supplementation, and regular health check-up. These issues need to be addressed in order to enhance the nutritional status, cognitive functioning, and overall well-being of adolescent Kashmiri girls.

Keywords: *Anemia, Adolescent Girls, Nutritional Status, Hemoglobin, Kashmir, Public Health*



1. INTRODUCTION

Anemia is one of the most prevalent nutritional diseases across the world and it still continues to be a significant challenge to the entire populace especially in the developing world. It is marked by the decrease in hemoglobin levels that reduces oxygen carrying ability of the blood and causes fatigue, weakened immunities and poor physical and mental performance. Adolescent girls are particularly susceptible to other population groups because of the swift physiological development, the rise of the nutritional needs, and the beginning of menstruation. The long-term effects of persistently having anemia at this important development stage may be health, educational, and future maternal outcomes.

Anemia in adolescent girls in India As a country, India has several national nutrition and health programs, but it still remains a pressing issue concerning the problem of anemia in adolescent girls. The difference in prevalence within the region depicts that socio-economic status, food habits, and the availability of healthcare services are crucial in influencing the health outcome among adolescents. The Kashmir Valley with its peculiarities of geography, culture and socio-political peculiarities manifests a certain challenge that can additionally pose the threat of development of anemia in teenage girls. The magnitude and determinants of anemia in this region is therefore important to understand in order to come up with effective means of dealing with the public health.

Adolescence is an age characterized by a rapid physical development, hormonal changes and heightened nutritional requirements. In girls, this stage is most delicate because of a period known as menarche, during which they start the process of menstruation bringing about frequent losses of iron. Inadequate nutrition consumption of iron and other important micronutrients at this stage usually causes iron deficiency and consequent anemia. The danger is also enhanced in the situations where the diets are mainly cereal-based and low in bioavailable iron. Socio-cultural practices also play a role in the nutritional vulnerability where the adolescent girls in most family-homes might get lower nutritious food than the male family members and also their health issues might not be prioritized in such families. The lack of knowledge about nutrition needs and menstrual state also contributes to the issue and predisposes adolescents to anemia.



The prevalence of anemia in adolescent girls in India is always high in national surveys which points to existing gaps in the dietary uptakes, health education and programs implementation. Poverty, food insecurity, frequent infections, and inadequate access to preventive healthcare services are many factors that are often linked to anemia. These issues are exacerbated by geographical inaccessibility, weather limitations, and the interference in the provision of healthcare in Kashmir. Socio-economic constraints coupled with traditional dietary habits which are usually deficient on the iron constituent foods may be the root cause of the massive deficiencies on the micronutrients. Nevertheless, there is still a gap in empirical studies regarding the issue of anemia among adolescent girls in Kashmir and region-specific data on this topic are still scarce, which is why this study will fill this gap.

Adolescent anemia has both short- and long-term impacts. Chronic anemia has the potential to affect cognitive abilities, academic achievement, physical abilities and quality of life. When adolescent girls become anaemic, they have higher risks of having impaired health at the end of their adolescence, a phenomenon that is associated with poor pregnancy outcomes and a vicious malnutrition cycle between generations. It is thus the responsibility of the public health and developmental obligation to address anemia at this stage of critical point. The proposed study aims to assess the incidence and causation of anemia in teenage females in Kashmir to generate evidence, which can be used to develop interventions and policy interventions specific to the region.

1.1. Research Objectives

The objectives of this study are as follows:

- To assess the prevalence of anemia among adolescent girls in Kashmir.
- To examine the nutritional status and its association with anemia.
- To identify socio-demographic factors influencing anemia among adolescent girls.
- To evaluate the impact of menstrual characteristics and health conditions on hemoglobin levels.
- To generate evidence for guiding targeted public health interventions and policy planning in the region.



2. LITERATURE REVIEW

Abirami and Pushpa (2020) carried out a review of the analytical interaction that focused on anemia in girls of adolescent age and pointed to the fact that iron deficiency was the most predominant etiological agent in all parts of the world of development. Their analysis described that the physiological needs of adolescence especially the faster growth and the start of menstruation period increased the amount of iron needed which could hardly be attained in regular diets. The authors found out that inadequately nutritionally balanced meals were consumed by adolescent girls where the bioavailability of iron was low and the dietary diversity was poor. Also, the review revealed the lack of awareness about anemia, late health-seeking behaviour, and irregular compliance with iron supplementation program as the main factors that lead to sustained anemia. The authors made the conclusion that in the absence of preventive measures and organized education on nutrition during the early years, the anemia of the adolescent population was most likely to persist in the adult years with adverse consequences on the health of the person and his maternal and reproduction outcomes.

Dhillon, Kumar, and Verma (2021) conducted an epidemiological study on the rate of anemia in adolescent girls in government schools in the Punjab border belt and found that the burden of mild to severe anemia was high. Their article showed that anemia was much more common among the girls who belonged to economically deprived families and those who had poorly educated parents. The authors cited poor dietary consumption, frequent infections and poor hygiene systems as significant factors in low hemoglobin levels. The research also found out that health intervention programs in schools were not implemented adequately and thus anemia was not detected and managed early enough. The authors stressed that structural disadvantages and socio-demographic disparities were a significant factor in perpetrating nutritional anemia in adolescent girls.

Gunjan et al. (2021) assessed the efficacy of the test, treat and talk (T-3) strategy within the Anaemia Mukt Bharat project in school going adolescent girls in Delhi. They found that with organized government intervention, still anemia rates were terrifying. The report concluded that the non-regulatory use of iron-folic acid pills, fear of side effects and parental support decreased the adherence to the programs. The authors also observed the lack of long-term effectiveness of the intervention due to the inadequate follow-up mechanisms and counseling



services. The research has determined that not just the distribution of supplements but also long-term behavioral change communication and health education weighed programmatic success.

Habib, Abbasi, and Aziz (2020) studied the social predictors of anemia among adolescent girls in Azad Jammu and Kashmir and made important contributions to the knowledge about the regional vulnerabilities. They found that poverty, food insecurity, maternal low literacy and access to healthcare services were strongly correlated with low prevalence of anemia. These authors also emphasized the contribution of cultural dietary practices that were usually not iron-carrying and the gender inequality in food distribution in households. The research also noted that menstrual cycle starting at an early age without proper nutritional supplements was a great risk of anemia. The authors came to a conclusion that the problem of anemia in adolescent girls was so deeply entrenched in social and structural inequality that it needs multi-sectoral policy interventions.

Rahman, Erum, and Yousuf (2023) carried out a cross-sectional study of iron deficiency anemia among school going girls and found a significant prevalence of anemia which was attributed to lack of knowledge on the issue of nutrition and poor dietary habits among school going girls. The research proved that girls who had poor knowledge about iron-contained foods and preventive measures about anemia had much lower hemoglobin levels. The authors discovered that nutrition and adolescent health were poorly covered in school curricula and, as a result, resulted in the continuous misconceptions and unhealthy behaviour. The study also found that the absence of routine health examination delayed the earlier diagnosis of anemia. The authors emphasized that the combination of nutrition education and school health programs was necessary to improve the nutritional status of adolescents and avoid the adverse health effects in the long term.

3. RESEARCH METHODOLOGY

The research methodology gives a systematic approach of studying the prevalence of anemia amongst adolescent girls in Kashmir and what determines it. Since the factors that cause anemia are multifactorial, the methodological approach aimed at capturing biological indicators, nutritional status, menstrual, morbidity, and socio-demographic issues that influence the level



of hemoglobin. In this section, the research design, the study area and population, sampling techniques, anthropometric and hemoglobin measurements, ethics, and statistical analysis techniques of the study are described.

3.1. Research Design

The research design used in the study was a community-based cross-sectional research study that aimed at determining the prevalence of anemia and the risk factors associated with anemia. This design allowed gathering the data on hemoglobin levels and the corresponding explanatory factors at the same time, so as to give a picture of the anemia burden among teenage girls. Cross-sectional research is widely applied in nutritional epidemiology to describe risk populations and guide the community health intervention. Even though no causality could be determined, the design provided the opportunity to explore meaningful associations.

3.2. Study Area

The experiment was carried out in chosen areas of the Kashmir Valley including a city as well as a rural environment. The various topography, climatic characteristics, and socio-cultural activities in the region affect the food consumption and the healthcare services and facilities. Low healthcare infrastructure and dietary diversity tend to be common in rural areas, and it is then different in urban regions due to different lifestyle and nutrition patterns. The inclusion of both settings allowed a wholesome evaluation of anemia under diverse environmental and socio-economic settings.

3.3. Study Population

The study population included the adolescent girls between the age ranges of 10-19 as defined by the world health organization. This population was chosen because they are more susceptible to anemia caused by the rapid growth and higher iron needs as well as loss of menstrual blood. To cover a wide range, both school-going and non-school-going adolescent girls were involved to cover girls who might not receive formal education.



3.4. Sample Size and Sampling Technique

The sample size was calculated with the help of conventional epidemiological formulas on the basis of reported prevalence of anemia in adolescent girls in the past, taking a 95% confidence level, and a reasonable margin of error. 100 teenage girls were chosen to give proper representation and statistical evaluation.

There was a multistage stratified random sampling method. In the first instance, districts were classified as urban and rural ones. Simple random sampling was used in selecting eligible adolescent girls within the schools and residential clusters, which were randomly selected within the stratum. This method reduced selection bias and provided equal representation of the participants of different socio-demographic backgrounds.

3.5. Inclusion and Exclusion Criteria

The study area included adolescent girls aged 10-19 years and had been living at least six months in the area. Participants younger than 18 years of age were given parental or guardian consent.

Girls who were pregnant, those who were diagnosed with chronic systemic illnesses, had known hematological disorders, or received blood transfusions in the last three months were excluded. The following criteria were used to ensure that hemoglobin levels were reported as values of nutritional and physiological determinants but not as values of pre-existing medical conditions.

3.6. Anthropometric Measurements

Nutritional status was determined through anthropometric measurements. Measures of height and weight were taken using a standard procedure and equipment. Body Mass Index (BMI) was estimated using and categorized by WHO growth reference of adolescents. These values were used to give objective measures of physical development and nutritional sufficiency which are considered risk factors of anemia.



3.7. Hemoglobin Estimation and Classification of Anemia

A portable HemoCue hemoglobinometer was used to measure hemoglobin concentration using a strict aseptic procedure. To ensure accuracy in measurement, regular calibration was done.

Anemia was categorized based on the World Health Organization criterion and hemoglobin level of below 12.0 g/dL was considered anemic in non-pregnant adolescent females. Severity was divided into mild, moderate, and severe anemia, which made it possible to compare it with national and international data.

3.8. Statistical Analysis

All the data obtained were put into SPSS software to be analyzed. The socio-demographic characteristics, nutrition status, and hemoglobin levels and overall prevalence and severity of anemia were summarized with the use of descriptive statistics (frequency, percentages, means, and standard deviations).

The associations among age, residence, socio-economic status, dietary practices, menstrual characteristics, and morbidity history were used as independent variables to test the associations between anemia status and an independent variable using inferential statistics. Significance of association between categorical variables was determined using the chi-square test, and logistic regression analysis was carried out to determine the independent predictors of anemia, in the presence of the confounding factors. A p-value of <0.05 was regarded as statistical significance and all the results were explained in a confidence interval of 95%.

4. RESULTS

The current case study was a study of the prevalence and determinants of anemia in 100 adolescent girls aged 10-19 years in Kashmir. The analysis was based on hemoglobin, nutritional, menstrual and health-related elements, and socio-demographic factors. The burden of anemia and its determinants were measured using objective measurements, such as hemoglobin level and anthropometric measurements. The results will inform the level of anemia among this population and point to the major areas of intervention.

Table 1 gives the socio-demographic details of the adolescent girls that took part in the study. The participants in the table are classified into age group, place of residence and the socio-

economic status. These characteristics are graphically presented in Figure 1, which visualizes the distribution of the participants on the various socio-demographic classes.

Table 1: Socio-Demographic Characteristics of Participants

Variable	Category	Frequency	Percentage
Age Group	10–13 years	28	28.0
	14–17 years	46	46.0
	18–19 years	26	26.0
Residence	Rural	56	56.0
	Urban	44	44.0
Socio-economic Status	Lower / Lower-middle	68	68.0
	Middle / Upper-middle	32	32.0

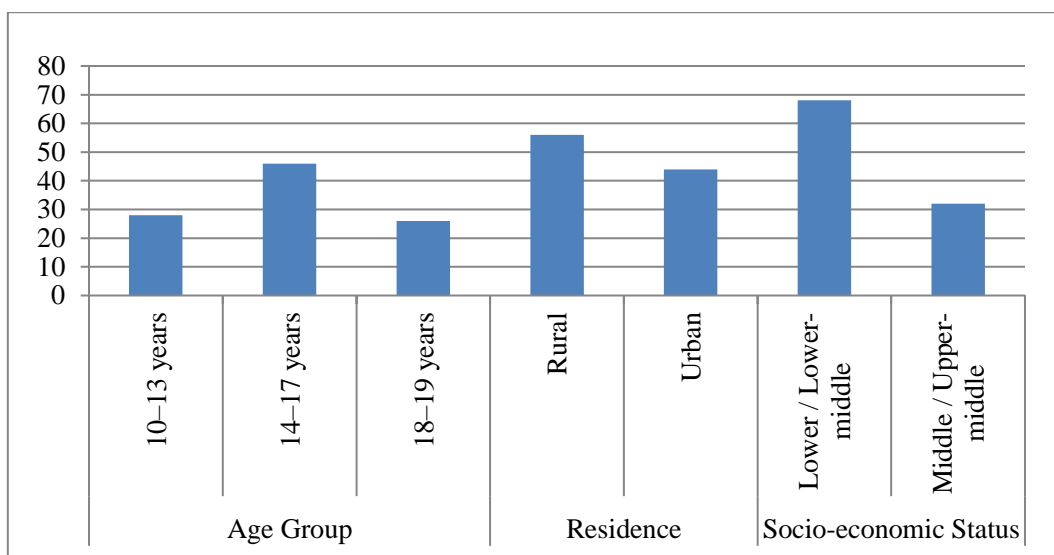


Figure 1: Graphical Representation of Socio-Demographic Characteristics of Participants

The findings indicate that 28% of the 100 respondents were aged between 10-13 years, 46% were between 14-17 years and 26% were between 18-19 years. On residence, 56% of the girls

lived in rural regions and 44% lived in urban regions. Socio-economically, 68% were lower and lower-middle classes and 32% middle and upper-middle classes. These distributions are represented in Figure 1 and it can be seen that most of the participants were middle adolescents in the rural areas and with lower socio-economic status. Such trends are significant since age, place of residence and socio-economic background may be determinant of nutritional status, health awareness and susceptibility to anemia among adolescent girls.

Table 2 classifies adolescent girls based on hemoglobin levels, showing the prevalence and severity of anemia. Participants are divided into non-anemic and anemic groups, with anemia further categorized into mild, moderate, and severe. Figure 2 provides a graphical representation of these classifications, visually illustrating the distribution of participants across the different anemia severity levels.

Table 2: Prevalence and Severity of Anemia

Anemia Status	Hemoglobin Level (g/dL)	Frequency	Percentage
Non-anemic	≥ 12.0	38	38.0
Mild Anemia	11.0–11.9	26	26.0
Moderate Anemia	8.0–10.9	24	24.0
Severe Anemia	< 8.0	12	12.0

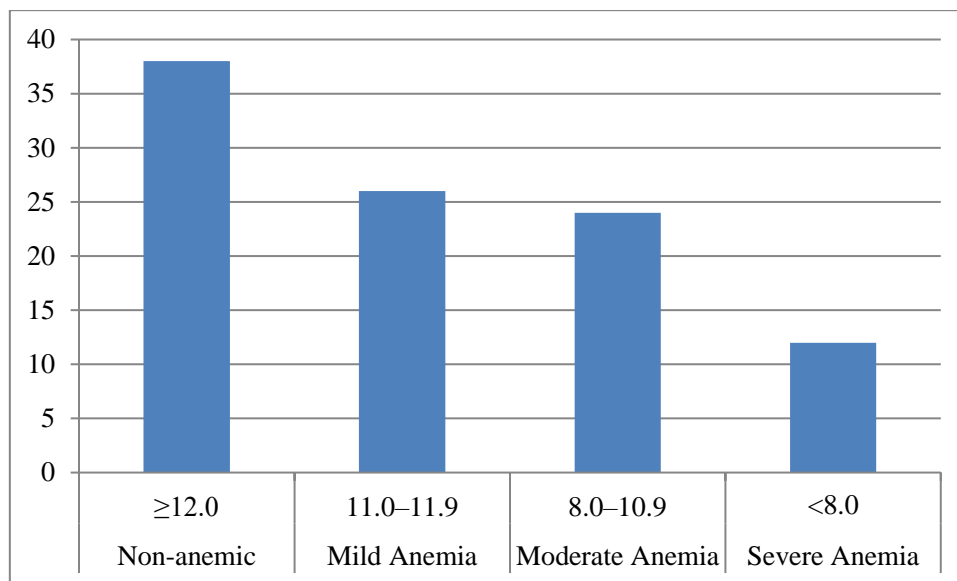


Figure 2: Graphical Representation of Prevalence and Severity of Anemia

The findings show that among 100 adolescent girls 38 girls (38%) were not anemic with ≥ 12.0 g/dL hemoglobin concentration in their body. Out of participants with anemia, 26 participants (26%) had the mild anemia and had the hemoglobin ranging between 11.0-11.9 g/dL, 24 participants (24%) had the moderate anemia and had hemoglobin between 8.0-10.9 g/dL and 12 (12%) participants had the severe anemia and had hemoglobin less than < 8.0 g/dL. These findings are visually presented in Figure 2 which indicates that moderate anemia is almost as common as mild anemia and severe anemia though less common, has a significant proportion of adolescent girls. These findings indicate that anemia is a serious health issue within this group of people and there is the need to advise specific nutritional and health programs.

Table 3 shows the distribution of adolescent girls as per the selected nutritional and health related factors and their relationship with the anemia status. The table will group participants according to dietary iron, menstrual, and nutritional status which is based on Body Mass Index (BMI). The percentage of anemic and non-anemic respondents is given against each factor. Figure 3 is a graphical representation of the same data, which gives a visual comparison of the variation of these aspects between anemic and non-anemic adolescents.

Table 3: Nutritional and Health-Related Factors Associated with Anemia

Factor	Category	Anemic (%)	Non-anemic (%)
Dietary Iron Intake	Inadequate	68	32
	Adequate	34	66
Menstrual Pattern	Heavy/Irregular	72	28
	Normal	41	59
Nutritional Status	Underweight	70	30
	Normal BMI	44	56

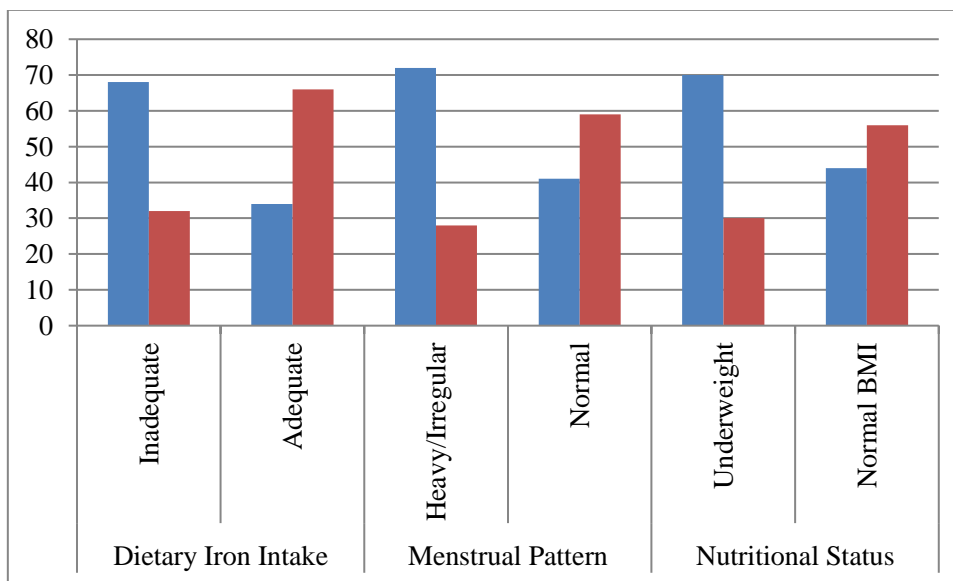


Figure 3: Graphical Representation of Nutritional and Health-Related Factors Associated with Anemia

Table 3 and Figure 3 represent the correlation between dietary, menstrual, and nutritional factors and anemia in adolescent girls. Among the respondents having poor intakes of dietary iron, 68% and 32% were anaemic and non-anaemic, respectively, but among those having sufficient iron intakes, 34% and 66% were anaemic and non-anaemic respectively. Equally,



72% of girls who had heavy or irregular menstrual periods were anemic and 28% that were not anemic whereas in the case of the normal cycles, 41% were anemic and 59% were non-anemic. Similar trend was observed on nutrition status where 70% of the underweight participants were anemic and 30% were non-anemic, compared to 44% anemic and 56% non-anemic of normal BMI. These differences are visually displayed in figure 3 and it is observed that insufficient intake of iron, excessive menstruation and under nutrition are associated with increased rates of anemia where, sufficient nutrition, regular menstrual habits and normal BMI correlate with low rates of anemia.

5. DISCUSSION

The current paper identifies great prevalence rates of anemia in adolescent girls in Kashmir, where 62% of the participants had this issue. Socio-demographic profile showed that the majority of the participants were middle adolescents (14-17 years old), the majority of whom lived in rural regions and were of lower socio-economic status. Such factors probably cause the presence of dietary deficiencies and unavailability of healthcare facilities, making one prone to anemia. The results are consistent with the national and regional researches, which point out that rural residence, low socio-economic status, and poor parental education are the determinants of anemia among adolescents. The moderate anemia is predominant, indicating the presence of chronic nutritional deficiency instead of the temporary deficiency in the diet, and the necessity of prolonged interventions targeting the patterns of iron intake and the general nutritional support.

Anaemic cases in this population had a strong correlation with nutritional and health-related factors, such as poor iron intake in the diet, excessive or irregular menstrual period, and underweight condition. Girls who consumed low amounts of iron, had irregular menstrual cycles or had chronic under nutrition exhibited significantly high levels of anemia, as reported by earlier studies in India and other communities around. These results highlight the fact that adolescent girls with anemia are a multifactorial problem, which depends on nutrition, physiological needs and socio-economic status. The findings also indicate the gaps in knowledge concerning the knowledge of iron-rich foods and preventive strategies in health, which implies that effective interventions need to be based on nutritional education, regular screening, and specific supplementation initiatives. This is important as these interrelated



factors need to be addressed to minimize the burden of anemia and enhance health, cognitive performance, and future maternal outcomes of adolescent girls in Kashmir.

6. CONCLUSION

The study focuses on the fact that anemia is a major public health problem among adolescent girls in Kashmir with over fifty percent of the respondents having anemia and moderate anemia being the most prevalent type. The results indicate that the factors that affect anemia are various in nature, which include poor dietary intake of iron, heavy or irregular menstrual cycles, under nutrition and socio-demographic factors that include being in rural areas and having low socio-economic status. These outcomes underline the complexity of anemia and the possibility of the targeted intervention that will provide immediate solutions to nutritional deficiencies and socio-economic predispositions. To solve this problem, we need to employ a multifaceted approach that involves nutrition education, marketing iron-enriched foods, regular health checkups and supplementation especially among girls of rural and lower-income status. The creation of awareness on anemia, its causes and prevention is important in order to diminish the prevalence and alleviate long-term health effects in order to guarantee better nutritional health, cognitive ability and general well being of the adolescent girls in the area. The multidisciplinary cooperation between schools, families, and healthcare providers is necessary to establish long-term changes in adolescent health and avoid the intergenerational malnutrition cycles.

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