

Editorial Note on Anaemia Prevalence in Women

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Editorial

When the number of healthy red blood cells is insufficient to meet the body's physiological needs for oxygen delivery to the brain, heart, muscles, and other vital tissues, anaemia occurs. Because haemoglobin is the primary oxygen-carrying molecule within red blood cells, anaemia is usually measured in terms of blood haemoglobin content rather than red blood cell volume. Anemia can impair cognitive and physical abilities and is linked to lower economic productivity, morbidity, and all-cause mortality. Maternal iron deficiency can result in adverse pregnancy and newborn outcomes such as stillbirth, low birth weight, and infant mortality, and anaemia in pregnancy has been proposed as a potential marker of increased risk of major haemorrhage as well as a risk factor for maternal death [1].

Anemia is caused by three non-exclusive pathways: blood loss, increased red blood cell destruction, and insufficient red blood cell production [2]. Blood loss can be acute as a result of an injury, maternal haemorrhage, or surgery, or chronic as a result of gastrointestinal disorders, helminthic infections, bleeding disorders, or abnormal uterine bleeding. Increased red blood cell destruction occurs as a result of either abnormal red blood cell structure, as seen in thalassaemia or sickle cell disease, or as a result of external mechanical, immune, or infectious factors. Inadequate red blood cell production can occur when the bone marrow itself is depressed, as in HIV or some cancers; when there are hormonal imbalances, as in chronic inflammation; or when there is increased demand (as during pregnancy), nutrient malabsorption, or an insufficient supply of red blood cell building blocks, such as protein, iron, vitamin A, folate, or vitamin B-12 [3]. Iron deficiency is frequently thought to be the most common cause of anaemia, which is true but also misleading because absolute and/or functional iron deficiency can occur as a result of any of the three pathways and, thus, as a result of multiple different causes [4]. Women of reproductive age (WRA; ages 15–49 years) are more likely than men to suffer from iron deficiency and, as a result, anaemia due to physiological changes such as menstruation (blood loss pathway), pregnancy (inadequate production pathway due to increased demand), and childbirth bleeding. Furthermore,

unequal household food allocation can make WRA vulnerable to anaemia because they may lack access to iron-rich foods.

Anemia continues to affect millions of women worldwide and is concentrated in low- and middle-income countries (LMICs), according to the Global Burden of Disease (GBD) Socio-Demographic Index (SDI). In 2019, 30.1 percent of WRA were estimated to have anaemia globally, with wide geographical variation, and dietary iron deficiency was one of the top-ranking conditions in terms of prevalence and years lived with disability (YLDs) among WRA in LMICs. The WHO has established a GNT to reduce anaemia in WRA by 50% by 2025; this target, as well as other related WHO GNTs, has since been extended to 2030 [5].

Conflict of Interest

None.

References

1. Kassebaum, Nicholas J, and GBD 2013 Anemia Collaborators. "The Global Burden of Anemia." *Hematol Oncol Clin North Am* 30 (2016): 247–308.
2. Haas, J D, and T Brownlie. "Iron deficiency and reduced work capacity: a critical review of the research to determine a causal relationship." *J Nutr* 131 (2001): 676S–690S.
3. Horton, S, and J Ross. "The economics of iron deficiency." *Food Policy* 28 (2003): 51–75.
4. Martinsson, Andreas, Charlotte Andersson, Pontus Andell, and Sasha Koul, et al. "Anemia in the general population: prevalence, clinical correlates and prognostic impact." *Eur J Epidemiol* 29 (2014): 489–498.
5. Smith, Emily R, Anuraj H Shankar, Lee S-F Wu, and Said Aboud, et al. "Modifiers of the effect of maternal multiple micronutrient supplementation on stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomised trials in low-income and middle-income countries." *Lancet Glob Health* 5 (2017): e1090–e1100.

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