

A STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME (PTP) IN TERMS OF KNOWLEDGE REGARDING PREVENTION AND MANAGEMENT OF IRON DEFICIENCY ANEMIA AMONG ADOLESCENT GIRLS OF SELECTED ENGLISH MEDIUM SCHOOLS OF GANDHINAGAR, GUJARAT

Bindi Patel*

C. M. Patel College of Nursing, Gandhinagar, GJ, India.

Article Received on 26/02/2020

Article Revised on 18/03/2020

Article Accepted on 08/04/2020

***Corresponding Author**

Bindi Patel

C. M. Patel College of
Nursing, Gandhinagar, GJ,
India.

ABSTRACT

The study is conducted with the main objective of “assessing the knowledge gained regarding Prevention and Management of Iron Deficiency Anemia among adolescent girls before and after the administration of planned teaching programme. An extensive literature

search keeping in mind the main objective, suggested a Conceptual framework based on a system model, a guide for development,utilization and evaluation. The research approach adopted for the study was Pre-Experimental with one group pretest and post-test design. The Planned teaching Programme was developed for enhancing the knowledge regarding Prevention and management of iron deficiency anemia under expert guidance of Vice Principal, Associate Professor and Assistant Professor of C. M. Patel College of Nursing, Gandhinagar. The Planned Teaching Programme was developed.

The study comprised of total 60 samples from Selected English medium schools of Gandhinagar, Gujarat through purposive non probability sampling (purposive technique) technique.

There was significant association with pre-test knowledge scores and selected demographic variables such as Type of Family and sources of information. Therefore education and sources of information were significant with knowledge of samples.

The range of score in pre test was 6-20 and post-test was 17-26 out of 26. Thus, findings of the study reveals that, The mean pre-test knowledge score of samples on Prevention and Management of Iron Deficiency Anemia was 14.22 where as post-test knowledge score was 22.98. thus, mean post test knowledge score was significantly higher than the mean pre test knowledge score with the mean difference of 7.78.

It revealed that the Planned Teaching Programme was effective in increasing knowledge among the Adolescent girls.

The study concludes that among all participants Knowledge deficit existed in all area of Prevention and Management of Iron Deficiency Anemia. The findings indicated that Planned Teaching Programme prepared by the Investigator was effective in enhancing the knowledge of the samples towards Prevention and Management of Iron Deficiency Anemia.

INTRODUCTION

Anemia is a condition in which the number of red blood cells or the amount of hemoglobin is low. Red blood cells contain hemoglobin protein that it enables them to carry oxygen from the lungs and deliver it to all parts of the body. When the number of red blood cells is reduced or the amount of hemoglobin in them is low, the blood cannot carry an adequate supply of oxygen. An inadequate supply of oxygen in the tissues produces the symptoms of anemia.

Even there are many blood disorders; Iron deficiency anemia is most prevalent nutritional disorders in the world today. Iron is a necessary mineral for body function and good health. Every red blood cell in the body contains iron in its hemoglobin, the pigment that carries oxygen to the tissues from the lungs. But a lack of iron in the blood can lead to iron-deficiency anemia, which is a very common nutritional deficiency in children& adolescents.

To avoid being the part of this statistics the best solution is the appropriate preventive measures. There are three possible interventions for the prevention of anemia. These include dietary diversification, food fortification and individual supplementation. Dietary diversification involves promotion of a diet with a wider variety of iron containing food.

Encouraging families with deficient iron intake to eat meat, fish, or poultry; whole or enriched grain; and foods high in ascorbic acid.

Need For The Study

According to WHO the adolescent period is from the age of 10 years to 19 years that is second decade of life. It can be distinguished as early adolescence, age 10-13 years; middle adolescence, ages 14-16 years, late adolescence, age 17-20 years. The period of youth is from 15 through 24 years. The adolescents and youth together are phased as young people (10-24 years). The world's adolescent population (age 10–19 years) is estimated to stand at more than 1 billion, yet adolescents remain a largely neglected, difficult-to-measure, and hard-to-reach population in which the needs of adolescent girls, in particular, are often ignored. This area of adolescent health has been difficult to study, and there are many unknown factors and consequences for iron deficiency during adolescence in terms of standards, measurement indicators and health consequences. According to the population bureau in 1996, 30 % of the total populations were that of adolescents (284.02 million). The adolescence is the period of relatively good health in spite of the storms and stresses of rapid physical growth, physiological changes, sexual and emotion growth and development.

OBJECTIVES OF THE STUDY

1. To assess the knowledge of adolescent girls in selected English medium School, Gandhinagar regarding prevention and management of iron deficiency anemia before and after the administration of planned teaching programme.
2. To assess the effectiveness of planned teaching Programme on prevention and management of iron deficiency anemia
3. To find the association between pre-test knowledge score with selected demographic variables.

Research Approach and Rationale

A Pre Experimental approach was used in the study to assess the effectiveness of a Planned Teaching Programme regarding Prevention and Management of Iron Deficiency Anemia among Adolescent girls of Selected English Medium Schools, Gandhinagar, Gujarat through Structured Knowledge Questionnaire.

Sample Size and Sampling Technique

Polite (2008) sampling is the process of selecting a portion of the population to represent the entire population. Researcher usually select sample from an accessible population rather than studying an entire target population.

Sample Size

Out of entire population selected 60 samples of Adolescent Girls in selected English Medium Schools, Gandhinagar, Gujarat.

Sampling Technique

The investigator has adopted Non probability Purposive sampling method to select the sample. The samples who met the criteria for sample selection were selected.

Criteria For Sample Selection

1. 60 adolescent girls in Selected English medium Schools, Gandhinagar
2. Adolescent girls who are studying in 11th and 12th
3. Adolescent Girls who are present at the time of the study in selected English Medium Schools Gandhinagar, Gujarat
4. Adolescent Girls who are willing to participate in the study

Description of The Tool

The Investigator has prepared a structured knowledge questionnaire to assess knowledge of sample on Prevention and Management of Iron Deficiency Anemia Tool was divided into 2 sections as follows:

Section –I

This tool was constructed by the investigator. It contained 9 items for obtaining information regarding Age, religion, type of family, stream, occupation of father and mother, Family income, resident, Source of Information of samples.

Section –II

Structured Knowledge Questionnaire consisted of total 26 multiple choice items and each item carries one mark. Total items were 26 and total maximum score was 26 Blue print was prepared according to the content area as well as level of cognitive domain, Knowledge, Comprehension and Application Out of 26 items, 15 (58%) falls in to knowledge aspects, 7 (27%) lie into comprehension whereas 4(15%) belongs to application aspects. The answer key for Structured Knowledge Questionnaire was prepared by Investigator.

Table: Blue Print of Knowledge Assessment Tool.

Content Area	QUESTION NO			Max. score	Total %
	Knowledge (Item No)	Comprehension (Item No)	Application (Item No)		
Introduction	2, 3, 4, 6, 7	1, 5	-	7	27%
Risk group & causes	8, 9	-	-	2	7%
Sign, Symptoms & Diagnostic test	10, 12	11	-	3	12%
Treatment and prevention	15, 17, 21, 22, 24, 26	18, 19, 20, 25	13, 14, 16, 23	14	54%
Total	15	7	4	26	
Percentage	58%	27%	15%		100%

Based on the objectives, an extensive search for literature was made to determine and develop the conceptual framework and methodology for the study. Conceptual framework was based on a system model, a guide for development, utilization and evaluation.

The research approach adopted for the study was Pre-Experimental with one group pretest and post-test design. The study was conducted in selected English medium schools of Gandhinagar, Gujarat. Planned Teaching Programme was developed on Prevention and Management of Iron Deficiency Anemia. The Planned teaching Programme was developed under expert guidance of Vice Principal, Associate Professor and Assistant Professor of C. M. Patel College of Nursing, Gandhinagar. The Planned Teaching Programme was developed for enhancing the knowledge regarding Prevention and management of iron deficiency anemia.

The study comprised of total 60 samples selected from Selected English medium schools of Gandhinagar, Gujarat through purposive non probability sampling (purposive technique) technique. The instrument used for collecting necessary data were Structured Knowledge Questionnaire assess knowledge of the Adolescent girls on Prevention and Management of Iron Deficiency Anemia.

The investigator collected data by establishing rapport with the subject and ensuring confidentiality of their response.

The data were analyzed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were utilized for the data analysis.

Major Findings of The Study

The data were analyzed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were utilized for the data analysis. Data were organized and presented in following manner: Findings on description of personal data of samples and Knowledge of samples.

Finding Related to The Demographic Variables of Samples

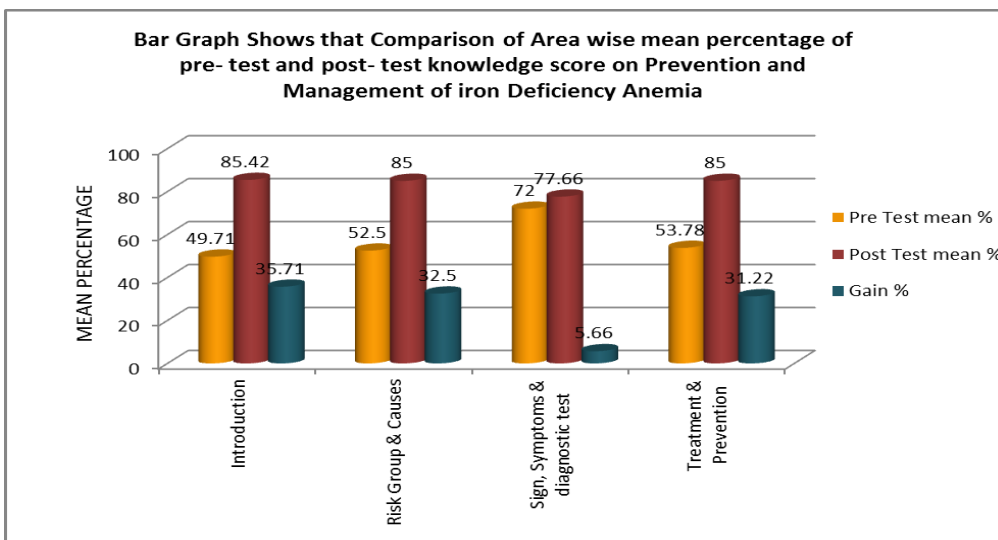
1. In the age, majority of 42(70%) samples were in the age group of 16 years, 18(30%) samples were belongs to 17 years and no sample 0(0%) belongs to 18 years.
2. In religion all the 60(100%) sample were belongs to hindu.
3. In the type of family, majority of 36 (60%) samples were belongs to nuclear family, 24(40%) samples were belongs to joint family and no one was belongs to extended family.
4. In stream highest 51(85%) samples were belongs to science and very less 9(15%) samples were belongs to general.
5. In Occupation of father, majority of 37(61.66%) samples' father were in Professional occupation, 22(36.66%) sample's father were self employed and very less 1(1.66%) sample's father was labrore and no one's father was farmer.
6. In Occupation of mother, majority of 42(70%) samples' mother were housewife, some 9(15%) sample's mother were self employed, 8(13.33%) sample's mother were in Professional occupation and very less 1(1.66%) sample's mother was laborer.
7. In Family income per month, highest 38 (63.33%) samples had belong to > `15000/-, 14(23.33%) are having up to `10001- `15000/- and very less 6 (10%) belong to `5000- `10,000/-.
8. In resident, majority of 141 (68.33%) samples were belongs to urban area and less 19 (31.66%) samples were belongs to rural area.
9. In Sources of information, 38 (63.3%) samples get the information from family and friends, 15 (25%) samples get the information from mass media, 7 (11.66%) samples get information from any other.

Area-wise Mean, Mean Percentage, Mean Difference, Percentage Gain of Knowledge Score of Samples on Prevention and Management of Iron Deficiency Anemia [N= 60].

Areas	Maximum score	Pre test			Post test			% Gain	Calculated "t" value	Mean difference
		Mean score	Mean %	SD	Mean score	Mean %	SD			
Introduction	7	3.48	49.71	1.03	5.98	85.42	1.18	35.71	12.63	2.5
Risk Group & Causes	2	1.05	52.5	0.67	1.7	85	0.67	32.5	5.01	0.65
Sign, Symptoms & Diagnostic Test	3	2.16	72	0.54	2.33	77.66	0.74	5.66	1.24	0.17
Treatment and Prevention	14	7.53	53.78	2.18	11.91	85	1.45	31.22	15.42	4.46
TOTAL	26	14.22		2.7	21.92		2.49			7.78

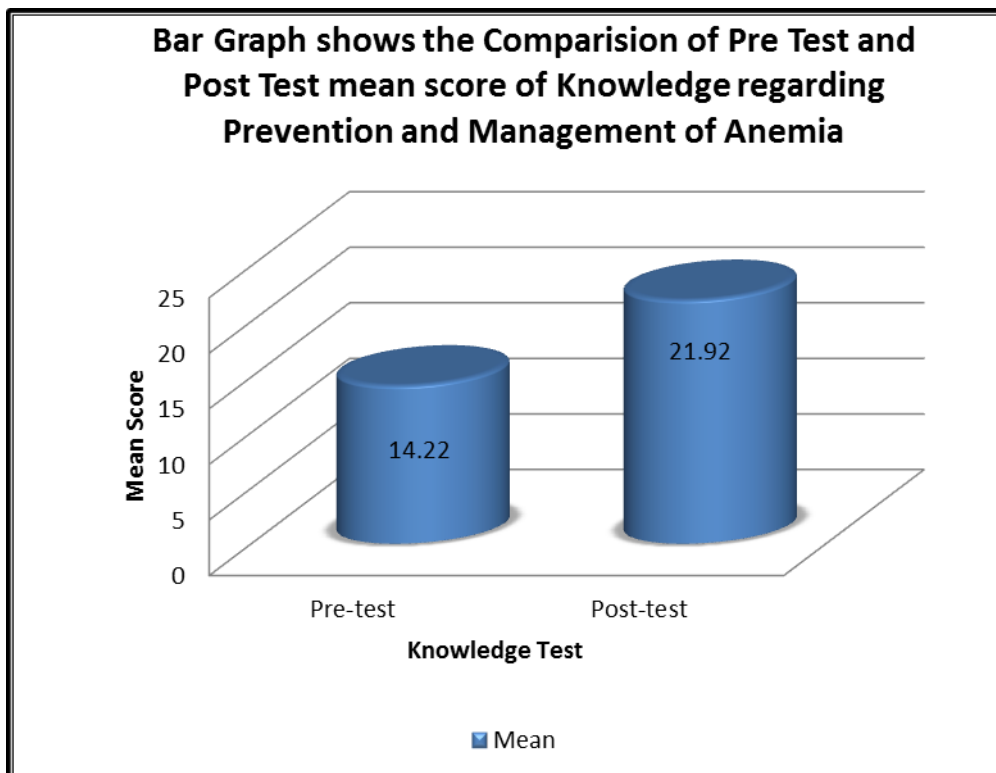
(**=% of post test knowledge score - % of pre test knowledge score)

10. The Data presented in above table 4.2 shows the comparison between pre-test knowledge score and post- test knowledge score obtained by sample regarding prevention and management of iron deficiency in all area.
11. The mean percentage gain in each area was computed. Area wise mean percentage in each area was computed.
12. There was maximum gain of knowledge in 'Introduction' area. In Introduction area mean percentages of pre –test was 49.71% and mean percentage of post-test was 85.42%. it indicates that the 35.71% gain in this area. It is the highest gain. Contrast to this, there was minimum gain in the area 'Sign, Symptoms & Diagnostic test'. In this area mean percentage of pre-test was 72% and mean percentage of post-test was 77.66%. it indicates that the 5.66% gain in this area.
13. Furthermore, there was 32.5% and 31.22% gain in 'Risk Group & Causes' and 'Treatment and prevention'. Hence they are 2nd and 3rd in gain after the Introduction. There was approximately equal gain in Risk Group & Causes and Treatment and prevention. It was 32.5% and 31.22% respectively compare to other areas.
14. Table reveals that there was knowledge gain in all areas which indicates the effectiveness of the study in terms of prevention and management of iron deficiency in all area.



Findings Related To Knowledge of Sample Regarding Prevention And Management Of Iron Deficiency Anemia

1. The mean pre-test knowledge score of samples on Prevention and Management of Iron Deficiency Anemia was 14.22 where as post-test knowledge score was 21.92. The mean post test knowledge score was significantly higher than the mean pre test knowledge score with the mean difference of 7.78.
2. The range of score in pre test was 6-20 and post-test was 17-26 out of 26.
3. Sample gain highest 35.71% in area of introduction.



It revealed that the Planned Teaching Programme was effective in increasing knowledge among the Adolescent girls.

Association with Pre Test Knowledge Scores Of Sample Regarding Prevention And Management Of Iron Deficiency Anemia And Selected Demographic Variables

The findings of the study reveals that there was significant association with pre-test knowledge scores and selected demographic variables such as Type of Family and sources of information Therefore education and sources of information were significant with knowledge of samples.

CONCLUSIONS

Findings leads to the major conclusion are following:

Knowledge deficit existed in all area of Prevention and Management of Iron Deficiency Anemia.

The findings indicated that Planned Teaching Programme prepared by the Investigator was effective in enhancing the knowledge of the samples towards Prevention and Management of Iron Deficiency Anemia.

Implications and Utilizations

Health is an individual responsibility. Primary health care emphasizes the development of self-care abilities. The present study, making Adolescent girls aware of and help them to gain knowledge regarding Prevention and Management of Iron Deficiency Anemia.

The findings of the study have several implications in the Nursing Practice, Nursing Education, Nursing Administration and Nursing Research.

Nursing Practice

In the Prevention and Management of Iron Deficiency Anemia nurses plays a vital role. The findings of study reveal that Adolescent girls have lack knowledge regarding Prevention and Management of Iron Deficiency Anemia. The study finding can be used to bring out awareness among the Adolescent girls regarding the need for developing knowledge for improving amount of Iron in Adolescent girls, Nurses may give the health education, dietary recommendations to Adolescent girls regarding Prevention and Management of Iron Deficiency Anemia. The head nurses or public health nurse can also develop a clinical

teaching programme for nurses regarding Prevention and Management of Iron Deficiency Anemia.

Nursing Education

Today demands of consumers are quality assurance care. Every profession has to satisfy this demand and nursing is no exception to it. Only through standard education can there be a standard practice. The result of the study can be used by nursing teacher, nurses and nursing student. As an informative illustration. Nursing students and working nurses should be taught about the recent advancement related to Prevention and Management of Iron Deficiency Anemia. Within the scope of the curriculum, the learning experience should provide opportunities to the students, to plan and prepare health education materials on Prevention and Management of Iron Deficiency Anemia.

Nursing Administration

The findings of the study reveal the need to conduct an ongoing In Service Education Programme for the nurses who are working in Hospital, PHC, CHC OR SC. The “In service education programme” should include both theoretical and practical input. This can also bring awareness among nurses. Administrators need to provide training to new nurses regarding Prevention and Management of Iron Deficiency Anemia.

The appropriate policy or act should be made to prevent Anemia which is prevalent because of Iron deficiencies in Iron Deficiency Anemia.

Nursing Research

There is need to conduct further research in India in the field of Prevention and Management of Iron Deficiency Anemia for Adolescent girls. This is needed to bring out the facts which emphasizes the need and the extent of ignorance about complications and untreated Iron Deficiency Anemia.

The result of the study contributes to the body of Knowledge of nursing. In future, the Investigators can use the findings and the methodology as reference material. It highlights the areas that require future exploration. Other researchers can conduct further studies in the same field and can utilize the suggestions and recommendations.

There is need to include training programmes, so that the Nurses will have adequate knowledge and facilities to attend the Adolescent girls with Iron Deficiency Anemia well in advanced.

Recommendations

The following recommendations are made on the basis of the findings of the present study.

1. A similar study can be replicated on a large sample covering the different State of India. So that findings can be generalized for a large population.
2. A similar study can be conducted on antenatal women or children.
3. A study can be conducted to assess the knowledge of antenatal women regarding Iron Deficiency Anemia in selected rural and urban areas of Gandhinagar, Gujarat.
4. A comparative study can be conducted in order to compare the knowledge regarding Prevention and Management of Iron Deficiency Anemia in between experimental group and control group of samples.
5. A study can be conducted by using other teaching strategies.
6. A survey can be conducted on assess knowledge of adolescent girls regarding Prevention and Management of Iron Deficiency Anemia with a view to develop information booklet.
7. A survey can be conducted to assess Iron status of adolescent girls from different schools of Gandhinagar, Gujarat state.
8. A true experimental study may be carried out to standardize the planned teaching programme.

BIBLIOGRAPHY

Books

1. Abdellah F.G. Better patient care through nursing research. 2nd edi. New York: Mc Millan Co; 1979.
2. Anderson KN, Anderson LE. Mosby's Medical, nursing and allied health dictionary. 5th edi. Philadelphia: Mosby publisher; 2005
3. Basavanthappa B.T. Essentials of medical surgical nursing. New Delhi: Jaypee Brothers Publishers; 2011.
4. Basavanthappa B.T. Fundamentals of nursing. 1st edi. Kundali: Jaypee Brothers Publishers; 2004.
5. Basavanthappa B.T. Nursing education. New Delhi: Jaypee Brothers Publishers; 2003.

6. Basavanthappa B.T. Nursing research. 1st edi. Bangalore: Jaypee Brothers Publishers; 2003.
7. Bharat Prateek, Shivani Sharma. A textbook of nursing research & statistics. 3rd edi. Jalandhar: S. Vikas & Company; 2011.
8. Black JM, Hawks JH. Medical surgical nursing, clinical management for positive outcome. 7th edi. vol 2. India: Elsevier Saunders publication; 2005.
9. Curley, M.A.Q, Moloney-Harmon, P.A. Critical care nursing. 2nd edi. Philadelphia: W.B.Saunders Company; 2001.
10. Gerard J. Tortora, Grabowski SR. Principles of anatomy and physiology. 10th edi. USA: John Wiley & Sons.Inc; 2003.
11. Hele Harkreader. Fundamentals of nursing, caring & clinical judgment. 2nd edi. Missouri: Saunders Publication; 2004.
12. International Council of Nurses. Notes on nursing, a guide for today's caregiver. Geneva: Bailliere Tindall Elsevier; 2009.
13. Kozier Barbara. Fundamentals of nursing concepts, process & practice. 7th edi. Saunders Publication: New Delhi; 2005.
14. Lewis SM, Heitkemper MM, Dirksen SR. Medical surgical nursing, assessment and management of clinical problems. 7th edi. Philadelphia: Mosby Publishers; 2004.
15. Long. Medical surgical nursing, a nursing process approach. 3rd edi. USA: Mosby's Publication; 1993.
16. Neelam Kumari. A textbook of management of nursing services and education. Jalandhar: S. Vikas & Company; 2009.
17. P.S.S. Sundar Rao, J Richard, Introduction to biostatistics and research methods. 4th edi. New Delhi: PHI Learning Private Limited; 2009.
18. Polite F Denis, Heryl Tatano Beck. Nursing research: generating and assessing evidence for nursing practice. 8th edi. New Delhi: Wolters Kluwer Pvt Ltd; 2008
19. Polite, D.F. and Hungler, B.P. Nursing research principles and methods. 4th edi. Philadelphia: J.B.Lippincott Co; 1991.
20. Sandra M. Nettina. Lippincott manual of nursing practice. 8th edi. New Delhi: Walters Kluwer Company; 2006.
21. Susan C. Dewit. Medical surgical nursing, concept & practice. Missouri: Saunders Elsevier Publication; 2007.
22. Suzanne C. Brenda B. Brunner & Suddarth's textbook of medical surgical nursing. 6th edi. London: Mosby Publishers; 2005.

23. Treece and Treece. Research in nursing. 4th edi. St.Louis: C.V.Mosby Co; 1986.

Journals

1. Agarwal KN et al “Anemia prophylaxis in adolescent school girls by weekly or daily iron-folate supplementation” Indian Pediatrics, Apr, 2003; 40(4): 296-301.
2. Basu S et al “Prevalence of anemia among school going adolescents of Chandigarh” Indian Pediatrics, Jun, 2005; 42(6): 593-7.
3. BT Basavanhappa “Nursing Research”; 2nd Edition Jaypee publications New Delhi, 2007; 92.
4. Bulliyy G et al “Hemoglobin status of non-school going adolescent girls in three districts of Orissa, India” Int J Adolesc Med Health, Oct-Dec, 2007; 19(4): 395-406
5. Choudhary A et al “Prevalence of anemia among adolescent girls in the urban slums of Vellore, south India “Trop Doct, Jul, 2006; 36(3): 167-9.
6. Deshmukh PR et al “Effectiveness of weekly supplementation of iron to control anaemia among adolescent girls of Nashik, Maharashtra, India”: J Health Popul Nutr., Mar, 2008; 26(1): 74-8.
7. Devaki PB, Chandra RK, Geisser P. Effects of oral iron(III) hydroxide polymaltose complex supplementation on hemoglobin increase, cognitive function, affective behavior and scholastic performance of adolescents with varying iron status, 2009; 59(6): 303-10.
8. Eur J Clin Nutr, Mar 2008; 62(3): 365-72. Epub 2007 Feb 28
9. Falkingham M, Abdelhamid A, Curtis P, Fairweather-Tait S, Dye L, Hooper L. The effects of oral iron supplementation on cognition in older children and adults: a systematic review and meta-analysis, Jan 25, 2010; 9: 4.
10. Halimatou Alaofe, John Zee, Romain Dossa and Huguette Turgeon O’Brien. Education and improved iron intakes for treatment of mild iron-deficiency anemia in adolescent girls in southern Benin. PMID 19445257.
11. Hart P, Eaton L, Buckner M, Morrow BN, Barrett DT, Fraser DD et al. Effectiveness of a computer-based educational program on nurses' knowledge, attitude, and skill level related to evidence-based practice. Worldviews evidence based nursing, 2008; 5(2): 75-84.
12. Hilary M. Creed-Kanashiro, Nelly M Zavelta, Margaret E. Bently, Mary N. Fukumoto, Tula g Uribe, Rosario M. Bartolini et al Improving Dietary Intake to Prevent Anemia in Adolescent Girls through Community Kitchens in a Periurban Population of Lima, Peru, August – December 1996; 1,2: 3.

13. Jude PM et al “Status of adolescent girls in a rural south Indian population” *Indian J Maternal Child Health*, 1991; 2(2): 60-3
14. Kotecha PV, Nirupam S, Karkar PD Adolescent girls Anaemia Control Programme, Gujarat, India USAID Micronutrient & Child Blindness Project, New Delhi, India. In June 2000.
15. Mozaffari-Khosravi H, Noori-Shadkam M, Fatehi F, Naghiaee Y Once weekly low-dose iron supplementation effectively improved iron status in adolescent girls, *Jun, 2010; 135(1-3): 22-30.*
16. National Institute of Nutrition “prevalence of macronutrient deficiencies”, 2003; *NIN*; 66.
17. Sen A “Deleterious functional impact of anemia on young adolescent school girls” *Indian Pediatrics*, Mar, 2006; 43(3): 219-26.
18. Toteja GS et al “Prevalence of anemia among pregnant women and adolescent girls in 16 districts of India” *Food Nutr Bull.*, Dec, 2006; 27(4): 311-5.
19. Tupe R et al “Influence of dietary and socio-demographic factors on the iron status of married adolescent girls from Indian urban slums” *Int J Food Sci Nutr.*, Mar 7, 2008; 1.9
20. Werner D, Bower B (1982) *Helping health workers learn.* The Hesperian Foundation, Palo Alto
21. WHO (1994) Report of the WHO informal consultation on hookworm infection and anaemia in girls and women. WHO/CTD/SIP/96.1. World Health Organization, Geneva
22. WHO (1991) The control of schistosomiasis. Second report of the WHO Expert Committee TRS 830. WHO, Geneva
23. WHO, UNICEF, UNU (1998) *IDA: Prevention, Assessment and Control.* Report of a joint WHO/UNICEF/UNU consultation. World Health Organization, Geneva
24. World Bank (1994) *Enriching lives. Overcoming vitamin A and mineral malnutrition in developing countries.* World Bank, Washington, DC

WEBSITES

1. Approaches to prevention and control. World Health Organization, Geneva
2. DeMaeyer EM, Dallman P, Gurney JM, et al (1989) Preventing and controlling iron deficiency anemia through primary health care: a guide for health administrators and programme managers. Geneva: World Health Organization.
3. Gillespie S, Kevany J, Mason J (1991) Controlling iron deficiency. ACC/SCN State of-the-Art Series Nutrition Policy Discussion Paper No. 9. United Nations.

4. Gillespie S (1998) Major issues in the control of iron deficiency. Micronutrient Initiative, UNICEF, in press.
5. International Nutritional Anemia Consultative Group (1989) Guidelines for the control of maternal nutritional anemia. INACG, Washington, DC.
6. International Nutritional Anemia Consultative Group (1977) Guidelines for the eradication of iron deficiency anemia. INACG, Washington, DC.
7. International Nutrition Anemia Consultative Group (1986) Combating iron deficiency in Chile: a case study. INACG, Washington, DC.
8. International Nutrition Anemia Consultative Group (1990) Combating iron deficiency anemia through food fortification technology. INACG, Washington, DC.
9. International Nutritional Anemia Consultative Group, UNICEF, (1996) Iron/multimicronutrient supplements for young children. INACG, Washington, DC
10. Montresor A, Crompton DWT, Bundy DAP, et al (1998) Guidelines for the evaluation of soil-transmitted helminthiasis and schistosomiasis at community level. A guide for managers of control programmes. WHO/CTD/SIP/98.1.
11. Nestel P. Food fortification in developing countries. Vitamin A Field Support Project (VITAL), Washington, DC., 1993.
12. PATH Anemia detection in health services. Guidelines for program managers. Program for Appropriate Technology in Health, Seattle, 1996.
13. Pawlowski ZS, Schad GA, Stott GJ (1991) Hookworm infection and anaemia.
14. UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR). WHO/UNICEF approach to integrated management of the sick child. TDR News, December, 1995; 48: 1.8.
15. Werner D, Bower B (1982) Helping health workers learn. The Hesperian Foundation, Palo Alto.
16. WHO (1994) Report of the WHO informal consultation on hookworm infection and anaemia in girls and women. WHO/CTD/SIP/96.1. World Health Organization, Geneva.
17. WHO (1991) The control of schistosomiasis. Second report of the WHO Expert Committee TRS 830. WHO, Geneva.
18. WHO, UNICEF, UNU (1998) IDA: Prevention, Assessment and Control. Report of a joint WHO/UNICEF/UNU consultation. World Health Organization, Geneva.
19. World Health Organization, Geneva Morrow O (1990) Iron supplementation during pregnancy: why aren't women complying? A review of available information. WHO/MCH/90.5. World Health Organization, Geneva.

20. World Bank (1994) Enriching lives. Overcoming vitamin A and mineral malnutrition in developing countries. World Bank, Washington.