INTRODUCTION
Anemia, also spelled anaemia, is usually defined as a decrease in the total amount of red blood cells (RBCs) or hemoglobin in the blood. It can also be defined as a lowered ability of the blood to carry oxygen. When anemia comes on slowly, the symptoms are often vague and may include feeling tired, weakness, shortness of breath or a poor ability to exercise. Anemia that comes on quickly often has greater symptoms, which may include confusion, feeling like one is going to pass out, loss of consciousness, or increased thirst. Anemia must be significant before a person becomes noticeably pale. Anaemia in pregnancy is one of the leading causes responsible for maternal and perinatal morbidity and mortality. WHO has estimated that prevalence of anemia among pregnant women is 42% in developed and 51% in developing countries. 65-75% of population in India is affected with anemia. In India, anaemia is directly or indirectly responsible for 40 per cent of maternal deaths. There is 8 to 10 fold increase in MMR when the Hb falls below 5 g/dl. Early detection and effective management of anaemia in pregnancy can contribute substantially to reduction in maternal mortality. Maternal anaemia is associated with poor intrauterine growth and increased risk of preterm births and low birth weight rates.

AIM
To assess the knowledge regarding anaemia among postnatal mothers.

MATERIALS AND METHODS
Knowledge and practice during antenatal was assessed using structured interview schedule which included questionnaire on knowledge and self reported rating scale to assess the practice regarding prevention of anaemia. Descriptive and inferential statistics was used to analyze the data. All the primigravida attending the postnatal OPD will be asked to fill a questionnaire regarding anaemia during antenatal so as to test their knowledge, attitudes and practices pertaining to anaemia and role of their diet.

RESULTS
Age of the postnatal mother: Out of 45 samples 18 (40%) postnatal mothers belong to 30 - 35 years of age, 15 (33%) postnatal mothers belong to 25-29 years of age. Educational status reveals that, out of 45 postnatal mothers, the majority of postnatal mothers 23 (51%) had higher secondary education,12 (27%) postnatal mothers were graduates, 6 (13%) postnatal mothers had primary education,4(9%) postnatal mothers were homemakers,6 (13%) postnatal mothers are doing business, 4 (9%) postnatal mothers are working as clerks, 3 (7%) postnatal mothers are teachers and tailors respectively and one postnatal mother was a bank accountant and pharmacist respectively.

Monthly income of families results shows that, the majority of 28 (62%) had shown improved to adequate knowledge regarding anaemia. During the post test the majority of postnatal mothers 23 (51%) had shown adequate knowledge regarding anaemia. Results shows that, during the pretest the majority of 20 (45%) postnatal mothers scored extremely poor knowledge, 15 postnatal mothers (33%) scored inadequate knowledge and 3 (7%) postnatal mothers scored moderate knowledge regarding anaemia. During the post test the majority of postnatal mothers 28 (62%) had shown improved to adequate knowledge, 15 (33.3%) postnatal mothers had moderate knowledge and no one scored inadequate knowledge regarding anaemia.

CONCLUSION
Our study supports the conclusion that educating postnatal women about the importance of diet and implementing this into practice will help in the prevention of anemia. There should be mandatory preconception and postnatal counselling sessions for the women to identify the risk factors in pregnancy and structured teachings to reduce the enormous burden of anemia in pregnancy. Continuous reinforcement of knowledge to women by health workers may bring about a change in their nutritional habits, adopting contraceptive methods, and ensuring early registration and regular follow up which will go a long way to help in reducing the incidence of anemia.
REFERENCES