SUMMARY

Anaemia still constitutes a major cause of maternal morbidity and mortality in developing countries. This is a challenge especially in an effort to realize the Millennium Development Goal—five (MDG 5).

The study was on the risk factors for anaemia in a rural health centre (Umunya) and an urban health centre (Court Road, Onitsha) in Anambra North senatorial zone of Anambra state, Nigeria. It was a comparative study of the risk factors in two different socio demographic areas but operating with similar health set-up. From existing literatures on anaemia in pregnancy, definition, causes, diagnosis, the various risk factors were highlighted. The consequences and prevention were noted.

A total of four hundred and sixty-six (466) pregnant women at first booking were enrolled in the study. This was made up of two hundred and thirty nine (239) from the Comprehensive Health Centre Umunya, a rural location and two hundred and twenty-seven (227) from the Basic Health Centre, Court Road, Onitsha an urban clinic. This was a response rate of 92.1%. Statistical Package for Social Sciences, (SPSS) version 17 was used for statistical analysis. Prevalence of anaemia was 130(28%) in the whole study population. It was observed that mild anaemia was 65(13.95%), moderate anaemia was 64(13.73%) and severe anaemia was only 1(0.21%). However, in the study locations, among rural respondents the prevalence of anaemia was mild anaemia: 57(12.23%), moderate anaemia: 63(13.52%) and severe anaemia of 1(0.21%). In the urban respondents, mild anaemia was 8(1.72%), moderate anaemia was 1(0.21%) and severe anaemia was 0.0% Pearson Chi-Square test for level of anaemia in the two locations showed that there was statistical significant relationship in the prevalence of anaemia in the rural and urban locations, (p<0.05). In the rural respondents, mean heamoglobin,(HB) level was 10.11gm/dl whereas in the urban respondents, mean haemoglobin level was 12.23gm/dl.

The major risk factors identified were age of the patient at booking, hookworm infestation, malaria, lower social class, parity, gravidity, occupation of the respondents and educational status.

Better health planning and provision of more resources to the disadvantaged areas were advocated. Also there should be more health promotion, nutrient supplementation especially iron and folic acid as we