

Iron Deficiency and Human Diets in Content of Darbhanga Bihar

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ABSTRACT

Iron is an important nutrient element for the body growth. It synthesizes the haemoglobin in the blood. It is significantly repaired during the infancy growth in order to maintain haemoglobin at the normal concentration but the requirement is continued during the whole span of life.

The present paper deals about the iron deficiency and human diet and its need in context of Darbhanga district.

Keywords: Iron, Human diet, Infancy, Haemoglobin.

INTRODUCTION

Different food stuffs have different chemical compositions. All contain the nutrient materials but not of the same type. All food stuffs from the diet of the people and the diets supply all the essential nutrients in adequate amounts and keep the majority of individuals consuming them in the state of good health. In the essential nutrients, iron is also the most important component, depends on diets.

The need for iron in the human diets varies greatly at different ages and under different circumstances. It is required for tissue growth and haemoglobin synthesis and the replacement of need due to its loss in urine, faeces and sweat and in the female, the additional losses in menstruation, gestation and lactation. The need for iron is greatest during the first two years of life during the period of rapid growth and haemoglobin increase in adolescent and throughout the child bearing period in woman.

MATERIALS AND METHODS

The investigation was done by door to door diet survey of the different families of Darbhanga urban and rural areas. The statement sheet was distributed among the individual of the family and they were told to fill up correctly as far as possible. The statement was collected from high and low income group of family of adjoining area as well as from different areas of Darbhanga.

The total sample consisted of 250 families containing adolescents (male & female) and adults (male & female). The final sample consisted of 200 on the basis of two income group family as shown in Table 1 whereas, the recommended Iron dietary allowances (1989) for Indian was also studied for base research (Table 2).

Table 1

Sample of the study of Adolescent and Adult Groups of Darbhanga

Subject	Age Groups	Type of Subject	Number	Total Sample
Adolescents (Male & female)	13 – 15 Yrs	High & low Income	100	250
Adults (Male & Female)	25 years & above	High & low Income	100	

Table 2
Reference summary of Recommended Iron as dietary allowance for Indians (1989)

Group	Particulars	Net Energy	Iron (mg/l)
Man	Moderate work	2875	28
Woman	Moderate work	2225	30
Boys	10 – 12 yrs.	2190	34
Girls	10 – 12 yrs.	1970	19
Boys	13 – 15 yrs.	2450	41
Girls	13 – 15 yrs.	2060	28
Boys	16 – 18 yrs.	2640	50
Girls	16 - 18 yrs.	2060	30

RESULTS AND DISCUSSION

After survey it was found that the anemia is the main cause of the deficiency of iron in all groups. Other abnormalities such as spru-pelagra, low amount of excretion of acid in stomach were also evident due to deficiency. Nails of finger was badly affected and acquire the slope of spoon due to deficiency.

Scientists reported that anaemia in children specially from iron deficiency is the commonest health problem in many developing countries with an estimated prevalence of 43%¹⁻⁵. The convincing children regarding impaired growth and developmental delay in children have been associated with hematological profile, that is, functional abnormalities of lymphocytes and neutrophils.

These studies have been shown were of the view that anaemia in children, especially iron deficiency causes impaired growth, development delay, behavioral abnormalities *etc.*⁶⁻⁷

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