The Effects of Ragi Porridge Versus Moringa Oleifera Leaves Extract on Haemoglobin In Kanpur Women With Anemia

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I. INTRODUCTION

Iron deficiency Anaemia is a leading cause of maternal morbidity, mortality, and poor birth outcomes in developing countries. Anemia is the most common nutritional deficiency on a global scale. It makes it harder for adults to work and affects how children, teens, and women develop physically and mentally.

According to the World Health Organization, nearly 20% of all American women of childbearing age have iron deficiency anaemia, compared to 2% of adult males.

According to the World Health Organization, iron deficiency anaemia affects approximately 50–60% of young children, pregnant women, and 20–30% of non-pregnant women in developing countries. Iron deficiency anaemia is 6-8 times more common in meat-free countries than in North America. As a result, it has become one of the world's problems, affecting primarily developing countries. Pregnant and lactating women, growing children, and the elderly with an underlying disease that causes blood loss are at greater risk than other groups of people. However, no one is immune to anaemia.

Iron deficiency anaemia can be avoided. The detection and treatment of iron deficiency anaemia in women at an early stage is critical for controlling and preventing long-term complications. A healthy diet rich in vitamin "c"-rich foods, as well as plenty of fruits, vegetables, and nuts, can help to boost iron levels in the body. There needs to be more research done to find answers to the many clinical and theoretical parts of the disease.

II. METHODOLOGY

The research design of the study was quasi-experimental. The research was conducted in Kanpur. The current study includes 100 participants. The convenience sampling technique was used for the study. The tools designed for data collection are demographic variables and Shal's Method with Hemoglobinometer. Data collection took about 6 weeks using the prepared tools. The pre-test was finished. Raggi porridge was given to Group I, while Moringa oleifera leaf extract was given to Group II. Based on the aforementioned objective, Mix 2 cups of water with 200gms of ragi powder. Bring the water (400 ml) to a boil after adding the ragi powder and thoroughly mixing it in. On low heat, until the ragi paste reaches the desired consistency. a pinch (50gm) of jaggeryIt's a ragi porridge recipe. It must be finished in one hour of preparation. For the preparation, Moringa oleifera leaf extract, Moringa oleiferas-200gms, and water-500ml are needed for the preparation. The leaves must be boiled in a vessel with plain water in the preparation method. After boiling, strain the water and add a pinch of salt to the essence. Both interventions were administered to the groups at a rate of 200ml per day for 45 days. Finally, the reports were examined following a post-test.

III. RESULTS

Women with iron deficiency anaemia were identified in Kanpur. Shali's hemoglobinometer method was used to determine their haemoglobin level. Women with iron deficiency anaemia who meet the inclusion criteria are considered to have haemoglobin levels of less than 11 gm after estimating haemoglobin levels. The pretestmean in Group I was 7.26, with a standard deviation of 2.43, according to the study. Group II's pretest mean value is 7.31, with a standard deviation of 2.48. During the pretest, there was a slight difference in mean and standard deviation values between groups I and II. The post-test mean in Group I was 12.51, with a standard deviation of 2.67, according to this study. In Group II, the mean value of the post test is 14.11, with a standard deviation of 3.44. Group I's improvement score had a 't' value of 12,711. The 't' value improvement score for group II was 17.23. Both groups had a statistically significant P value of 0.05, indicating that the group I and group II interventions were effective in raising haemoglobin levels in women with iron deficiency anaemia.

The null hypothesis was thus rejected. In women with iron deficiency anaemia, the effectiveness of ragi porridge versus Moringa oleifera in increasing haemoglobin levels differs significantly.

IV. CONCLUSION

According to the findings of the study, there was a significant difference in the effectiveness of Ragi Porridge versus Moringa Oleifera in increasing haemoglobin levels in women with iron deficiency anaemia. Moringa leaves are clearly more effective than ragi porridge.

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