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A Descriptive Analysis of Anemia as Perceived by Women of Reproductive Age Emerging from
a Systematic Review of the Literature

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Abstract

A Descriptive Analysis of Anemia as Perceived by Women of Reproductive Age Emerging from a Systematic Review of the Literature

By Afia Amponsah

Introduction: Anemia presents a significant global public health challenge, particularly impacting women of reproductive age. Understanding anemia from those most vulnerable to it is crucial for implementing effective interventions. However, systematic literature reviews addressing women's perception of anemia are non-existent. This thesis aims to descriptively analyze the literature on women's anemia perception.

Methods: The review encompassed 95 articles, with 26 presenting qualitative outcomes and 71 reporting quantitative outcomes. Data pertaining to women of reproductive age were independently extracted. Characteristics such as Progress-Plus were extracted to capture the background of women in the articles. Progress-Plus is an approach used for health inequality monitoring. It considers various factors that stratify health opportunities and outcomes, including place of residence, race/ethnicity/language, occupation, gender/sex, religion, education, socioeconomic status, social capital, personal characteristics associated with discrimination, features of relationships, and time-dependent relationships. To assess women's perception of anemia, researchers searched for the following outcomes: preferences, values, knowledge, awareness, definition, experience with, cause, signs and symptoms, attitude, opinion, acceptability, treatment and management, prevention, and consequences. Data cleaning and analysis were conducted using Microsoft Excel, and descriptive statistics were computed for all data extracted from the studies.

Results: The studies in the review represented all WHO regions, with Southeast Asia accounting for the most studies (33.3%). Most studies reported sample size (97.9%), disaggregation variables (88.4%), and were cross-sectional in design (64.2%). Progress-plus items, such as gender/sex (100%), place of residence (79.0%), and education (75.8%), were frequently reported. The most frequent outcome measures were knowledge (36.4%) and causes (19.0%) for quantitative and qualitative studies, respectively; data were mostly presented as prevalences (84.0%) and author summaries (96.2%), respectively. The analysis indicated low bias in studies, with 57.7% to 85.9% of quantitative studies reporting low bias items and more than 80% of qualitative studies suggesting low bias for five of the six bias items.

Conclusion: This study offers a foundational understanding of women's perception of anemia, drawing data from diverse regions and women. These findings can guide the development of practical guidelines and targeted interventions to reduce anemia among women.

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Chapter 1: Literature review

Introduction

Anemia is a prevalent public health issue affecting many individuals globally, particularly women of reproductive age and children under five years.²⁹ The World Health Organization (WHO) estimates that millions of women and children are affected by anemia, with economic, cultural, and infectious disease factors exacerbating the problem. Anemia, characterized by low hemoglobin levels, has a range of consequences, including cognitive impairment, developmental delays, decreased physical capacity, and diminished work performance.²⁷ This section will highlight the background, causes, and consequences of anemia, focusing on its various etiologies such as nutritional deficiency (iron, vitamin A, and vitamin B), pernicious anemia, anemia of inflammation, aplastic anemia, and hemolytic anemia. By exploring each type's mechanisms, signs, symptoms, and consequences, this section aims to provide insights into the multifaceted nature of anemia and its implication for individuals, communities, and global health.

Anemia

Anemia is a condition that occurs when there are lower than normal amounts of red blood cells or hemoglobin concentration.²⁷ Hemoglobin, a protein in red blood cells (RBCs), contains iron for oxygen transport; individuals with an atypically low amount of red blood cells and hemoglobin will suffer from a decreased ability to transport oxygen to the body's tissues.²⁹ The WHO diagnosis criterion of anemia (**Table 1**) is based on blood hemoglobin concentration below a threshold depending on the age, sex, and physiological status of the individual. Various types of anemia result from different causes, including nutritional-deficiency anemia, pernicious anemia, inflammation of anemia, aplastic anemia, and hemolytic anemia.

Global burden

Anemia is a health problem affecting many individuals worldwide; according to WHO, in 2019, it was estimated that over half a billion women (15.4%) 15-49 years of age had anemia.³¹ Several factors, including economics, tradition, and gender inequality, are associated with this disease. The socioeconomic status of individuals plays a significant role in anemia prevalence. Poverty is linked to poor health outcomes associated with reduced quality of living, unfavorable working conditions, and limited access to clean water and sanitation facilities.²⁹ These factors contribute to an increased risk of disease and inadequate dietary intake, impacting hemoglobin concentration. Cultural traditions, such as tea in meals and the use of calcium in preparing certain foods like tortillas, can also affect iron availability. Gender inequality that iron availability women's exposure to access to education and empowerment leads to a lack of education and risk for anemia.

Signs and symptoms, causes, and consequences of anemia

The significance of anemia is associated with various signs and symptoms, including fatigue, diminished work productivity, and impaired cognitive function.²⁹ Low hemoglobin levels are associated with tissue hypoxia and various oxygen delivery to the brain, which may lead to cognitive impairment causing developmental delays and school performance. Anemia also causes lethargy, impairing physical capacity and work performance.³¹ These consequences impair health and quality of life, influencing the country's economic development due to wage losses from the decline of productivity or cognitive development. The following section will explore the background of different anemia etiologies, their causes, signs, symptoms, and consequences.

Nutritional anemia: Iron, Vitamin A, and B Vitamin (B12, folate, riboflavin, and pyridoxine) deficiencies

Nutritional anemia occurs when there is an inadequate supply of hematopoietic nutrients (nutrients involved in the production or maintenance of RBC) to fulfill the body's requirements.^{3,29} The causes of nutritional anemia include inadequate dietary intake (e.g., iron deficiency), impaired absorption of the nutrient that is consumed (e.g., vitamin B12 deficiency), or altered nutrient metabolism (e.g., riboflavin deficiency alters iron metabolism). Further elaboration is provided on the mechanisms by which nutrient deficiencies contribute to the development of anemia.

Anemia from iron deficiency

Generally, iron deficiency (ID) occurs in three stages: depletion of iron stores, iron-deficient erythropoiesis (insufficient iron limits production of RBCs), and iron deficiency anemia (ID associated with anemia).³ Iron deficiency anemia (IDA) is due to an imbalance of iron intake, iron stores, and the body's loss of iron, being unable to support the production of RBCs fully.¹¹ This form of anemia is the most common nutritional anemia and significantly affects women of reproductive age due to the demand for iron during menstruation and pregnancy.¹¹

WHO recommends using biomarkers serum ferritin or soluble transferrin receptor (sTfR) to assess iron status.³ Serum ferritin measures the body's storage of iron levels, while an increase in sTfR serves as a marker of tissue ID. It is noted that serum ferritin and sTfR may also be impacted by inflammation.^{3,11}

Untreated or unmanaged IDA has various sequelae, including reduced physical performance due to alteration of oxidative tissue capacity (the result of IDA) and RBC's ability to transport oxygen to the affected tissue.²⁹

Dietary iron intake must be significantly increased during pregnancy because iron stores must adequately support the mother, aid fetal development, and account for blood loss during

and after childbirth.^{11,24} The average iron requirement is 1200 mg during pregnancy from conception through delivery.⁸ Several studies have shown that maternal ID and/or IDA increase the risk of the passage of IDA to the fetus.²⁹ IDA in pregnancy is associated with premature birth, low birth weight, and maternal mortality.

Impaired cognitive development and motor development as a result of IDA have been shown through various observational studies due to the form of anemia impacting brain function.²⁹ The impact on cognitive and motor development may be irreversible if deficiency occurs during infancy and neurogenesis (development of neurons in the brain).

Anemia from vitamin A deficiency

Vitamin A deficiency (VAD) is a common public health problem in many low to middle countries (LMIC), especially in Southeast Asia and Africa.³ Anemia due to VAD can be described as hypochromic (inadequate levels of pigmentation in RBC) or a combination of microcytic (RBC are smaller than usual due to insufficient hemoglobin) and hypochromic.

Vitamin A deficiency results in anemia through many mechanisms: impaired immune function, retinoids (compounds that develop vitamin A) in erythropoiesis (production of RBC), and iron metabolism.^{29,34} Immune organs encompass organs or tissue for executing immune function. Research has established that individuals must ensure an adequate dietary intake of vitamin A, as immune organs rely on this nutrient.⁷ One of the primary biological roles of VA is the protection of epithelium and mucus integratory in the body and increase immune function. Vitamin A enhances tissues with non-specific immune function antigens in the respiratory tract and intestines by promoting mucin secretion. Vitamin A deficiency is typically due to decreased dietary intake of vitamin A and reduced hepatic retinol (retinol stored in the liver). Active retinoic acid (RA) through nuclear retinoic acid receptors (RARs) is essential for embryonic

development and adult tissue hemostasis in adults and embryos.²⁹ This is a result of the role of vitamin A in iron metabolism. Vitamin A deficiency impairs iron mobilization, reducing iron release from the liver and spleen.

Vitamin A deficiency can be clinically assessed by presenting the stages of xerophthalmia (presentation in various ocular manifestations) discussed further in this section. Serum retinol serves as the biomarker assessment for subclinical vitamin A deficiency. The primary form of vitamin A in plasma and blood is retinol, indicating a severe decrease or increase in vitamin A stores in the liver.³⁰

Vitamin A deficiency mainly targets three vulnerable groups pregnant women, women of reproductive age, and preschool-aged children (children under five years).³ During pregnancy, there is an increased likelihood of vitamin A deficiency, particularly during the third trimester, due to the rapid development stage; this nutrient aids in this period with bone development and skin development in the fetus.

As highlighted above, vitamin A impacts the immune system in children under five years; there is an increased risk of severe illness when VAD is present.²

Vitamin A deficiency is traditionally associated with mild to severe ocular impairment.³ Vitamin A is vital in visual function; therefore, it is the leading cause of preventable blindness, especially in vulnerable groups. Vitamin A's pivotal role in visual phototransduction as a component of a photopigment (the molecule that converts light photons into electrical signals).²¹ During this process, 11-cis-retinal (a vitamin A nutrient) undergoes isomerization to all trans-retinal; subsequently, a rapid recycle back to 11-cis-retinal. This is known as the visual cycle, which involves a complex interplay of transporters and enzymes. Malfunctions in the transporters or enzymes can reduce the efficiency of visual detection.

Signs and symptoms of VAD range from night blindness and Bitot spots to keratomalacia, and in severe cases, extreme dry cornea leading to damage of the retina and cornea and total blindness.³⁰

Anemia from deficiencies in B vitamins

Deficiencies of a multitude of B vitamins are associated with anemia: folate (B9), riboflavin (B2), cobalamin (B12), and pyridoxine (B6); these vitamins contribute to hemoglobin synthesis or iron metabolism.³

Cobalamin and folate deficiency can cause macrocytic (megaloblastic).³ These nutritional deficiencies lead to megaloblastic changes in red blood cells because of impaired DNA synthesis and cell division, leading to insufficient erythropoiesis.¹⁹ Inadequate amounts of cobalamin and folate reduce thymidine availability for DNA synthesis and impair cell division and replication.⁶ The impairment of cell division affects DNA synthesis, causing abnormal cell growth and division. This leads to the rise of precursor cells in the bone marrow and incorrect division of RBC, producing larger and immature cells. Megaloblastic RBC changes indicate a delayed maturation of RBCs and larger than normal cells. Insufficient erythropoiesis occurs due to megaloblastic cells' shorter lifespan, leading to decreased production of mature red blood cells resulting in anemia, as the number of functional RBCs available for oxygen transport decreases.

Vitamin B12 deficiency is typically measured through a complete blood count (CBC) that assesses low serum vitamin B12 and clinical presentation of vitamin B12 deficiency (i.e., a psychological manifestation of peripheral neuropathy and other neuropsychiatric disorders).¹⁸

Vitamin B12 deficiency can be caused by many factors, such as malabsorption in the elderly population due to issues with gastric parietal cells from pernicious anemia discussed in the section below; inadequate absorption of vitamin B12 can cause the deficiency.³

Pregnant women, preterm infants, and populations in malaria regions (where malaria parasite growth depends on folate) are susceptible to an increased risk of folate deficiency.³ Pregnant women have an increased demand for B9; consequently, inadequate folate levels at the beginning of pregnancy can contribute to developing megaloblastic anemia. Women with insufficient folate can lead to pregnancies that lead to neural tube defects.¹⁹

Riboflavin is essential to iron metabolism. The nutrient contributes to redox reactions and is vital to iron metabolism; altering iron metabolism can lead to iron-deficiency anemia.¹⁰ This deficiency impacts women of reproductive age (WRA), infants, school-age children, and older people. This dietary deficiency is common when an individual has inadequate consumption of milk, dairy products, and meat (the primary sources of riboflavin).

The most common forms of biochemical assessment for detecting riboflavin deficiency are a combination of erythrocyte glutathione reductase activity (EGR) and urinary riboflavin excretion.¹⁵ EGR measurement indicates tissue saturation and offers valuable insight into the long-term riboflavin status; EGR is an enzyme found in red blood cells that relies on a cofactor derived from riboflavin. Urinary riboflavin excretion is used as a biomarker due to flavins' (coenzymes that makeup riboflavin) main form of excretion through urine; riboflavin accounts for 60-70% of urinary flavins. Small amounts of riboflavin can be stored in the body at a time. Therefore, riboflavin in the urine reflects an individual's dietary intake sequentially after the tissue is saturated.

People with riboflavin deficiency exhibit various signs and symptoms, such as edema around the throat, lesions at the corner of the mouth, and skin cracking. Skin-related effects are due to riboflavin being essential for adequate collagen (protein in the skin).¹⁰

Severe forms of riboflavin deficiency can diminish the absorption of other B vitamins due to decreased flavin coenzymes.¹⁴

Pernicious anemia

Pernicious anemia (PA) is a form of megaloblastic anemia due to vitamin B12 deficiency; this form of anemia is an autoimmune disease resulting in antibodies against intrinsic factors (IF) and gastric parietal cells.²⁵ This anemia is most common in people of northern European and African descent, particularly those over 60 years. IF, a glycoprotein, produces and secretes parietal cells that bind vitamin B12, forming a vitamin B12/IF complex and aiding in transportation to the ileum for absorption. Antibodies that block vitamin B12 binding to IF inhibit intestinal absorption of vitamin B12. The primary pathophysiological outcome of pernicious anemia is the reduction of vitamin B12 absorption due to intrinsic factor deficiency.

Clinical assessment of pernicious anemia can be achieved through this diagnostic criterion: positive intrinsic factor and/ or positive parietal cell antibodies and a differential diagnosis to exclude other causes of cobalamin deficiency. These two factors provide a dependable basis for diagnosing PA.¹

The detection range for pernicious anemia is 2 to 5 years due to the progression of clinically evident vitamin B12 deficiency.²⁵ Symptoms may present themselves as neurological (e.g., confusion and imbalance), psychiatric (depression and psychosis), cardiopulmonary (palpitation), constitutional (fatigue and weight loss), and gastrointestinal (diarrhea) may be present in other conditions.

Anemia of inflammation

Anemia of inflammation (AI) or anemia of chronic disease (ACD) is the second most common form of anemia worldwide, frequently affecting anemia in hospitalized and chronically

ill patients; according to Weiss et al., approximately 40% of global anemia is classified as AI or a combination of different forms of anemia (typically confounded with iron deficiency).²⁶ Often, AI exhibits normocytic (normal-sized) and normochromic (average hemoglobin content) red blood cells.²⁰

This form of anemia occurs due to the body's inflammatory responses and disruption of the production of RBCs.²⁰ Inflammation in an individual causes a response to be released, such as cytokines that aid in the reduction of red blood cells in the bone marrow. Moreover, these responses can affect iron metabolism, disrupting iron homeostasis.²⁶ Several factors account for anemia of inflammation and a reduction of the production of RBC due to erythropoietin (a hormone that stimulates RBC production) because of inflammatory cytokines. Furthermore, weakened iron metabolism is due to inflammatory cytokines that increase the production of hepcidin (a hormone that decreases iron absorption and availability for RBC production).

Prevalence of this form of anemia can be found in individuals with immune activation, infections, and autoimmune diseases and cancers such as HIV/AIDS, cancer, and rheumatoid arthritis.¹³ Immune activation refers to the activation and response of the immune system against pathogens or other foreign substances; during this process, various molecules are released, including inflammatory cytokines, to mount an immune response.²⁶ This contributes to anemia to inflammation through inflammatory cytokines and dysregulation of immune cells. They play a role in immune system response regulation, inhibiting RBC differentiation and disrupting iron metabolism, leading to anemia.

Infection can lead to anemia of inflammation due to an inflammatory response and an increased iron demand.²⁶ The infection triggers an inflammatory response as the immune system fights pathogens, releasing cytokine and disrupting iron metabolism. During infection periods,

there is an increased demand for iron for immune cells' proliferation and function. The increased demands provide a gateway to iron retention within macrophages and limit the availability of RBC production.

Autoimmune diseases result in the immune system attacking the body's tissues. This can result from chronic inflammation and autoimmune hemolysis.²⁶ With chronic inflammation, there is a persistent release of inflammatory cytokines that can disrupt erythropoiesis and iron metabolism. Autoimmune hemolysis directly destroys RBCs and will be discussed further in the section below on hemolytic anemia.

Anemia of inflammation is diagnosed based on changes in iron homeostasis in combination with clinical or biochemical confirmation of inflammation.²⁶ Serum ferritin is a biochemical assessment used as a diagnostic tool for AI. Depending on the underlying condition of an individual, serum ferritin levels can be either be in the normal range or increased; macrophages and hepatocytes primarily produce serum ferritin in the body. Elevated serum ferritin concentration in AI occurs due to increased ferritin secretion by iron-retaining macrophages. However, it is essential to note that ferritin is also an acute-phase protein that various inflammatory mediators can induce. Therefore, high serum ferritin levels in AI reflect the increased ferritin secretion by iron-retaining macrophages and the influence of inflammatory mediators on ferritin production.

Symptoms of AI are often associated with the underlying disease that contributes to the form of anemia. Signs and symptoms of AI are similar to IDA; these may include fatigue, weakness, and reduction in exercise capacity.²⁶ There is uncertainty if the decrease of tissue oxygen tension and hypoxia causes this form of the symptoms of anemia.

The long-term impact of anemia of inflammation can lead to decreased cardiovascular performance and impaired cognition.²⁶ The same undetermined factors contributing to the signs and symptoms impact the consequences.

Aplastic anemia

Aplastic anemia (AA) is a rare, life-threatening form of anemia when an individual's bone marrow cannot make sufficient new blood cells.¹² Persons of all ages can develop aplastic anemia. This form of anemia is caused by the damage of stem cells within the bone marrow. AA typically manifests as an immune-mediated disease. Oligoclonal-expanded cytotoxic T-cells primarily drive the immune response; these T-cells specifically target hematopoietic stem (the process of generating mature blood cells in bone marrow) and progenitor cells, leading to their death and resulting in hematopoietic failure.^{17,32}

An increased risk of this form of anemia may include individuals with high doses of radiation or chemotherapy for cancer, exposure to environmental toxins, individuals taking specific medication forms, and individuals with certain forms of infectious diseases, the most common cause-autoimmune disorders, or genetic conditions.¹² An example of a genetic condition is dyskeratosis congenital, a syndrome of constitutional marrow failure that arises from a mutation in elements of the telomerase complex, resulting in reduced telomerase activity, gradual telomere erosion, and impaired proliferative capacity of hematopoietic stem cells.³²

Aplastic anemia is a clinical assessment marked by a decreased peripheral blood count in combination with bone marrow failure due to damage to the hematopoietic stem.^{5,17} Diagnosis for the various forms of AA is typically obtained from a complete blood count to observe pancytopenia, which is the reduction in hematological cells (RBC, white blood cells, and platelets).⁴

Moreover, signs and symptoms of aplastic anemia are caused by pancytopenia. Symptoms may vary, including increased susceptibility to infection and easy bruising or bleeding.¹² Increased infection reduces white blood cells (WBC), and the body's ability to fight infection is compromised. Bleeding and bruising are due to a low platelet count. Aplastic anemia in its severe form is a potentially lethal disorder if left untreated.³²

Hemolytic anemia

Hemolytic anemia occurs when hemolysis (destruction of RBCs) occurs faster than bone marrow can replace the cells that have been destroyed.¹² Two primary mechanisms occur in red blood cell destruction: intravascularly, where red blood cells are prematurely destroyed within blood vessels, and extravascularly, where the destruction happens outside of blood vessels. In cases where the reticuloendothelial system (where the destruction of RBC occurs) is compromised, red blood cell deformability is reduced, leading to sequestration and phagocytic removal from circulation due to their inability to change shape and pass through the spleen. Intravascular mechanisms are due to direct cellular destruction, fragmentation, and oxidation.¹⁶ Direct cellular destruction can be induced by toxin, trauma, or lysis, resulting in various forms of hemolysis. Fragmentation hemolysis occurs when external factors cause shearing and rupture of RBCs. Oxidative hemolysis transpires when the protective mechanisms of oxidative stress cells "lead to premature RBC destruction by phagocytosis."¹⁶

Hemolytic anemia presents in various forms, some inherited, such as sickle cell anemia and thalassemia. In contrast, others can be acquired, like mechanical hemolytic anemia and autoimmune hemolytic anemia.¹⁶ Sickle cell anemia results from abnormal hemoglobin synthesis, causing it to bind with anomalous hemoglobin molecules within red blood cells. This binding process leads to cellular deformation, compromising the cell's ability to navigate narrow

blood vessels.⁹ The cell deformation is due to a mutation that causes the hemoglobin to form long, thin rods (sickle cells). The cell deformation is due to a mutation that causes the hemoglobin to form long, thin rods; when the cells release oxygen. As a result, the affected RBCs lose their typical shape and take on a crescent or sickle-like shape. On the other hand, autoimmune hemolytic anemia is an acquired condition triggered by antibodies that mistakenly target the body's red blood cells, leading to increased or unbalanced hemolysis and subsequent destruction of the cells.²²

There are various ways of clinically assessing hemolytic anemia. Autoimmune hemolytic anemia is evaluated with a direct antiglobulin test (DAT). This test is used to identify autoantibodies against the complement receptor on RBC, distinguishing between immune and nonimmune causes of hemolytic anemia.¹⁶

Hemolytic anemia has various signs and symptoms linked to different types and severity.¹² The common signs and symptoms of hemolytic anemia are fatigue and weakness, headaches, cold hands and feet, pale skin, pale gums, pale nail beds, and jaundice.

Additionally, a consequence of hemolytic anemia is an enlarged spleen. This is due to RBC entrapment in the spleen, causing the organ's enlargement; the spleen's function is the removal of RBC.¹²

WHO guidelines on anemia perception

The World Health Organization (WHO) follows a guidelines process to ensure the development of recommendations for various health-related topics.²⁸ They provide information on layperson's preferences vis-à-vis health conditions or interventions when making recommendations. These recommendations are informed by systematic reviews and quality assessment of evidence with the GRADE (grading of recommendation, assessment, development, and evaluation) approach. GRADE utilizes a population Evidence-to Decision

(EtD) framework that gives insight into information on values, preferences, and consequences.³³

In this context, values and preferences refer to the “relative importance of outcomes or health states of interest of lay persons,” and consequences refer to positive or negative consequences of alternative interventions based on values and preferences from the population’s perspective.

Existing research

No existing systematic literature reviews on the perception of anemia by women of reproductive age have been published. Therefore, this research will aid in gathering information on women of reproductive age’s perception of anemia to inform healthcare workers and policymakers.

Table 1: WHO’s hemoglobin concentration levels to diagnosis anemia, and its severity (mild, moderate, severe), at sea level based on age, sex, and physiological status²⁸

Population, age	Non-anemia (g/L)	Mild (g/L)	Moderate (g/L)	Severe (g/L)
Children, 6-59 months	≥110	100-109	70-99	<70
Children, 5-11 years	≥115	110-114	80-109	<80
Children, 12-14 years	≥120	110-119	80-109	<80
Non-pregnant women, 15 years and above	≥120	110-119	80-109	<80
Pregnant women	≥110	100-109	70-99	<70
Men, (15 years and above)	≥130	110-129	80-109	<80

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Chapter 2: Manuscript

Student Contribution to Manuscript

Data collection for this study involved a collaborative effort with another researcher to extract data from all relevant studies during the full-text review. I analyzed all data presented in the tables and figures. Additionally, I took sole responsibility for writing the entire manuscript. The intended journal for submission is "Current Development in Nutrition."

A Descriptive Analysis of Anemia as Perceived by Women of Reproductive Age Emerging from
a Systematic Review of the Literature

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Abstract

Introduction: Anemia presents a significant global public health challenge, particularly impacting women of reproductive age. Understanding anemia from those most vulnerable to it is crucial for implementing effective interventions. However, systematic literature reviews addressing women's perception of anemia are non-existent. This thesis aims to descriptively analyze the literature on women's anemia perception.

Methods: The review encompassed 95 articles, with 26 presenting qualitative outcomes and 71 reporting quantitative outcomes. Data pertaining to women of reproductive age were independently extracted. Characteristics such as Progress-Plus were extracted to capture the background of women in the articles. Progress-Plus is an approach used for health inequality monitoring. It considers various factors that stratify health opportunities and outcomes, including place of residence, race/ethnicity/language, occupation, gender/sex, religion, education, socioeconomic status, social capital, personal characteristics associated with discrimination, features of relationships, and time-dependent relationships. To assess women's perception of anemia, researchers searched for the following outcomes: preferences, values, knowledge, awareness, definition, experience with, cause, signs and symptoms, attitude, opinion, acceptability, treatment and management, prevention, and consequences. Data cleaning and analysis were conducted using Microsoft Excel, and descriptive statistics were computed for all data extracted from the studies.

Results: The studies in the review represented all WHO regions, with Southeast Asia accounting for the most studies (33.3%). Most studies reported sample size (97.9%), disaggregation variables (88.4%), and were cross-sectional in design (64.2%). Progress-plus items, such as gender/sex (100%), place of residence (79.0%), and education (75.8%), were frequently

reported. The most frequent outcome measures were knowledge (36.4%) and causes (19.0%) for quantitative and qualitative studies, respectively; data were mostly presented as prevalences (84.0%) and author summaries (96.2%), respectively. The analysis indicated low bias in studies, with 57.7% to 85.9% of quantitative studies reporting low bias items and more than 80% of qualitative studies suggesting low bias for five of the six bias items.

Conclusion: This study offers a foundational understanding of women's perception of anemia, drawing data from diverse regions and women. These findings can guide the development of practical guidelines and targeted interventions to reduce anemia among women.

Introduction

Anemia, a widespread global health concern, affects over half a billion women aged 15 to 49, accounting for 15.4% of this population.¹⁰ Factors influencing anemia include socioeconomic status, cultural traditions, and gender inequality.

Socioeconomic status plays a significant role, as poverty is linked to poor health outcomes due to reduced living standards, limited access to clean water, and unfavorable working conditions.¹² Cultural practices like using calcium in food preparation and consuming tea with meals impact iron availability. Gender inequality, limiting women's access to education and empowerment, further exacerbates anemia's risk.

The World Health Organization (WHO) follows a rigorous guidelines process using the GRADE approach, which considers laypersons' preferences and consequences to develop recommendations.¹³ Despite the significance of anemia in women of reproductive age, there are no published systematic literature reviews on their perception of anemia, highlighting the need for this study to inform healthcare workers and policymakers.

Methods

This systematic literature review followed The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 checklist for data collection, analysis, and result reporting.⁸ The protocol was registered with Prospero 2020 CRD42022353290; it can be observed from:

https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42022353290.⁹

Eligibility criteria

To be included in the review, studies needed to present data from women of reproductive age.⁹ Women's data were included if they were pregnant or lactating, regardless of whether they or someone in their family has been affected by anemia.

Studies were excluded if women were below 15 years or older than 50 years. Studies were also excluded if they reported anemia perceptions for healthcare professionals and students studying for a health-related degree (nursing, physician, etc.).

Information sources

A search was done in the PubMed, EMBASE, and Scopus databases between September 15-29, 2021.⁹ There were no limitations in language or publication date; studies published from the start-up of the database to the search date were included. The selection and database review process was managed by the Covidence Online Software (<https://www.covidence.org>).

Search strategy

The articles reviewed in this search had the following keywords in their title and/or abstract: anemia, anaemia, AND perception, knowledge, or attitude. The terminology used for the search changed for each database, as reported in the study protocol.⁹

Selection process

All search results were imported into Covidence for screening (**Figure 2**). After removing duplicates in Covidence, two researchers (HP and SC) independently reviewed titles and abstracts. Subsequently, the researchers reviewed full-text articles against the pre-determined inclusion and exclusion criteria.⁹ The researchers were unaware of each other's assessments, and any discrepancies were resolved during weekly meetings.

Data collection process

Researchers (AA and SC) independently extracted information from 95 studies.⁹ AA and SC utilized different extraction forms for qualitative and quantitative data due to the differences in how outcomes were reported and the criteria for evaluating biases (**Appendix 1 and Appendix 3**). If a study incorporated both data types, the qualitative and quantitative data were separated into their respective forms. Researchers agreed on the data extracted for each study. Any disagreements were addressed at a meeting with researchers (AA and SC); if issues were not resolved, they were addressed after a conversation with another researcher (HP).

The following data were extracted for studies that reported quantitative or qualitative data: last name of the first author and publication year, sample size, country, Cochrane Method's Progress-plus (place of residence, race/ethnicity/language, occupation, gender/sex, religion, education, socioeconomic status, social capital, personal characteristics associated with discrimination, features of relationships, time-dependent relationships), age, intervention, and study design.⁹

Mean values, prevalence estimates, or median values were extracted from quantitative studies' perception data. Author summaries and direct quotes were extracted for all studies with qualitative perception data.

Studies were included if they contained information on women's perception of anemia. The primary outcome measures of perception were classified into one of these mutually exclusive categories as part of the data-extraction process: preferences, values, knowledge, awareness, definition, experience with cause, signs and symptoms, attitude, opinion, acceptability, treatment and management, prevention, and consequences. Additionally, secondary outcome measures were extracted if the authors used different terminology from the primary outcome's mutually exclusive categories.

Researchers (AA and SC) assessed the inclusion or exclusion of articles (**Figure 3**) based on the absence of participants' age reporting in the respective studies. If the language used by the authors indicated that the study, for example, included pregnant women or lactating women, researchers inferred that the participants were of reproductive age and included those studies in the analysis. Conversely, if a study only mentioned the inclusion of women without other explicit criteria for assessment of age, it was excluded from the analysis.

Some quantitative and qualitative studies reported results disaggregated for different population groups, such as urban and rural dwellers. Researchers used a method that assigned each extracted data point to its respective disaggregated group, ensuring that information was represented uniquely within the extraction form. For example, the authors presented a direct quote in this format "Your body is white, your eyes are white when you eat something, you vomit it; you lose weight, you get dizzy, you are weak, and your body heats up (women in Katchénou).⁵" Researchers employed a disaggregation variable labeled Katchénou to show that this direct quote belongs to this subgroup of women.

Amendments were made to the protocol since its publication in Prospero.⁹ First, primary outcome measures were added as researchers observed new patterns through review.

Specifically, new categories were added to the existing list to aid with analyses: treatment and management, prevention, and consequences. Second, an additional outcome measure titled “alternative term for outcome measure used in the study” was added to capture secondary outcome measures. For example, a study asked participants about various methods of prevention and treatment for anemia.² The authors aimed to capture the knowledge of participants. Therefore, the primary outcome was coded as knowledge. Additionally, the heading in the table that provides the data is titled “The methods of prevention and treatment for anemia during pregnancy;” the alternative outcome was categorized as methods of prevention and treatment for anemia during pregnancy.

After conducting a comprehensive review of various articles, researchers identified a recurring theme among studies that examined the use of iron-folic acid supplements and their potential effect on anemia. To gather as much relevant information as possible regarding anemia and the authors’ perspective, the researchers (AA and SC) decided to incorporate this information in their analysis. However, studies that did not directly address anemia were excluded from consideration.

Opinion was selected as the outcome measure when participants stated hypothetical situations. For example, a study aimed to capture participants’ opinions on government support to alleviate anemia; a participant stated, "government should ban the use of gutka and other harmful items that cause blood deficiency so that people can save money to buy healthy things.¹" The participant’s use of the word “should” differ from an experience the participant is currently undergoing; therefore, this was categorized as an opinion instead of an experience.

Risk of bias assessment

The extraction form included the study-level risk of bias assessment (**Appendix 1 and Appendix 3**). Two researchers (AA and SC) independently evaluated each study and bias item. Discrepancies were discussed during weekly meetings.

The Cochrane Handbook's guidelines were utilized for quantitative studies to assess biases in non-randomized studies (Chapter 25.2), focusing on selection and reporting bias.^{3,9} Confounding and information bias were not assessed because the study solely collected baseline data from intervention studies and did not examine any correlation or causality between variables.

Researchers utilized the Critical Appraisal Skills Programme (CASP) checklist to assess bias in qualitative studies.⁴ While the checklist includes ten questions, the study concentrated on the first six about the studies' methodologies. The other checklist items were excluded because they pertained to the results of the studies and thus did not align with assessing methodological bias.

Synthesis method

In this study, Excel was employed as the primary tool for data cleaning, overseen by the researcher (AA). It was used to remove articles not meeting the predefined inclusion criteria systematically. Additionally, **Figure 1**, which presents a map depicting the countries where all included studies were conducted, was created using Excel. PowerPoint was utilized to generate visual presentations, specifically the flow charts illustrated in **Figure 2 and Figure 3**.

The researcher (SC) will analyze the quantitative data, and another researcher (JG) will analyze the qualitative data. Potentially, a meta-analysis will be completed with the quantitative data if a perception outcome measure is included in at least three studies. These results are not presented in the thesis.

Data Analysis

The researcher (AA) employed Microsoft Excel to analyze data across all studies in the thesis. The filtering feature in Excel was utilized to isolate outcome measures relevant to the characteristic under examination, such as the primary outcome measure "knowledge" in quantitative studies. This process involved filtering for outcome measures specifically labeled as "knowledge."

The characteristics presented in **Table 1 and Table 2** values were divided by the total number of studies, as this table included both quantitative and qualitative studies. For instance, (93) studies reported sample size divided by the total number of studies (95), resulting in 97.9%. **Table 1** depicts the range of sample size and age; this was assessed by using the filtering tool in Excel to find the minimum and maximum values of those respective characteristics.

The total number of outcomes coded as knowledge was calculated separately for quantitative and qualitative studies to determine the prevalence of knowledge outcomes. These values were then divided by the total number of primary outcomes within each study type. For instance, in the case of quantitative studies, the calculation was as follows: the number of quantitative primary outcome measures categorized as knowledge (440) divided by the total number of primary outcome measures in quantitative studies (1,209), resulting in a prevalence of 36.4%.

It is important to note that if a study only reported the number of focus groups instead of the total number of participants as a sample size, it was marked as "not reported" and excluded from the sample size calculation. Similarly, if the researchers (AA and SC) inferred that the study reported women of reproductive age during data extraction, this characteristic was also marked as "not reported" and not included in the calculation.

Results

A total of 95 studies were included in the analysis (**Figure 2**). Among these, 26 had qualitative outcomes, and 71 included quantitative outcomes. The total number of quantitative and qualitative studies exceeded the included study count due to the presence of mixed-method studies, which could be categorized in both quantitative and qualitative categories.

Table 1 provides information on the sample sizes reported in 93 studies, ranging from 5 to 43,473 participants. Almost all studies (97.9%) included information on the country where the study occurred. The South-East Asia region was the World Health Organization (WHO) region most represented in the studies. **Figure 1** depicts the number of studies per country; 18 (18.9%) were conducted in India. Most studies (88.4%) reported a disaggregation variable, such as adolescent girls.

The participants' ages ranged from 9 to 60+ years, with 77 (81.1%) studies reporting this information. The analysis encompassed a range of study designs, and all 95 (100%) studies either reported their respective study designs or the researchers inferred them. The most common study design was cross-sectional, accounting for 61 (64.2%) of the studies. Additionally, 27 (28.49%) studies reported an intervention as part of their research.

Table 2 presents a breakdown of the Progress-plus characteristics in the included studies. The characteristic that appeared most frequently was "gender/sex" present in 95 (100%) studies. Similarly, "place of residence" was reported in 75 (79.0%) studies, and "education" was reported in 72 studies (75.8%), while "occupation" was present in 49 studies (51.6%). Other characteristics, such as "race/ethnicity/language," "socioeconomic status," "social capital," "time-dependent relationships," and "personal characteristics associated with discrimination" were reported in 45% to 50% of the studies. On the other hand, "religion" was mentioned in 21 studies (22.1%), "social capital" in 20 studies (21.1%), and "features of relationships" in 4 studies

(4.2%), all accounting for less than 25% of the studies. For a detailed breakdown of the Progress-plus characteristics by study, please see **(Appendix 1 and Appendix 3)**.

In terms of quantitative outcome measures, there were 1,209 measures with results presented in various data types **(Table 3)**. The most reported measure was "knowledge," accounting for 440 (36.4%) of the measures. Other outcome measures, such as "treatment and management," "cause," "prevention," "signs and symptoms," "experience with," "awareness," "attitude," "consequences," "definition," "opinion," "preferences," "values," and "acceptability," were reported in less than 25% of the total measures. Prevalence was the most frequently reported data type, accounting for 1,016 (84.04%) instances. The next most reported data type was "mean score," with 192 (15.9%) instances, while the remaining data type ("other") accounted for 1 (0.1%) instance. Furthermore, 595 (49.2%) outcome measures were coded with alternative names. Refer to **Appendix 2 for** a breakdown of how authors in each study phrased the outcome.

In the analysis of bias, six bias items **(Table 4)** were assessed in the studies with quantitative outcomes, with the percentage of studies reporting these items varying between 57.8% and 76.1%. The most frequently reported quantitative bias item was "results reported for all groups," accounting for 61 instances (85.9%).

For the qualitative studies, a total of 158 outcome measures were extracted. The most frequent outcome measure was "cause," accounting for 30 (19.0%) of the total measures **(Table 5)**. Other outcome measures, such as "signs and symptoms," "treatment and management," "definition," "consequences," "experience with," "knowledge," "prevention," "attitude," "opinion," "awareness," "preferences," and "values," were reported in less than 25% of the measures. The most common data type for qualitative studies was "author summaries,"

representing 152 (96.2%) instances. The remaining data type was "direct quotes," with 6 (3.8%) instances, and there were no instances of an "other" data type. Additionally, researchers documented 120 (75.95%) alternative terms for the outcome measures, as reported in **Appendix 4**.

Six bias items adapted from the Critical Appraisal Skills Programme (CASP) (**Table 6**) were evaluated in studies with qualitative outcomes (add ref to CASP). More than 80% of the studies reported five of the six bias items. An exception was observed for the bias item "relationships between researcher and participants has been adequately considered," which was reported in only 32.1% of the studies.

Discussion

This study is the first systematic review of women of reproductive age's perception of anemia. It analyzed 95 studies from all WHO regions, with the South-East Asia region having the highest number of included studies. Most studies provided information on sample size, country based on WHO region, age of participants, study design, and disaggregation variables. Cross-sectional study design was the most commonly reported.

The Progress-plus items most frequently reported were place of residence, race/ethnicity/language, occupation, gender/sex, education, and socioeconomic status. The most commonly reported measures for quantitative outcomes were knowledge, treatment and management, and cause, with prevalence as the main data type. In qualitative studies, cause, signs and symptoms, and treatment and management were the most frequently reported outcomes, and the main data type observed was author's summary.

In comparison to a previous mixed-method review on breast cancer risk perception and health-protective behavior, this study aimed to capture all available literature on women's

perception of anemia without language and publication date limitations.⁷ The current study did not impose such limitations.

In this study, two authors independently extracted data from each study, and an additional researcher was involved in addressing unresolved issues. In contrast, the previous study had only two researchers. Moreover, the current study employed bias items for quantitative and qualitative studies, while the previous study only assessed bias items from qualitative studies.⁷

While the previous study represented only three WHO regions, this study encompassed all WHO regions. The previous study focused on major themes like "cancer worry" and "health-protective behaviors related to risk perception," which can be compared to the current study's outcome measures "knowledge" and "treatment and management".⁷

Strengths and limitations

Strengths of this study include its use of three databases, comprehensive data collection, and consideration of both quantitative and qualitative outcomes. The study's lack of language or publication date limitations and utilization of three databases for searching titles and abstracts allowed researchers to confidently include all relevant articles on women's perception of anemia. This analysis can help identify gaps in women's perception of anemia and guide future research.

However, a limitation of the study is its lack of in-depth analysis, as it only provides a descriptive overview without delving into causal relationships or factors influencing perception.

Conclusion

In conclusion, this study provides a foundational understanding for further research on women's perception of anemia. It includes data from diverse regions, but caution should be exercised when interpreting data from regions with a high concentration of studies from a single country. Characteristics that are represented by more than 50% of participants, such as age, disaggregation variables, and sample size, can be considered representative of individuals

reported in the study, as these aspects have higher reported frequencies compared to others.

Additionally, specific items that report Progress-plus characteristics most commonly found in studies, such as place of residence, race/ethnicity, language, and education, can offer valuable insights into the women participating in the reviewed studies. These findings can inform future research and contribute to the development of practical anemia guidelines and interventions tailored for women.

Figure 1: Number of studies per country that report women's perception of anemia (n=95)

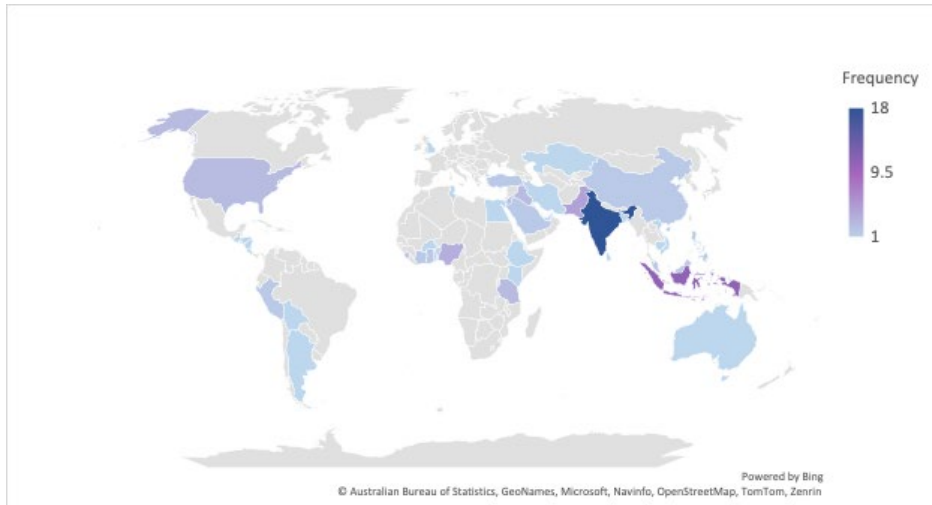


Figure 2: PRISMA flow chart of the systematic search, screening, and selection of studies that report women's perception of anemia

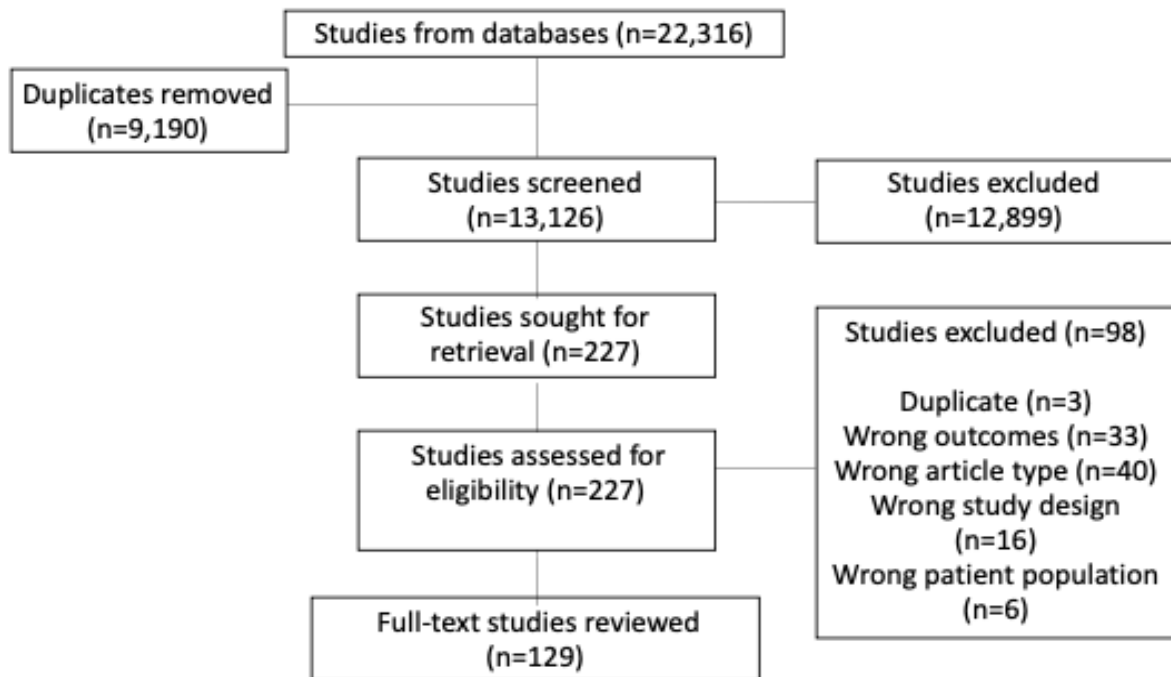
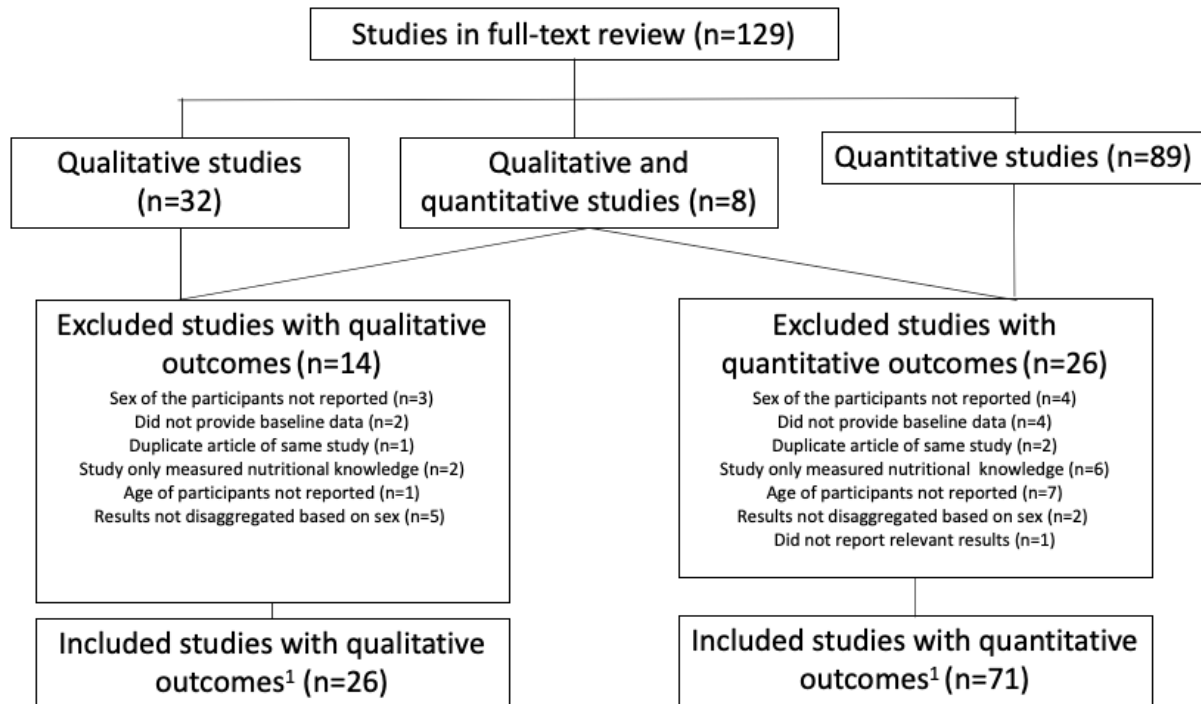


Figure 3: PRISMA flow chart of the studies included in the analysis of women’s perception of anemia (n=95)



¹ Totals may be greater than 95 because not all outcomes are mutually exclusive, and the same study could be in two or more categories.

Table 1: Summary of characteristics in included studies reporting anemia perception among women of childbearing age (n=95)

Characteristic	Studies that report characteristic, n (%)	Results, n (%)^{1,2}
Sample size	93 (97.9%)	Range: 5-43,473
Country based on WHO Region ³	93 (97.9%)	African Region, 19 (20.4%) Americas Region, 9 (9.6%) Eastern Mediterranean Region, 19 (20.4%) European Region, 5 (5.3%) Multiple Regions, 1 (1.0%) ⁴ South-East Asia Region, 31 (33.3%) Western Pacific Region, 9 (9.6%)
Age of participants	77 (81.1%)	Range: 9-60+ years
Study design	95 (100%)	Case control, 2 (2.1%) Cross sectional, 61 (64.2%) Formative qualitative research, 1 (1.1%) Mixed methods, 4 (4.2%) Participatory action research, 1 (1.1%) Quasi-experimental, 21 (22.1%) ⁵
Intervention ⁶	27 (28.4%)	Not applicable

Disaggregation variable ⁷	84 (88.4%)	Examples: Adolescent girls, students 15-19 years, pregnant women
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¹ Total may be greater than 100% because not all characteristics are mutually exclusive, and the same study could be in two or more categories.

² Unless otherwise specified, the results are the number and percentage.

³ WHO has divided countries into various regions.¹⁴

⁴ A planned strategy implemented to address a specific issue.

⁵ Studies that reported results from two or more countries.

⁶ Includes studies with intervention.

⁷ "The variable or characteristic of the group for which the result is presented (e.g., anemic or non-anemic).^{16,18}"

Table 2: Summary of Progress-plus¹ characteristics in included studies reporting anemia perception among women of childbearing age (n=95)

Characteristic	Studies that report characteristic, n (%)²	Results
Place of residence	75 (79.0%)	Examples: Ashanti, Al-Asha region, Kyzyl-Orda
Race/Ethnicity/Language	47 (49.5%)	Examples: Urdu, Black, Han majority
Occupation	49 (51.6%)	Examples: housewife, hairdresser, trader
Gender	95 (100%)	All participants are women of reproductive age
Religion	21 (22.1%)	Examples: Christianity, Hindu, Catholic
Education	72 (75.8%)	Examples: no education, less than high school, tertiary education
Socioeconomic status	47 (49.5%)	Examples: yearly income per person in Renminbi (RMB): 4458.26 +- 5161.01; Family Income: 77.1% ≥152.34 United States Dollar (USD) per month; 87.1% no personal income

Characteristic	Studies that report characteristic, n (%)²	Results
Social capital ³	20 (21.1%)	Examples: household size ≤ 3 people; who in the social circle talked about anemia: family member; nuclear family
Time dependent relationships ⁴	45 (47.4%)	Examples: all participants are pregnant, some participants are pregnant or lactating, all participants are in their 2 nd trimester of pregnancy
Personal characteristics associated with discrimination ⁵	44 (46.3%)	Examples: all participants are anemic, participants had a vitamin A deficiency, members of a caste
Features of relationships ⁶	4 (4.2%)	Pregnant women married before 20 years old, pregnant before 20 years old, male headed households

1 "An acronym used to identify characteristics that stratify health opportunities and outcomes.⁶"

2 Unless otherwise specified, the results are the number and percentage.

3 When studies mentioned anything about women's interpersonal networks or social support from their community, neighborhood, or family.^{15,17}

4 Characteristics of women that may put them at a disadvantage temporarily (e.g., pregnancy, hospitalization, etc.).^{15,17}

5 "Characteristics that distinguish women from the rest of the people in society (e.g., disability, anemic status).^{15,17}"

6 "Specific relationships between women of reproductive age and other members or institutions of the community that may marginalize them (e.g., victim of abuse, daughter-in-law status).^{15,17}"

Table 3: Results from studies reporting quantitative outcomes of women of reproductive age's perception of anemia, by outcome measure (n=1,209) and data type

Outcome measure	Number of data points, n (%)
Measure	
Preferences ¹	3 (0.3%)
Values ²	0 (0%)
Knowledge ³	440 (36.4%)
Awareness ⁴	80 (6.6%)
Definition ⁵	21 (1.7%)
Experience with ⁶	92 (7.6%)
Cause ⁷	109 (9.0%)
Signs and symptoms ⁸	94 (7.8%)
Attitude ⁹	74 (6.1%)
Opinion ¹⁰	12 (1.0%)
Acceptability ¹¹	0 (0%)
Treatment and management ¹²	110 (9.1%)
Prevention ¹³	105 (8.7%)
Consequences ¹⁴	69 (5.7%)
Data type	
Mean score	192 (15.9%)
Prevalence	1,016 (84.0%)
Other ¹⁵	1 (0.1%)

¹ When participants stated subjective liking for one option or alternative over others.

- 2 Beliefs and principles that individual groups evaluate as important and desirable.
- 3 Awareness of concepts of anemia.
- 4 Prior knowledge or understanding of anemia.
- 5 When participants stated a clear meaning for anemia.
- 6 direct personal involvement with anemia.
- 7 Conditions or factors that contribute to anemia.
- 8 Observable manifestations of anemia conditions.
- 9 Feelings towards specific ideas or situations about anemia.
- 10 Hypothetical situations towards anemia.
- 11 When participants expressed approval of actions or behavior regarding anemia.
- 12 Strategies and approaches for alleviating or controlling anemia.
- 13 When participants discussed measures and strategies to reduce the occurrence of anemia.
- 14 When participants stated outcomes resulting from specific causes of anemia.
- 15 Median score.

Table 4: Summary of bias items in studies with quantitative outcomes (n=71) of anemia perception among women of childbearing age, adapted from Cochrane Handbook’s Guidelines for Non-Randomized Studies³

Bias item	Assessment of bias items in studies, n (%)
Criteria for inclusion in the sample were clearly defined	54 (76.1%)
Sample frame was appropriate to address the target population	48 (67.6%)
Study participants were recruited in an appropriate way	53 (74.6%)
Study subjects and the setting were described in detail	41 (57.7%)
All outcome measures were reported in the study	55 (77.5%)
Results were reported for all groups	61 (85.9%)

Table 5: Results from studies reporting qualitative outcomes of women of reproductive age's perception of anemia, by outcome measure (n=158) and data type

Qualitative studies outcome measure	Number of data points with outcome measure n (%)
Measure	
Preferences ¹	2 (1.3%)
Values ²	0 (0%)
Knowledge ³	12 (7.6%)
Awareness ⁴	2 (1.3%)
Definition ⁵	15 (9.5%)
Experience with ⁶	13 (8.2%)
Cause ⁷	30 (19.0%)
Signs and symptoms ⁸	25 (15.8%)
Attitude ⁹	9 (5.7%)
Opinion ¹⁰	6 (3.8%)
Acceptability ¹¹	1 (1.0%)
Treatment and management ¹²	19 (12.0%)
Prevention ¹³	10 (6.3%)
Consequences ¹⁴	14 (8.9%)
Data type	
Direct quotes ¹⁵	6 (3.8%)
Author summary ¹⁶	152 (96.2%)

Other	0 (0) %
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- 1 When participants stated subjective liking for one option or alternative over others.
- 2 Beliefs and principles that individual groups evaluate as important and desirable.
- 3 Awareness of concepts of anemia.
- 4 Prior knowledge or understanding of anemia.
- 5 When participants stated a clear meaning for anemia.
- 6 Direct personal involvement with anemia.
- 7 Conditions or factors that contribute to anemia.
- 8 Observable manifestations of anemia conditions.
- 9 Feelings towards specific ideas or situations about anemia.
- 10 Hypothetical situations towards anemia.
- 11 When participants expressed approval of actions or behavior regarding anemia.
- 12 Strategies and approaches for alleviating or controlling anemia.
- 13 When participants discussed measures and strategies to reduce the occurrence of anemia.
- 14 When participants stated outcomes resulting from specific causes of anemia.
- 15 Contains verbatim phrasing from a participant.
- 16 Provides an overview of the phrasing of participants by the author of the study.

Table 6: Summary of bias items in studies with qualitative outcomes (n=28) in reporting anemia perception among women of childbearing age, adapted from the Critical Appraisal Skills Programmed (CASP) checklist⁴

Bias item	Assessment of bias items in studies, n (%)
Clear statement of the aims of the research	28 (100%)
Appropriateness of qualitative methodology was considered	28 (100%)
Research design was appropriate for addressing the aims of the research	23 (82.1%)
Recruitment strategy was appropriate for the aims of the research	24 (85.7%)
Data were collected in a way that addressed the research issue	23 (82.1%)
Relationship between researcher and participants was adequately considered	9 (32.1%)

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15. Appendix 1

16. Appendix 2

17. Appendix 3

18. Appendix 4

Chapter 3: Expanded conclusion

Expanded conclusion

The study is the first systematic review on the perception of anemia, conducted to gain insight into women of reproductive age's understanding of this condition.

All WHO regions were included in this study, with South-East Asia being the most frequently reported region. The sample sizes in the 93 studies ranged from 5 to 43,473 participants, with ages varying from 9 to 60+ years. Most studies reported disaggregation variables and cross-sectional study design was the most common. Among the Progress-plus items, a few studies reported time-dependent relationships, personal characteristics associated with discrimination, religion, social capital, and features of relationships. On the other hand, most studies reported gender/sex, place of residence, education, occupation, race/ethnicity/language, and socioeconomic status as Progress-plus characteristics.

For quantitative studies, knowledge and prevalence were the most frequently reported outcome measure and data type, respectively, while cause and author summaries were the most common for qualitative outcomes. Most studies with quantitative outcomes reported low bias for the bias items, as did five of the six bias items in studies with qualitative outcomes. The prevalence of low bias in these studies indicates that their results are more reliable and allows for accurate conclusions to be drawn from the data. Researchers ensure the credibility of their studies by minimizing bias and enhancing confidence in their findings.

This study is an emerging part of a systematic literature review aiming to provide a descriptive data analysis from all included studies. Since the study covered all WHO regions, it may provide valuable insight into the perception of anemia among women of reproductive age with some representative information. However, caution is needed, as some regions were

reported more frequently in this study, potentially making them more representative of specific populations in those countries rather than reflecting the entire region.

The characteristics reported in studies that exceed 50% prevalence, such as sample size, study design, and age of participants, can be considered representative since they represent a majority of the population. Additionally, the Progress-plus characteristics, such as place of residence, education, and race/ethnicity/language, reported in more than 50% of studies also offer representative data on the background of women included in this study. This information can be instrumental in providing essential background data on the women reporting perceptions of anemia and can offer valuable insights for designing future interventions.

Public health implications

The findings of this analysis hold significant public health implications for addressing anemia and improving women's health outcomes. Conducted to inform WHO guidelines on health-related topics, this study's results can play a crucial role in guiding intervention programs concerning women's perception of anemia.

The study's emphasis on regional representation underscores the importance of tailoring interventions to specific regions, considering diverse cultural, socioeconomic, and contextual factors influencing women's perception of anemia. Collaboration among healthcare providers, policymakers, and community organizations, guided by WHO recommendations, is vital for effectively implementing comprehensive anemia prevention and management programs based on population-specific information. Such efforts will ensure a better understanding of the target population and the implementation of practical region-specific guidance.

By comprehensively addressing women's perception of anemia, public health initiatives can reduce the prevalence of anemia and enhance women's overall well-being. This, in turn, can

lead to improved health among women of reproductive age, increased productivity, and sustainable socio-economic development, promoting communities' overall health and prosperity.

Further research

Further research is necessary to identify gaps in women's perception of anemia and provide strategies for targeted intervention programs, especially in low-resource settings. Empowering women with knowledge and awareness can enable informed decision-making regarding their health and encourage seeking appropriate care and preventive measures. Additionally, the information obtained can benefit research on anemia perception for other populations, not limited to women of reproductive age, to inform individuals on this topic better. As the next steps, researchers (SC and JG) will analyze the qualitative and quantitative data and prepare a manuscript based on their findings. The manuscripts are expected to be submitted to the target journal in the summer of 2024.

Appendix 1: Summary of characteristics and bias items extracted from quantitative studies that assessed anemia perception in women of childbearing age (n=71)

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>Sample size of the study. For how many female participants are data presented in the sociodemographic results? If the sample size is not presented in the results, use sample size described in the methods.</i>	<i>The country in which the study took place.</i>	<i>Did the study mention the women's place of residence (e.g. urban, rural, city)? (Yes/ No)</i>
Abalkhail 2002	424	Saudi Arabia	No
Abiselvi 2015	270	India	No

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Abu-Baker 2021	363	Jordan	No
Abujilban 2019	200	Jordan	Yes
Adznam 2018	370	Malaysia	No
Agbemafle 2019	891	Ghana	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Agustina 2021	335	Indonesia	Yes
AlAbedi 2020	380	Iraq	No
Alaofé_Ecol Food Nutr_2009	68	Benin	Yes
Ali 2018	970	Ethiopia	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Anokye 2018	207	Ghana	No
Ayub 2015	53	Pakistan	No
Baizhumanova 2010	195	Kazakhstan	Yes
Baskar 2020	112	Not reported/ Online	No

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Bhatia 2021	3174	India	Yes
Bhat 2012	114	India	Yes
Bilenko 2007	101	Israel	Yes
Choi 1985	444	Not reported; South Korea	No
Dhok 2021	100	India	Yes
Diamond-Smith 2020	4843	India	Yes
Dongre 2011	521	India	Yes
Egryani 2017	48	Indonesia	Yes
ElHameed 2012	200	Egypt	Yes
Elmaghraby 2021	164	Saudi Arabia	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Ghaderi 2017	128	Iran	Yes
Gopaldas 2002	302	India	Yes
Guedenon 2016	100	Togo	No
Hardianti 2020	190	Indonesia	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Hassan 2005	200	United Arab Emirates	No
Hassan 2020	162	Malaysia	No
Heshmat 2009	2306	Iran	Yes
Igweonu 2019	600	Nigeria	Yes
Ismail 2017	143	Pakistan	Yes
Jafari 2012	336	Iran	No

1. Author and Year**2. Sample Size****3. Country****4. Place of Residence**

Jarrah 2007

271 (206 students and 65 pregnant women)

Jordan

Yes

Jefferds 2002

70

Costa rica

Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Kabir 2010	65	Bangladesh	Yes
Kala 2015	60	India	Yes
Kanal 2005	1540 (423 secondary school students, 478 garment factory workers, 639 rural village women)	Cambodia	Yes
Kanber 2011	60	Turkey	Yes
Khan 2005	863	Vietnam	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Kouadio 2013	315	Republic of Côte d'Ivoire	Yes
Krishnaveni 2019	272	India	No
Kulkarni 2015	250	India	Yes
Manickavasagam 2021	138 (68 anemic, 70 not anemic)	India	Yes
Margwe 2018	354	Tanzania	Yes
Massawe 1995	310	Tanzania	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Mbule 2013	304	Uganda	Yes
Mbwana 2020	350	Tanzania	Yes
M'Cormack 2012	171	Sierra Leone	Yes
Mishra 2021	210	India	No
Mutalazimah 2019	164	Indonesia	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Noronha 2013	225	India	No
O'Connor 1969	281	United States	Yes
Onyeneho 2016_ Journal of Public Health	1500	Nigeria	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Paulino 2005	744	The Philippines	Yes
Polat 2001	112	Turkey	Yes
Primadewi 2021	60	Indonesia	No
Rivera 2020	166	The Philippines	Yes
Rizwan 2019	200	Pakistan	Yes
Rukmaini 2019	74 experiment, 79 control (153)	Indonesia	Yes
Seniar 2019_ Journal of For 100		Iraq	No

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Seniar 2019_ Journal of Phz 110		Iraq	No
Sheriff 2021	236	Sri Lanka	Yes
Souganidis 2012	43473; 7401 from urban, 36072 rural	Indonesia	Yes
VijayaKumar 2015	215	India	Yes
Vosnacos 2015	116	Australia	No
Xu 2015	326	China	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Yang 2015	9635 (53.6%/ 5164 mother)	China	Yes
Yesufu 2013	220	Nigeria	Yes
Zhang 2018	60	United States	Yes

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
<p><i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i></p>	<p><i>If answered Yes for number 4, provide the breakdown of place of residence. If not provided by the article, put Not Reported. If answered No, put Not applicable.</i></p>	<p><i>Did the study mention the women's racial, ethnic, or language background? (Yes/No)</i></p>	<p><i>If answered Yes for number 5, provide the breakdown of the racial, ethnic, or language background. If not provided by the article, put Not Reported. If answered No, put Not Applicable.</i></p>
Abalkhail 2002	Not Applicable	No	Not Applicable
Abiselvi 2015	Not Applicable	No	Not Applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Abu-Baker 2021	Not Applicable	Yes	All participants spoke Arabic
Abujilban 2019	43.5% city; 56.5% village	Yes	All participants spoke Arabic
Adznam 2018	Not Applicable	Yes	90.8% Malay; 5.4% Chinese; 3.2% Indian; 0.6% Others
Agbemafle 2019	23.8% Ashanti; 27.1% Eastern; 24.9% Greater-Accra; 23.8% Volta	Yes	29.9% Akan; 29.4% Ewe; 27.9% Ga/Krobo; 12.7% Notherner

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Agustina 2021	32.8% Purwakarta; 17.9% Cimahi; 49.3% Bandung Barat	Yes	93% Sundanese
AlAbedi 2020	Not Applicable	Yes	All participants spoke Arabic
Alaofé_Ecol Food Nutr_2009	Porto-Nova and Ouidah	No	Not Applicable
Ali 2018	Regions= Tigray, Afar, Amhara, Oromiya, SNNPR, Benishengul-Gumuz, Harari, Addis Ababa, Dire-Dawa,	Yes	All participants spoke either Amharic, Oromiffa, or Tigrigna

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Anokye 2018	Not Applicable	Yes	28% Akan; 16% Ga/Adagme; 19% Ewe; 17% Gonja
Ayub 2015	Not Applicable	Yes	All spoke Urdu
Baizhumanova 2010	Kyzyl-Orda; 67.7% from urban, 32.3% from rural	No	Not Applicable
Baskar 2020	Not Applicable	No	Not Applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Bhatia 2021	Four districts in Odisha: Jagatsinghpur, Bhadrak, Kalahandi, and Keonjhar	Yes	All spoke Odia
Bhat 2012	Pilani, India	No	Not Applicable
Bilenko 2007	small Jewish town (Netivot) in Southern Israel	No	Not Applicable
Choi 1985	Not Applicable	No	Not Applicable
Dhok 2021	Rural	No	Not Applicable
Diamond-Smith 2020	2885 from Uttar Pradesh, 1958 from Madhya Pradesh	Yes	Could read English or Hindi
Dongre 2011	rural; Wardha District of Maharashtra State	No	Not Applicable
Egryani 2017	Semarang	No	Not Applicable
ElHameed 2012	rural areas in Kalyobia governorate (Moshtohar, Kafr Shoukr, Kaha)	No	Not Applicable
Elmaghraby 2021	Al-Ahsa region	No	Not Applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Ghaderi 2017	Faridan city of Isfahan province	No	Not Applicable
Gopaldas 2002	Unit 1 iddlie: 100% urban; Unit 2 gooseberry juice: 100% urban; Unit 3 medicinal supplements: 83% urban and 17% rural; Unit 4 negative control: 66% urban and 34% rural	No	Not applicable
Guedenon 2016	Not applicable Bantul regicency: Pleret, Sedayu, Sanden, Kretek, Piyungan, Pandak, Kasihan,	Yes	47% Edja/Ewe ethnic group, 18% Kabyè/Tem, 14% Para/Gourma, 9% Akposso/Akébou, 2% Ana/Ifè
Hardianti 2020	Banguntapan, Pundong	No	Not Applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Hassan 2005	Not applicable	No	Not Applicable
Hassan 2020	Not applicable 33.4% Boushehr (388 in urban; 382 rural); 33.3% Sistan& Balouchestan (382 urban, 385 rural); 33.3% Golestan (384 urban, 385 rural)	Yes	Intervention Ethnicity: 70.3% Malay, 9.9% Chinese, 14.8% Indian, 4.9% Others; Control: 76.5% Malay, 1.2% Chinese, 17.3% Indian, 4.9% Others; All spoke Malay
Heshmat 2009		No	Not Applicable
Igweonu 2019	Anambra state	No	Not Applicable
Ismail 2017	Karachi, Pakistan	No	Not Applicable
Jafari 2012	Not applicable	No	Not applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Jarrah 2007	Rural: 49.8%; Urban: 50.2%	Yes	Some spoke Arabic
Jefferds 2002	All rural	No	Not Applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Kabir 2010	Dhaka	No	Not Applicable
Kala 2015	Coimbatore, India	Yes	spoke either English or Tamil
Kanal 2005	31% in Phnom Penh; 41.5% in rural village (Kong Pisei and Samraong Tong districts, Kampong Spue Province)	No	Not Applicable
Kanber 2011	76.7% in provincial center, 5% in town center, 18.3% in town/village; Control group: 66.7% provincial center, 3.3% town center, 30% town/village; Training group: 86.7% provincial center, 6.6% town center, 6.7% town/village	No	Not Applicable
Khan 2005	Thanh Mien District, in Hai Duong Province	No	Not Applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Kouadio 2013	39 women from Ahondo (village), 15 from Amani-Kouadiokro (hamlet), 14 from Katchénou (hamlet), 22 from sahoua (village), 25 from Taabo Cité (town)	Yes	Principal language of interview: Town- 84% French, 16% other; Village- 45.9% French, 54.1% other; Hamlet- 13.8% French, 86.2% Other
Krishnaveni 2019	Not applicable	No	Not Applicable
Kulkarni 2015	Navi Mumbai	No	Not Applicable
Manickavasagam 2021	AIP: 39.7% rural, 60.2% urban; NAIP: 34.2% rural, 65.7% urban	Yes	All spoke Tamil
Margwe 2018	rural, Mbulu district	No	Not Applicable
Massawe 1995	suburban Dar-es-Salaam	No	Not Applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Mbule 2013	rural, Kiboga	No	Not Applicable
Mbwana 2020	Rural, Iloilo and Idifu villages from Chamwino district	No	Not Applicable
M'Cormack 2012	urban, Freetown	Yes	All spoke Krio
Mishra 2021	Not applicable	No	Not applicable
Mutalazimah 2019	Boyolali regency, central Java	No	Not applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Noronha 2013	Not applicable	No	Not applicable
O'Connor 1969	2 groups from Ann Arbor and Wayne County, Michigan	Yes	Group A: 51 white, 6 POC; Group B: 71 white, 12 Black; Group C: 24 white, 28 Black; Group D: 43 white, 46 Black
Onyeneho 2016_ Journal of Public Health	33.3% from urban (Nsukka and Owerri Municipal), 33.3% from peri-urban (Ihite Uboma and Udi), 33.3% rural (Ezeagu and Obowo)	Yes	Total: 98% Igbo, 2% others; urban: 97.8% Igbo, 2.2% others; peri-urban: 97.4% Igbo, 2.6% others, Rural: 98.8% Igbo, 1.2% others.

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Paulino 2005	Pangasinan (Northern Luzon)	No	Not applicable
Polat 2001	Health Center Region in Abdullahpasa, Elazığ city	No	Not applicable
Primadewi 2021	Not applicable	No	Not applicable
Rivera 2020	Tondo, Manila	No	Not applicable
Rizwan 2019	Close vicinity of Islamia University Bahawalpur, district Bahawalpur, province Punjab	Yes	Some spoke Urdu
Rukmaini 2019	Banten Province; experimental group in Kaduhejo district, control group in Bangkonol district	Yes	6.5% Jawa, 91.5% Sunda, 0.7% Batak, 1.3% Others
Seniar 2019_ Journal of For	Not applicable	No	Not applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Seniar 2019_ Journal of Ph	Not applicable	No	Not applicable
Sheriff 2021	Hantana, Kandy district	Yes	All spoke Sinhala or Tamil languages
Souganidis 2012	17% urban (7401), 83% (36072) rural	No	Not applicable
VijayaKumar 2015	Rural area of Rajahmundry, Andra Pradesh	No	Not applicable
Vosnacos 2015	Not applicable	Yes	All have a sound comprehension of English
Xu 2015	51.2% urban, 48.8% rural	No	Not applicable

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Yang 2015	Shifang; 85.1% live in own home, 8.2% live in settlements, 6.8% live in other surroundings	Yes	99.4% Han majority, 0.6% Other minority
Yesufu 2013	Lagos	No	Not applicable
Zhang 2018	Michigan	Yes	45% White, 35% Black, 10% Hispanic, 2% Asian, 8% multicultural

1. Author and Year**6. Occupation****6a. Occupation Breakdown****7. Religion**

The last name of the first author and the year the study was published (e.g. Adams 2000).

Did the study mention the women's occupational status (student, out of work, unemployed, etc.)? (Yes/No)

If answered Yes for number 6, provide the breakdown of the women's occupational status. If not provided by the article, put Not Reported. If answered No, put Not Applicable.

Did the study mention the women's religious beliefs? (Yes/ No)

Abalkhail 2002

Yes

All participants are students

No

Abiselvi 2015

Yes

0.4% professional; 0.4% semiprofessional; 0.4% unskilled worker; 98.9% unemployed

Yes

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Abu-Baker 2021	Yes	All participants are students (grade 8-10)	No
Abujilban 2019	Yes	95.5% housewife; 4.5% employed	No
Adznam 2018	Yes	64.3% Government employee; 15.7% Private; 2.2% Self-employed; 17.8% Housewife	No
Agbemafle 2019	Yes	5.9% Unemployed; 19.4% Self-employed; 56.3% Trader; 18.4% Professional	Yes

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Agustina 2021	Yes	Students	No
AlAbedi 2020	Yes	56.8% housewives	No
Alaofé_Ecol Food Nutr_2009	Yes	All participants are students	Yes
Ali 2018	No	Not Applicable	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Anokye 2018	Yes	29% trader; 12% farmer; 11% unemployed; 12% student; 15% civil servant; 21% artisan	No
Ayub 2015	No	Not Applicable	No
Baizhumanova 2010	No	Not Applicable	No
Baskar 2020	No	Not Applicable	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Bhatia 2021	No	Not Applicable	No
Bhat 2012	Yes	All are students	No
Bilenko 2007	No	Not Applicable	Yes
Choi 1985	No	Not Applicable	No
Dhok 2021	No	Not Applicable	No
Diamond-Smith 2020	No	Not Applicable	No
Dongre 2011	Yes	More than 80% of the responding mothers of the children studied were housewives	No
Egryani 2017	Yes	52.1% housewives, 47.9% have occupation	No
ElHameed 2012	Yes	42% working; 58% not working	No
Elmaghraby 2021	No	Not Applicable	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Ghaderi 2017	Yes	All participants are students	No
Gopaldas 2002	Yes	all participants are working women but didn't specify their job 48% Civil servants, 26% housewives, 19% hairdressers, 4% shopkeepers, 2% students, 1% pupils	No
Guedenon 2016	Yes	4.2% not yet working, 65.3% government/ private employee, 20% entrepreneur, 10.5% others	Yes
Hardianti 2020	Yes	4.2% not yet working, 65.3% government/ private employee, 20% entrepreneur, 10.5% others	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Hassan 2005	No	Not Applicable	No
Hassan 2020	Yes	Intervention: 54.7% Working, 41.1% Not working; Control: 45.3% Working, 58.9% not working	No
Heshmat 2009	No	Not applicable	No
Igweonu 2019	Yes	87% engaged in paid employment (trading, teaching, civil service, farming)	Yes
Ismail 2017	No	Not Applicable	No
Jafari 2012	No	Not applicable	No

1. Author and Year **6. Occupation** **6a. Occupation Breakdown** **7. Religion**

Jarrah 2007 Yes 206 are students No

Jefferds 2002 No Not Applicable No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Kabir 2010	Yes	All are students	No
Kala 2015	Yes	All are students	No
Kanal 2005	Yes	31% are garment factory workers, 27.5% are secondary school students	No
Kanber 2011	Yes	76.6% not working, 23.4% working; Control Group:80% not working, 20% working; Training group: 73.3% not working, 26.7% working	No
Khan 2005	No	Not Applicable	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Kouadio 2013	Yes	Town: 4% Farmer, 40% Merchant, 24% housekeeper, 16% student, 16% other; Village: 54.1% Farmer, 29.5% Merchant, 13.1% housekeeper, 3.3% student, 0% other; Hamlet- 86.2% Farmer, 3.5% Merchant, 3.5% housekeeper, 3.5% student, 3.5% other	No
Krishnaveni 2019	No	Not Applicable	No
Kulkarni 2015	No	Not Applicable	No
Manickavasagam 2021	Yes	AIP: 82.3% home maker, 16.1% employed, 1.4% self employed; NAIP: 84.2% home maker, 14.2% employed, 1.4% self employed	Yes
Margwe 2018	Yes	7.4% teacher, 1.4% health worker, 57.2% peasant, 5.4% business, 28.6% keeping livestock only	No
Massawe 1995	No	Not Applicable	Yes

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Mbule 2013	No	Not Applicable	Yes
Mbwana 2020	No	Not Applicable	No
M’Cormack 2012	Yes	73% employed outside of home: 20% trader, 18% business/market woman, 16% housewife, 13% student, 8% cook, 9% none, 5% teacher, 4 % catering, 3.5% tailor, 3% hairdresser, 2% secretary, 2% washer woman, 7% other	Yes
Mishra 2021	No	Not applicable	Yes
Mutalazimah 2019	No	Not applicable	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Noronha 2013	No	Not applicable	No
O'Connor 1969	No	Not applicable	No
Onyeneho 2016_ Journal of Public Health	Yes	72.8% work for pay, 27.2% doesn't work for pay; 0.8% domestic assistance, 31.9% petty trading, 46.7% business, 8% teaching, 4.8% health worker, 5.7% other civil service, 2.2% other	Yes

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Paulino 2005	No	Not applicable	No
		Total: 94.6% housewives, 4.5% officer, 0.9% Other; Anemic: Total: 100% housewives; Not-anemic: 90.5% housewives, 7.9% officer, 1.6% Other;	No
Polat 2001	Yes		
		66.7% housewives, 31.7% private/entrepreneur, 1.7% farmer	No
Primadewi 2021	Yes		
		36.1% employed, 63.9% unemployed	No
Rivera 2020	Yes		
Rizwan 2019	No	Not applicable	No
Rukmaini 2019	No	Not applicable	No
Seniar 2019_ Journal of For Yes		84% housewife, 16% governmental employed	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Seniar 2019_ Journal of Phz	Yes	Intervention: 54.5% housewife, 45.5% governmental employed; control:69.1% housewife, 30.9% governmental employed	No
Sheriff 2021	Yes	Anemic: 44.9% employed, 55.1% unemployed; non-anemic: 24.7% employed, 75.3% unemployed	Yes
Souganidis 2012	No	Not applicable	No
VijayaKumar 2015	No	Not applicable	No
Vosnacos 2015	No	Not applicable	No
Xu 2015	No	Not applicable	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Yang 2015	No	Not applicable	No
Yesufu 2013	Yes	65% engaged in some form of work 17% working full-time, 22% part-time, 2% part-time+school, 7% school only, 53% not working or school	No
Zhang 2018	Yes		No

1. Author and Year**7a. Religion Breakdown****8. Education****8a. Education Breakdown**

The last name of the first author and the year the study was published (e.g. Adams 2000).

If answered Yes for number 7, provide the breakdown of religious beliefs. If not provided by the article, put Not Reported. If answered No, put Not Applicable.

Did the study mention the women's educational level? (Yes/ No)

If answered Yes for number 8, provide the breakdown of women's education level. If not provided by the article, put Not Reported. If answered No, put Not Applicable.

Abalkhail 2002

Not Applicable

Yes

All participants are students

Abiselvi 2015

89.9% Hindu; 3.0% Muslim;
7.4% Christian

Yes

15.6% graduate/post-graduate; 4.4% intermediate/post high school diploma; 31.5% HSC/higher secondary school certificate; 40.4% middle school; 7.8% primary; 0.4% illiterate

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Abu-Baker 2021	Not Applicable	Yes	All participants are students (grade 8-10)
Abujilban 2019	Not Applicable	Yes	24.5% basic; 53% secondary; 14% diploma; 8.5% bachelor
Adznam 2018	Not Applicable	Yes	24.6% Malaysian School Certificate(SPM)/Malaysion Certificate of Education (MCE); 45.1% Malaysian Higher School Certificate (STPM)/Diploma; 24.9% Degree; 5.4% Master
Agbemafle 2019	89.6% Christian; 9.6% Muslim; 0.8% Traditionalist	Yes	7.7% None; 15.8% primary; 39.5% middle school leaving certificate/junior high school; 20.6% senior high school; 16.4% tertiary

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Agustina 2021	Not applicable	Yes	63.3% Junior high; 36.7% Senior high
AlAbedi 2020	Not Applicable	Yes	50.3% primary school graduate
Alaofé_Ecol Food Nutr_2009	Intervention: 73.5% Catholic, 8.8% Muslim, 5.9% Protestant, 11.8% Others; Control: 79.4% Catholic, 11.8% Muslim, 2.9% Protestant, 5.9% Others	Yes	All are students Male headed households: 26.8% completed primary school education; female-headed households: 14.4% completed primary school education.
Ali 2018	Not Applicable	Yes	

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Anokye 2018	Not Applicable	Yes	19% none; 18% primary; 24% JHS/middle; 21% SHS/ A Level; 18% tertiary
Ayub 2015	Not Applicable	Yes	33.9% educated less than high school; 66.1% equal or more than high school education
Baizhumanova 2010	Not Applicable	No	Not Applicable
Baskar 2020	Not Applicable	No	Not Applicable

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Bhatia 2021	Not Applicable	No	Not Applicable
Bhat 2012	Not Applicable	Yes	All are students in class 10th
			Average years of education 12 (0-17 years); 45% college education; Mean of education in years for mothers with anemic children: 11 years; for mothers with non-anemic children: 13 years.
Bilenko 2007	Most are ultra-Orthodox Jews	Yes	
Choi 1985	Not Applicable	No	Not Applicable
Dhok 2021	Not Applicable	No	Not Applicable
Diamond-Smith 2020	Not Applicable	No	Not Applicable
Dongre 2011	Not Applicable	No	Not Applicable
Egryani 2017	Not Applicable	Yes	4.2% primary; 75% secondary, 20.8% high level
ElHameed 2012	Not Applicable	Yes	16.5% preparatory, 41% secondary, 42.5% university
Elmaghraby 2021	Not Applicable	No	Not Applicable

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Ghaderi 2017	Not Applicable	Yes	All are in second grade of high school
Gopaldas 2002	Not Applicable	Yes	Unit 1 iddli: 11% illiterate, 15% up to primary school, 74% primary school and/or college; Unit 2 gooseberry juice: 8% illiterate, 30% up to primary school, 62% primary school and/or college; Unit 3 medicinal supplements: 17% illiterate, 23% up to primary school, 60% primary school and/or college; Unit 4 negative control: 100% primary school and/or college
Guedenon 2016	87% Christian, 12% Islam, 1% animism	Yes	37% secondary level 1, 23% primary, 19% secondary level 2, 8% higher levels, 13% no schooling
Hardianti 2020	Not Applicable	Yes	2.6% Junior high school, 40% senior high school, 57.4% university

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Hassan 2005	Not Applicable	No	Not Applicable
Hassan 2020	Not Applicable	Yes	Intervention: 56.25% finished secondary school; Control: 43.8% finished secondary school
Heshmat 2009	Not Applicable	Yes	most frequency of education was 9-12 years
Igweonu 2019	Predominantly Christians (roman catholics and others)	Yes	94.2% attended school, 40.7% had tertiary education
Ismail 2017	Not Applicable	Yes	11.9% primary classes; 11.2% secondary classes, 21.7% matriculation, 29.45% intermediate, 16.8% graduation, 9.1% higher level
Jafari 2012	Not applicable	Yes	8% Illiterate, 30.7% elementary, 29.1% middle school and high school, 30.4% diploma, 1.8% higher than diploma

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Jarrah 2007	Not Applicable	Yes	42% of pregnant women did not continue education past 9th grade; students (76%) of 7th grade through university graduates
Jefferds 2002	Not Applicable	No	Not Applicable

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Kabir 2010	Not Applicable	Yes	All are students from Home Economics college of Dhaka
Kala 2015	Not Applicable	Yes	All are students at Corporation Girls' Higher Secondary School
Kanal 2005	Not Applicable	Yes	27.5% are secondary school students; median highest grade among school-attending garment factory workers:6th; among rural village women: 4th; attending school-secondary school 100%, garment factory workers 96.2%, and rural village women 73.4%
Kanber 2011	Not Applicable	Yes	53.3% primary education, 28.3% high school, 18.3% university; Control group: 56.7 % primary education, 26.7% high school, 16.7% university; Training group: 50% primary education, 30% high school, 20% university;
Khan 2005	Not Applicable	No	Not Applicable

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Kouadio 2013	Not Applicable	Yes	Went to school: town- 60%, village- 34.4%, hamlet-20.7%; Can read and write: town- 48%, village- 24.6%, hamlet-10.3% 13.9% illiterate, 21.3% primary, 30.5% secondary, 26.1% higher secondary, 8% graduate and above
Krishnaveni 2019	Not Applicable	Yes	Not Applicable
Kulkarni 2015	Not Applicable	No	Not Applicable
Manickavasagam 2021	Religion of AIP: 66.1% Hindu, 29.4% Muslim, 4.4% Christian; Religion in non-anemic: 58.5% Hindu, 27.1% Muslim, 12.8% Christian	Yes	AIP: 0% illiterate, 2.9% class 1-5, 26.4% class 6-12, 48.5% graduate, 22.05% PG and above; NAIP: 1.4% illiterate, 4.2% class 1-5, 21.4% class 6-12, 52.8% graduate, 20% PG and above
Margwe 2018	Not Applicable	Yes	32.2% informal education, 48.3% primary education, 17.5% secondary education, 1.4% diploma, 0.6% university degree
Massawe 1995	Mbagala clinic: 10% Christian, 90% Muslim; Kasorobo clinic: 29% christian, 71% muslim; Temeke clinic: 20% christian, 80% Muslim	Yes	Median length of education: 5 years

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Mbule 2013	35.9% Roman catholic, 34.9% Anglican, 10.2% Muslim, 14.1% Evangelic/ Pentecostal, 4.9% Seventh day Adventist	Yes	26.3% no formal education, 18.4% lower primary education (1-4 yrs), 43.1% upper primary education (5-7 yrs), 9.2% lower secondary education (8-11 yrs), 3% advanced or post-secondary education (12+ yrs)
Mbwana 2020	Not Applicable	Yes	33% had not attained any formal education
M'Cormack 2012	61.2% Muslim, 38.8% Christian	Yes	Last grade reached in school: 26% none, 14.2% primary school (up to grade 6), 49.1% secondary school (form 1 to form 6), 0.6% trade school, 10.1% college/ university
Mishra 2021	85.71% Hindu, 12.38% Muslim, 0.95% Christian, 0.95% Sikh	No	Not applicable
Mutalazimah 2019	Not applicable	Yes	75.61% basic, 24.39% advanced

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Noronha 2013	Not applicable	Yes	<p>Experiment group: 41.8% below 10th, 47.8% 10th and above, 10.4% graduate; Control group A: 3.2% illiterate, 46.8% below 10th, 45.2% 10th and above, 4.8% graduate; Control group B: 1.6% illiterate, 40.6% below 10th, 42.2% 10th and above, 15.6% graduate</p> <p>Group A: 60% college graduates, 3.5% less than a high school education; Group B: 30% college graduates, 7% less than high school education; Group C: 52% less than a high school education, 32% high school graduates, 11.5% some college training, 3.8% college graduates; Group D: 74% less than a high school education, 21% high school graduates, 3.4% some college training, 1.1% college graduate</p>
O'Connor 1969	Not applicable	Yes	
Onyeneho 2016_ Journal of Public Health	60.9% Catholic, 20.3% protestant, 18.3% other christian, 0.4% Islam, 0.1% tradition	Yes	99.1% attended school, 0.9% never attended school; 7.9% primary education, 63.2% secondary, 28.9% post secondary

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Paulino 2005	Not applicable	No	Not applicable
Polat 2001	Not applicable	Yes	Total: 8% illiterate, 4.5% uneducated and literate, 50.9% primary school graduate, 9.8% secondary school graduate, 32.3% highschool graduate, 2.7% college graduate, 1.8% unanswered
Primadewi 2021	Not applicable	Yes	11.7%SD, 30% SMP, 36.6% SMA/SMK (educated highschool), 10% D2/D3, 11.7% D4/S1
Rivera 2020	Not applicable	Yes	15.7% no formal education and elementary education, 60.2% High school, 24.1% College
Rizwan 2019	Not applicable	No	Not applicable
Rukmaini 2019	Not applicable	Yes	4.6% no experience in formal school, 22.2% Elementary school, 37.3% junior high school, 34.6% senior high school, 1.3% College
Seniar 2019_ Journal of For	Not applicable	Yes	9% illiterate, 28% primary school, 33% secondary school, 30% institute, college, and above

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Seniar 2019_ Journal of Ph	Not applicable	Yes	Intervention: 10.9% illiterate, 38.2% primary school, 21.8% secondary school, 29.1% institute, college and above; Control: 9.1% illiterate, 47.3% primary school, 25.5% secondary school, 18.2% institute, college and above
Sheriff 2021	Anemic:83.3% Hindu, 16.7% other; non-anemic:79.7% Hindu, 20.3% others	Yes	Anemic: 50% below O/L, 50% O/L and above; non-anemic: 38.6% below O/L, 61.4% O/L and above
Souganidis 2012	Not applicable	Yes	Urban: 4.5% 0 yr, 44.7% 1-6 yr, 24.3% 7-9 yr, 26.5% >= 10 yr; Rural: 5.1% 0 yr, 52.1% 1-6 yr, 21.7% 7-9 yr, 21.1% >= 10 yr
VijayaKumar 2015	Not applicable	Yes	4 illiterate, 52 primary education, 126 secondary, 3 intermediate
Vosnacos 2015	Not applicable	No	Not applicable
Xu 2015	Not applicable	Yes	Primary caregiver education: 32 primary and below, 126 middle school, 93 high school, 75 college and above

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Yang 2015	Not applicable	Yes	Education of caregivers: 9% illiterate, 17.7% primary school, 52.5% middle school, 17% high school, 3.8% college or higher
Yesufu 2013	Not applicable	Yes	60.9% had tertiary education
Zhang 2018	Not applicable	Yes	18% less than high school, 25% high school, 57% college degree

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>Did the study mention the women's socioeconomic status (income level, etc.)? (Yes/ No)</i>	<i>If answered Yes for number 9, provide the breakdown of socioeconomic status. If not provided by the article, put Not Reported. If answered No, put Not Applicable.</i>	<i>Did the study mention anything about women's interpersonal networks or social support from their community, neighborhood, or family? (Yes/ No)</i>
Abalkhail 2002	No	Not Applicable	No
Abiselvi 2015	No	Not Applicable	Yes

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Abu-Baker 2021	Yes	Family income per month: 54.3% less than \$700, 39.9% \$700- \$1400, 5.8% greater than \$1400	No
Abujilban 2019	Yes	Range of total household monthly income=140-1268 USD; Mean= 457.30 USD	Yes
Adznam 2018	Yes	19.2% <RM3000; 58.6% RM3001-6000; 15.1% RM6001-9000; 7.1% > RM9000	No
Agbemafle 2019	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Agustina 2021	Yes	Household-head's occupation: 79.4% non-permanent/not working; 20.6% permanent	Yes
AlAbedi 2020	Yes	71.8% have less than 700000 Iraqi Dinar monthly income	Yes
Alaofé_Ecol Food Nutr_2009	Yes	Father's occupation for Intervention group: 35.3% High-level non manual employees (business executives, doctors, engineers and university teachers), 35.3% Medium level non manual employees (nurses, accountant and high school teachers), 26.5% manual workers (vehicle mechanics, metal workers, construction workers and retailers), 2.9% deceased. Father's occupation for control group: 23.5% high-level non manual employees, 32.4% medium level non manual employees, 35.3% manual workers, 8.8% deceased.	Yes
Ali 2018	No	Not Applicable	Yes

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Anokye 2018	No	Not Applicable	No
Ayub 2015	No	Not Applicable	No
Baizhumanova 2010	No	Not Applicable	Yes
Baskar 2020	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Bhatia 2021	No	Not Applicable	No
Bhat 2012	No	Not applicable	No
Bilenko 2007	Yes	socioeconomic level of neighborhood for mother with anemic children: 68% low, 30% intermediate, 2% high; for mother with non-anemic children: 11% low, 46% intermediate, 43% high	No
Choi 1985	No	Not Applicable	No
Dhok 2021	No	Not Applicable	No
Diamond-Smith 2020	No	Not Applicable	No
Dongre 2011	No	Not Applicable	No
Egryani 2017	Yes	31.3% <Rp. 1.5 million; 52.1% Rp 1.5-3 million; 10.4% Rp 3-5 million; 6.3% > Rp 5 million	Yes
ElHameed 2012	Yes	Family income: 17.5% high, 8% high middle, 46.5% low middle, 28% low	No
Elmaghraby 2021	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Ghaderi 2017	Yes	Mean family income control group: 52% less than 5,000,000 Rial, 44% 5,000,000-10,000,000 Rial, 4% More than 10,000,000; Intervention group: 50.8% less than 5,000,000 Rial, 35.4% 5,000,000-10,000,000 Rial, 13.8% More than 10,000,000	No
Gopaldas 2002	Yes	Generally three to five adult members earned a collective income of Rs.3000/- to Rs. 5000/- per month (Rs. 46 = 1US\$).	No
Guedenon 2016	No	Not Applicable	No
Hardianti 2020	Yes	71.1% >= Rp 1.572.150; 28.9% <Rp 1.572.150	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Hassan 2005	Yes	6% low socioeconomic score (<19), 54% middle socioeconomic score (19-28), 40% high socioeconomic score (29-38)	No
Hassan 2020	Yes	Intervention: 51.6% 0-2999, 47.85% 3000 and above; Control: 48.4 0-2999, 52.2% 3000 and above	No
Heshmat 2009	No	Not Applicable	No
Igweonu 2019	No	Not Applicable	No
Ismail 2017	Yes	Income level of family: 6.3% < 15,000, 23.8% 16,000-35,000; 46.2% 36,000- 55,000; 11.25% 56,000-75,000; 12.6% 76,000- 100,000	Yes
Jafari 2012	No	Not applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Jarrah 2007	Yes	<p>44% of all participants below or close to the poverty line, family income less than 200 JD (\$282) per month;</p> <p>Pregant woman rural- Less than 100 JD(3), 101 to 200 JD(21),201 to 300 JD(6), Greater than 400 JD (1) ;</p> <p>Pregnant women urban- Less than 100 JD (3), 101 to 200 JD (17),201 to 300 JD (4) 301 to 400 JD (7) Greater than 400 JD (2); Young women rural- Less than 100 JD(53), 101 to 200 JD(42),201 to 300 JD(3) ; young women urban- Less than 100 JD(4), 101 to 200 JD(16),201 to 300 JD(27), 301 to 400 JD (18)</p> <p>Greater than 400 JD (32)</p>	No
Jefferds 2002	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Kabir 2010	Yes	Capita monthly income:18.5% low (taka less than equal to 1000); 61.5% moderate (taka 1001-3000)	Yes
Kala 2015	Yes	47% have a monthly income of less than Rs. 1500.	No
Kanal 2005	Yes	Median earnings among garment factory workers: 60\$ per month	No
Kanber 2011	Yes	33.3% below 500TL, 66.7% 500TL and above; Control Group: 33.3% below 500TL, 66.7% 500TL and above; Education group: 33.3% below 500TL, 66.7% 500TL and above;	Yes
Khan 2005	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Kouadio 2013	Yes	Town: 8% poorest, 28% poor, 64% least poor; village: 14.8% poorest, 36.1% poor, 61.5% least poor; hamlet: 96.6% poorest, 3.5% poor, 0% least poor	No
Krishnaveni 2019	No	Not Applicable	No
Kulkarni 2015	No	Not Applicable	No
Manickavasagam 2021	Yes	Family Monthly Income (in thousands) AIP: 29.4% <10k, 32.3% 11k-20k, 19.1% 21k-30k, 19.1% >31k; NAIP: 22.8% <10k, 34.2% 11k-20k, 21.4% 21k-30k, 21.4% >31k	No
Margwe 2018	No	Not Applicable	No
Massawe 1995	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Mbule 2013	Yes	Wealth quintile: 4.3% lowest, 26.6% second, 42.4% middle, 22.4% fourth, 4.3% highest	No
Mbwana 2020	No	Not Applicable	No
M'Cormack 2012	Yes	62% poor or food poor (1.8% no answer, 2.9% food/core poverty (<\$1/day), 59.1% full poverty (>\$1-\$2/day), 28.1% non poor 1(\$63-\$200/month), 5.3% non poor 2(\$200-\$700/month); 2.9% non poor 3 (>\$700/month))	Yes
Mishra 2021	Yes	5.7% upper middle class, 16.19% lower middle class, 78% lower socioeconomic status	No
Mutalazimah 2019	No	Not applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Noronha 2013	Yes	Experiment group: 1.5% high (35-52), 16.4% middle (18-34), 82.1% low (1-17); Control group A: 11.3% middle (18-34), 88.7% low (1-17); Control group B: 31.3% middle (18-34), 68.7% low (1-17)	Yes
O'Connor 1969	Yes	Group C (52 women) and Group D (80) with lower socioeconomic status	No
Onyeneho 2016_ Journal of Public Health	Yes	20.8% first quintile, 35.7% second quintile, 17.5% third quintile, 13.6% fourth, 12.4% fifth	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Paulino 2005	No	Not applicable	No
Polat 2001	Yes	Monthly Income: 10.7% 0-50 million TL, 22.3% 51-100 million TL, 26.8% 101-200 million TL, 38.4% 201 million TL and above, 1.8% unanswered	No
Primadewi 2021	No	Not applicable	Yes
Rivera 2020	Yes	Average monthly family income: 32.5% 7890 Php and below, 38% 7891 to 15780, 17.5% 15780 to 31560, 12% above 31560	No
Rizwan 2019	No	Not applicable	No
Rukmaini 2019	Yes	Family Income: 77.1% \geq 152.34 per month, 22.9% USD<152.34 per month	Yes
Seniar 2019_ Journal of For	No	Not applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Seniar 2019_ Journal of Ph	No	Not applicable Anemic: 73.1% less than 20,000, 26.9% above than 20,000; non-anemic: 57% less than 20,000, 43% more than 20,000	No
Sheriff 2021	Yes	Weekly per capita household expenditure, quintile: Urban: 10% 1st, 12.7% 2nd, 17% 3rd, 23.4% 4th, 36.9% 5th; Rural: 15.9% 1st, 16.8% 2nd, 19.1% 3rd, 21.7% 4th, 26.5% 5th Per capita income in rupee: 2 have 3056 and above, 16 have 3055-1528, 75 have 1529-917, 102 have 916-458, 20 have <458	No
Souganidis 2012	Yes	Weekly per capita household expenditure, quintile: Urban: 10% 1st, 12.7% 2nd, 17% 3rd, 23.4% 4th, 36.9% 5th; Rural: 15.9% 1st, 16.8% 2nd, 19.1% 3rd, 21.7% 4th, 26.5% 5th Per capita income in rupee: 2 have 3056 and above, 16 have 3055-1528, 75 have 1529-917, 102 have 916-458, 20 have <458	No
VijayaKumar 2015	Yes	Weekly per capita household expenditure, quintile: Urban: 10% 1st, 12.7% 2nd, 17% 3rd, 23.4% 4th, 36.9% 5th; Rural: 15.9% 1st, 16.8% 2nd, 19.1% 3rd, 21.7% 4th, 26.5% 5th Per capita income in rupee: 2 have 3056 and above, 16 have 3055-1528, 75 have 1529-917, 102 have 916-458, 20 have <458	No
Vosnacos 2015	No	Not applicable	No
Xu 2015	Yes	Monthly per capita household income (RMB): 32 <1000, 109 between 1000-1999, 101 between 2000-2999, 66 between 3000-3999, 18 above 4000	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Yang 2015	Yes	Mean Yearly income per person in RMB: 4458.26 +- 5161.01	No
Yesufu 2013	Yes	35.9% spent between 10,000-15,000 Nigerian Naira monthly on feeding	Yes
Zhang 2018	Yes	Income per month: 1284\$; All enrolled in WIC program	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>If answered Yes for number 10, provide the breakdown or description. If not provided by the article, put Not Reported. If answered No, put Not Applicable.</i>	<i>Did the study mention any characteristics of women that may put them at a disadvantage temporarily (e.g. pregnancy, in the hospital, etc.)? (Yes/No)</i>
Abalkhail 2002	Not Applicable	No
Abiselvi 2015	Family structure: 56.7% nuclear family; 43.0% joint family; 0.4 % three generations; 3.0% no facility	Yes

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Abu-Baker 2021	Not Applicable	No
Abujilban 2019	Source of health information: 2.5% nurses; 0.5% friends; 27.5% family member; 57% doctors; 12.5% internet	Yes
Adznam 2018	Not Applicable	Yes
Agbemafle 2019	Not Applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Agustina 2021	Family type: 14.1% Extended, 85.9% nuclear 56.6% recieved information concerning iron deficiency anemia from health center/ mother& child care.	No
AlAbedi 2020		Yes
Alaofé_Ecol Food Nutr_2009	Household size for intervention group: 14.7% less than 5 persons, 85.3% more than 5 persons; household size for control group: 14.7% less than 5 persons, 85.3% more than 5 persons	No
Ali 2018	Household size: 41.5% more than 5 members; 58.5% 1-5 members	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Anokye 2018	Not Applicable	No
Ayub 2015	Not Applicable	No
Baizhumanova 2010	<p>Source of information about iron deficiency anemia: Urban- 6.8% from friend, colleague; 15.2% from family member; 8.3% from school; 82.6% from medical worker; 23.5% from TV; 23.5% from newspaper; 9.8% from radio; 24.2% special brochure; 3.8% from leaflet; 30.3% from medical poster; Rural- 7.9% from friend, colleague; 7.9% from family member; 4.8% from school; 4.8% from medical worker; 14.3% from TV; 6.3% from newspaper; 3.2% from radio; 6.3% special brochure; 4.8% from leaflet; 9.5% from medical poster</p>	No
Baskar 2020	Not Applicable	Yes

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Bhatia 2021	Not Applicable	Yes
Bhat 2012	Not Applicable	No
Bilenko 2007	Not Applicable	No
Choi 1985	Not Applicable	Yes
Dhok 2021	Not Applicable	Yes
Diamond-Smith 2020	Not Applicable	No
Dongre 2011	Not Applicable	No
Egryani 2017	10.4% have counseling about anemia; 89.6% never have counseling about anemia	Yes
ElHameed 2012	Not Applicable	Yes
Elmaghraby 2021	Not Applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Ghaderi 2017	Not Applicable	No
Gopaldas 2002	Not applicable	No
Guedenon 2016	Not Applicable	No
Hardianti 2020	Not Applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Hassan 2005	Not Applicable	No
Hassan 2020	Not Applicable	Yes
Heshmat 2009	Not Applicable	No
Igweonu 2019	Not Applicable	Yes
Ismail 2017	62.9% joint family; 37.1% nuclear family	No
Jafari 2012	Not applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Jarrah 2007	Not Applicable	Yes
Jefferds 2002	Not Applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Kabir 2010	medium-sized (5-6 members) (46%) and large (> 7 members) families 39%	No
Kala 2015	Not Applicable	No
Kanal 2005	Not Applicable	No
Kanber 2011	66.7% nuclear family, 33.3% extended family; control group: 56.7% nuclear family, 43.3% extended family; training group: 76.7% nuclear family, 23.3% extended family.; 5% in total have social security, 3.3% in control group have social security, 6.7% in training group have social security	Yes
Khan 2005	Not Applicable	Yes

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Kouadio 2013	Not Applicable	No
Krishnaveni 2019	Not Applicable	Yes
Kulkarni 2015	Not Applicable	Yes
Manickavasagam 2021	Not Applicable	Yes
Margwe 2018	Not Applicable	Yes
Massawe 1995	Not Applicable	Yes

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Mbule 2013	Not Applicable	Yes
Mbwana 2020	Not Applicable	No
M'Cormack 2012	Who in social circle spoke about anemia: 23 family member, 3 teacher, 9 friend/neighbor, 1 other, 135 NA ; Spoke to someone in social circle: 77.8% no, 21.6% Yes, 0.6% NA	Yes
Mishra 2021	Not applicable	Yes
Mutalazimah 2019	Not applicable	Yes

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Noronha 2013	Experiment group: 77.6% joint family, 22.4% nuclear; Control group A: 75.8% joint family, 24.2% nuclear; Control group B: 70.3% joint family, 29.7% nuclear	Yes
O'Connor 1969	Not applicable	Yes
Onyeneho 2016_ Journal of Public Health	Not applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Paulino 2005	Not applicable	Yes
Polat 2001	Not applicable Source of anemia information: 73.3% Health worker, 6.7% book literacy, 3.3% social media, 1.7% family, 15% Other; 66.7% family support	Yes
Primadewi 2021	support	Yes
Rivera 2020	Not applicable	No
Rizwan 2019	Not applicable Family member taking care of pregnant women: 88.9% husband, 3.9% parents, 0.7% parent in laws, 6.5% others	No
Rukmaini 2019	6.5% others	Yes
Seniar 2019_ Journal of For	Not applicable	Yes

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Seniar 2019_ Journal of Ph	Not applicable	Yes
Sheriff 2021	Not applicable	No
Souganidis 2012	Not applicable	No
VijayaKumar 2015	Not applicable	No
Vosnacos 2015	Not applicable	Yes
Xu 2015	Not applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Yang 2015	Not applicable	No
Yesufu 2013	51.4% household size \leq 3 people	Yes
Zhang 2018	Not applicable	Yes

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
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<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>If answered Yes for number 11 and the characteristic of at least one participant is presented, provide the breakdown or description of that characteristic. If not provided by the article, put Not Reported. If answered No, put Not Applicable.</i>	<i>Did the study mention any other characteristics that distinguish women from the rest of the people in society (e.g. disability, anemic status)? (Yes/No)</i>
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Abalkhail 2002	Not Applicable	Yes
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Abiselvi 2015	All are pregnant	No
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1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Abu-Baker 2021	Not Applicable	Yes
Abujilban 2019	All participants are pregnant	Yes
Adznam 2018	All participants are pregnant; 57.0% First trimester; 38.1% Second trimester; 4.9% Third trimester	Yes
Agbemaflle 2019	Not Applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Agustina 2021	Not Applicable	Yes
AlAbedi 2020	All participants are pregnant and have more than one gravida.	No
Alaofé_Ecol Food Nutr_2009	Not Applicable	Yes
Ali 2018	Not Applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Anokye 2018	Not Applicable	No
Ayub 2015	Not Applicable	No
Baizhumanova 2010	Not Applicable	Yes
Baskar 2020	All participants were pregnant	Yes

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Bhatia 2021	24.8% pregnant	No
Bhat 2012	Not Applicable	No
Bilenko 2007	Not Applicable	No
Choi 1985	All are pregnant	Yes
Dhok 2021	all are 2nd trimester pregnant	Yes
Diamond-Smith 2020	Not Applicable	No
Dongre 2011	Not Applicable	Yes
Egryani 2017	All are pregnant	Yes
ElHameed 2012	all participants are pregnant- gigestional age in weeks 13 (34%) , 18(16%) and 23-28 (50%)	Yes
Elmaghraby 2021	Not Applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Ghaderi 2017	Not Applicable	No
Gopaldas 2002	Not applicable	Yes
Guedenon 2016	Not Applicable	No
Hardianti 2020	Not Applicable	Yes

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Hassan 2005	Not Applicable	No
Hassan 2020	All are pregnant; Intervention: 1.2% 1st trimester, 98.8% 2nd trimester; Control: 5 % 1st trimester, 95.5% 2nd trimester	Yes
Heshmat 2009	Not Applicable	No
Igweonu 2019	9.2% were pregnant	No
Ismail 2017	Not Applicable	No
Jafari 2012	Not applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
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Jarrah 2007	24.0% pregnant (65)	No
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Jefferds 2002	Not Applicable	No
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1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Kabir 2010	Not Applicable	Yes
Kala 2015	Not Applicable	No
Kanal 2005	Not Applicable	No
Kanber 2011	All are pregnant	No
Khan 2005	Some were pregnant	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Kouadio 2013	Not Applicable	No
Krishnaveni 2019	All are pregnant	Yes
Kulkarni 2015	All participants are pregnant	No
Manickavasagam 2021	All participants are pregnant	Yes
Margwe 2018	all are pregnant; 3% 1st trimester, 24% 2nd trimester, 73% 3rd trimester	Yes
Massawe 1995	All are pregnant	No

Appendix 2: Summary of results reporting quantitative outcomes that assessed anemia perception in women of childbearing age by outcome measure, data type, characteristics, and alternative outcome measures

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>Was the outcome reported using a mean score or prevalence? If "Other," describe the outcome type in the comments.</i>	<i>The outcome related to WRA's perception of anemia, as reported by the authors of the study.</i>	<i>The variable or characteristic of the group for which the result is presented. (e.g. anemic or non-anemic, etc.) Write "Not applicable" when the data represents every participant.</i>
Abalkhail 2002	Prevalence	Awareness	anemic
Abiselvi 2015	Prevalence	Knowledge	Not applicable
Abu-Baker 2021	Mean Score	Knowledge	Control group

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Abu-Baker 2021

Mean Score

Knowledge

Intervention group

Abu-Baker 2021

Mean Score

Experience With

Control group

Abu-Baker 2021

Mean Score

Experience With

Intervention group

Abu-Baker 2021

Mean Score

Attitude

Control group

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Abu-Baker 2021

Mean Score

Attitude

Intervention group

Abujilban 2019

Mean Score

Knowledge

Control group

Abujilban 2019

Mean Score

Knowledge

Intervention group

Adznam 2018

Prevalence

Knowledge

Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Adznam 2018	Other	Knowledge	Not applicable
Adznam 2018	Mean Score	Attitude	Not applicable
Adznam 2018	Mean Score	Experience With	Not applicable
Agbemafle 2019	Prevalence	Knowledge	Above average score
Agbemafle 2019	Prevalence	Knowledge	Less/Equal to average score
Agustina 2021	Prevalence	Knowledge	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Agustina 2021	Prevalence	Signs and Symptoms	Not applicable
Agustina 2021	Prevalence	Cause	Not applicable
Agustina 2021	Prevalence	Consequences	Not applicable
Agustina 2021	Prevalence	Prevention	Not applicable
Agustina 2021	Prevalence	Knowledge	Not applicable
Agustina 2021	Prevalence	Knowledge	Not applicable
Agustina 2021	Prevalence	Knowledge	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Agustina 2021	Prevalence	Awareness	Not applicable
Agustina 2021	Prevalence	Attitude	Not applicable
Agustina 2021	Prevalence	Attitude	Not applicable
Agustina 2021	Prevalence	Experience With	Not applicable
Agustina 2021	Prevalence	Experience With	Not applicable
Agustina 2021	Prevalence	Experience With	Not applicable
Agustina 2021	Prevalence	Experience With	Not applicable
Agustina 2021	Prevalence	Experience With	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Agustina 2021	Prevalence	Experience With	Not applicable
AlAbedi 2020	Prevalence	Knowledge	Low levels of knowledge concerning IDA
AlAbedi 2020	Prevalence	Knowledge	Moderate levels of knowledge concerning IDA

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

AlAbedi 2020

Prevalence

Knowledge

High levels of knowledge concerning IDA

AlAbedi 2020

Prevalence

Experience With

Low levels of practices concerning IDA

AlAbedi 2020

Prevalence

Experience With

Moderate levels of practices concerning IDA

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

AlAbedi 2020

Prevalence

Experience With

High levels of knowledge concerning IDA

AlAbedi 2020

Mean Score

Knowledge

Not Applicable

AlAbedi 2020

Mean Score

Experience With

Not Applicable

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Definition

Intervention

Alaofé 2009 (Ecology)

Prevalence

Definition

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Control

Alaofé 2009 (Ecology)

Prevalence

Knowledge

Intervention

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Alaofé 2009 (Ecology)	Prevalence	Knowledge	Control
Ali 2018	Prevalence	Knowledge	Male household head
Ali 2018	Prevalence	Knowledge	Female household head
Ali 2018	Prevalence	Knowledge	Not applicable
Ali 2018	Prevalence	Cause	Male household head

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Ali 2018

Prevalence

Cause

Female household head

Ali 2018

Prevalence

Cause

Not applicable

Ali 2018

Prevalence

Signs and Symptoms

Male household head

Ali 2018

Prevalence

Signs and Symptoms

Female household head

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Ali 2018	Prevalence	Signs and Symptoms	Not applicable
Ali 2018	Prevalence	Signs and Symptoms	Male household head
Ali 2018	Prevalence	Signs and Symptoms	Female household head
Ali 2018	Prevalence	Signs and Symptoms	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Ali 2018	Prevalence	Treatment and Management	Male household head
Ali 2018	Prevalence	Treatment and Management	Female household head
Ali 2018	Prevalence	Treatment and Management	Not applicable
Anokye 2018	Prevalence	Definition	Not applicable
Anokye 2018	Prevalence	Cause	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Anokye 2018	Prevalence	Signs and Symptoms	Not applicable
Anokye 2018	Prevalence	Prevention	Not applicable
Anokye 2018	Prevalence	Treatment and Management	Not applicable
Ayub 2015	Prevalence	Cause	Not applicable
Ayub 2015	Prevalence	Awareness	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Ayub 2015	Prevalence	Signs and Symptoms	Not applicable
Baizhumanova 2010	Prevalence	Awareness	Urban
Baizhumanova 2010	Prevalence	Awareness	Rural
Baizhumanova 2010	Prevalence	Prevention	Urban
Baizhumanova 2010	Prevalence	Prevention	Rural

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Baizhumanova 2010	Prevalence	Prevention	Urban
Baizhumanova 2010	Prevalence	Prevention	Rural
Baizhumanova 2010	Prevalence	Prevention	Urban
Baizhumanova 2010	Prevalence	Prevention	Rural
Baizhumanova 2010	Prevalence	Prevention	Urban
Baizhumanova 2010	Prevalence	Prevention	Rural
Baizhumanova 2010	Prevalence	Prevention	Urban
Baizhumanova 2010	Prevalence	Prevention	Rural
Baizhumanova 2010	Prevalence	Knowledge	Urban
Baizhumanova 2010	Prevalence	Knowledge	Rural
Baizhumanova 2010	Prevalence	Knowledge	Urban

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Baizhumanova 2010	Prevalence	Knowledge	Rural
Baizhumanova 2010	Prevalence	Knowledge	Urban
Baizhumanova 2010	Prevalence	Knowledge	Rural
Baskar 2020	Prevalence	Awareness	pregnant women
Baskar 2020	Prevalence	Awareness	pregnant women
Baskar 2020	Prevalence	Awareness	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Baskar 2020	Prevalence	Signs and Symptoms	pregnant women
Baskar 2020	Prevalence	Signs and Symptoms	pregnant women
Baskar 2020	Prevalence	Signs and Symptoms	pregnant women
Baskar 2020	Prevalence	Signs and Symptoms	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women
Baskar 2020	Prevalence	Cause	pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Consequences	pregnant women
Baskar 2020	Prevalence	Awareness	pregnant women
Baskar 2020	Prevalence	Awareness	pregnant women
Baskar 2020	Prevalence	Awareness	pregnant women
Bhatia 2021	Prevalence	Signs and Symptoms	Adolescent girl

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bhatia 2021	Prevalence	Signs and Symptoms	Adolescent girl
Bhatia 2021	Prevalence	Signs and Symptoms	Adolescent girl
Bhatia 2021	Prevalence	Signs and Symptoms	Adolescent girl
Bhatia 2021	Prevalence	Signs and Symptoms	Adolescent girl
Bhatia 2021	Prevalence	Signs and Symptoms	Adolescent girl
Bhatia 2021	Prevalence	Signs and Symptoms	Adolescent girl

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bhatia 2021	Prevalence	Signs and Symptoms	Pregnant women
Bhatia 2021	Prevalence	Signs and Symptoms	Pregnant women
Bhatia 2021	Prevalence	Signs and Symptoms	Pregnant women
Bhatia 2021	Prevalence	Signs and Symptoms	Pregnant women
Bhatia 2021	Prevalence	Signs and Symptoms	Pregnant women
Bhatia 2021	Prevalence	Signs and Symptoms	Pregnant women
Bhatia 2021	Prevalence	Signs and Symptoms	lactating women
Bhatia 2021	Prevalence	Signs and Symptoms	lactating women
Bhatia 2021	Prevalence	Signs and Symptoms	lactating women
Bhatia 2021	Prevalence	Signs and Symptoms	lactating women
Bhatia 2021	Prevalence	Signs and Symptoms	lactating women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bhatia 2021	Prevalence	Signs and Symptoms	lactating women
Bhatia 2021	Prevalence	Signs and Symptoms	Women of reproductive age
Bhatia 2021	Prevalence	Signs and Symptoms	Women of reproductive age
Bhatia 2021	Prevalence	Signs and Symptoms	Women of reproductive age
Bhatia 2021	Prevalence	Signs and Symptoms	Women of reproductive age
Bhatia 2021	Prevalence	Signs and Symptoms	Women of reproductive age
Bhatia 2021	Prevalence	Signs and Symptoms	Women of reproductive age
Bhatia 2021	Prevalence	Signs and Symptoms	Women of reproductive age
Bhatia 2021	Prevalence	Treatment and Management	Adolescent girl
Bhatia 2021	Prevalence	Treatment and Management	Adolescent girl

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bhatia 2021	Prevalence	Treatment and Management	Pregnant women
Bhatia 2021	Prevalence	Treatment and Management	Pregnant women
Bhatia 2021	Prevalence	Treatment and Management	Pregnant women
Bhatia 2021	Prevalence	Treatment and Management	Lactating women
Bhatia 2021	Prevalence	Treatment and Management	Lactating women
Bhatia 2021	Prevalence	Treatment and Management	Lactating women
Bhatia 2021	Prevalence	Treatment and Management	Women of reproductive age
Bhatia 2021	Prevalence	Treatment and Management	Women of reproductive age

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bhatia 2021	Prevalence	Treatment and Management	Women of reproductive age
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Signs and Symptoms	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Signs and Symptoms	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Signs and Symptoms	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Signs and Symptoms	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Signs and Symptoms	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Signs and Symptoms	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Prevalence	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Awareness	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Knowledge	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 2- residential school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 3- day school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 1- residential school; adolescent girls
Bhat 2012	Mean Score	Treatment and	Group 2- residential school; adolescent girls

19. Author and Year

Bhat 2012
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20. Data Type

Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Mean Score
 Prevalence
 Prevalence
 Prevalence

21. Outcome Measure

Treatment and
 Treatment and
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 Treatment and
 Treatment and
 Treatment and
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 Treatment and
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 Treatment and
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 Treatment and
 Treatment and

22. Disaggregation Variable

Group 3- day school; adolescent girls
 Group 1- residential school; adolescent girls
 Group 2- residential school; adolescent girls
 Group 3- day school; adolescent girls
 Group 1- residential school; adolescent girls
 Group 2- residential school; adolescent girls
 Group 3- day school; adolescent girls
 Group 1- residential school; adolescent girls
 Group 2- residential school; adolescent girls
 Group 3- day school; adolescent girls
 Group 1- residential school; adolescent girls
 Group 2- residential school; adolescent girls
 Group 3- day school; adolescent girls
 Group 1- residential school; adolescent girls
 Group 2- residential school; adolescent girls
 Group 3- day school; adolescent girls
 Group 1- residential school; adolescent girls
 Group 2- residential school; adolescent girls
 Group 3- day school; adolescent girls
 Group 1- residential school; adolescent girls
 Group 2- residential school; adolescent girls
 Group 3- day school; adolescent girls

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Bilenko 2007

Prevalence

Knowledge

Mothers of children with anemia-low
knowledge

Bilenko 2007

Prevalence

Knowledge

Mothers of children with anemia-intermediate
knowledge

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Bilenko 2007

Prevalence

Knowledge

Mothers of children with anemia- high
knowledge

Bilenko 2007

Prevalence

Knowledge

Mothers of children without anemia- low
knowledge

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Bilenko 2007

Prevalence

Knowledge

Mothers of children without anemia-
intermediate knowledge

Bilenko 2007

Prevalence

Knowledge

Mothers of children without anemia-high
knowledge

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Bilenko 2007

Prevalence

Knowledge

Mothers with Low knowledge regarding anemia

Bilenko 2007

Prevalence

Knowledge

Mothers with Intermediate knowledge regarding anemia

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

Bilenko 2007

Prevalence

Knowledge

Mothers with High knowledge regarding anemia

Bilenko 2007

Prevalence

Treatment and Management

Mothers with children with anemia

19. Author and Year**20. Data Type****21. Outcome Measure****22. Disaggregation Variable**

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Bilenko 2007	Prevalence	Treatment and Management	Mothers with children without anemia
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Consequences	Pregnant women
Choi 1985	Prevalence	Consequences	Pregnant women
Choi 1985	Prevalence	Consequences	Pregnant women
Choi 1985	Prevalence	Consequences	Pregnant women
Choi 1985	Prevalence	Consequences	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Knowledge	Pregnant women
Choi 1985	Prevalence	Experience With	Pregnant women
Dhok 2021	Mean Score	Knowledge	Not applicable
Dhok 2021	Mean Score	Attitude	Not applicable
Dhok 2021	Mean Score	Experience With	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Prevention	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Opinion	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Opinion	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Knowledge	Not applicable
Diamond-Smith 2020	Prevalence	Attitude	Not applicable
Diamond-Smith 2020	Prevalence	Experience With	Not applicable
Dongre 2011	Prevalence	Knowledge	Mother of children 6-35 months
Dongre 2011	Prevalence	Knowledge	Mother of children 6-35 months
Dongre 2011	Prevalence	Knowledge	adolescent girls
Dongre 2011	Prevalence	Knowledge	adolescent girls

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Egryani 2017	Mean Score	Knowledge	Not applicable
Elhameed 2012	Mean Score	Definition	Not applicable
Elhameed 2012	Mean Score	Cause	Not applicable
Elhameed 2012	Mean Score	Signs and Symptoms	Not applicable
Elhameed 2012	Mean Score	Consequences	Not applicable
Elhameed 2012	Mean Score	Consequences	Not applicable
Elhameed 2012	Mean Score	Prevention	Not applicable
Elhameed 2012	Mean Score	Knowledge	Not applicable
Elhameed 2012	Mean Score	Knowledge	Not applicable
Elhameed 2012	Mean Score	Knowledge	Not applicable
Elhameed 2012	Mean Score	Knowledge	Not applicable
Elhameed 2012	Mean Score	Knowledge	Not applicable
Elhameed 2012	Prevalence	Experience With	Not applicable
Elhameed 2012	Prevalence	Experience With	Not applicable
Elhameed 2012	Prevalence	Experience With	Not applicable
Elhameed 2012	Prevalence	Experience With	Not applicable
Elhameed 2012	Prevalence	Experience With	Not applicable
Elhameed 2012	Prevalence	Experience With	Not applicable
Elhameed 2012	Prevalence	Experience With	Not applicable
Elmaghraby 2021	Mean Score	Awareness	Not applicable
Ghaderi 2017	Mean Score	Knowledge	Intervention
Ghaderi 2017	Mean Score	Knowledge	Control
Ghaderi 2017	Mean Score	Knowledge	Intervention
Ghaderi 2017	Mean Score	Knowledge	Control
Ghaderi 2017	Mean Score	Knowledge	Intervention
Ghaderi 2017	Mean Score	Knowledge	Control
Ghaderi 2017	Mean Score	Knowledge	Intervention
Ghaderi 2017	Mean Score	Knowledge	Control
Ghaderi 2017	Mean Score	Knowledge	Intervention

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Ghaderi 2017	Mean Score	Knowledge	Control
Ghaderi 2017	Mean Score	Knowledge	Intervention
Ghaderi 2017	Mean Score	Knowledge	Control
Ghaderi 2017	Mean Score	Knowledge	Intervention
Ghaderi 2017	Mean Score	Knowledge	Control
Ghaderi 2017	Mean Score	Experience With	Intervention
Ghaderi 2017	Mean Score	Experience With	Control
Gopaldas 2002	Prevalence	Knowledge	Unit 1: iddli
Gopaldas 2002	Prevalence	Knowledge	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Knowledge	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Knowledge	Unit 4: negative control
Gopaldas 2002	Prevalence	Cause	Unit 1: iddli
Gopaldas 2002	Prevalence	Cause	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Cause	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Cause	Unit 4: negative control
Gopaldas 2002	Prevalence	Cause	Unit 1: iddli
Gopaldas 2002	Prevalence	Cause	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Cause	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Cause	Unit 4: negative control
Gopaldas 2002	Prevalence	Cause	Unit 1: iddli
Gopaldas 2002	Prevalence	Cause	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Cause	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Cause	Unit 4: negative control
Gopaldas 2002	Prevalence	Knowledge	Unit 1: iddli
Gopaldas 2002	Prevalence	Knowledge	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Knowledge	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Knowledge	Unit 4: negative control
Gopaldas 2002	Prevalence	Knowledge	Unit 1: iddli

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Gopaldas 2002	Prevalence	Knowledge	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Knowledge	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Knowledge	Unit 4: negative control
Gopaldas 2002	Prevalence	Knowledge	Unit 1: iddli
Gopaldas 2002	Prevalence	Knowledge	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Knowledge	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Knowledge	Unit 4: negative control
Gopaldas 2002	Prevalence	Knowledge	Unit 1: iddli
Gopaldas 2002	Prevalence	Knowledge	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Knowledge	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Knowledge	Unit 4: negative control
Gopaldas 2002	Prevalence	Knowledge	Unit 1: iddli
Gopaldas 2002	Prevalence	Knowledge	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Knowledge	Unit 4: negative control
Gopaldas 2002	Prevalence	Experience With	Unit 1: iddli
Gopaldas 2002	Prevalence	Experience With	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Experience With	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Experience With	Unit 4: negative control
Gopaldas 2002	Prevalence	Experience With	Unit 1: iddli
Gopaldas 2002	Prevalence	Experience With	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Experience With	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Experience With	Unit 4: negative control
Gopaldas 2002	Prevalence	Experience With	Unit 1: iddli
Gopaldas 2002	Prevalence	Experience With	Unit 2: gooseberry juice
Gopaldas 2002	Prevalence	Experience With	Unit 3: medicinal supplements
Gopaldas 2002	Prevalence	Experience With	Unit 4: negative control
Guedenon 2016	Prevalence	Knowledge	Mothers

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Guedenon 2016	Prevalence	Knowledge	Mothers
Guedenon 2016	Prevalence	Knowledge	Mothers
Guedenon 2016	Prevalence	Knowledge	Mothers
Guedenon 2016	Prevalence	Knowledge	Mothers
Guedenon 2016	Prevalence	Knowledge	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Definition	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Cause	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Signs and Symptoms	Mothers
Guedenon 2016	Prevalence	Experience With	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Consequences	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Treatment and	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Prevention	Mothers
Guedenon 2016	Prevalence	Attitude	Mothers
Guedenon 2016	Prevalence	Attitude	Mothers
Guedenon 2016	Prevalence	Attitude	Mothers
Guedenon 2016	Prevalence	Attitude	Mothers
Guedenon 2016	Prevalence	Attitude	Mothers
Hardianti 2020	Prevalence	Knowledge	Good knowledge score
Hardianti 2020	Prevalence	Knowledge	Medium knowledge score
Hardianti 2020	Prevalence	Knowledge	Low knowledge score
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-
Hassan 2005	Prevalence	Knowledge	Mothers of anemic children aged 6-24 months-

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Hassan 2020	Prevalence	Treatment and	Pregnant women-Control group- medium
Hassan 2020	Prevalence	Treatment and	Pregnant women-Control group- High
Heshmat 2009	Prevalence	Knowledge	Urban residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Rural residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Urban residents in Sistan& Balochestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Sistan & Balochestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Rural residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Urban residents in Sistan& Balochestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Sistan & Balochestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Rural residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Urban residents in Sistan& Balochestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Sistan & Balochestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Rural residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Urban residents in Sistan& Balochestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Sistan & Balochestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Rural residents in Golestan
Heshmat 2009	Prevalence	Knowledge	Urban residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Rural residents in Boushehr
Heshmat 2009	Prevalence	Knowledge	Urban residents in Sistan& Balochestan

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Heshmat 2009	Prevalence	Attitude	Urban residents in Boushehr
Heshmat 2009	Prevalence	Attitude	Rural residents in Boushehr
Heshmat 2009	Prevalence	Attitude	Urban residents in Sistan& Balochestan
Heshmat 2009	Prevalence	Attitude	Rural residents in Sistan & Balochestan
Heshmat 2009	Prevalence	Attitude	Urban residents in Golestan
Heshmat 2009	Prevalence	Attitude	Rural residents in Golestan
Igweonu 2019	Prevalence	Knowledge	Urban respondents- low score on knowledge
Igweonu 2019	Prevalence	Knowledge	Urban respondents- medium score on
Igweonu 2019	Prevalence	Knowledge	Urban respondents- high score on knowledge
Igweonu 2019	Prevalence	Knowledge	rural respondents- low score on knowledge
Igweonu 2019	Prevalence	Knowledge	rural respondents- high score on knowledge
Igweonu 2019	Prevalence	Knowledge	Low knowledge score
Igweonu 2019	Prevalence	Knowledge	medium knowledge score
Igweonu 2019	Prevalence	Knowledge	High knowledge score
Ismail 2017	Prevalence	Knowledge	Mothers of children 2-10 yrs-Poor knowledge
Ismail 2017	Prevalence	Knowledge	Mothers of children aged 2-10 yrs-moderate
Ismail 2017	Prevalence	Knowledge	Mothers of children aged 2-10 yrs-high
Jafari 2012	Prevalence	Knowledge	Mothers- insufficient and weak
Jafari 2012	Prevalence	Knowledge	Mothers- acceptable and moderate
Jafari 2012	Prevalence	Knowledge	Mothers- enough and good
Jarraah 2007	Prevalence	Knowledge	Not applicable
Jarraah 2007	Prevalence	Opinion	Not applicable
Jarraah 2007	Prevalence	Treatment and	Not applicable
Jarraah 2007	Prevalence	Knowledge	Not applicable
Jarraah 2007	Prevalence	Cause	Not applicable
Jarraah 2007	Prevalence	Knowledge	Not applicable
Jarraah 2007	Prevalence	Knowledge	Not applicable
Jarraah 2007	Prevalence	Knowledge	Not applicable
Jarraah 2007	Prevalence	Knowledge	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Jarrah 2007	Prevalence	Knowledge	Young women (student)
Jarrah 2007	Prevalence	Knowledge	Pregnant women
Jefferds 2002	Prevalence	Consequences	mothers of children 24-48 months
Jefferds 2002	Prevalence	Consequences	mothers of children 24-48 months
Jefferds 2002	Prevalence	Consequences	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Jefferds 2002	Prevalence	Treatment and	mothers of children 24-48 months
Kabir 2010	Prevalence	Definition	Student 15-19 years
Kabir 2010	Prevalence	Definition	Student 15-19 years
Kabir 2010	Prevalence	Cause	Student 15-19 years
Kabir 2010	Prevalence	Prevention	Student 15-19 years
Kabir 2010	Prevalence	Prevention	Student 15-19 years
Kabir 2010	Prevalence	Prevention	Student 15-19 years
Kabir 2010	Prevalence	Prevention	Student 15-19 years
Kabir 2010	Prevalence	Treatment and	Student 15-19 years
Kabir 2010	Prevalence	Knowledge	Student 15-19 years
Kala 2015	Mean score	Prevention	student in 9th standard
Kala 2015	Mean score	Prevention	student in 10th standard
Kala 2015	Mean score	Prevention	student in 11th standard
Kala 2015	Mean score	Prevention	student in 12th standard
Kala 2015	Prevalence	Prevention	inadequate knowledge
Kala 2015	Prevalence	Prevention	moderately adequate knowledge

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Kala 2015	Mean score	Prevention	student in 9th standard
Kala 2015	Mean score	Prevention	student in 10th standard
Kala 2015	Mean score	Prevention	student in 11th standard
Kala 2015	Mean score	Prevention	student in 12th standard
Kala 2015	Prevalence	Prevention	unfavorable attitude
Kala 2015	Prevalence	Prevention	favorable
Kanal 2005	Prevalence	Knowledge	Secondary schoolgirl
Kanal 2005	Prevalence	Knowledge	Community Women
Kanal 2005	Prevalence	Knowledge	Garment factory workers
Kanal 2005	Prevalence	Knowledge	Secondary schoolgirl
Kanal 2005	Prevalence	Knowledge	Community Women
Kanal 2005	Prevalence	Knowledge	Garment factory workers
Kanal 2005	Prevalence	Consequences	Secondary schoolgirl
Kanal 2005	Prevalence	Consequences	Community Women
Kanal 2005	Prevalence	Consequences	Garment factory workers
Kanal 2005	Prevalence	Prevention	Secondary schoolgirl
Kanal 2005	Prevalence	Prevention	Garment factory workers
Kanal 2005	Prevalence	Prevention	Community Women
Kanber 2011	Prevalence	Cause	Pregnant women- training group
Kanber 2011	Prevalence	Cause	Pregnant women- control group
Kanber 2011	Prevalence	Knowledge	Pregnant women- training group
Kanber 2011	Prevalence	Knowledge	Pregnant women- control group
Kanber 2011	Prevalence	Knowledge	Pregnant women- training group
Kanber 2011	Prevalence	Knowledge	Pregnant women- control group
Kanber 2011	Prevalence	Knowledge	Pregnant women- training group
Kanber 2011	Prevalence	Knowledge	Pregnant women- control group
Kanber 2011	Prevalence	Knowledge	Pregnant women- training group
Kanber 2011	Prevalence	Knowledge	Pregnant women- control group
Kanber 2011	Prevalence	Knowledge	Pregnant women- training group

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Kanber 2011	Prevalence	Knowledge	Pregnant women- control group
Kanber 2011	Prevalence	Cause	Pregnant women- training group
Kanber 2011	Prevalence	Cause	Pregnant women- control group
Kanber 2011	Prevalence	Prevention	Pregnant women- training group
Kanber 2011	Prevalence	Prevention	Pregnant women- control group
Kanber 2011	Prevalence	Knowledge	Pregnant women- training group
Kanber 2011	Prevalence	Knowledge	Pregnant women- control group
Khan 2005	Prevalence	Knowledge	not applicable
Khan 2005	Prevalence	Cause	not applicable
Khan 2005	Prevalence	Cause	not applicable
Khan 2005	Prevalence	Cause	not applicable
Khan 2005	Prevalence	Cause	not applicable
Khan 2005	Prevalence	Prevention	not applicable
Khan 2005	Prevalence	Consequences	not applicable
Khan 2005	Prevalence	Prevention	not applicable
Kouadio 2013	Prevalence	Knowledge	Town
Kouadio 2013	Prevalence	Knowledge	Town
Kouadio 2013	Prevalence	Knowledge	Town
Kouadio 2013	Prevalence	Knowledge	Village
Kouadio 2013	Prevalence	Knowledge	Village
Kouadio 2013	Prevalence	Knowledge	Village
Kouadio 2013	Prevalence	Knowledge	Village
Kouadio 2013	Prevalence	Knowledge	Hamlet
Kouadio 2013	Prevalence	Knowledge	Hamlet
Kouadio 2013	Prevalence	Knowledge	Hamlet
Kouadio 2013	Prevalence	Knowledge	Hamlet
Kouadio 2013	Prevalence	Knowledge	Hamlet
Kouadio 2013	Prevalence	Knowledge	Hamlet
Kouadio 2013	Prevalence	Cause	Town
Kouadio 2013	Prevalence	Cause	Village

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Kouadio 2013	Prevalence	Cause	Hamlet
Kouadio 2013	Prevalence	Cause	Town
Kouadio 2013	Prevalence	Cause	Village
Kouadio 2013	Prevalence	Cause	Hamlet
Kouadio 2013	Prevalence	Cause	Town
Kouadio 2013	Prevalence	Cause	Village
Kouadio 2013	Prevalence	Cause	Hamlet
Kouadio 2013	Prevalence	Cause	Town
Kouadio 2013	Prevalence	Cause	Village
Kouadio 2013	Prevalence	Cause	Town
Kouadio 2013	Prevalence	Cause	Village
Kouadio 2013	Prevalence	Cause	Hamlet
Kouadio 2013	Prevalence	Cause	Town
Kouadio 2013	Prevalence	Cause	Village
Kouadio 2013	Prevalence	Cause	Hamlet
Kouadio 2013	Prevalence	Cause	Village
Kouadio 2013	Prevalence	Cause	Hamlet
Kouadio 2013	Prevalence	Signs and Symptoms	Town
Kouadio 2013	Prevalence	Signs and Symptoms	Village
Kouadio 2013	Prevalence	Signs and Symptoms	Hamlet
Kouadio 2013	Prevalence	Signs and Symptoms	Town
Kouadio 2013	Prevalence	Signs and Symptoms	Village
Kouadio 2013	Prevalence	Signs and Symptoms	Hamlet
Kouadio 2013	Prevalence	Signs and Symptoms	Town
Kouadio 2013	Prevalence	Signs and Symptoms	Village
Kouadio 2013	Prevalence	Signs and Symptoms	Hamlet
Kouadio 2013	Prevalence	Signs and Symptoms	Town
Kouadio 2013	Prevalence	Signs and Symptoms	Village
Kouadio 2013	Prevalence	Signs and Symptoms	Village

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Krishnaveni 2019	Prevalence	Prevention	not applicable
Krishnaveni 2019	Prevalence	Prevention	not applicable
Krishnaveni 2019	Prevalence	Prevention	not applicable
Krishnaveni 2019	Prevalence	Prevention	not applicable
Krishnaveni 2019	Prevalence	Prevention	not applicable
Krishnaveni 2019	Prevalence	Prevention	not applicable
Krishnaveni 2019	Prevalence	Treatment and	not applicable
Krishnaveni 2019	Prevalence	Treatment and	not applicable
Krishnaveni 2019	Prevalence	Treatment and	not applicable
Krishnaveni 2019	Prevalence	Treatment and	not applicable
Krishnaveni 2019	Prevalence	Treatment and	not applicable
Krishnaveni 2019	Prevalence	Definition	not applicable
Krishnaveni 2019	Prevalence	Definition	not applicable
Krishnaveni 2019	Prevalence	Prevention	not applicable
Krishnaveni 2019	Prevalence	Attitude	not applicable
Krishnaveni 2019	Prevalence	Attitude	not applicable
Krishnaveni 2019	Prevalence	Consequences	not applicable
Krishnaveni 2019	Prevalence	Consequences	not applicable
Krishnaveni 2019	Prevalence	Consequences	not applicable
Krishnaveni 2019	Prevalence	Attitude	not applicable
Krishnaveni 2019	Prevalence	Experience With	not applicable
Krishnaveni 2019	Prevalence	Experience With	not applicable
Krishnaveni 2019	Prevalence	Experience With	not applicable
Krishnaveni 2019	Prevalence	Experience With	not applicable
Krishnaveni 2019	Prevalence	Experience With	not applicable
Krishnaveni 2019	Prevalence	Experience With	not applicable
Krishnaveni 2019	Prevalence	Experience With	not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Kulkarni 2015	Prevalence	Awareness	not applicable
Kulkarni 2015	Prevalence	Experience With	not applicable
Kulkarni 2015	Prevalence	Knowledge	not applicable
Kulkarni 2015	Prevalence	Consequences	not applicable
Kulkarni 2015	Prevalence	Consequences	not applicable
Kulkarni 2015	Prevalence	Awareness	not applicable
Manickavasagam 2021	Prevalence	Knowledge	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Attitude	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Attitude	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Attitude	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Attitude	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Knowledge	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Experience With	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Experience With	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Consequences	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Consequences	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Attitude	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Attitude	Non- anemia in pregnancy
Manickavasagam 2021	Prevalence	Opinion	Anemia in pregnancy
Manickavasagam 2021	Prevalence	Opinion	Non- anemia in pregnancy
Margwe 2018	Prevalence	Knowledge	pregnant women- not anemic- no knowledge

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Margwe 2018	Prevalence	Knowledge	pregnant women- anemic- no knowledge
Margwe 2018	Prevalence	Knowledge	pregnant women- not anemic-low knowledge
Margwe 2018	Prevalence	Knowledge	pregnant women- anemic-low knowledge
Margwe 2018	Prevalence	Knowledge	pregnant women- not anemic- high knowledge
Margwe 2018	Prevalence	Knowledge	pregnant women- anemic- high knowledge
Margwe 2018	Prevalence	Knowledge	pregnant women-no knowledge
Margwe 2018	Prevalence	Knowledge	pregnant women- low knowledge
Margwe 2018	Prevalence	Knowledge	pregnant women- high knowledge
Margwe 2018	Prevalence	Attitude	pregnant women- not anemic- unfavorable
Margwe 2018	Prevalence	Attitude	pregnant women- anemic- unfavorable attitude
Margwe 2018	Prevalence	Attitude	pregnant women- not anemic-neutral attitude
Margwe 2018	Prevalence	Attitude	pregnant women- anemic-neutral attitude
Margwe 2018	Prevalence	Attitude	pregnant women- not anemic- favorable
Margwe 2018	Prevalence	Attitude	pregnant women- anemic- favorable attitude
Margwe 2018	Prevalence	Attitude	pregnant women-unfavorable
Margwe 2018	Prevalence	Attitude	pregnant women- neutral
Margwe 2018	Prevalence	Attitude	pregnant women- favorable
Massawe 1995	Prevalence	Cause	Pregnant women
Massawe 1995	Prevalence	Attitude	Pregnant women
Massawe 1995	Prevalence	Attitude	Pregnant women
Massawe 1995	Prevalence	Attitude	Pregnant women
Massawe 1995	Prevalence	Attitude	Pregnant women
Massawe 1995	Prevalence	Cause	Pregnant women
Massawe 1995	Prevalence	Cause	Pregnant women
Massawe 1995	Prevalence	Cause	Pregnant women
Massawe 1995	Prevalence	Cause	Pregnant women
Massawe 1995	Prevalence	Cause	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Prevention	Pregnant women
Massawe 1995	Prevalence	Experience With	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Massawe 1995	Prevalence	Knowledge	Pregnant women
Mbule 2013	Prevalence	Knowledge	Pregnant women
Mbule 2013	Prevalence	Signs and Symptoms	Pregnant women
Mbule 2013	Prevalence	Consequences	Pregnant women
Mbule 2013	Prevalence	Treatment and	Pregnant women
Mbule 2013	Prevalence	Treatment and	Pregnant women
Mbule 2013	Prevalence	Treatment and	Pregnant women
Mbule 2013	Prevalence	Treatment and	Pregnant women
Mbule 2013	Prevalence	Treatment and	Pregnant women
Mbwana 2020	Prevalence	Cause	Rural mothers/caregivers
Mbwana 2020	Prevalence	Signs and Symptoms	Rural mothers/caregivers
Mbwana 2020	Prevalence	Knowledge	Rural mothers/caregivers

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
O'Connor 1969	Prevalence	Opinion	Expectant parents (Group A)
O'Connor 1969	Prevalence	Opinion	Child health center mothers (group B)
O'Connor 1969	Prevalence	Opinion	Primiparas (group C)
O'Connor 1969	Prevalence	Opinion	Multiparas (Group D)
O'Connor 1969	Prevalence	Cause	Expectant parents (Group A)
O'Connor 1969	Prevalence	Cause	Child health center mothers (group B)
O'Connor 1969	Prevalence	Cause	Primiparas (group C)
O'Connor 1969	Prevalence	Cause	Multiparas (Group D)
O'Connor 1969	Prevalence	Knowledge	Expectant parents (Group A)
O'Connor 1969	Prevalence	Knowledge	Child health center mothers (group B)
O'Connor 1969	Prevalence	Knowledge	Primiparas (group C)
O'Connor 1969	Prevalence	Knowledge	Multiparas (Group D)
O'Connor 1969	Prevalence	Knowledge	Expectant parents (Group A)
O'Connor 1969	Prevalence	Knowledge	Child health center mothers (group B)
O'Connor 1969	Prevalence	Knowledge	Primiparas (group C)
O'Connor 1969	Prevalence	Knowledge	Multiparas (Group D)
Onyeneho 2016_ Journal of Public	Prevalence	Awareness	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Awareness	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Awareness	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Knowledge	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Knowledge	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Knowledge	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Knowledge	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Knowledge	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Experience With	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Experience With	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Prevalence	Experience With	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Mean Score	Knowledge	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Mean Score	Knowledge	Mothers who delivered within 6 months prior
Onyeneho 2016_ Journal of Public	Mean Score	Knowledge	Mothers who delivered within 6 months prior

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Onyeneho 2016_ Journal of Public	Prevalence	Attitude	Mothers who delivered within 6 months prior
Paulino 2005	Prevalence	Prevention	Pregnant women
Paulino 2005	Prevalence	Prevention	Non-pregnant women
Paulino 2005	Prevalence	Prevention	Pregnant women
Paulino 2005	Prevalence	Prevention	Non-pregnant women
Paulino 2005	Prevalence	Prevention	Pregnant women
Paulino 2005	Prevalence	Prevention	Non-pregnant women
Paulino 2005	Prevalence	Treatment and	Pregnant women
Paulino 2005	Prevalence	Treatment and	Non-pregnant women
Polat 2001	Prevalence	Knowledge	Pregnant women
Polat 2001	Prevalence	Knowledge	Pregnant women
Polat 2001	Prevalence	Knowledge	Pregnant women
Polat 2001	Prevalence	Cause	Pregnant women
Polat 2001	Prevalence	Cause	Pregnant women
Polat 2001	Prevalence	Cause	Pregnant women
Polat 2001	Prevalence	Cause	Pregnant women
Polat 2001	Prevalence	Cause	Pregnant women
Polat 2001	Prevalence	Cause	Pregnant women
Polat 2001	Prevalence	Consequences	Pregnant women
Polat 2001	Prevalence	Consequences	Pregnant women
Polat 2001	Prevalence	Consequences	Pregnant women
Polat 2001	Prevalence	Consequences	Pregnant women
Polat 2001	Prevalence	Prevention	Pregnant women
Polat 2001	Prevalence	Prevention	Pregnant women
Polat 2001	Prevalence	Prevention	Pregnant women
Polat 2001	Prevalence	Prevention	Pregnant women
Primadewi 2021	Prevalence	Knowledge	Pregnant women- good
Primadewi 2021	Prevalence	Knowledge	Pregnant women- enough
Primadewi 2021	Prevalence	Knowledge	Pregnant women- not enough

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Rivera 2020	Prevalence	Knowledge	Not applicable
Rivera 2020	Prevalence	Knowledge	Anemic
Rivera 2020	Prevalence	Knowledge	Non-anemic
Rivera 2020	Prevalence	Knowledge	Not applicable
Rivera 2020	Prevalence	Knowledge	Anemic
Rivera 2020	Prevalence	Knowledge	Non-anemic
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Signs and Symptoms	Not applicable
Rizwan 2019	Prevalence	Signs and Symptoms	Not applicable
Rizwan 2019	Prevalence	Treatment and	Not applicable
Rizwan 2019	Prevalence	Treatment and	Not applicable
Rizwan 2019	Prevalence	Experience With	Not applicable
Rizwan 2019	Prevalence	Experience With	Not applicable
Rizwan 2019	Prevalence	Experience With	Not applicable
Rizwan 2019	Prevalence	Experience With	Not applicable
Rizwan 2019	Prevalence	Experience With	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Consequences	Not applicable
Rizwan 2019	Prevalence	Consequences	Not applicable
Rizwan 2019	Prevalence	Consequences	Not applicable
Rizwan 2019	Prevalence	Consequences	Not applicable
Rizwan 2019	Prevalence	Opinion	Not applicable
Rizwan 2019	Prevalence	Opinion	Not applicable
Rizwan 2019	Prevalence	Opinion	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Knowledge	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Cause	Not applicable
Rizwan 2019	Prevalence	Preferences	Not applicable
Rizwan 2019	Prevalence	Preferences	Not applicable
Rizwan 2019	Prevalence	Preferences	Not applicable
Rizwan 2019	Prevalence	Definition	Not applicable
Rizwan 2019	Prevalence	Definition	Not applicable
Rizwan 2019	Prevalence	Definition	Not applicable
Rizwan 2019	Prevalence	Definition	Not applicable
Rukmaini 2019	Prevalence	Knowledge	Pregnant women-experimental group- high
Rukmaini 2019	Prevalence	Knowledge	Pregnant women-control group- high level of
Rukmaini 2019	Prevalence	Knowledge	Pregnant women-experimental group- positive
Rukmaini 2019	Prevalence	Knowledge	Pregnant women-control group- positive
Rukmaini 2019	Prevalence	Attitude	Pregnant women-experimental group- positive
Rukmaini 2019	Prevalence	Attitude	Pregnant women-control group- positive
Rukmaini 2019	Mean Score	Knowledge	Pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Rukmaini 2019	Mean Score	Knowledge	Pregnant women
Rukmaini 2019	Mean Score	Attitude	Pregnant women
Seniar 2019_ Journal of Forensic N Prevalence		Awareness	Pregnant women- good level of awareness
Seniar 2019_ Journal of Forensic N Prevalence		Awareness	Pregnant women- fair level of awareness
Seniar 2019_ Journal of Forensic N Prevalence		Awareness	Pregnant women- poor level of awareness
Seniar 2019_ Journal of Pharmacei Mean Score		Cause	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Cause	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Signs and Symptoms	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Signs and Symptoms	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Prevention	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Prevention	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Consequences	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Consequences	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Treatment and	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Treatment and	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Mean Score		Knowledge	Pregnant anemic women- control
Seniar 2019_ Journal of Pharmacei Prevalence		Experience With	Pregnant anemic women- intervention
Seniar 2019_ Journal of Pharmacei Prevalence		Experience With	Pregnant anemic women- control

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Sheriff 2021	Mean Score	Knowledge	Not applicable
Sheriff 2021	Prevalence	Knowledge	poor knowledge
Sheriff 2021	Prevalence	Knowledge	good knowledge
Souganidis 2012	Prevalence	Knowledge	Mothers from Urban slums
Souganidis 2012	Prevalence	Knowledge	Mothers from Rural
Souganidis 2012	Prevalence	Knowledge	Mothers from Urban slums
Souganidis 2012	Prevalence	Knowledge	Mothers from Rural
VijayaKumar 2015	Prevalence	Knowledge	Adolescents
VijayaKumar 2015	Prevalence	Prevention	Adolescents
VijayaKumar 2015	Prevalence	Cause	Adolescents
VijayaKumar 2015	Prevalence	Cause	Adolescents
VijayaKumar 2015	Prevalence	Experience With	Adolescents
VijayaKumar 2015	Prevalence	Experience With	Adolescents
VijayaKumar 2015	Prevalence	Experience With	Adolescents
VijayaKumar 2015	Prevalence	Signs and Symptoms	Adolescents
VijayaKumar 2015	Prevalence	Signs and Symptoms	Adolescents
VijayaKumar 2015	Prevalence	Signs and Symptoms	Adolescents
Vosnacos 2015	Prevalence	Treatment and	Pregnant women or women up to 4 weeks
Vosnacos 2015	Prevalence	Treatment and	Pregnant women or women up to 4 weeks
Vosnacos 2015	Prevalence	Treatment and	Pregnant women or women up to 4 weeks
Vosnacos 2015	Prevalence	Treatment and	Pregnant women or women up to 4 weeks
Vosnacos 2015	Prevalence	Treatment and	Pregnant women or women up to 4 weeks
Vosnacos 2015	Prevalence	Treatment and	Pregnant women or women up to 4 weeks
Xu 2015	Prevalence	Knowledge	Mothers of children 6-12 months
Yang 2015	Prevalence	Knowledge	Mothers of children under 5 years
Yang 2015	Prevalence	Cause	Mothers of children under 5 years
Yang 2015	Prevalence	Prevention	Mothers of children under 5 years
Yesufu 2013	Mean Score	Awareness	Pregnant women
Yesufu 2013	Mean Score	Knowledge	Pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Yesufu 2013	Mean Score	Awareness	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Attitude	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Yesufu 2013	Mean Score	Experience With	Pregnant women
Zhang 2018	Prevalence	Knowledge	Pregnant women- low tertile
Zhang 2018	Prevalence	Knowledge	Pregnant women- medium tertile
Zhang 2018	Prevalence	Knowledge	Pregnant women- high tertile

19. Author and Year	23. Major Finding	23a. Standard Deviation <i>If the outcome is reported as a mean, provide the standard deviation.</i>	24. How is the outcome phrased in the study? <i>If the outcome is collected through a survey, how is the outcome phrased in the survey?</i>
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>The mean score or prevalence/percentage of WRA's perception outcome of anemia.</i>	<i>If the study does not provide SD, say Not Reported. If the</i>	<i>If the outcome is collected through a survey, how is the outcome phrased in the survey?</i>
Abalkhail 2002	43.20%	Not Applicable	Students were asked if they suffer from anaemia and if so, its type.
Abiselvi 2015	19.30%	Not Applicable	Participants were asked if they know what is anemia Participants were asked about recognition, consequences for women and children, causes and prevention of IDA, iron-rich food, and food that increases/decreases iron absorption.
Abu-Baker 2021	4.94	2.26	

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Abu-Baker 2021	4.74	1.96	Participants were asked about recognition, consequences for women and children, causes and prevention of IDA, iron-rich food, and food that increases/decreases iron absorption.
Abu-Baker 2021	3.28	1.42	Participants were asked if they had an iron-rich food intake yesterday, whether the participants usually consume vitamin C-rich fruits, and their usual consumption of tea or coffee.
Abu-Baker 2021	3.25	1.41	Participants were asked if they had an iron-rich food intake yesterday, whether the participants usually consume vitamin C-rich fruits, and their usual consumption of tea or coffee.
Abu-Baker 2021	2.25	1.29	Participants were asked about their perceptions of the probability of suffering IDA, the seriousness of the disease, how good, difficult, confident they are about preparing iron-rich meal; and the taste of iron-rich meal.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Abu-Baker 2021	2.97	2.67	Participants were asked about their perceptions of the probability of suffering IDA, the seriousness of the disease, how good, difficult, confident they are about preparing iron-rich meal; and the taste of iron-rich meal.
Abujilban 2019	16.18	9	Participants were asked about the concept of pregnancy and anemia in pregnancy, causes of iron deficiency anemia in pregnancy, effect of anemia in pregnancy, signs and symptoms of anemia in pregnancy, management of iron deficiency anemia, and prevention of iron deficiency anemia.
Abujilban 2019	17.73	7.58	Participants were asked about the concept of pregnancy and anemia in pregnancy, causes of iron deficiency anemia in pregnancy, effect of anemia in pregnancy, signs and symptoms of anemia in pregnancy, management of iron deficiency anemia, and prevention of iron deficiency anemia.
Adznam 2018	17.30%	Not Applicable	Questions include the knowledge of anemia's common causes, signs and symptoms, and treatments and preventions.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Adznam 2018	84.2	Not Applicable	Participants were asked about the knowledge of anemia's common causes, signs and symptoms, and treatments and preventions.
Adznam 2018	72.4	6.7	Participants were asked about their attitude of anemia's common causes, signs and symptoms, and treatments and preventions.
Adznam 2018	69.9	13.1	Participants were asked about their practice toward anemia, including dietary pattern, iron intake, etc. during pregnancy.
Agbemaflle 2019	61.60%	Not Applicable	Participants were asked about their knowledge of anemia, understanding of its nutritional causes, signs, and symptoms.
Agbemaflle 2019	38.40%	Not Applicable	Participants were asked about their knowledge of anemia, understanding of its nutritional causes, signs, and symptoms.
Agustina 2021	61.80%	Not applicable	Participants were asked if they've heard about anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Agustina 2021	56.10%	Not Applicable	Participants were asked about the symptoms of anemia
Agustina 2021	40%	Not Applicable	Participants were asked about the causes of anemia
Agustina 2021	21.80%	Not Applicable	Participants were asked about the effects of anemia on adolescent girls
Agustina 2021	45.10%	Not Applicable	Participants were asked about the prevention of anemia
Agustina 2021	47.20%	Not Applicable	Participants were asked about iron rich food list.
Agustina 2021	3%	Not Applicable	Participants were asked about food that helps in iron absorption.
Agustina 2021	19.70%	Not Applicable	Participants were asked if they've heard about iron-folic acid supplementation.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Agustina 2021	57.30%	Not Applicable	Participants were asked if they were aware about IDA.
Agustina 2021	45.10%	Not Applicable	Participants were asked about food diversity.
Agustina 2021	0.60%	Not Applicable	Participants were asked about the taste of IFA supplementation.
Agustina 2021	99.40%	Not Applicable	Participant consumption of iron-rich food on previous day
Agustina 2021	77%	Not Applicable	Participant consumption of vitamin C rich fruit
Agustina 2021	63.30%	Not Applicable	Participant consumption of tea or coffee regularly
Agustina 2021	3%	Not Applicable	Participant consumption of IFA supplementation
Agustina 2021	87.80%	Not Applicable	Participant exposure to tobacco

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Agustina 2021	86.30%	Not Applicable	Participant good daily hygiene
AlAbedi 2020	19.20%	Not Applicable	Participants were asked general information about IDA, the causes, the symptoms of this type of anemia, the negative effects, the benefit of intake iron pills during pregnancy, and knowledge of pregnant women about food that contains a high concentration for iron.
AlAbedi 2020	76.10%	Not Applicable	Participants were asked general information about IDA, the causes, the symptoms of this type of anemia, the negative effects, the benefit of intake iron pills during pregnancy, and knowledge of pregnant women about food that contains a high concentration for iron.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
AlAbedi 2020	4.70%	Not Applicable	Participants were asked general information about IDA, the causes, the symptoms of this type of anemia, the negative effects, the benefit of intake iron pills during pregnancy, and knowledge of pregnant women about food that contains a high concentration for iron.
AlAbedi 2020	14.20%	Not Applicable	Participants were asked about their practice and behaviors during the current pregnancy related to IDA.
AlAbedi 2020	75.50%	Not Applicable	Participants were asked about their practice and behaviors during the current pregnancy related to IDA.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
AlAbedi 2020	10.30%	Not Applicable	Participants were asked about their practice and behaviors during the current pregnancy related to IDA.
AlAbedi 2020	1.77	0.276	Participants were asked general information about IDA, the causes, the symptoms of this type of anemia, the negative effects, the benefit of intake iron pills during pregnancy, and knowledge of pregnant women about food that contains a high concentration for iron.
AlAbedi 2020	1.95	0.278	Participants were asked about their practice and behaviors during the current pregnancy related to IDA.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	11.80%	Not Applicable	Participants were asked about the definition of anemia.
Alaofé 2009 (Ecology)	35.30%	Not Applicable	Participants were asked about the definition of anemia.
Alaofé 2009 (Ecology)	11.80%	Not Applicable	Participants were asked the definition of iron deficiency.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	35.30%	Not Applicable	Participants were asked the definition of iron deficiency.
Alaofé 2009 (Ecology)	17.70%	Not Applicable	Participants were asked the health consequences of iron deficiency.
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked the health consequences of iron deficiency.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	5.90%	Not Applicable	Participants were asked the risk groups of iron deficiency.
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked the risk groups of iron deficiency.
Alaofé 2009 (Ecology)	8.90%	Not Applicable	Participants were asked the importance of iron.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	8.30%	Not Applicable	Participants were asked the importance of iron.
Alaofé 2009 (Ecology)	17.60%	Not Applicable	Participants were asked about iron rich foods.
Alaofé 2009 (Ecology)	8.30%	Not Applicable	Participants were asked about iron rich foods.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked about foods rich in available iron.
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked about foods rich in available iron.
Alaofé 2009 (Ecology)	47.10%	Not Applicable	Participants were asked the importance of vitamin C.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	23.50%	Not Applicable	Participants were asked the importance of vitamin C.
Alaofé 2009 (Ecology)	47.10%	Not Applicable	Participants were asked the food sources of vitamin C.
Alaofé 2009 (Ecology)	23.50%	Not Applicable	Participants were asked the food sources of vitamin C.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	8.80%	Not Applicable	Participants were asked the methods to decrease the loss of vitamin C.
Alaofé 2009 (Ecology)	5.90%	Not Applicable	Participants were asked the methods to decrease the loss of vitamin C.
Alaofé 2009 (Ecology)	5.90%	Not Applicable	Participants were asked the relationship between vitamin C and iron deficiency.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	5.90%	Not Applicable	Participants were asked the relationship between vitamin C and iron deficiency.
Alaofé 2009 (Ecology)	14.70%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is increasing the intake of iron containing foods.
Alaofé 2009 (Ecology)	14.70%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is increasing the intake of iron containing foods.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is adding animal foods to composite dishes.
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is adding animal foods to composite dishes.
Alaofé 2009 (Ecology)	17.60%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is increasing the intake of vitamin C containing foods.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	23.50%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is increasing the intake of vitamin C containing foods.
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is consumption of fruits/ fruit juices with meals.
Alaofé 2009 (Ecology)	0.00%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is consumption of fruits/ fruit juices with meals.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	11.80%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is decreasing intake of inhibitors of iron absorption.
Alaofé 2009 (Ecology)	17.60%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is decreasing intake of inhibitors of iron absorption.
Alaofé 2009 (Ecology)	5.90%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is dietary diversification.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Alaofé 2009 (Ecology)	2.90%	Not Applicable	Participants were asked if their dietary strategy to improve iron status is dietary diversification. Household questionnaire was administered.
Ali 2018	51.00%	Not Applicable	Participants were asked if they've heard of anemia. Household questionnaire was administered.
Ali 2018	48.00%	Not Applicable	Participants were asked if they've heard of anemia. Household questionnaire was administered.
Ali 2018	50.00%	Not Applicable	Participants were asked if they've heard of anemia.
Ali 2018	51.00%	Not Applicable	Participants were asked if they knew the causes of anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Ali 2018	48.00%	Not Applicable	Participants were asked if they knew the causes of anemia.
Ali 2018	50.00%	Not Applicable	Participants were asked if they knew the causes of anemia.
Ali 2018	49.00%	Not Applicable	Participants were asked if they knew the signs of anemia.
Ali 2018	52.00%	Not Applicable	Participants were asked if they knew the signs of anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Ali 2018	50.00%	Not Applicable	Participants were asked if they knew the signs of anemia.
Ali 2018	61%	Not Applicable	Participants were asked if they knew the symptoms of anemia.
Ali 2018	70.00%	Not Applicable	Participants were asked if they knew the symptoms of anemia.
Ali 2018	64.00%	Not Applicable	Participants were asked if they knew the symptoms of anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Ali 2018	60.00%	Not Applicable	Participants were asked if they knew anemia treatment.
Ali 2018	70.00%	Not Applicable	Participants were asked if they knew anemia treatment.
Ali 2018	63.00%	Not applicable	Participants were asked if they knew anemia treatment.
Anokye 2018	62%	Not Applicable	Participants were asked about the meaning of anemia
Anokye 2018	43%	Not Applicable	Participants were asked about the cause of anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Anokye 2018	91%	Not Applicable	Participant were asked about signs and symptoms of anaemia.
Anokye 2018	81%	Not Applicable	Participant were asked about anemia prevention.
Anokye 2018	48%	Not Applicable	Participants were asked about management of anemia.
Ayub 2015	32.10%	Not applicable	Participants were asked about the causes of IDA
Ayub 2015	49.10%	Not applicable	Participants were asked about the dietary sources of iron

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Ayub 2015	41.50%	Not applicable	Participants were asked about the signs and symptoms of IDA
Baizhumanova 2010	96.20%	Not applicable	Participants were asked "Did you hear about iron deficiency anemia?"
Baizhumanova 2010	98.40%	Not applicable	Participants were asked "Did you hear about iron deficiency anemia?"
Baizhumanova 2010	67.50%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	72.50%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Baizhumanova 2010	62.50%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	65.00%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	22.50%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	10.00%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	15.00%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	12.50%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	10.00%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	2.50%	Not applicable	Participants were asked "How to prevent iron deficiency anemia?"
Baizhumanova 2010	77.50%	Not applicable	Participants were asked "What products contain iron?"
Baizhumanova 2010	92.50%	Not applicable	Participants were asked "What products contain iron?"
Baizhumanova 2010	57.50%	Not applicable	Participants were asked "What products contain iron?"

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Baizhumanova 2010	52.50%	Not applicable	Participants were asked "What products contain iron?"
Baizhumanova 2010	57.50%	Not applicable	Participants were asked "What products contain iron?"
Baizhumanova 2010	67.50%	Not applicable	Participants were asked "What products contain iron?"
Baskar 2020	75.89%	Not applicable	Participants were asked if they were aware that anemia can affect pregnant women.
Baskar 2020	13.39%	Not applicable	Participants were asked if they were aware that anemia can affect pregnant women.
Baskar 2020	10.71%	Not applicable	Participants were asked if they were aware that anemia can affect pregnant women.
Baskar 2020	18.75%	Not applicable	Participants were asked if they were aware that hemoglobin concentration <11g/dl cause anemia.
Baskar 2020	66.07%	Not applicable	Participants were asked if they were aware that hemoglobin concentration <11g/dl cause anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Baskar 2020	6.25%	Not applicable	Participants were asked if they were aware that hemoglobin concentration <11g/dl cause anemia.
Baskar 2020	8.93%	Not applicable	Participants were asked if they were aware that hemoglobin concentration <11g/dl cause anemia.
Baskar 2020	17.86%	Not applicable	Participants were asked if they were aware of other reasons which can cause anemia.
Baskar 2020	41.96%	Not applicable	Participants were asked if they were aware of other reasons which can cause anemia.
Baskar 2020	17.86%	Not applicable	Participants were asked if they were aware of other reasons which can cause anemia.
Baskar 2020	21.43%	Not applicable	Participants were asked if they were aware of other reasons which can cause anemia.
Baskar 2020	0.89%	Not applicable	Participants were asked if they were aware of other reasons which can cause anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Baskar 2020	41.07%	Not applicable	Participants were asked if they were aware of weakness and tiredness as common symptoms of anemia.
Baskar 2020	43.75%	Not applicable	Participants were asked if they were aware of weakness and tiredness as common symptoms of anemia.
Baskar 2020	8.04%	Not applicable	Participants were asked if they were aware of weakness and tiredness as common symptoms of anemia.
Baskar 2020	7.14%	Not applicable	Participants were asked if they were aware of weakness and tiredness as common symptoms of anemia.
Baskar 2020	80.36%	Not applicable	Participants were asked if they were aware of the major cause of anemia.
Baskar 2020	9.82%	Not applicable	Participants were asked if they were aware of the major cause of anemia.
Baskar 2020	9.82%	Not applicable	Participants were asked if they were aware of the major cause of anemia.
Baskar 2020	94.64%	Not applicable	Participants were asked if they were aware that hemoglobin concentration <6g/dl causes severe anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Baskar 2020	19.64%	Not applicable	Participants were asked if they were aware of the effects of severe anemia.
Baskar 2020	35.71%	Not applicable	Participants were asked if they were aware of the effects of severe anemia.
Baskar 2020	26.79%	Not applicable	Participants were asked if they were aware of the effects of severe anemia.
Baskar 2020	17.86%	Not applicable	Participants were asked if they were aware of the effects of severe anemia.
Baskar 2020	10.71%	Not applicable	Participants were asked if they were aware of the effects of anemia in children
Baskar 2020	50.00%	Not applicable	Participants were asked if they were aware of the effects of anemia in children
Baskar 2020	23.21%	Not applicable	Participants were asked if they were aware of the effects of anemia in children
Baskar 2020	14.29%	Not applicable	Participants were asked if they were aware of the effects of anemia in children

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Baskar 2020	0.89%	Not applicable	Participants were asked if they were aware of the effects of anemia in children
Baskar 2020	0.89%	Not applicable	Participants were asked if they were aware of the effects of anemia in children
Baskar 2020	58.04%	Not applicable	Participants were asked if they were aware of programmes conducted on anemia.
Baskar 2020	22.32%	Not applicable	Participants were asked if they were aware of programmes conducted on anemia.
Baskar 2020	19.64%	Not applicable	Participants were asked if they were aware of programmes conducted on anemia.
Bhatia 2021	7%	Not Applicable	Participants were asked about the symptoms of anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhatia 2021	17%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	2%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	18%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	13%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	4%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	2%	Not Applicable	Participants were asked about the symptoms of anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhatia 2021	2%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	19%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	2%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	20%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	15%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	4%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	3%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	18%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	3%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	19%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	15%	Not Applicable	Participants were asked about the symptoms of anemia.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhatia 2021	4%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	11%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	17%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	3%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	19%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	15%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	5%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	1%	Not Applicable	Participants were asked about the symptoms of anemia.
Bhatia 2021	45%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	48%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhatia 2021	2%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	54%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	37%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	4%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	56%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	36%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	4%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhatia 2021	51%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhatia 2021	41%	Not Applicable	Participants were asked about their health seeking behavior with anemia related symptoms.
Bhat 2012	61.25%	Not applicable	Participants were asked about their
Bhat 2012	79.04%	Not applicable	Participants were asked about their
Bhat 2012	35.38%	Not applicable	Participants were asked about their
Bhat 2012	3.062	Not reported	Participants were asked about their
Bhat 2012	3.952	Not reported	Participants were asked about their
Bhat 2012	1.769	Not reported	Participants were asked about their
Bhat 2012	67.91%	Not applicable	Participants were asked about their
Bhat 2012	70.15%	Not applicable	Participants were asked about their
Bhat 2012	43.07%	Not applicable	Participants were asked about their
Bhat 2012	10.187	Not reported	Participants were asked about their
Bhat 2012	10.52	Not reported	Participants were asked about their
Bhat 2012	7.69	Not reported	Participants were asked about their
Bhat 2012	31.25%	Not applicable	Participants were asked about their
Bhat 2012	25.39%	Not applicable	Participants were asked about their
Bhat 2012	28.20%	Not applicable	Participants were asked about their
Bhat 2012	0.93	Not reported	Participants were asked about their
Bhat 2012	0.761	Not reported	Participants were asked about their
Bhat 2012	0.846	Not reported	Participants were asked about their
Bhat 2012	37.50%	Not applicable	Participants were asked about their
Bhat 2012	9.52%	Not applicable	Participants were asked about their
Bhat 2012	28.20%	Not applicable	Participants were asked about their
Bhat 2012	1.125	Not reported	Participants were asked about their
Bhat 2012	0.285	Not reported	Participants were asked about their
Bhat 2012	0.846	Not reported	Participants were asked about their
Bhat 2012	14.58%	Not applicable	Participants were asked about their
Bhat 2012	30.15%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhat 2012	12.82%	Not applicable	Participants were asked about their
Bhat 2012	0.437	Not reported	Participants were asked about their
Bhat 2012	0.9	Not reported	Participants were asked about their
Bhat 2012	0.384	Not reported	Participants were asked about their
Bhat 2012	59.30%	Not applicable	Participants were asked about their
Bhat 2012	52.58%	Not applicable	Participants were asked about their
Bhat 2012	69.23%	Not applicable	Participants were asked about their
Bhat 2012	0.593	Not reported	Participants were asked about their
Bhat 2012	0.523	Not reported	Participants were asked about their
Bhat 2012	0.692	Not reported	Participants were asked about their
Bhat 2012	15.62%	Not applicable	Participants were asked about their
Bhat 2012	23.80%	Not applicable	Participants were asked about their
Bhat 2012	7.69%	Not applicable	Participants were asked about their
Bhat 2012	0.156	Not reported	Participants were asked about their
Bhat 2012	0.238	Not reported	Participants were asked about their
Bhat 2012	0.076	Not reported	Participants were asked about their
Bhat 2012	0.10%	Not applicable	Participants were asked about their
Bhat 2012	9.52%	Not applicable	Participants were asked about their
Bhat 2012	0.031	Not reported	Participants were asked about their
Bhat 2012	0.285	Not reported	Participants were asked about their
Bhat 2012	56.25%	Not applicable	Participants were asked about their
Bhat 2012	57.14%	Not applicable	Participants were asked about their
Bhat 2012	30.00%	Not applicable	Participants were asked about their
Bhat 2012	0.562	Not reported	Participants were asked about their
Bhat 2012	0.571	Not reported	Participants were asked about their
Bhat 2012	0.307	Not reported	Participants were asked about their
Bhat 2012	42.96%	Not applicable	Participants were asked about their
Bhat 2012	52.90%	Not applicable	Participants were asked about their
Bhat 2012	40.38%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhat 2012	3.43	Not reported	Participants were asked about their
Bhat 2012	4.23	Not reported	Participants were asked about their
Bhat 2012	3.23	Not reported	Participants were asked about their
Bhat 2012	48.75%	Not applicable	Participants were asked about their
Bhat 2012	40.95%	Not applicable	Participants were asked about their
Bhat 2012	35.38%	Not applicable	Participants were asked about their
Bhat 2012	2.43	Not reported	Participants were asked about their
Bhat 2012	2.04	Not reported	Participants were asked about their
Bhat 2012	1.76	Not reported	Participants were asked about their
Bhat 2012	0.3	Not reported	Participants were asked about their
Bhat 2012	0.136	Not reported	Participants were asked about their
Bhat 2012	0.115	Not reported	Participants were asked about their
Bhat 2012	-0.125	Not reported	Participants were asked about their
Bhat 2012	-0.03	Not reported	Participants were asked about their
Bhat 2012	-0.31	Not reported	Participants were asked about their
Bhat 2012	0.082	Not reported	Participants were asked about their
Bhat 2012	-0.044	Not reported	Participants were asked about their
Bhat 2012	-0.084	Not reported	Participants were asked about their
Bhat 2012	5.91	Not reported	Participants were asked about their
Bhat 2012	7.21	Not reported	Participants were asked about their
Bhat 2012	7.63	Not reported	Participants were asked about their
Bhat 2012	5.24	Not reported	Participants were asked about their
Bhat 2012	8.75	Not reported	Participants were asked about their
Bhat 2012	9.25	Not reported	Participants were asked about their
Bhat 2012	6.42	Not reported	Participants were asked about their
Bhat 2012	5.46	Not reported	Participants were asked about their
Bhat 2012	6.45	Not reported	Participants were asked about their
Bhat 2012	8.07	Not reported	Participants were asked about their
Bhat 2012	6.07	Not reported	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bhat 2012	7.66	Not reported	Participants were asked about their
Bhat 2012	4.28	Not reported	Participants were asked about their
Bhat 2012	3	Not reported	Participants were asked about their
Bhat 2012	5.4	Not reported	Participants were asked about their
Bhat 2012	2.84	Not reported	Participants were asked about their
Bhat 2012	2.66	Not reported	Participants were asked about their
Bhat 2012	3.38	Not reported	Participants were asked about their
Bhat 2012	8.52	Not reported	Participants were asked about their
Bhat 2012	7	Not reported	Participants were asked about their
Bhat 2012	7.83	Not reported	Participants were asked about their
Bhat 2012	8.68	Not reported	Participants were asked about their
Bhat 2012	7	Not reported	Participants were asked about their
Bhat 2012	7.58	Not reported	Participants were asked about their
Bhat 2012	8.27	Not reported	Participants were asked about their
Bhat 2012	5.8	Not reported	Participants were asked about their
Bhat 2012	6.9	Not reported	Participants were asked about their
Bhat 2012	46.80%	Not applicable	Participants were asked about their
Bhat 2012	64.70%	Not applicable	Participants were asked about their
Bhat 2012	64.70%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bilenko 2007	55.30%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>
Bilenko 2007	31.90%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bilenko 2007	12.80%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>
Bilenko 2007	15%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bilenko 2007	42.50%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>
Bilenko 2007	42.50%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bilenko 2007	34%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p> <p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>
Bilenko 2007	38%	Not applicable	<p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p> <p>Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.</p>

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bilenko 2007	28%	Not applicable	Participants were asked about knowledge questions regarding anemia and iron deficiency related to the cause of anemia, signs and symptoms, short-term consequences such as weakness and reduced appetite, long-term consequences such as developmental and behavioral problems, iron-rich food, and to the MCH recommendations for iron supplementations.
Bilenko 2007	21.3%	Not applicable	Participants were asked about their adherence with iron supplementation recommendation

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Bilenko 2007	53.7%	Not applicable	Participants were asked about their adherence with iron supplementation recommendation
Choi 1985	47.97%	Not applicable	Participants were asked about the relation between anemia and pregnancy
Choi 1985	39.19%	Not applicable	Participants were asked about the relation
Choi 1985	3.38%	Not applicable	Participants were asked about the relation
Choi 1985	9.46%	Not applicable	Participants were asked about the relation
Choi 1985	14.41%	Not applicable	Participants were asked about the effects of
Choi 1985	5.86%	Not applicable	Participants were asked about the effects of
Choi 1985	71.85%	Not applicable	Participants were asked about the effects of
Choi 1985	3.15%	Not applicable	Participants were asked about the effects of
Choi 1985	4.73%	Not applicable	Participants were asked about the effects of
Choi 1985	25.00%	Not applicable	Participants were asked when anemia gets
Choi 1985	45.72%	Not applicable	Participants were asked when anemia gets
Choi 1985	19.59%	Not applicable	Participants were asked when anemia gets
Choi 1985	9.69%	Not applicable	Participants were asked when anemia gets
Choi 1985	87.61%	Not applicable	Participants were asked if anemia can be
Choi 1985	2.03%	Not applicable	Participants were asked if anemia can be

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Choi 1985	10.36%	Not applicable	Participants were asked if anemia can be
Choi 1985	43.70%	Not applicable	Participants were asked about the method of
Choi 1985	38.26%	Not applicable	Participants were asked about the method of
Choi 1985	1.80%	Not applicable	Participants were asked about the method of
Choi 1985	13.51%	Not applicable	Participants were asked about the method of
Choi 1985	2.93%	Not applicable	Participants were asked about the method of
Choi 1985	45.95%	Not applicable	Participants were asked if they use
Dhok 2021	2.1	0.7	Participants were asked if they heard about
Dhok 2021	2.2	0.5	Participants were asked about self-
Dhok 2021	1.8	0.6	Participants were asked about their
Diamond-Smith 2020	14.40%	Not applicable	Participants were asked if they are currently
Diamond-Smith 2020	57.10%	Not applicable	Participants were asked if they ever taken
Diamond-Smith 2020	83.80%	Not applicable	Participants were asked if iron can prevent
Diamond-Smith 2020	63.30%	Not applicable	Participants were asked if iron makes you do
Diamond-Smith 2020	83.00%	Not applicable	Participants were asked if iron makes you
Diamond-Smith 2020	9.20%	Not applicable	Participants were asked if iron can make
Diamond-Smith 2020	85.20%	Not applicable	Participants were asked if all pregnant
Diamond-Smith 2020	36.60%	Not applicable	Participants were asked if iron is only for
Diamond-Smith 2020	36.00%	Not applicable	Participants were asked if all women under
Diamond-Smith 2020	72.70%	Not applicable	Participants were asked if iron makes you
Diamond-Smith 2020	8.70%	Not applicable	Participants were asked if iron makes you
Diamond-Smith 2020	11.00%	Not applicable	Participants were asked if iron makes babies
Diamond-Smith 2020	60.10%	Not applicable	Participants were asked if iron makes baby
Diamond-Smith 2020	71.60%	Not applicable	Participants were asked if iron is important
Diamond-Smith 2020	80.20%	Not applicable	Participants were asked if iron is easy to
Dongre 2011	44.40%	Not applicable	Participants were asked about the number
Dongre 2011	32.10%	Not applicable	Participants were asked about the number
Dongre 2011	40.40%	Not applicable	Participants were asked about the number
Dongre 2011	32.30%	Not applicable	Participants were asked about the number

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Egryani 2017		9.92	4.547 Participants were asked about vulnerable
Elhameed 2012	0.26	0.59	Participants were asked about the meaning
Elhameed 2012	1.11	0.43	Participants were asked about the causes of
Elhameed 2012	0.82	0.66	Participants were asked about the signs and
Elhameed 2012	0.56	0.4	Participants were asked about the effect of
Elhameed 2012	0.46	0.45	Participants were asked about the effect of
Elhameed 2012	0.42	0.78	Participants were asked about the measures
Elhameed 2012	0.56	0.61	Participants were asked about the risk
Elhameed 2012	1.08	0.71	Participants were asked about sources of
Elhameed 2012	1.01	0.87	Participants were asked about importance of
Elhameed 2012	1.43	0.7	Participants were asked about side effects of
Elhameed 2012	0.5	0.79	Participants were asked about measures to
Elhameed 2012	48.50%	Not applicable	Participants were asked if they are eating
Elhameed 2012	76.50%	Not applicable	Participants were asked if they don't drink
Elhameed 2012	17.50%	Not applicable	participants were asked if they have regular
Elhameed 2012	34%	Not applicable	participants were asked if they administer
Elhameed 2012	32.50%	Not applicable	participants were asked if they eat regular
Elhameed 2012	14%	Not applicable	participants were asked if they use iron
Elhameed 2012	15.50%	Not applicable	participants were asked if they use iron
Elmaghraby 2021	3.4	0.05	Participants were asked about their
Ghaderi 2017	12.045	59.9	Participants were asked 16 questions about
Ghaderi 2017	13.48	60.9	Participants were asked 16 questions about
Ghaderi 2017	8.1	56.28	Participants were asked 6 questions about
Ghaderi 2017	9.47	57.78	Participants were asked 6 questions about
Ghaderi 2017	13.68	75.64	Participants were asked about their
Ghaderi 2017	14.17	79.1	Participants were asked about their
Ghaderi 2017	11.45	79.29	Participants were asked about their
Ghaderi 2017	12.66	76.69	Participants were asked about their
Ghaderi 2017	15.31	68.78	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Ghaderi 2017	20.25	66.96	Participants were asked about their
Ghaderi 2017	14.95	56.08	Participants were asked about their cues to
Ghaderi 2017	20.33	56.74	Participants were asked about their cues to
Ghaderi 2017	19.86	56.03	Participants were asked about their
Ghaderi 2017	22.91	55.59	Participants were asked about their
Ghaderi 2017	15.95	74.35	Participants were asked about their health
Ghaderi 2017	19.86	73.5	Participants were asked about their health
Gopaldas 2002	10%	Not applicable	Participants were asked if they've heard of
Gopaldas 2002	14%	Not applicable	Participants were asked if they've heard of
Gopaldas 2002	9%	Not applicable	Participants were asked if they've heard of
Gopaldas 2002	23%	Not applicable	Participants were asked if they've heard of
Gopaldas 2002	15%	Not applicable	anemia correctly
Gopaldas 2002	21%	Not applicable	anemia correctly
Gopaldas 2002	11%	Not applicable	anemia correctly
Gopaldas 2002	11%	Not applicable	anemia correctly
Gopaldas 2002	1%	Not applicable	anemia correctly
Gopaldas 2002	18%	Not applicable	anemia correctly
Gopaldas 2002	19%	Not applicable	anemia correctly
Gopaldas 2002	12%	Not applicable	anemia correctly
Gopaldas 2002	83%	Not applicable	anemia correctly
Gopaldas 2002	61%	Not applicable	anemia correctly
Gopaldas 2002	70%	Not applicable	anemia correctly
Gopaldas 2002	89%	Not applicable	anemia correctly
Gopaldas 2002	15%	Not applicable	the blood strong?
Gopaldas 2002	11%	Not applicable	the blood strong?
Gopaldas 2002	14%	Not applicable	the blood strong?
Gopaldas 2002	11%	Not applicable	the blood strong?
Gopaldas 2002	32%	Not applicable	the blood strong?

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Gopaldas 2002	26%	Not applicable	the blood strong?
Gopaldas 2002	37%	Not applicable	the blood strong?
Gopaldas 2002	16%	Not applicable	the blood strong?
Gopaldas 2002	17%	Not applicable	the blood strong?
Gopaldas 2002	28%	Not applicable	the blood strong?
Gopaldas 2002	47%	Not applicable	the blood strong?
Gopaldas 2002	13%	Not applicable	the blood strong?
Gopaldas 2002	10%	Not applicable	the blood strong?
Gopaldas 2002	13%	Not applicable	the blood strong?
Gopaldas 2002	11%	Not applicable	the blood strong?
Gopaldas 2002	18%	Not applicable	the blood strong?
Gopaldas 2002	8%	Not applicable	the blood strong?
Gopaldas 2002	8%	Not applicable	the blood strong?
Gopaldas 2002	13%	Not applicable	the blood strong?
Gopaldas 2002	79%	Not applicable	affecting the control of anemia
Gopaldas 2002	59%	Not applicable	affecting the control of anemia
Gopaldas 2002	50%	Not applicable	affecting the control of anemia
Gopaldas 2002	68%	Not applicable	affecting the control of anemia
Gopaldas 2002	22%	Not applicable	affecting the control of anemia
Gopaldas 2002	43%	Not applicable	affecting the control of anemia
Gopaldas 2002	50%	Not applicable	affecting the control of anemia
Gopaldas 2002	38%	Not applicable	affecting the control of anemia
Gopaldas 2002	44%	Not applicable	affecting the control of anemia
Gopaldas 2002	36%	Not applicable	affecting the control of anemia
Gopaldas 2002	36%	Not applicable	affecting the control of anemia
Gopaldas 2002	48%	Not applicable	affecting the control of anemia
Guedenon 2016	60%	Not applicable	Participants were asked have they ever

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Guedenon 2016	29%	Not applicable	Participants who have heard of anemia were
Guedenon 2016	21%	Not applicable	Participants who have heard of anemia were
Guedenon 2016	5%	Not applicable	Participants who have heard of anemia were
Guedenon 2016	3%	Not applicable	Participants who have heard of anemia were
Guedenon 2016	2%	Not applicable	Participants who have heard of anemia were
Guedenon 2016	44%	Not applicable	Participants were asked what is anemia
Guedenon 2016	5%	Not applicable	Participants were asked what is anemia
Guedenon 2016	5%	Not applicable	Participants were asked what is anemia
Guedenon 2016	2%	Not applicable	Participants were asked what is anemia
Guedenon 2016	1%	Not applicable	Participants were asked what is anemia
Guedenon 2016	1%	Not applicable	Participants were asked what is anemia
Guedenon 2016	1%	Not applicable	Participants were asked what is anemia
Guedenon 2016	1%	Not applicable	Participants were asked what is anemia
Guedenon 2016	40%	Not applicable	Participants were asked what is anemia
Guedenon 2016	24%	Not applicable	Participants were asked what is the cause of
Guedenon 2016	19%	Not applicable	Participants were asked what is the cause of
Guedenon 2016	10%	Not applicable	Participants were asked what is the cause of
Guedenon 2016	3%	Not applicable	Participants were asked what is the cause of
Guedenon 2016	3%	Not applicable	Participants were asked what is the cause of
Guedenon 2016	2%	Not applicable	Participants were asked what is the cause of
Guedenon 2016	39%	Not applicable	Participants were asked what is the cause of
Guedenon 2016	56%	Not applicable	Participants were asked what can cause
Guedenon 2016	32%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	20%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	4%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	2%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	2%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	1%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	1%	Not applicable	Participants were asked what are the clinical

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Guedenon 2016	1%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	1%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	1%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	1%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	34%	Not applicable	Participants were asked what are the clinical
Guedenon 2016	10%	Not applicable	Participants were asked if they've ever heard
Guedenon 2016	71%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	6%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	6%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	3%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	2%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	1%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	1%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	1%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	9%	Not applicable	Participants were asked what is the risk of an
Guedenon 2016	91%	Not applicable	Participants were asked is there a treatment
Guedenon 2016	45%	Not applicable	Participants who answered anemia can be
Guedenon 2016	28%	Not applicable	Participants who answered anemia can be
Guedenon 2016	6%	Not applicable	Participants who answered anemia can be
Guedenon 2016	2%	Not applicable	Participants who answered anemia can be
Guedenon 2016	2%	Not applicable	Participants who answered anemia can be
Guedenon 2016	1%	Not applicable	Participants who answered anemia can be
Guedenon 2016	1%	Not applicable	Participants who answered anemia can be
Guedenon 2016	15%	Not applicable	Participants who answered anemia can be
Guedenon 2016	93%	Not applicable	Participants were asked can you die of
Guedenon 2016	65.8%	Not applicable	Participants who had a child who suffered or
Guedenon 2016	13.20%	Not applicable	Participants who had a child who suffered or
Guedenon 2016	13.20%	Not applicable	Participants who had a child who suffered or
Guedenon 2016	7.90%	Not applicable	Participants who had a child who suffered or

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Guedenon 2016	52.6%	Not applicable	Participants were asked what modern
Guedenon 2016	36.8%	Not applicable	Participants were asked what modern
Guedenon 2016	10.6%	Not applicable	Participants were asked what modern
Guedenon 2016	77%	Not applicable	Participants were asked if anemia can be
Guedenon 2016	18%	Not applicable	Participants were asked if anemia can be
Guedenon 2016	5%	Not applicable	Participants were asked if anemia can be
Guedenon 2016	43%	Not applicable	Participants were asked how anemia can be
Guedenon 2016	19%	Not applicable	Participants were asked how anemia can be
Guedenon 2016	8%	Not applicable	Participants were asked how anemia can be
Guedenon 2016	4%	Not applicable	Participants were asked how anemia can be
Guedenon 2016	3%	Not applicable	Participants were asked how anemia can be
Guedenon 2016	23%	Not applicable	Participants were asked how anemia can be
Guedenon 2016	77%	Not applicable	Participants were asked their reaction if the
Guedenon 2016	10%	Not applicable	Participants were asked their reaction if the
Guedenon 2016	7%	Not applicable	Participants were asked their reaction if the
Guedenon 2016	4%	Not applicable	Participants were asked their reaction if the
Guedenon 2016	2%	Not applicable	Participants were asked their reaction if the
Hardianti 2020	34.70%	Not applicable	Participants were asked about their
Hardianti 2020	51.60%	Not applicable	Participants were asked about their
Hardianti 2020	13.70%	Not applicable	Participants were asked about their
Hassan 2005	16%	Not applicable	Participants were asked about their
Hassan 2005	22%	Not applicable	Participants were asked about their
Hassan 2005	62%	Not applicable	Participants were asked about their
Hassan 2005	18%	Not applicable	Participants were asked about their
Hassan 2005	19%	Not applicable	Participants were asked about their
Hassan 2005	63%	Not applicable	Participants were asked about their
Hassan 2005	22%	Not applicable	Participants were asked about their
Hassan 2005	52%	Not applicable	Participants were asked about their
Hassan 2005	26%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Hassan 2005	25%	Not applicable	Participants were asked about their
Hassan 2005	60%	Not applicable	Participants were asked about their
Hassan 2005	15%	Not applicable	Participants were asked about their
Hassan 2005	41%	Not applicable	perceived severity of iron deficiency anemia.
Hassan 2005	52%	Not applicable	perceived severity of iron deficiency anemia.
Hassan 2005	7%	Not applicable	perceived severity of iron deficiency anemia.
Hassan 2005	38%	Not applicable	perceived severity of iron deficiency anemia.
Hassan 2005	45%	Not applicable	perceived severity of iron deficiency anemia.
Hassan 2005	27%	Not applicable	perceived severity of iron deficiency anemia.
Hassan 2005	66%	Not applicable	Participants were asked about their
Hassan 2005	22%	Not applicable	Participants were asked about their
Hassan 2005	12%	Not applicable	Participants were asked about their
Hassan 2005	65%	Not applicable	Participants were asked about their
Hassan 2005	20%	Not applicable	Participants were asked about their
Hassan 2005	15%	Not applicable	Participants were asked about their
Hassan 2020	15	3.5	Participants were asked about their
Hassan 2020	15.58	3.45	Participants were asked about their
Hassan 2020	17.89	2.52	Participants were asked about the perceived
Hassan 2020	18.01	1.98	Participants were asked about the perceived
Hassan 2020	26.89	3.73	Participants were asked about their
Hassan 2020	26.3	3.42	Participants were asked about their
Hassan 2020	22.35	2.56	Participants were asked about their
Hassan 2020	21.51	2.47	Participants were asked about their
Hassan 2020	24.5	4.04	Participants were asked about their
Hassan 2020	24.16	3.82	Participants were asked about their
Hassan 2020	22.70%	Not applicable	Participants were asked about their
Hassan 2020	62.10%	Not applicable	Participants were asked about their
Hassan 2020	15.20%	Not applicable	Participants were asked about their
Hassan 2020	22.10%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Hassan 2020	61.80%	Not applicable	Participants were asked about their
Hassan 2020	16.20%	Not applicable	Participants were asked about their
Heshmat 2009	74.00%	Not applicable	Participants were asked about their
Heshmat 2009	69.90%	Not applicable	Participants were asked about their
Heshmat 2009	42.40%	Not applicable	Participants were asked about their
Heshmat 2009	35.80%	Not applicable	Participants were asked about their
Heshmat 2009	45.80%	Not applicable	Participants were asked about their
Heshmat 2009	39.70%	Not applicable	Participants were asked about their
Heshmat 2009	56.20%	Not applicable	Participants were asked about their
Heshmat 2009	45.50%	Not applicable	Participants were asked about their
Heshmat 2009	28.50%	Not applicable	Participants were asked about their
Heshmat 2009	16.40%	Not applicable	Participants were asked about their
Heshmat 2009	26.30%	Not applicable	Participants were asked about their
Heshmat 2009	13.20%	Not applicable	Participants were asked about their
Heshmat 2009	36.10%	Not applicable	Participants were asked about their
Heshmat 2009	29.60%	Not applicable	Participants were asked about their
Heshmat 2009	15.20%	Not applicable	Participants were asked about their
Heshmat 2009	15.60%	Not applicable	Participants were asked about their
Heshmat 2009	14.60%	Not applicable	Participants were asked about their
Heshmat 2009	9.10%	Not applicable	Participants were asked about their
Heshmat 2009	45.10%	Not applicable	Participants were asked about their
Heshmat 2009	45.00%	Not applicable	Participants were asked about their
Heshmat 2009	34.80%	Not applicable	Participants were asked about their
Heshmat 2009	28.10%	Not applicable	Participants were asked about their
Heshmat 2009	28.40%	Not applicable	Participants were asked about their
Heshmat 2009	16.40%	Not applicable	Participants were asked about their
Heshmat 2009	36.60%	Not applicable	Participants were asked about their
Heshmat 2009	25.90%	Not applicable	Participants were asked about their
Heshmat 2009	33.50%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Heshmat 2009	9.60%	Not applicable	Participants were asked about their
Heshmat 2009	43.00%	Not applicable	Participants were asked about their
Heshmat 2009	20.00%	Not applicable	Participants were asked about their
Heshmat 2009	46.60%	Not applicable	Participants were asked about their
Heshmat 2009	4.60%	Not applicable	Participants were asked about their
Heshmat 2009	41.90%	Not applicable	Participants were asked about their
Heshmat 2009	28.80%	Not applicable	Participants were asked about their
Heshmat 2009	44.50%	Not applicable	Participants were asked about their
Heshmat 2009	33.50%	Not applicable	Participants were asked about their
Heshmat 2009	10.80%	Not applicable	Participants were asked about their
Heshmat 2009	9.70%	Not applicable	Participants were asked about their
Heshmat 2009	10.20%	Not applicable	Participants were asked about their
Heshmat 2009	1.30%	Not applicable	Participants were asked about their
Heshmat 2009	8.30%	Not applicable	Participants were asked about their
Heshmat 2009	3.90%	Not applicable	Participants were asked about their
Heshmat 2009	33.80%	Not applicable	Participants were asked about the
Heshmat 2009	29.10%	Not applicable	Participants were asked about the
Heshmat 2009	18.10%	Not applicable	Participants were asked about the
Heshmat 2009	10.40%	Not applicable	Participants were asked about the
Heshmat 2009	24.50%	Not applicable	Participants were asked about the
Heshmat 2009	10.40%	Not applicable	Participants were asked about the
Heshmat 2009	11.30%	Not applicable	Participants were asked about the
Heshmat 2009	13.40%	Not applicable	Participants were asked about the
Heshmat 2009	17.30%	Not applicable	Participants were asked about the
Heshmat 2009	3.90%	Not applicable	Participants were asked about the
Heshmat 2009	10.90%	Not applicable	Participants were asked about the
Heshmat 2009	5.50%	Not applicable	Participants were asked about the
Heshmat 2009	27.30%	Not applicable	Participants were asked about the
Heshmat 2009	23.30%	Not applicable	Participants were asked about the

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Heshmat 2009	40.10%	Not applicable	Participants were asked about the
Heshmat 2009	26.20%	Not applicable	Participants were asked about the
Heshmat 2009	14.30%	Not applicable	Participants were asked about the
Heshmat 2009	11.70%	Not applicable	Participants were asked about the
Heshmat 2009	59.50%	Not applicable	Participants were asked about preventive
Heshmat 2009	46.10%	Not applicable	Participants were asked about preventive
Heshmat 2009	34.00%	Not applicable	Participants were asked about preventive
Heshmat 2009	17.70%	Not applicable	Participants were asked about preventive
Heshmat 2009	42.20%	Not applicable	Participants were asked about preventive
Heshmat 2009	20.80%	Not applicable	Participants were asked about preventive
Heshmat 2009	10.30%	Not applicable	Participants were asked about preventive
Heshmat 2009	8.40%	Not applicable	Participants were asked about preventive
Heshmat 2009	7.30%	Not applicable	Participants were asked about preventive
Heshmat 2009	4.20%	Not applicable	Participants were asked about preventive
Heshmat 2009	7.30%	Not applicable	Participants were asked about preventive
Heshmat 2009	4.20%	Not applicable	Participants were asked about preventive
Heshmat 2009	13.40%	Not applicable	Participants were asked about preventive
Heshmat 2009	5.20%	Not applicable	Participants were asked about preventive
Heshmat 2009	3.90%	Not applicable	Participants were asked about preventive
Heshmat 2009	1.30%	Not applicable	Participants were asked about preventive
Heshmat 2009	2.60%	Not applicable	Participants were asked about preventive
Heshmat 2009	3.10%	Not applicable	Participants were asked about preventive
Heshmat 2009	59.00%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	50.30%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	35.10%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	15.10%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	37.00%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	15.10%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	13.40%	Not applicable	Participants were asked about enhancer and

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Heshmat 2009	12.00%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	2.90%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	0.50%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	2.30%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	0.50%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	45.90%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	36.40%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	38.80%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	9.70%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	33.10%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	14.50%	Not applicable	Participants were asked about enhancer and
Heshmat 2009	81.40%	Not applicable	Participants were asked about their favorite
Heshmat 2009	76.40%	Not applicable	Participants were asked about their favorite
Heshmat 2009	78.60%	Not applicable	Participants were asked about their favorite
Heshmat 2009	62.90%	Not applicable	Participants were asked about their favorite
Heshmat 2009	80.30%	Not applicable	Participants were asked about their favorite
Heshmat 2009	58.60%	Not applicable	Participants were asked about their favorite
Heshmat 2009	59.50%	Not applicable	Participants were asked about their favorite
Heshmat 2009	60.20%	Not applicable	Participants were asked about their favorite
Heshmat 2009	70.60%	Not applicable	Participants were asked about their favorite
Heshmat 2009	49.70%	Not applicable	Participants were asked about their favorite
Heshmat 2009	72.60%	Not applicable	Participants were asked about their favorite
Heshmat 2009	52.20%	Not applicable	Participants were asked about their favorite
Heshmat 2009	50.50%	Not applicable	Participants were asked about their favorite
Heshmat 2009	53.70%	Not applicable	Participants were asked about their favorite
Heshmat 2009	58.70%	Not applicable	Participants were asked about their favorite
Heshmat 2009	42.90%	Not applicable	Participants were asked about their favorite
Heshmat 2009	55.90%	Not applicable	Participants were asked about their favorite
Heshmat 2009	44.00%	Not applicable	Participants were asked about their favorite

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Heshmat 2009	77.60%	Not applicable	Participants were asked about their favorite
Heshmat 2009	74.10%	Not applicable	Participants were asked about their favorite
Heshmat 2009	76.50%	Not applicable	Participants were asked about their favorite
Heshmat 2009	62.00%	Not applicable	Participants were asked about their favorite
Heshmat 2009	69.50%	Not applicable	Participants were asked about their favorite
Heshmat 2009	56.30%	Not applicable	Participants were asked about their favorite
Igweonu 2019	33.3%	Not applicable	Participants were asked about their
Igweonu 2019	8.7%	Not applicable	Participants were asked about their
Igweonu 2019	58%	Not applicable	Participants were asked about their
Igweonu 2019	68%	Not applicable	Participants were asked about their
Igweonu 2019	32%	Not applicable	Participants were asked about their
Igweonu 2019	50.7%	Not applicable	Participants were asked about their
Igweonu 2019	4.3%	Not applicable	Participants were asked about their
Igweonu 2019	45%	Not applicable	Participants were asked about their
Ismail 2017	7.69%	Not applicable	Participants were asked about their
Ismail 2017	63.64%	Not applicable	Participants were asked about their
Ismail 2017	28.67%	Not applicable	Participants were asked about their
Jafari 2012	47.32%	Not applicable	Participants were asked about their
Jafari 2012	44.35%	Not applicable	Participants were asked about their
Jafari 2012	8.33%	Not applicable	Participants were asked about their
Jarraah 2007	75%	Not applicable	Participants were asked if they knew about
Jarraah 2007	91%	Not applicable	Participants were asked if they would like to
Jarraah 2007	93%	Not applicable	Participants were asked if anemia can be
Jarraah 2007	94%	Not applicable	Participants were asked which foods are rich
Jarraah 2007	83%	Not applicable	Participants were asked to identify cause of
Jarraah 2007	75%	Not applicable	Participants were asked who are the most
Jarraah 2007	100%	Not applicable	Participants were asked to identify iron-rich
Jarraah 2007	75%	Not applicable	Participants were asked to identify iron-rich
Jarraah 2007	81%	Not applicable	Participants were asked about iron-

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Jarrah 2007	20%	Not applicable	Participants were asked about inhibitors to
Jarrah 2007	0.05%	Not applicable	Participants were asked about inhibitors to
Jefferds 2002	70%	Not applicable	Participants were asked what happens if
Jefferds 2002	25%	Not applicable	Participants were asked what happens if
Jefferds 2002	5%	Not applicable	Participants were asked what happens if
Jefferds 2002	44%	Not applicable	Im
Jefferds 2002	39%	Not applicable	Participants were asked did the person
Jefferds 2002	3%	Not applicable	Participants were asked did the person
Jefferds 2002	3%	Not applicable	Participants were asked did the person
Jefferds 2002	11%	Not applicable	Participants were asked did the person
Jefferds 2002	51%	Not applicable	Participants were asked why did the person
Jefferds 2002	19%	Not applicable	Participants were asked why did the person
Jefferds 2002	7%	Not applicable	Participants were asked why did the person
Jefferds 2002	7%	Not applicable	Participants were asked why did the person
Jefferds 2002	16%	Not applicable	Participants were asked why did the person
Kabir 2010	68%	Not applicable	Participants were asked about IDA
Kabir 2010	32%	Not applicable	Participants were asked about IDA
Kabir 2010	65%	Not applicable	Participants were asked if they know about
Kabir 2010	72.0%	Not applicable	Participants were asked about prevention of
Kabir 2010	21.5%	Not applicable	Participants were asked about prevention of
Kabir 2010	6.2%	Not applicable	Participants were asked about prevention of
Kabir 2010	80.0%	Not applicable	Participants were asked about treatment of
Kabir 2010	26.20%	Not applicable	Participants were asked if they have
Kala 2015	13.6	2.7	Participants were asked about their
Kala 2015	14.9	2.7	Participants were asked about their
Kala 2015	16.1	3.6	Participants were asked about their
Kala 2015	18.9	2.1	Participants were asked about their
Kala 2015	90%	not applicable	Participants were asked about their
Kala 2015	10%	not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Kala 2015	26.7	2.9	Participants were asked about their attitude
Kala 2015	23.6	3.2	Participants were asked about their attitude
Kala 2015	25.5	2.7	Participants were asked about their attitude
Kala 2015	26.7	2.9	Participants were asked about their attitude
Kala 2015	65%	not applicable	Participants were asked about their attitude
Kala 2015	35%	not applicable	Participants were asked about their attitude
Kanal 2005	0.47%	Not applicable	Participants were asked about knowledge of
Kanal 2005	3.92%	Not applicable	Participants were asked about knowledge of
Kanal 2005	11.82%	Not applicable	Participants were asked about knowledge of
Kanal 2005	0.00%	Not applicable	Participants were asked to correctly identify
Kanal 2005	0.00%	Not applicable	Participants were asked to correctly identify
Kanal 2005	0.00%	Not applicable	Participants were asked to correctly identify
Kanal 2005	0.00%	Not applicable	Participants were asked to list the number of
Kanal 2005	0.00%	Not applicable	Participants were asked to list the number of
Kanal 2005	0.00%	Not applicable	Participants were asked to list the number of
Kanal 2005	0.00%	Not applicable	Participants were asked to list preventive
Kanal 2005	1.69%	Not applicable	Participants were asked to list preventive
Kanal 2005	0.00%	Not applicable	Participants were asked to list preventive
Kanber 2011	86.70%	Not applicable	Participants were asked if malnutrition
Kanber 2011	93.30%	Not applicable	Participants were asked if malnutrition
Kanber 2011	76.70%	Not applicable	Participants were asked if there is no harm in
Kanber 2011	76.70%	Not applicable	Participants were asked if there is no harm in
Kanber 2011	14.00%	Not applicable	Participants were asked if milk should be
Kanber 2011	7.00%	Not applicable	Participants were asked if milk should be
Kanber 2011	23.30%	Not applicable	Participants were asked if egg yol is poorer in
Kanber 2011	40.00%	Not applicable	Participants were asked if egg yol is poorer in
Kanber 2011	36.70%	Not applicable	Participants were asked if sheep and beef
Kanber 2011	36.70%	Not applicable	Participants were asked if sheep and beef
Kanber 2011	43.30%	Not applicable	Participants were asked if anemia due to

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Kanber 2011	46.70%	Not applicable	Participants were asked if anemia due to
Kanber 2011	56.70%	Not applicable	Participants were asked if multiple births do
Kanber 2011	73.30%	Not applicable	Participants were asked if multiple births do
Kanber 2011	66.70%	Not applicable	Participants were asked if there must be at
Kanber 2011	76.70%	Not applicable	Participants were asked if there must be at
Kanber 2011	80.00%	Not applicable	Participants were asked if iron requirement
Kanber 2011	70.00%	Not applicable	Participants were asked if iron requirement
Khan 2005	90.80%	Not applicable	anemia
Khan 2005	22.60%	Not applicable	leads to anemia
Khan 2005	9.50%	Not applicable	requirement of reproductive women when
Khan 2005	8.70%	Not applicable	Participants were asked if monthly
Khan 2005	4.20%	Not applicable	Participants were asked if hookworm
Khan 2005	28.70%	Not applicable	Participants were asked if iron folic acid
Khan 2005	15.40%	Not applicable	Participants were asked if anemia affects
Khan 2005	20.40%	Not applicable	Participants were asked if taking iron-folic
Kouadio 2013		56% not applicable	representations of anemia-related illnesses
Kouadio 2013		40% not applicable	representations of anemia-related illnesses
Kouadio 2013		4% not applicable	representations of anemia-related illnesses
Kouadio 2013		34.4% not applicable	representations of anemia-related illnesses
Kouadio 2013		60.7% not applicable	representations of anemia-related illnesses
Kouadio 2013		1.6% not applicable	representations of anemia-related illnesses
Kouadio 2013		8.2% not applicable	representations of anemia-related illnesses
Kouadio 2013		34.5% not applicable	representations of anemia-related illnesses
Kouadio 2013		55.2% not applicable	representations of anemia-related illnesses
Kouadio 2013		3.5% not applicable	representations of anemia-related illnesses
Kouadio 2013		3.5% not applicable	representations of anemia-related illnesses
Kouadio 2013		3.5% not applicable	representations of anemia-related illnesses
Kouadio 2013		55% not applicable	anemia
Kouadio 2013		52.5% not applicable	anemia

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Kouadio 2013		57.5% not applicable	anemia
Kouadio 2013		7.5% not applicable	anemia
Kouadio 2013		17.5% not applicable	anemia
Kouadio 2013		10.0% not applicable	anemia
Kouadio 2013		15.0% not applicable	anemia
Kouadio 2013		2.5% not applicable	anemia
Kouadio 2013		10.0% not applicable	anemia
Kouadio 2013		2.5% not applicable	anemia
Kouadio 2013		5.0% not applicable	anemia
Kouadio 2013		27.5% not applicable	anemia
Kouadio 2013		22.5% not applicable	anemia
Kouadio 2013		22.5% not applicable	anemia
Kouadio 2013		7.5% not applicable	anemia
Kouadio 2013		30.0% not applicable	anemia
Kouadio 2013		5.0% not applicable	anemia
Kouadio 2013		7.5% not applicable	anemia
Kouadio 2013		10.0% not applicable	anemia
Kouadio 2013		62.5% not applicable	of anemia
Kouadio 2013		75% not applicable	of anemia
Kouadio 2013		82.5% not applicable	of anemia
Kouadio 2013		12.5% not applicable	of anemia
Kouadio 2013		2.5% not applicable	of anemia
Kouadio 2013		20.0% not applicable	of anemia
Kouadio 2013		12.5% not applicable	of anemia
Kouadio 2013		5.0% not applicable	of anemia
Kouadio 2013		10.0% not applicable	of anemia
Kouadio 2013		32.5% not applicable	of anemia
Kouadio 2013		10.0% not applicable	of anemia
Kouadio 2013		10.0% not applicable	of anemia

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Kouadio 2013		92.5% not applicable	consequences of anemia
Kouadio 2013		82.5% not applicable	consequences of anemia
Kouadio 2013		77.5% not applicable	consequences of anemia
Kouadio 2013		7.5% not applicable	consequences of anemia
Kouadio 2013		5.0% not applicable	consequences of anemia
Kouadio 2013		17.5% not applicable	consequences of anemia
Kouadio 2013		2.5% not applicable	consequences of anemia
Kouadio 2013		5.0% not applicable	consequences of anemia
Kouadio 2013		5.0% not applicable	consequences of anemia
Kouadio 2013		7.5% not applicable	consequences of anemia
Kouadio 2013		5.0% not applicable	consequences of anemia
Kouadio 2013		10.0% not applicable	consequences of anemia
Kouadio 2013		22.6% not applicable	preventive measures against anemia
Kouadio 2013		13.0% not applicable	preventive measures against anemia
Kouadio 2013		12.2% not applicable	preventive measures against anemia
Kouadio 2013		13.9% not applicable	preventive measures against anemia
Kouadio 2013		3.5% not applicable	preventive measures against anemia
Kouadio 2013		0.0% not applicable	preventive measures against anemia
Kouadio 2013		4.5% not applicable	preventive measures against anemia
Kouadio 2013		25.2% not applicable	preventive measures against anemia
Kouadio 2013		7.8% not applicable	preventive measures against anemia
Kouadio 2013		9.6% not applicable	preventive measures against anemia
Kouadio 2013		27.8% not applicable	preventive measures against anemia
Kouadio 2013		32.0% not applicable	experience of illness and treatment use in
Kouadio 2013		17.2% not applicable	experience of illness and treatment use in
Kouadio 2013		20.7% not applicable	experience of illness and treatment use in
Kouadio 2013		87.6% not applicable	experience of illness and treatment use in
Kouadio 2013		90.0% not applicable	experience of illness and treatment use in
Kouadio 2013		33.3% not applicable	experience of illness and treatment use in

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Kouadio 2013		100.0% not applicable	experience of illness and treatment use in
Kouadio 2013		100.0% not applicable	experience of illness and treatment use in
Kouadio 2013		100.0% not applicable	experience of illness and treatment use in
Kouadio 2013		12.5% not applicable	experience of illness and treatment use in
Kouadio 2013		30.0% not applicable	experience of illness and treatment use in
Kouadio 2013		50.0% not applicable	experience of illness and treatment use in
Krishnaveni 2019	30.90%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	65.80%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	30.10%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	35.70%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	52.90%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	41.90%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	62.90%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	22.80%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	26.80%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	16.50%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	19.10%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	53.30%	not applicable	Participants were asked to identify sign and
Krishnaveni 2019	28.30%	not applicable	Participants were asked to identify cause of
Krishnaveni 2019	16.50%	not applicable	Participants were asked to identify cause of
Krishnaveni 2019	74.30%	not applicable	Participants were asked to identify cause of
Krishnaveni 2019	21.30%	not applicable	Participants were asked to identify cause of
Krishnaveni 2019	13.60%	not applicable	Participants were asked to identify cause of
Krishnaveni 2019	18.80%	not applicable	Participants were asked to identify cause of
Krishnaveni 2019	29.40%	not applicable	Participants were asked about perceived
Krishnaveni 2019	41.20%	not applicable	effects of anemia
Krishnaveni 2019	39.00%	not applicable	Participants were asked about perceived
Krishnaveni 2019	35.30%	not applicable	effects of anemia
Krishnaveni 2019	72.40%	not applicable	Participants were asked about proper diet to

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Krishnaveni 2019	73.90%	not applicable	Participants were asked about proper diet to
Krishnaveni 2019	68.80%	not applicable	Participants were asked about proper diet to
Krishnaveni 2019	62.10%	not applicable	Participants were asked about proper diet to
Krishnaveni 2019	34.20%	not applicable	Participants were asked about proper diet to
Krishnaveni 2019	36.40%	not applicable	Participants were asked about proper diet to
Krishnaveni 2019	29.40%	not applicable	Participants were asked about proper diet to
Krishnaveni 2019	56.60%	not applicable	Participants were asked about knowledge
Krishnaveni 2019	64.70%	not applicable	Participants were asked about knowledge
Krishnaveni 2019	14.30%	not applicable	Participants were asked about knowledge
Krishnaveni 2019	95.60%	not applicable	Participants were asked about knowledge
Krishnaveni 2019	7.70%	not applicable	Participants were asked about knowledge
Krishnaveni 2019	35.30%	not applicable	level of Hb
Krishnaveni 2019	39.70%	not applicable	required during pregnancy is 11 g/dL
Krishnaveni 2019	54.00%	not applicable	prevented by iron rich food and iron tablet
Krishnaveni 2019	10.30%	not applicable	juice can increase iron absorption
Krishnaveni 2019	33.80%	not applicable	important element required for Hb in
Krishnaveni 2019	71.7.%	not applicable	giving birth very difficult
Krishnaveni 2019	29.40%	not applicable	make pregnancy easier
Krishnaveni 2019	76.10%	not applicable	pregnant women too tired to work anemia
Krishnaveni 2019	80.10%	not applicable	good for babies
Krishnaveni 2019	5.50%	not applicable	awareness programme before
Krishnaveni 2019	69.90%	not applicable	normal dietary pattern during pregnancy
Krishnaveni 2019	52.20%	not applicable	leafy vegetable in diet every day
Krishnaveni 2019	29.40%	not applicable	sprouted grains in diet everyday
Krishnaveni 2019	37.50%	not applicable	rich food frequently
Krishnaveni 2019	34.60%	not applicable	diet
Krishnaveni 2019	61.80%	not applicable	diet

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Kulkarni 2015		48.80% not applicable	Participants were asked if they were aware
Kulkarni 2015		26.00% not applicable	Participants were asked if they implemented
Kulkarni 2015		26.40% not applicable	Participants were asked if they knew the
Kulkarni 2015		18.80% not applicable	Participants were asked if they were aware
Kulkarni 2015		13.20% not applicable	Participants were asked if they knew fetal
Kulkarni 2015		48.80% not applicable	Participants were asked if they were aware
Manickavasagam 2021	13.20%	Not applicable	Participants were asked if they were anemic
Manickavasagam 2021	11.40%	Not applicable	Participants were asked if they were anemic
Manickavasagam 2021	48.50%	Not applicable	Participants were asked about their last Hb
Manickavasagam 2021	50.00%	Not applicable	Participants were asked about their last Hb
Manickavasagam 2021	75.00%	Not applicable	Participants were asked about a normal Hb
Manickavasagam 2021	70.00%	Not applicable	Participants were asked about a normal Hb
Manickavasagam 2021	39.70%	Not applicable	Participants were asked if they have ever
Manickavasagam 2021	30.00%	Not applicable	Participants were asked if they have ever
Manickavasagam 2021	83.80%	Not applicable	Participants were asked if they are
Manickavasagam 2021	88.50%	Not applicable	Participants were asked if they are
Manickavasagam 2021	88.20%	Not applicable	Participants were asked if they are diet
Manickavasagam 2021	88.50%	Not applicable	Participants were asked if they are diet
Manickavasagam 2021	82.30%	Not applicable	Participants are asked to tick all the dietary
Manickavasagam 2021	81.40%	Not applicable	Participants are asked to tick all the dietary
Manickavasagam 2021	13.20%	Not applicable	Participants were asked if they ever
Manickavasagam 2021	12.80%	Not applicable	Participants were asked if they ever
Manickavasagam 2021	60.20%	Not applicable	Participants were asked if they think that
Manickavasagam 2021	45.70%	Not applicable	Participants were asked if they think that
Manickavasagam 2021	64.70%	Not applicable	Participants were asked if they are willing to
Manickavasagam 2021	64.20%	Not applicable	Participants were asked if they are willing to
Manickavasagam 2021	55.80%	Not applicable	Participants were asked to choose the best
Manickavasagam 2021	48.50%	Not applicable	Participants were asked to choose the best
Margwe 2018	47.60%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Margwe 2018	52.40%	Not applicable	Participants were asked about their
Margwe 2018	65.40%	Not applicable	Participants were asked about their
Margwe 2018	34.60%	Not applicable	Participants were asked about their
Margwe 2018	75%	Not applicable	Participants were asked about their
Margwe 2018	25%	Not applicable	Participants were asked about their
Margwe 2018	42.00%	Not applicable	Participants were asked about their
Margwe 2018	23%	Not applicable	Participants were asked about their
Margwe 2018	35%	Not applicable	Participants were asked about their
Margwe 2018	50.00%	Not applicable	Participants were asked about attitude
Margwe 2018	50.00%	Not applicable	Participants were asked about attitude
Margwe 2018	60.90%	Not applicable	Participants were asked about attitude
Margwe 2018	39.10%	Not applicable	Participants were asked about attitude
Margwe 2018	75.5%	Not applicable	Participants were asked about attitude
Margwe 2018	24.5%	Not applicable	Participants were asked about attitude
Margwe 2018	38.00%	Not applicable	Participants were asked about attitude
Margwe 2018	31%	Not applicable	Participants were asked about attitude
Margwe 2018	31%	Not applicable	Participants were asked about attitude
Massawe 1995	45%	Not applicable	Participants were asked about potential
Massawe 1995	69%	Not applicable	Participants were asked about their
Massawe 1995	9%	Not applicable	Participants were asked about their
Massawe 1995	5%	Not applicable	Participants were asked about their
Massawe 1995	17%	Not applicable	Participants were asked about their
Massawe 1995	88%	Not applicable	Participants were asked about the cause of
Massawe 1995	39%	Not applicable	Participants were asked about the cause of
Massawe 1995	14%	Not applicable	Participants were asked about the cause of
Massawe 1995	5%	Not applicable	Participants were asked about the cause of
Massawe 1995	7%	Not applicable	Participants were asked about the cause of
Massawe 1995	88%	Not applicable	Participants were asked about methods of
Massawe 1995	22%	Not applicable	Participants were asked about methods of

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Massawe 1995	15%	Not applicable	Participants were asked about methods of
Massawe 1995	11%	Not applicable	Participants were asked about methods of
Massawe 1995	8%	Not applicable	Participants were asked about methods of
Massawe 1995	4%	Not applicable	Participants were asked about methods of
Massawe 1995	4%	Not applicable	Participants were asked about methods of
Massawe 1995	1%	Not applicable	Participants were asked about methods of
Massawe 1995	2%	Not applicable	Participants were asked about methods of
Massawe 1995	40%	Not applicable	Participants were asked if they had anemia
Massawe 1995	70%	Not applicable	Participants were asked their sources of
Massawe 1995	40%	Not applicable	Participants were asked their sources of
Massawe 1995	36%	Not applicable	Participants were asked their sources of
Massawe 1995	30%	Not applicable	Participants were asked their sources of
Massawe 1995	12%	Not applicable	Participants were asked their sources of
Massawe 1995	18%	Not applicable	Participants were asked their sources of
Massawe 1995	7%	Not applicable	Participants were asked their sources of
Massawe 1995	23%	Not applicable	Participants were asked their sources of
Massawe 1995	2%	Not applicable	Participants were asked their sources of
Massawe 1995	3%	Not applicable	Participants were asked their sources of
Mbule 2013	80.90%	Not applicable	Participants were asked have they ever
Mbule 2013	45.10%	Not applicable	Participants were asked about anemia
Mbule 2013	45.70%	Not applicable	Participants were asked about consequences
Mbule 2013	48.00%	Not applicable	Participants were asked if they had taken
Mbule 2013	13.20%	Not applicable	Participants were asked if they had taken
Mbule 2013	10.00%	Not applicable	Participants were asked if they had taken
Mbule 2013	10.00%	Not applicable	Participants were asked if they had taken
Mbule 2013	19.00%	Not applicable	Participants were asked if they had taken
Mbwana 2020	18%	Not applicable	Participants were asked about the cause of
Mbwana 2020	24%	Not applicable	Participants were asked about signs and
Mbwana 2020	26%	Not applicable	Participants were asked about dietary

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Mbwana 2020	21%	Not applicable	Participants were asked about factors that
Mbwana 2020	26%	Not applicable	Participants were asked about treatment of
M'Cormack 2012	6.42	Not reported	Participants were asked about causes of
M'Cormack 2012	40%	not applicable	Participants were asked where they have
M'Cormack 2012	16%	not applicable	Participants were asked where they have
Mishra 2021	35.20%	Not applicable	Participants were asked if they know about
Mishra 2021	74.80%	Not applicable	Participants were asked about iron
Mishra 2021	60.40%	Not applicable	Participants were asked if adequate
Mishra 2021	35.20%	Not applicable	Participants were asked if they know that
Mishra 2021	41.80%	Not applicable	Participants were asked if they considered
Mishra 2021	54.70%	Not applicable	Participants were asked if they agreed that
Mishra 2021	48.10%	Not applicable	Participants were asked if they considered
Mishra 2021	20.90%	Not applicable	participants were asked if they considered
Mishra 2021	45.20%	Not applicable	Participants were asked if they had adequate
Mishra 2021	61.90%	Not applicable	Participants were asked if they have
Mishra 2021	9.50%	Not applicable	Participants were asked if they got
Mishra 2021	9.50%	Not applicable	Participants were asked if they are
Mishra 2021	43.80%	Not applicable	Participants were asked if iron salt taken is
Mishra 2021	12.50%	Not applicable	Participants were asked if they changed iron
Mishra 2021	12.50%	Not applicable	Participants were asked if they accepted
Mishra 2021	2.30%	Not applicable	Participants were asked if they refused iron
Mishra 2021	47.10%	Not applicable	Participants were asked if they've taken
Mutalazimah 2019	9.80%	Not applicable	Participants were asked about nutrition and
Mutalazimah 2019	63.40%	Not applicable	Participants were asked about nutrition and
Mutalazimah 2019	26.80%	Not applicable	Participants were asked about nutrition and
Mutalazimah 2019	72.1	13.4	Participants were asked about nutrition and
Noronha 2013	9.4	7.08	Participants were asked about their
Noronha 2013	6.436	7.35	Participants were asked about their
Noronha 2013	8.16	5.73	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
O'Connor 1969	14%	Not applicable	Participants were asked if they use milk by
O'Connor 1969	54%	Not applicable	Participants were asked if they use milk by
O'Connor 1969	19%	Not applicable	Participants were asked if they use milk by
O'Connor 1969	33%	Not applicable	Participants were asked if they use milk by
O'Connor 1969	75%	Not applicable	Participants were asked babies who do not
O'Connor 1969	75%	Not applicable	Participants were asked babies who do not
O'Connor 1969	38%	Not applicable	Participants were asked babies who do not
O'Connor 1969	53%	Not applicable	Participants were asked babies who do not
O'Connor 1969	28%	Not applicable	Participants were asked if eggs and meat are
O'Connor 1969	54%	Not applicable	Participants were asked if eggs and meat are
O'Connor 1969	37%	Not applicable	Participants were asked if eggs and meat are
O'Connor 1969	48%	Not applicable	Participants were asked if eggs and meat are
O'Connor 1969	32%	Not applicable	Participants were asked why they might
O'Connor 1969	51%	Not applicable	Participants were asked why they might
O'Connor 1969	25%	Not applicable	Participants were asked why they might
O'Connor 1969	29%	Not applicable	Participants were asked why they might
Onyeneho 2016_ Journal of Public	75.60%	Not applicable	Participants were asked if they were aware
Onyeneho 2016_ Journal of Public	80.60%	Not applicable	Participants were asked if they were aware
Onyeneho 2016_ Journal of Public	76.90%	Not applicable	Participants were asked if they were aware
Onyeneho 2016_ Journal of Public	46.70%	Not applicable	Participants were asked about perceived
Onyeneho 2016_ Journal of Public	47.60%	Not applicable	Participants were asked about perceived
Onyeneho 2016_ Journal of Public	47.60%	Not applicable	Participants were asked about perceived
Onyeneho 2016_ Journal of Public	45.00%	Not applicable	Participants were asked about perceived
Onyeneho 2016_ Journal of Public	33.70%	Not applicable	Participants were asked about feeding
Onyeneho 2016_ Journal of Public	32.70%	Not applicable	Participants were asked about feeding
Onyeneho 2016_ Journal of Public	34.60%	Not applicable	Participants were asked about feeding
Onyeneho 2016_ Journal of Public	8.82	6.5	Participants were asked about perceived
Onyeneho 2016_ Journal of Public	9.3	6.1	Participants were asked about perceived
Onyeneho 2016_ Journal of Public	8.49	6.3	Participants were asked about perceived

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Onyeneho 2016_ Journal of Public	7.80%	Not applicable	Participants were asked about their
Paulino 2005	75.0%	Not applicable	Participants were asked to respond to the
Paulino 2005	72.5%	Not applicable	Participants were asked to respond to the
Paulino 2005	45.0%	Not applicable	Participants were asked to respond to the
Paulino 2005	57.5%	Not applicable	Participants were asked to respond to the
Paulino 2005	9.9%	Not applicable	Participants were asked what the benefits of
Paulino 2005	13.2%	Not applicable	Participants were asked what the benefits of
Paulino 2005	3.6%	Not applicable	Participants were asked what the benefits of
Paulino 2005	4.2%	Not applicable	Participants were asked what the benefits of
Polat 2001	63.40%	Not applicable	Participants were asked if anemia is a major
Polat 2001	33.80%	Not applicable	Participants were asked if anemia is a major
Polat 2001	2.80%	Not applicable	Participants were asked if anemia is a major
Polat 2001	79.50%	Not applicable	Participants were asked if many births cause
Polat 2001	1.80%	Not applicable	Participants were asked if many births cause
Polat 2001	18.70%	Not applicable	Participants were asked if many births cause
Polat 2001	38.40%	Not applicable	Participants were asked if intestinal parasites
Polat 2001	12.50%	Not applicable	Participants were asked if intestinal parasites
Polat 2001	49.10%	Not applicable	Participants were asked if intestinal parasites
Polat 2001	36.60%	Not applicable	Participants were asked what kind of
Polat 2001	27.70%	Not applicable	Participants were asked what kind of
Polat 2001	12.50%	Not applicable	Participants were asked what kind of
Polat 2001	23.20%	Not applicable	Participants were asked what kind of
Polat 2001	12.50%	Not applicable	Participants were asked at least how much
Polat 2001	11.60%	Not applicable	Participants were asked at least how much
Polat 2001	9.80%	Not applicable	Participants were asked at least how much
Polat 2001	66.10%	Not applicable	Participants were asked at least how much
Primadewi 2021	38.30%	Not applicable	Participants were asked about their
Primadewi 2021	41.70%	Not applicable	Participants were asked about their
Primadewi 2021	20.00%	Not applicable	Participants were asked about their

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Rivera 2020	99.40%	Not applicable	Participants were asked about their
Rivera 2020	99.30%	Not applicable	Participants were asked about their
Rivera 2020	100.00%	Not applicable	Participants were asked about their
Rivera 2020	92.20%	Not applicable	Participants were asked about knowledge of
Rivera 2020	86.70%	Not applicable	Participants were asked about knowledge of
Rivera 2020	92.70%	Not applicable	Participants were asked about knowledge of
Rizwan 2019	63%	Not applicable	Participants were asked have your heard
Rizwan 2019	10%	Not applicable	Participants were asked have your heard
Rizwan 2019	27%	Not applicable	Participants were asked have your heard
Rizwan 2019	3.40%	Not applicable	Participants were asked about their source
Rizwan 2019	17.12%	Not applicable	Participants were asked about their source
Rizwan 2019	32.19%	Not applicable	Participants were asked about their source
Rizwan 2019	28.76%	Not applicable	Participants were asked about their source
Rizwan 2019	18.49%	Not applicable	Participants were asked about their source
Rizwan 2019	94%	Not applicable	Participants were asked about reasons of
Rizwan 2019	6%	Not applicable	Participants were asked about reasons of
Rizwan 2019	23%	Not applicable	Participants were asked about the common
Rizwan 2019	76%	Not applicable	Participants were asked about the common
Rizwan 2019	66.9%	Not applicable	Participants were asked about treatment of
Rizwan 2019	33.0%	Not applicable	Participants were asked about treatment of
Rizwan 2019	78.7%	Not applicable	Participants were asked if they experience
Rizwan 2019	17.1%	Not applicable	Participants were asked if they experience
Rizwan 2019	4.1%	Not applicable	Participants were asked if they experience
Rizwan 2019	43.6%	Not applicable	Participants were asked if they have a family
Rizwan 2019	51.0%	Not applicable	Participants were asked if they experience
Rizwan 2019	97.6%	Not applicable	Participants were asked about the factors of
Rizwan 2019	0.78%	Not applicable	Participants were asked about the factors of
Rizwan 2019	56.00%	Not applicable	Participants were asked if birth control affect
Rizwan 2019	7.50%	Not applicable	Participants were asked if birth control affect

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Rizwan 2019	36.00%	Not applicable	Participants were asked if birth control affect
Rizwan 2019	32.80%	Not applicable	Participants were asked if there is any effect
Rizwan 2019	52.70%	Not applicable	Participants were asked if there is any effect
Rizwan 2019	5.40%	Not applicable	Participants were asked if there is any effect
Rizwan 2019	8.90%	Not applicable	Participants were asked if there is any effect
Rizwan 2019	92.90%	Not applicable	Participants were asked if
Rizwan 2019	0.78%	Not applicable	Participants were asked if
Rizwan 2019	8.00%	Not applicable	Participants were asked if
Rizwan 2019	2.40%	Not applicable	Participants were asked is IDA inherited
Rizwan 2019	75.00%	Not applicable	Participants were asked is IDA inherited
Rizwan 2019	22.00%	Not applicable	Participants were asked is IDA inherited
Rizwan 2019	1.60%	Not applicable	Participants were asked anemia is due to
Rizwan 2019	1.60%	Not applicable	Participants were asked anemia is due to
Rizwan 2019	95.20%	Not applicable	Participants were asked anemia is due to
Rizwan 2019	1.60%	Not applicable	Participants were asked anemia is due to
Rizwan 2019	36.00%	Not applicable	Participants were asked what the preferable
Rizwan 2019	3.20%	Not applicable	Participants were asked what the preferable
Rizwan 2019	60.60%	Not applicable	Participants were asked what the preferable
Rizwan 2019	8.00%	Not applicable	Participants were asked what the normal
Rizwan 2019	28.80%	Not applicable	Participants were asked what the normal
Rizwan 2019	35.20%	Not applicable	Participants were asked what the normal
Rizwan 2019	28.00%	Not applicable	Participants were asked what the normal
Rukmaini 2019	40.50%	Not applicable	Participants were asked about knowledge of
Rukmaini 2019	53.30%	Not applicable	Participants were asked about knowledge of
Rukmaini 2019	39.20%	Not applicable	Participants were asked about perception of
Rukmaini 2019	38.00%	Not applicable	Participants were asked about perception of
Rukmaini 2019	39.20%	Not applicable	Participants were asked about attitude
Rukmaini 2019	29.10%	Not applicable	Participants were asked about attitude
Rukmaini 2019	10.16	2.1	Participants were asked about knowledge of

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Rukmaini 2019	7.07	2.02	Participants were asked about perception of
Rukmaini 2019	26.89	3.33	Participants were asked about attitude
Seniar 2019_ Journal of Forensic N	0.0%	Not applicable	Participants were asked about signs and
Seniar 2019_ Journal of Forensic N	2.0%	Not applicable	Participants were asked about signs and
Seniar 2019_ Journal of Forensic N	98%	Not applicable	Participants were asked about signs and
Seniar 2019_ Journal of Pharmacei	0.83	0.91	Participants were asked about the causes of
Seniar 2019_ Journal of Pharmacei	0.7	0.71	Participants were asked about the causes of
Seniar 2019_ Journal of Pharmacei	2.12	1.46	Participants were asked about the signs and
Seniar 2019_ Journal of Pharmacei	2.07	1.3	Participants were asked about the signs and
Seniar 2019_ Journal of Pharmacei	0.69	0.74	Participants were asked about the benefits
Seniar 2019_ Journal of Pharmacei	0.5	0.6	Participants were asked about the benefits
Seniar 2019_ Journal of Pharmacei	2.89	0.93	Participants were asked about products that
Seniar 2019_ Journal of Pharmacei	3.12	0.88	Participants were asked about products that
Seniar 2019_ Journal of Pharmacei	0.3	0.53	Participants were asked about the
Seniar 2019_ Journal of Pharmacei	0.29	0.49	Participants were asked about the
Seniar 2019_ Journal of Pharmacei	0.94	0.73	Participants were asked about the treatment
Seniar 2019_ Journal of Pharmacei	0.81	0.74	Participants were asked about the treatment
Seniar 2019_ Journal of Pharmacei	22.98	2.79	Participants were asked about their
Seniar 2019_ Journal of Pharmacei	23.41	2.38	Participants were asked about their
Seniar 2019_ Journal of Pharmacei	12.94	1.39	Participants were asked about perceived
Seniar 2019_ Journal of Pharmacei	12.87	1.1	Participants were asked about perceived
Seniar 2019_ Journal of Pharmacei	13.8	3.11	Participants were asked about perceived
Seniar 2019_ Journal of Pharmacei	13.54	2.15	Participants were asked about perceived
Seniar 2019_ Journal of Pharmacei	19.8	2.07	Participants were asked about perceived
Seniar 2019_ Journal of Pharmacei	19.43	1.74	Participants were asked about perceived
Seniar 2019_ Journal of Pharmacei	15.78	2.39	Participants were asked about self-efficacy
Seniar 2019_ Journal of Pharmacei	15.4	2.18	Participants were asked about self-efficacy
Seniar 2019_ Journal of Pharmacei	61.80%	Not applicable	Participants were asked if they've taken iron
Seniar 2019_ Journal of Pharmacei	61.80%	Not applicable	Participants were asked if they've taken iron

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Sheriff 2021	5.69	2.42	Participants were asked about knowledge of
Sheriff 2021	58.50%	Not applicable	Participants were asked about knowledge of
Sheriff 2021	41.50%	Not applicable	Participants were asked about knowledge of
Souganidis 2012	87%	Not applicable	Participants were asked if they've heard
Souganidis 2012	81.4%	Not applicable	Participants were asked if they've heard
Souganidis 2012	35.8%	Not applicable	Participants were asked about knowledge of
Souganidis 2012	36.9%	Not applicable	Participants were asked about knowledge of
VijayaKumar 2015	64.65%	Not applicable	Participants were asked have they heard of
VijayaKumar 2015	65.58%	Not applicable	Participants were asked can improvement of
VijayaKumar 2015	16.27%	Not applicable	Participants were asked can menstrual
VijayaKumar 2015	84.65%	Not applicable	Participants were asked can worms
VijayaKumar 2015	18.13%	Not applicable	Participants were asked about practices of
VijayaKumar 2015	60.46%	Not applicable	Participants were asked about practices of
VijayaKumar 2015	46.51%	Not applicable	Participants were asked about practices of
VijayaKumar 2015	49.76%	Not applicable	Participants were asked if pallor is a clinical
VijayaKumar 2015	55.81%	Not applicable	Participants were asked if weakness is a
VijayaKumar 2015	11.16%	Not applicable	Participants were asked if headache is a
Vosnacos 2015	17.20%	Not applicable	Participants were asked if they were taking
Vosnacos 2015	62.50%	Not applicable	Participants were asked if they were taking
Vosnacos 2015	20.30%	Not applicable	Participants were asked if they were taking
Vosnacos 2015	28.60%	Not applicable	Participants were asked if they were taking
Vosnacos 2015	67.90%	Not applicable	Participants were asked if they were taking
Vosnacos 2015	3.60%	Not applicable	Participants were asked if they were taking
Xu 2015	25.46%	Not applicable	Mothers were asked if they have knowledge
Yang 2015	67%	Not applicable	Participants were asked if they knew anemia
Yang 2015	33%	Not applicable	Participants were asked if they know iron
Yang 2015	38.3%	Not applicable	Participants were asked if they know eating
Yesufu 2013		95.00%	Participants were asked if they were aware
Yesufu 2013		56.50%	Participants were asked about knowledge of

19. Author and Year	23. Major Finding	23a. Standard Deviation	24. How is the outcome phrased in the study?
Yesufu 2013		74.50% Not applicable	Participants were asked if they were aware
Yesufu 2013		0.90% Not applicable	Participants were asked about their reasons
Yesufu 2013		0.90% Not applicable	Participants were asked about their reasons
Yesufu 2013		15.60% Not applicable	Participants were asked about their reasons
Yesufu 2013		98.20% Not applicable	Participants were asked if regular visits to
Yesufu 2013		90.00% Not applicable	Participants were asked about the first
Yesufu 2013		4.50% Not applicable	Participants were asked about the first
Yesufu 2013		2.30% Not applicable	Participants were asked about the first
Yesufu 2013		3.20% Not applicable	Participants were asked about the first
Yesufu 2013		93.20% Not applicable	Participants were asked if iron supplements
Yesufu 2013		1.80% Not applicable	Participants were asked if iron supplements
Yesufu 2013		5.00% Not applicable	Participants were asked if iron supplements
Yesufu 2013		89.50% Not applicable	Participants were asked if they approve use
Yesufu 2013		6.40% Not applicable	Participants were asked if they approve use
Yesufu 2013		4.10% Not applicable	Participants were asked if they approve use
Yesufu 2013		38.20% Not applicable	Participants were asked if they approve early
Yesufu 2013		42.30% Not applicable	Participants were asked if they approve early
Yesufu 2013		19.50% Not applicable	Participants were asked if they approve early
Yesufu 2013		48.60% Not applicable	Participants were asked if they approve
Yesufu 2013		89.10% Not applicable	Participants were asked if they are eating at
Yesufu 2013		66.90% Not applicable	Participants were asked if they are drinking
Yesufu 2013		52.70% Not applicable	Participants are asked if they use iron
Yesufu 2013		31.80% Not applicable	Participants were asked if they are compliant
Yesufu 2013		72.00% Not applicable	Participants are asked about reasons for non-
Yesufu 2013		5.50% Not applicable	Participants are asked about reasons for non-
Yesufu 2013		20.00% Not applicable	Participants are asked about reasons for non-
Zhang 2018	15%	Not applicable	Participants were asked about their
Zhang 2018	75%	Not applicable	Participants were asked about their
Zhang 2018	10%	Not applicable	Participants were asked about their

19. Author and Year

25. How the outcome variable was calculated

The last name of the first author and the year the study was published (e.g. Adams 2000).

e.g. "10 questions were looked at for calculating the knowledge score"

Abalkhail 2002

Students with anemia (Hb < age- and sex-specific WHO cutoffs) who answered affirmatively to suffering from anemia.

Abiselvi 2015

Not Reported

Abu-Baker 2021

Students were given a questionnaire with 8 questions that measure knowledge, but the study did not report how the mean score was calculated.

19. Author and Year

25. How the outcome variable was calculated

Abu-Baker 2021

Students were given a questionnaire with 8 questions that measure knowledge, but the study did not report how the mean score was calculated.

Abu-Baker 2021

Students were given a questionnaire with 3 questions that measure practice, but the study did not report how the mean score was calculated.

Abu-Baker 2021

Students were given a questionnaire with 3 questions that measure practice, but the study did not report how the mean score was calculated.

Abu-Baker 2021

Students were given a questionnaire with 6 questions that measure attitude, but the study did not report how the mean score was calculated.

19. Author and Year

25. How the outcome variable was calculated

Abu-Baker 2021

Students were given a questionnaire with 6 questions that measure attitude, but the study did not report how the mean score was calculated.

Abujilban 2019

A Structured Knowledge Interview Schedule was used. Each correct answer was assigned one point and the total possible points was 86.

Abujilban 2019

A Structured Knowledge Interview Schedule was used. Each correct answer was assigned one point and the total possible points was 86, but the study did not report how the mean score was calculated.

Adznam 2018

Participants who answered all 19 True or False questions on knowledge correctly and scored 19, which was equivalent to 100%.

19. Author and Year

25. How the outcome variable was calculated

Adznam 2018

Questionnaire contained 19 True or False questions on knowledge, but the study did not report how the median score was calculated.

Adznam 2018

Questionnaire contained 17 questions on attitude. Good responses in the attitude section were scored as 1 and poor responses were scored as 0.

Adznam 2018

Questionnaire contained 13 questions on practice. Positive answers were scored as 1 and negative answers were scored as 0 for the practice section.

Agbemafle 2019

The study included a 15-item questionnaire with anemia-related questions; Structured knowledge questions related to anemia were dichotomized based on the average of correct responses: below average (0%-70%) and above caregivers' average (>70%).

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Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondent included if they answered favorably to the question (yes).

19. Author and Year

25. How the outcome variable was calculated

Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondent included if they mentioned at least 1 of the favorable responses (weakness, pallor, more likely to become sick).

Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondent included if they mentioned at least 1 of the favorable responses (iron deficiency, folic acid deficiency, infection, heavy menstrual bleeding).

Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondent included if they mentioned at least 1 of the favorable responses (delay of mental and physical development).

Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondent included if they mentioned at least 1 of the favorable responses (eat iron-rich foods, eat vitamin C-rich food during/after meals, supplementation, treat other causes of anemia, hygiene).

Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; not stated but assumed that respondents included if they mentioned at least one favorable response (organ meat, flesh meat, fish and seafood).

Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; not stated but assumed that respondents included if they mentioned vitamin C-rich foods.

Agustina 2021

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondents included if they answered yes to the question.

19. Author and Year

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

25. How the outcome variable was calculated

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondents included if they answered yes to the question.

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; not stated but assumed respondents included if they answered yes to the question.

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondents included if they answered tasty.

Information obtained using a 24-hour recall intake assessment; not stated but assumed that respondents included if they answered at least one of the favorable responses (organ meat, flesh meat, fish, and seafood).

Information obtained using a 24-hour recall intake assessment; not stated but assumed that respondents included if they answered citrus fruits or juices.

Information obtained using a semi-quantitative Food Frequency Questionnaire, respondents included if they answered no.

Information obtained using a semi-quantitative Food Frequency Questionnaire, respondents included if they answered yes.

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondents included if they answered no.

19. Author and Year

Agustina 2021

25. How the outcome variable was calculated

Study used a KAP questionnaire adapted from the 2014 Food and Agriculture Organization of the UN nutrition-related guidelines for IDA; respondents included if they answered yes.

AlAbedi 2020

Study used a 34-item constructive questionnaire to assess knowledge for pregnant women toward iron anemia. These items were rated according to the three likert scale: Knowledge I know / or Always (3); Uncertain / or Sometime (2), and I do not known / or Never scored as (1). The measurement was scored by using cut-of-point intervals (1.00 - 1.66) low; moderate (1.67 – 2.33), and (2.34 – 3.00) high, as well as(L), (M), and (H) respectively.

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Study used a 15-item constructive questionnaire. These items were rated according to the three likert scale: Practices know / or Always (3); Uncertain / or Sometime (2), and I do not known / or Never scored as (1). The measurement was scored by using cut-of-point intervals (1.00 - 1.66) low; moderate (1.67 – 2.33), and (2.34 – 3.00) high, as well as(L), (M), and (H) respectively.

Study used a 15-item constructive questionnaire. These items were rated according to the three likert scale: Practices I know / or Always (3); Uncertain / or Sometime (2), and I do not known / or Never scored as (1). The measurement was scored by using cut-of-point intervals (1.00 - 1.66) low; moderate (1.67 – 2.33), and (2.34 – 3.00) high, as well as(L), (M), and (H) respectively.

19. Author and Year

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19. Author and Year

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

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25. How the outcome variable was calculated

The study used a nutrition knowledge questionnaire with 17 questions covering 4 items of knowledge iron deficiency anemia (4 questions), iron (3 questions), vitamin C (6 questions), and dietary strategies to improve iron status (7 questions). Girls scored positively for knowledge if when asked, they were able to state independently the correct answers. For example, a positive score was given for sources of vitamin C if girls could state both fruits and vegetables.

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The study used a nutrition knowledge questionnaire with 17 questions covering 4 items of knowledge iron deficiency anemia (4 questions), iron (3 questions), vitamin C (6 questions), and dietary strategies to improve iron status (7 questions). Girls scored positively for knowledge if when asked, they were able to state independently the correct answers. For example, a positive score was given for sources of vitamin C if girls could state both fruits and vegetables.

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19. Author and Year

Alaofé 2009 (Ecology)

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Ali 2018	Details not specified
Ali 2018	Details not specified
Ali 2018	Details not specified
Ali 2018	Adequate knowledge on causes of anaemia was considered when participants responded above the mean (> 2.5) to the five questions on causes of anaemia which were inadequate food intake, illnesses like malaria and HIV/AIDS, bleeding, heavy maternal chores and worm infestations.

19. Author and Year

25. How the outcome variable was calculated

Ali 2018

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Ali 2018

Adequate knowledge on signs of anaemia was considered when participants responded above the mean (> 2.5) to the five knowledge questions on symptoms which included paleness around gums, hypotension/dizziness, chronic fatigue, anorexia and shortness of breath when walking.

Ali 2018

Adequate knowledge on signs of anaemia was considered when participants responded above the mean (> 2.5) to the five knowledge questions on symptoms which included paleness around gums, hypotension/dizziness, chronic fatigue, anorexia and shortness of breath when walking.

19. Author and Year

25. How the outcome variable was calculated

Ali 2018

Adequate knowledge on signs of anaemia was considered when participants responded above the mean (> 2.5) to the five knowledge questions on symptoms which included paleness around gums, hypotension/dizziness, chronic fatigue, anorexia and shortness of breath when walking.

Ali 2018

Adequate knowledge on symptoms of anaemia was considered when participants responded above the mean (> 2.5) to the five knowledge questions on symptoms which included paleness around gums, dizziness, chronic fatigue, anorexia and shortness of breath.

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19. Author and Year

25. How the outcome variable was calculated

Ali 2018

Adequate knowledge on treatment of anaemia was considered when both iron intake and blood transfusion were spelt out as the main ways of treating anaemia.

Ali 2018

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Ali 2018

Adequate knowledge on treatment of anaemia was considered when both iron intake and blood transfusion were spelt out as the main ways of treating anaemia.

Anokye 2018

Study used a structured questionnaire with close-ended questions. Participants who answered "low blood level" are considered correct.

Anokye 2018

Study used a structured questionnaire with close-ended questions. Participants who answered "poor feeding practices" are considered correct.

19. Author and Year

25. How the outcome variable was calculated

Anokye 2018

Study used a structured questionnaire with close-ended questions. Participants who answered "pale conjunctiva" and "pale palm" are considered correct.

Anokye 2018

Study used a structured questionnaire with close-ended questions. Participants who answered "adequate nutrition," "regular deworming," "early treatment of malaria," and "exclusive breastfeeding" are considered correct.

Anokye 2018

Study used a structured questionnaire with close-ended questions. Participants who answered "take him/her to the hospital" are considered correct.

Ayub 2015

30-item questionnaire to assess health literacy of students and the community women on three dimensions before training: Sources of iron, causes of IDA, and signs and symptoms of IDA. Study did not specify how the prevalence was calculated.

Ayub 2015

30-item questionnaire to assess health literacy of students and the community women on three dimensions before training: Sources of iron, causes of IDA, and signs and symptoms of IDA. Study did not specify how the prevalence was calculated.

19. Author and Year

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Ayub 2015

30-item questionnaire to assess health literacy of students and the community women on three dimensions before training: Sources of iron, causes of IDA, and signs and symptoms of IDA. Study did not specify how the prevalence was calculated.

Baizhumanova 2010

Participants were given a questionnaire that included such topics as awareness on the health problems due to IDA, diets to prevent IDA and knowledge of healthy nutrition and fortified wheat flour. Participants who answered Yes to the question were included.

Baizhumanova 2010

Participants were given a questionnaire that included such topics as awareness on the health problems due to IDA, diets to prevent IDA and knowledge of healthy nutrition and fortified wheat flour. Participants who answered Yes to the question were included.

Baizhumanova 2010

Participants were given a questionnaire that included such topics as awareness on the health problems due to IDA, diets to prevent IDA and knowledge of healthy nutrition and fortified wheat flour. Participants who answered "to eat iron-rich foods" to the question were included.

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19. Author and Year

Baizhumanova 2010

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Baskar 2020

Percentage of participants who answered Yes to the question was reported.

Baskar 2020

Percentage of participants who answered no idea to the question.

Baskar 2020

Percentage of participants who answered no to the question.

Baskar 2020

Percentage of participants who answered "strongly agreed" to the question was reported.

Baskar 2020

Percentage of participants who answered "agree" to the question was reported.

19. Author and Year

25. How the outcome variable was calculated

Baskar 2020

Percentage of participants who answered "disagree" to the question was reported.

Baskar 2020

Percentage of participants who answered "strongly disagree" to the question was reported.

Baskar 2020

Percentage of participants who answered "infectious disease" to the question was reported.

Baskar 2020

Percentage of participants who answered "severe blood loss during delivery" to the question was reported.

Baskar 2020

Percentage of participants who answered "no idea" to the question was reported.

Baskar 2020

Percentage of participants who answered "infectious disease, severe blood loss during delivery" to the question was reported.

Baskar 2020

Percentage of participants who answered "severe blood loss during delivery, no idea" to the question was reported.

19. Author and Year

25. How the outcome variable was calculated

Baskar 2020

Percentage of participants who answered "strongly agreed" to the question was reported.

Baskar 2020

Percentage of participants who answered "agree" to the question was reported.

Baskar 2020

Percentage of participants who answered "disagree" to the question was reported.

Baskar 2020

Percentage of participants who answered "strongly disagree" to the question was reported.

Baskar 2020

Percentage of participants who answered "less iron intake" to the question was reported.

Baskar 2020

Percentage of participants who answered "vitamin intake" to the question was reported.

Baskar 2020

Percentage of participants who answered "no idea" to the question was reported.

Baskar 2020

Percentage of participants who answered "true" to the question was reported.

19. Author and Year

25. How the outcome variable was calculated

Baskar 2020

Participants who answered "death of pregnant women" were included.

Baskar 2020

Percentage of participants who answered "baby born with less weight" to the question was reported.

Baskar 2020

Percentage of participants who answered "no idea" to the question was reported.

Baskar 2020

Percentage of participants who answered "death of pregnant women, baby born with less weight" to the question was reported.

Baskar 2020

Participants who answered "death of the child" were included.

Baskar 2020

Participants who answered "growth retardation in the fetus" were included.

Baskar 2020

Percentage of participants who answered "no idea" to the question was reported.

Baskar 2020

Percentage of participants who answered "both growth retardation and death of the fetus" to the question was reported.

19. Author and Year

25. How the outcome variable was calculated

Baskar 2020

Percentage of participants who answered "growth retardation, no idea" to the question was reported.

Baskar 2020

Percentage of participants who answered "death of child, growth retardation, no idea" to the question was reported.

Baskar 2020

Participants who answered yes were included.

Baskar 2020

Participants who answered no were included.

Baskar 2020

Participants who answered no idea were included.

Bhatia 2021

Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered pale appearance were included.

19. Author and Year

25. How the outcome variable was calculated

Bhatia 2021

Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered giddiness were included.

Bhatia 2021

Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered palpitation were included.

Bhatia 2021

Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered weakness were included.

Bhatia 2021

Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered tiredness were included.

Bhatia 2021

Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered reduction in work efficiency were included.

Bhatia 2021

who answered positively were then asked about the symptoms of anaemia. Participants who answered poor scholastic performance were included.

19. Author and Year

Bhatia 2021

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19. Author and Year

Bhatia 2021

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Bhatia 2021

25. How the outcome variable was calculated

Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered reduction in work efficiency were included.

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Beneficiaries were asked whether they had heard about anaemia. Those who answered positively were then asked about the symptoms of anaemia. Participants who answered poor scholastic performance were included.

Participants were given a questionnaire. Participants who answered "seek help for treatment" were recorded.

Participants were given a questionnaire. Participants who answered "inform parents" were included.

19. Author and Year

25. How the outcome variable was calculated

Bhatia 2021

Participants were given a questionnaire. Participants who answered "home remedy" were included.

Bhatia 2021

Participants were given a questionnaire. Participants who answered "seek help for treatment" were included.

Bhatia 2021

Participants were given a questionnaire. Participants who answered "inform husbands" were included.

Bhatia 2021

Participants were given a questionnaire. Participants who answered "home remedy" were included.

Bhatia 2021

Participants were given a questionnaire. Participants who answered "seek help for treatment" were included.

Bhatia 2021

Participants were given a questionnaire. Participants who answered "inform husbands" were included.

Bhatia 2021

Participants were given a questionnaire. Participants who answered "home remedy" were included.

Bhatia 2021

Participants were given a questionnaire. Participants who answered "seek help for treatment" were included.

19. Author and Year

Bhatia 2021

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25. How the outcome variable was calculated

Participants were given a questionnaire. Participants who answered "inform husbands" were included.

Participants were given a structured questionnaire that tested their

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25. How the outcome variable was calculated

Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their
Participants were given a structured questionnaire that tested their

19. Author and Year

25. How the outcome variable was calculated

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

19. Author and Year

25. How the outcome variable was calculated

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

19. Author and Year

25. How the outcome variable was calculated

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

19. Author and Year

25. How the outcome variable was calculated

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

19. Author and Year

25. How the outcome variable was calculated

Bilenko 2007

Low, intermediate, and high levels of maternal knowledge were defined as the low, middle, and upper third of correct answers' distribution, respectively.

Bilenko 2007

Mothers' adherence with iron supplement recommendations was assessed by questions on the frequency of using iron preparations. Complete adherence was defined as daily iron supplementation, as advised by the public health nurse at the MCH clinic, reported by the mother. No adherence was defined as no or only partial iron supplementation (not every day). Participants who reported complete adherence was reported

19. Author and Year

25. How the outcome variable was calculated

Bilenko 2007	Mothers' adherence with iron supplement recommendations was assessed by questions on the frequency of using iron preparations. Complete adherence was defined as daily iron supplementation, as advised by the public health nurse at the MCH clinic, reported by the mother. No adherence was defined as no or only partial iron supplementation (not every day). Participants who reported complete adherence was reported
Choi 1985	participants were given a questionnaire that assessed the knowledge and attitude on anemia during pregnancy. Percentage of participants who said that anemia occurred most commonly during pregnancy were reported.
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and
Choi 1985	participants were given a questionnaire that assessed the knowledge and

19. Author and Year

Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Dhok 2021
Dhok 2021
Dhok 2021
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Dongre 2011
Dongre 2011
Dongre 2011
Dongre 2011

25. How the outcome variable was calculated

participants were given a questionnaire that assessed the knowledge and
participants were given a questionnaire that assessed the knowledge and
participants were given a questionnaire that assessed the knowledge and
Percentage of participants who answered calcium supplements was
Percentage of participants who answered multi-vitamin was reported
Percentage of participants who answered no idea was reported
participants were given a questionnaire that assessed the knowledge and
Study used a structured and pretested questionnaire with three parts
Study used a structured and pretested questionnaire with three parts
Study used a structured and pretested questionnaire with three parts
The study used a 21-question online survey to gauge attitudes toward
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
The study used a 21-question survey to gauge attitudes toward and
Study used a questionnaire to measure awareness of iron-rich foods.
Study used a questionnaire to measure awareness of iron-rich foods.
Study used a questionnaire to measure awareness of iron-rich foods.
Study used a questionnaire to measure awareness of iron-rich foods.

19. Author and Year

Egryani 2017
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elhameed 2012
Elmaghraby 2021
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017

25. How the outcome variable was calculated

The study used a questionnaire with six questions about anemia aspects
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
The study used a questionnaire that dealt with women's knowledge
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire to assess women's knowledge related
Study used a questionnaire that measured the awareness of participants
Study used a questionnaire based on the Health Belief Model, 16
Study used a questionnaire based on the Health Belief Model, 16
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6

19. Author and Year

Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
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Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002

25. How the outcome variable was calculated

Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model, 6
Study used a questionnaire based on the Health Belief Model. Did not
Study used a questionnaire based on the Health Belief Model. Did not
Participants were given a questionnaire on general knowledge of iron
Participants were given a questionnaire on general knowledge of iron
Participants were given a questionnaire on general knowledge of iron
Participants were given a questionnaire on general knowledge of iron
deficiency anemia. Participants who answered weak blood as cause was
deficiency anemia. Participants who answered weak blood as cause was
deficiency anemia. Participants who answered weak blood as cause was
deficiency anemia. Participants who answered weak blood as cause was
deficiency anemia. Participants who answered deficiency in diet as cause
deficiency anemia. Participants who answered deficiency in diet as cause
deficiency anemia. Participants who answered deficiency in diet as cause
deficiency anemia. Participants who answered deficiency in diet as cause
deficiency anemia. Participants who answered can't say for the cause
deficiency anemia. Participants who answered can't say for the cause
deficiency anemia. Participants who answered can't say for the cause
deficiency anemia. Participants who answered fruits were reported
deficiency anemia. Participants who answered fruits were reported
deficiency anemia. Participants who answered fruits were reported
deficiency anemia. Participants who answered fruits were reported
deficiency anemia. Participants who answered vegetables were reported

19. Author and Year

Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
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Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Hardianti 2020
Hardianti 2020
Hardianti 2020
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005

25. How the outcome variable was calculated

Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire that asked about the mother's attitudes and
Study used a questionnaire with 15 questions, each question consists of
Study used a questionnaire with 15 questions, each question consists of
Study used a questionnaire with 15 questions, each question consists of
Study used a questionnaire with 9 questions including causes of iron
Study used a questionnaire with 9 questions including causes of iron
Study used a questionnaire with 9 questions including causes of iron
Study used a questionnaire with 9 questions including causes of iron
Study used a questionnaire with 9 questions including causes of iron
Study used a questionnaire with 9 questions including causes of iron
Study measured perceived severity of iron deficiency anemia through 10
Study measured perceived severity of iron deficiency anemia through10
Study measured perceived severity of iron deficiency anemia through10

19. Author and Year

Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
Hassan 2005
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Hassan 2020
Hassan 2020

25. How the outcome variable was calculated

Study measured perceived severity of iron deficiency anemia through10
Study measured perceived severity of iron deficiency anemia through10
Study measured perceived severity of iron deficiency anemia through10
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
statements revealing the seriousness of iron deficiency anemia. The
Perceived benefits of iron deficiency anemia treatment was assessed
Perceived benefits of iron deficiency anemia treatment was assessed
Perceived benefits of iron deficiency anemia treatment was assessed
Perceived benefits of iron deficiency anemia treatment was assessed
Perceived benefits of iron deficiency anemia treatment was assessed
Perceived benefits of iron deficiency anemia treatment was assessed
Study used a structured questionnaire. Each question had three options,
Study used a structured questionnaire. Each question had three options,
Study used a structured questionnaire. Perceived susceptibility was
Study used a structured questionnaire. Perceived susceptibility was
Perceived severity consisted of 7 items, eachrated on a 5-point Likert
Perceived severity consisted of 7 items, eachrated on a 5-point Likert
Perceived benefits were assessed with 5 items, each rated on a 5-point
Perceived benefits were assessed with 5 items, each rated on a 5-point
Perceived barrier consisted of 6 items, each rated ona 5-point Likert
Perceived barrier consisted of 6 items, each rated ona 5-point Likert
Questionnaire consisted of four questions measuring participant level of
Questionnaire consisted of four questions measuring participant level of
Questionnaire consisted of four questions measuring participant level of
Questionnaire consisted of four questions measuring participant level of

19. Author and Year

Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Ismail 2017
Ismail 2017
Ismail 2017
Jafari 2012
Jafari 2012
Jafari 2012
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007

25. How the outcome variable was calculated

Participants were given a structured questionnaire. Participants who
Participants were given a structured questionnaire. Participants who
Participants were given a structured questionnaire. Participants who
Participants were given a structured questionnaire. Participants who
Participants were given a structured questionnaire. Participants who
Participants were given a structured questionnaire. Participants who
To assess the knowledge of the respondents on AIP, an index of
To assess the knowledge of the respondents on AIP, an index of
To assess the knowledge of the respondents on AIP, an index of
To assess the knowledge of the respondents on AIP, an index of
To assess the knowledge of the respondents on AIP, an index of
To assess the knowledge of the respondents on AIP, an index of
To assess the knowledge of the respondents on AIP, an index of
Study used a questionnaire to evaluate maternal knowledge. Questions
Study used a questionnaire to evaluate maternal knowledge. Questions
Study used a questionnaire to evaluate maternal knowledge. Questions
Study gave participants a questionnaire with questions related to the
Study gave participants a questionnaire with questions related to the
Study gave participants a questionnaire with questions related to the
Participants were asked a 48-question questionnaire and 3 free-text
Participants were asked a 48-question questionnaire and 3 free-text
Participants were asked a 48-question questionnaire and 3 free-text
Study used a questionnaire that has free-text question. Participants who
Study used a questionnaire with free-text questions asking what causes
Study used used a questionnaire. Participants who answered young
Study used a questionnaire that has free-text question. Participants who
Study used a questionnaire with free-text questions. Participants who
Participants were given a questionnaire. Participants who believe vitamin

19. Author and Year

Jarrah 2007

Jarrah 2007

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Jefferds 2002

Kabir 2010

Kabir 2010

Kabir 2010

Kabir 2010

Kabir 2010

Kabir 2010

Kabir 2010

Kabir 2010

Kala 2015

Kala 2015

Kala 2015

Kala 2015

Kala 2015

Kala 2015

25. How the outcome variable was calculated

Study used a questionnaire, participants who identified tea and coffee as

Study used a questionnaire, participants who identified tea nad coffee as

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a one-time short interview with participants to

Study conducted a questionnaire with participants to obtain knowledge

Study conducted a questionnaire with participants to obtain knowledge

Study conducted a questionnaire with participants to obtain knowledge

Study conducted a questionnaire with participants to obtain knowledge

Study conducted a questionnaire with participants to obtain knowledge

Study conducted a questionnaire with participants to obtain knowledge

Study conducted a questionnaire with participants to obtain knowledge

Study conducted a questionnaire with participants to obtain knowledge

Study used a questionnaire that assessed the knowledge of adolescent

Study used a questionnaire that assessed the knowledge of adolescent

Study used a questionnaire that assessed the knowledge of adolescent

Study used a questionnaire that assessed the knowledge of adolescent

Study used a questionnaire that assessed the knowledge of adolescent

Study used a questionnaire that assessed the knowledge of adolescent

19. Author and Year

Kala 2015
Kala 2015
Kala 2015
Kala 2015
Kala 2015
Kala 2015
Kanal 2005
Kanal 2005
Kanal 2005
Kanal 2005
Kanal 2005
Kanal 2005
Kanal 2005
Kanal 2005
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Kanal 2005
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Kanal 2005
Kanal 2005
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011
Kanber 2011

25. How the outcome variable was calculated

Assessment of attitude was done by the five point Likert scale. It
Assessment of attitude was done by the five point Likert scale. It
Assessment of attitude was done by the five point Likert scale. It
Assessment of attitude was done by the five point Likert scale. It
Assessment of attitude was done by the five point Likert scale. It
Assessment of attitude was done by the five point Likert scale. It
Study administered questionnaires for participants at baseline. 11
Study administered questionnaires for participants at baseline. 11
Study administered questionnaires for participants at baseline. 11
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study administered questionnaires for participants at baseline. Study
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia
Study used a questionnaire to determine their knowledge about anemia

19. Author and Year

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Khan 2005

Khan 2005

Khan 2005

Khan 2005

Khan 2005

Khan 2005

Khan 2005

Khan 2005

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

25. How the outcome variable was calculated

Study used a questionnaire to determine their knowledge about anemia

Study used a questionnaire to determine their knowledge about anemia

Study used a questionnaire to determine their knowledge about anemia

Study used a questionnaire to determine their knowledge about anemia

Study used a questionnaire to determine their knowledge about anemia

Study used a questionnaire to determine their knowledge about anemia

Study used a questionnaire to determine their knowledge about anemia

questionnaire developed by the Nutrition Information Education Center

questionnaire developed by the Nutrition Information Education Center

questionnaire developed by the Nutrition Information Education Center

KAP of pregnant and non-pregnant women was evaluated through a

KAP of pregnant and non-pregnant women was evaluated through a

KAP of pregnant and non-pregnant women was evaluated through a

KAP of pregnant and non-pregnant women was evaluated through a

KAP of pregnant and non-pregnant women was evaluated through a

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

19. Author and Year

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

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Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

25. How the outcome variable was calculated

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

various anemia-related illnesses. The questionnaires included local

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

Study used KAP questionnaire. Knowledge part of the questionnaire had

questions regarding their awareness towards anemia, causes, symptoms,

Study used KAP questionnaire. Knowledge part of the questionnaire had

questions regarding their awareness towards anemia, causes, symptoms,

Study used KAP questionnaire. Knowledge part of the questionnaire had

19. Author and Year

Kulkarni 2015
 Kulkarni 2015
 Kulkarni 2015
 Kulkarni 2015
 Kulkarni 2015
 Kulkarni 2015
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
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 Manickavasagam 2021
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 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Manickavasagam 2021
 Margwe 2018

25. How the outcome variable was calculated

Women attending the antenatal OPD were asked to fill out a
 Women attending the antenatal OPD were asked to fill out a
 Women attending the antenatal OPD were asked to fill out a
 Women attending the antenatal OPD were asked to fill out a
 Women attending the antenatal OPD were asked to fill out a
 Women attending the antenatal OPD were asked to fill out a
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a structured questionnaire to evaluate potential knowledge
 Study used a questionnaire to examine knowledge of women on anemia

19. Author and Year

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

Massawe 1995

25. How the outcome variable was calculated

Study used a questionnaire to examine knowledge of women on anemia

Study used a questionnaire to examine knowledge of women on anemia

Study used a questionnaire to examine knowledge of women on anemia

Study used a questionnaire to examine knowledge of women on anemia

Study used a questionnaire to examine knowledge of women on anemia

Study used a questionnaire to examine knowledge of women on anemia

Study used a questionnaire to examine knowledge of women on anemia

Study used a questionnaire to examine knowledge of women on anemia

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Attitude of pregnant women towards anaemia control and prevention

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

Study used a questionnaire to measure women's perception of anaemia

19. Author and Year

Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Massawe 1995
Mbule 2013
Mbule 2013
Mbule 2013
Mbule 2013
Mbule 2013
Mbule 2013
Mbule 2013
Mbule 2013
Mbule 2013
Mbule 2013
Mbwana 2020
Mbwana 2020
Mbwana 2020

25. How the outcome variable was calculated

Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a questionnaire to measure women's perception of anaemia
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
Study used a structured questionnaire to measure anemia-related
The study conducted A face to face interviewer-administered
Study used a face-to-face interviewer-administered questionnaire to
The study conducted A face to face interviewer-administered

19. Author and Year

Mbwana 2020

Mbwana 2020

M'Cormack 2012

M'Cormack 2012

M'Cormack 2012

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mutalazimah 2019

Mutalazimah 2019

Mutalazimah 2019

Mutalazimah 2019

Noronha 2013

Noronha 2013

Noronha 2013

25. How the outcome variable was calculated

Study used a face-to-face interviewer-administered questionnaire to

Study used a face-to-face interviewer-administered questionnaire to

Study used a questionnaire with fixed alternative items and open-ended

Study used a questionnaire with fixed alternative items and open-ended

Study used a questionnaire with fixed alternative items and open-ended

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

Study used a structured questionnaire that assessed the knowledge of

The knowledge level data about anemia was gathered by giving out

The knowledge level data about anemia was gathered by giving out

The knowledge level data about anemia was gathered by giving out

The knowledge level data about anemia was gathered by giving out

Study used a questionnaire that assessed participants' knowledge, food

Study used a questionnaire that assessed participants' knowledge, food

Study used a questionnaire that assessed participants' knowledge, food

19. Author and Year

O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969
O'Connor 1969

25. How the outcome variable was calculated

Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of
Study used a questionnaire to measure women's knowledge of

Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public
Onyeneho 2016_ Journal of Public

Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured
Study conducted structured interview with participants using structured

19. Author and Year

Onyeneho 2016_ Journal of Public
Paulino 2005
Paulino 2005
Paulino 2005
Paulino 2005
Paulino 2005
Paulino 2005
Paulino 2005
Paulino 2005
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Polat 2001
Primadewi 2021
Primadewi 2021
Primadewi 2021

25. How the outcome variable was calculated

Study conducted structured interview with participants using structured
Study used a KAP questionnaire to measure awareness in the community
Study used a KAP questionnaire to measure awareness in the community
Study used a KAP questionnaire to measure awareness in the community
Study used a KAP questionnaire to measure awareness in the community
Study used a KAP questionnaire to measure awareness in the community
Study used a KAP questionnaire to measure awareness in the community
Study used a KAP questionnaire to measure awareness in the community
Study used a KAP questionnaire to measure awareness in the community
Study used a questionnaire. Participants who answered Yes I knew were
Study used a questionnaire. Participants who answered No I did not
Study used a questionnaire. Participants who did not answer were
Study used a questionnaire. Participants who answered many births does
Study used a questionnaire. Participants who answered many births do
Study used a questionnaire. Participants who did not answer were
Study used a questionnaire. Participants who answered it does cause
Study used a questionnaire. Participants who answered it does not cause
Study used a questionnaire. Participants who did not answer were
Study used a questionnaire. Participants who answered anemia causes
Study used a questionnaire. Participants who answered anemia causes
Study used a questionnaire. Participants who answered anemia causes
Study used a questionnaire. Participants who did not answer were
Study used a questionnaire. Participants who answered 24 months was
Study used a questionnaire. Participants who answered 36 months was
Study used a questionnaire. Participants who answered 48 months was
Study used a questionnaire. Participants who did not answer were
Study used a questionnaire from Maulida to measure anemia knowledge.
Study used a questionnaire from Maulida to measure anemia knowledge.
Study used a questionnaire from Maulida to measure anemia knowledge.

19. Author and Year

Rivera 2020

Rivera 2020

Rivera 2020

Rivera 2020

Rivera 2020

Rivera 2020

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

25. How the outcome variable was calculated

The participants were asked to answer a short quiz to test their

The participants were asked to answer a short quiz to test their

The participants were asked to answer a short quiz to test their

The participants were asked to answer a short quiz to test their

The participants were asked to answer a short quiz to test their

The participants were asked to answer a short quiz to test their

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

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Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

19. Author and Year

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rukmaini 2019

Rukmaini 2019

Rukmaini 2019

Rukmaini 2019

Rukmaini 2019

Rukmaini 2019

Rukmaini 2019

25. How the outcome variable was calculated

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to assess the level of knowledge about

Study used a questionnaire to analyze of knowledge of pregnant women,

Study used a questionnaire to analyze of knowledge of pregnant women,

Study used a questionnaire to analyze of knowledge of pregnant women,

Study used a questionnaire to analyze of knowledge of pregnant women,

Study used a questionnaire to analyze of knowledge of pregnant women,

Study used a questionnaire to analyze of knowledge of pregnant women,

Study used a questionnaire to analyze of knowledge of pregnant women,

19. Author and Year

Rukmaini 2019

Rukmaini 2019

Seniar 2019_ Journal of Forensic N Study used a questionnaire with 5 questions to measure knowledge of

Seniar 2019_ Journal of Forensic N Study used a questionnaire with 5 questions to measure knowledge of

Seniar 2019_ Journal of Forensic N Study used a questionnaire with 5 questions to measure knowledge of

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questtionnaire to measure women's knowledge about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

Seniar 2019_ Journal of Pharmacei Study used a questionnaire. The pregnant women's perception about

25. How the outcome variable was calculated

Study used a questionnaire to analyze of knowledge of pregnant women,

Study used a questionnaire to analyze of knowledge of pregnant women,

19. Author and Year

Sheriff 2021
Sheriff 2021
Sheriff 2021
Souganidis 2012
Souganidis 2012
Souganidis 2012
Souganidis 2012
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
Vosnacocs 2015
Vosnacocs 2015
Vosnacocs 2015
Vosnacocs 2015
Vosnacocs 2015
Vosnacocs 2015
Xu 2015
Yang 2015
Yang 2015
Yang 2015
Yesufu 2013
Yesufu 2013

25. How the outcome variable was calculated

Study used a pretested interviewer administered questionnaire to collect
Study used a pretested interviewer administered questionnaire to collect
Study used a pretested interviewer administered questionnaire to collect
Study interviewed participants. Mothers were asked "Have you ever
Study interviewed participants. Mothers were asked "Have you ever
Study interviewed participants. Mother's knowledge of anemia based
Study interviewed participants. Mother's knowledge of anemia based
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study used a questionnaire to measure participants' knowledge
Study conducted a survey to examine women's knowledge relating to the
Study conducted a survey to examine women's knowledge relating to the
Study conducted a survey to examine women's knowledge relating to the
Study conducted a survey to examine women's knowledge relating to the
Study conducted a survey to examine women's knowledge relating to the
Study conducted a survey to examine women's knowledge relating to the
Study used a self-made questionnaire that asked about maternal status
Study conducted a questionnaire to understand caregivers' knowledge
Study conducted a questionnaire to understand caregivers' knowledge
Study conducted a questionnaire to understand caregivers' knowledge
Study conducted a questionnaire to collect information on knowledge,
Study conducted a questionnaire to collect information on knowledge,

19. Author and Year

26. Alternative term for outcome measure used in the study

The last name of the first author and the year the study was published (e.g. Adams 2000).

Did the authors use terminology different from the outcome measure listed? If so, put the term used in the study. If not, put not applicable.

Abalkhail 2002

Not applicable

Abiselvi 2015

Not applicable

Abu-Baker 2021

Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Abu-Baker 2021	Not applicable
Abu-Baker 2021	Practice
Abu-Baker 2021	Practice
Abu-Baker 2021	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Abu-Baker 2021	Not applicable
Abujilban 2019	Not applicable
Abujilban 2019	Not applicable
Adznam 2018	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Adznam 2018	Not applicable
Adznam 2018	Not applicable
Adznam 2018	Practice
Agbemafile 2019	Not applicable
Agbemafile 2019	Not applicable
Agustina 2021	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Agustina 2021	knowledge
Agustina 2021	Knowledge
Agustina 2021	Knowledge
Agustina 2021	Knowledge
Agustina 2021	not applicable
Agustina 2021	not applicable
Agustina 2021	not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Agustina 2021	attitude
Agustina 2021	not applicable
Agustina 2021	not applicable
Agustina 2021	practice
Agustina 2021	Practices
Agustina 2021	Practices
Agustina 2021	Practices
Agustina 2021	Practices

19. Author and Year	26. Alternative term for outcome measure used in the study
Agustina 2021	practice
AlAbedi 2020	Not applicable
AlAbedi 2020	Not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

AlAbedi 2020

Not applicable

AlAbedi 2020

Practices

AlAbedi 2020

Practices

19. Author and Year

26. Alternative term for outcome measure used in the study

AlAbedi 2020

Practices

AlAbedi 2020

Not applicable

AlAbedi 2020

Practices

19. Author and Year	26. Alternative term for outcome measure used in the study
Alaofé 2009 (Ecology)	knowledge
Alaofé 2009 (Ecology)	knowledge
Alaofé 2009 (Ecology)	Not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

Not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

Not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
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Alaofé 2009 (Ecology)	not applicable
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Alaofé 2009 (Ecology)	Not applicable
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Alaofé 2009 (Ecology)	Not applicable
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19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

Alaofé 2009 (Ecology)

not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Alaofé 2009 (Ecology)	not applicable
Ali 2018	heard of anemia
Ali 2018	heard of anemia
Ali 2018	heard of anemia
Ali 2018	Knowledge

19. Author and Year

26. Alternative term for outcome measure used in the study

Ali 2018

knowledge

Ali 2018

knowledge

Ali 2018

Knowledge

Ali 2018

Knowledge

19. Author and Year

26. Alternative term for outcome measure used in the study

Ali 2018

knowledge

Ali 2018

knowledge

Ali 2018

knowledge

Ali 2018

knowledge

19. Author and Year	26. Alternative term for outcome measure used in the study
Ali 2018	knowledge
Ali 2018	knowledge
Ali 2018	knowledge
Anokye 2018	Meaning of anemia
Anokye 2018	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Anokye 2018	not applicable
Anokye 2018	not applicable
Anokye 2018	not applicable
Ayub 2015	Awareness
Ayub 2015	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Ayub 2015	Awareness
Baizhumanova 2010	Heard about IDA
Baizhumanova 2010	Heard about IDA
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baizhumanova 2010	Not applicable
Baskar 2020	Not applicable
Baskar 2020	Not applicable
Baskar 2020	Not applicable
Baskar 2020	Awareness that hemoglobin concentration < 11 g/dl causes anemia
Baskar 2020	Awareness that hemoglobin concentration < 11 g/dl causes anemia

19. Author and Year	26. Alternative term for outcome measure used in the study
Baskar 2020	Awareness that hemoglobin concentration < 11 g/dl causes anemia
Baskar 2020	Awareness that hemoglobin concentration < 11 g/dl causes anemia
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness

19. Author and Year	26. Alternative term for outcome measure used in the study
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness
Baskar 2020	Awareness

19. Author and Year	26. Alternative term for outcome measure used in the study
Baskar 2020	Awareness of the effects of severe anemia
Baskar 2020	Awareness of the effects of severe anemia
Baskar 2020	Awareness of the effects of severe anemia
Baskar 2020	Awareness of the effects of severe anemia
Baskar 2020	Awareness of the effects of anemia
Baskar 2020	Awareness of the effects of anemia
Baskar 2020	Awareness of the effects of anemia
Baskar 2020	Awareness of the effects of anemia

19. Author and Year	26. Alternative term for outcome measure used in the study
Baskar 2020	Awareness of the effects of anemia
Baskar 2020	Awareness of the effects of anemia
Baskar 2020	not applicable
Baskar 2020	not applicable
Baskar 2020	not applicable
Bhatia 2021	Knowledge

19. Author and Year	26. Alternative term for outcome measure used in the study
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge

19. Author and Year	26. Alternative term for outcome measure used in the study
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge

19. Author and Year	26. Alternative term for outcome measure used in the study
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	Knowledge
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"

19. Author and Year	26. Alternative term for outcome measure used in the study
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"

19. Author and Year

26. Alternative term for outcome measure used in the study

Bhatia 2021	"Health seeking behaviour of beneficiaries with anaemia related symptoms"
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	Not applicable
Bhat 2012	awareness
Bhat 2012	awareness
Bhat 2012	awareness
Bhat 2012	awareness
Bhat 2012	awareness
Bhat 2012	awareness
Bhat 2012	awareness
Bhat 2012	Not applicable
Bhat 2012	Not applicable

19. Author and Year

Bhat 2012
Bhat 2012
Bhat 2012
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Bhat 2012
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Bhat 2012
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26. Alternative term for outcome measure used in the study

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19. Author and Year

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26. Alternative term for outcome measure used in the study

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Comprehension
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behavioral intention
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19. Author and Year

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26. Alternative term for outcome measure used in the study

behavioral intention
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19. Author and Year

26. Alternative term for outcome measure used in the study

Bilenko 2007

Not applicable

Bilenko 2007

Not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Bilenko 2007

Not applicable

Bilenko 2007

Not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Bilenko 2007

Not applicable

Bilenko 2007

Not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Bilenko 2007

Not applicable

Bilenko 2007

Not applicable

19. Author and Year

26. Alternative term for outcome measure used in the study

Bilenko 2007

Not applicable

Bilenko 2007

Adherence to iron supplementation

19. Author and Year

26. Alternative term for outcome measure used in the study

Bilenko 2007

Adherence to iron supplementation

Choi 1985

not applicable

Choi 1985

not applicable

Choi 1985

not applicable

Choi 1985

not applicable

Choi 1985

effects of anemia during pregnancy

Choi 1985

effects of anemia during pregnancy

Choi 1985

effects of anemia during pregnancy

Choi 1985

effects of anemia during pregnancy

Choi 1985

effects of anemia during pregnancy

Choi 1985

The aggravating period of anemia during pregnancy; when

Choi 1985

The aggravating period of anemia during pregnancy; when

Choi 1985

The aggravating period of anemia during pregnancy; when

Choi 1985

The aggravating period of anemia during pregnancy; when

Choi 1985

treatment and prevention

Choi 1985

treatment and prevention

19. Author and Year

Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Dhok 2021
Dhok 2021
Dhok 2021
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
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Diamond-Smith 2020
Diamond-Smith 2020
Dongre 2011
Dongre 2011
Dongre 2011
Dongre 2011

26. Alternative term for outcome measure used in the study

treatment and prevention
treatment and prevention method
treatment and prevention method
treatment and prevention method
treatment and prevention method
treatment and prevention method
Use of prophylactic and therapeutic supplement
Not applicable
Not applicable
Practice
Knowledge, attitudes, and behaviors
Knowledge, attitudes, and behaviors
Knowledge, attitudes, and behaviors
Knowledge, attitudes, and behaviors
Knowledge, attitudes, and behaviors
Knowledge, attitudes, and behaviors
Knowledge, attitudes, and behaviors
Knowledge, attitudes, and behaviors
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Knowledge, attitudes, and behaviors
Not applicable
Not applicable
Not applicable
Not applicable

19. Author and Year

Egryani 2017
Elhameed 2012
Elhameed 2012
Elhameed 2012
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Elhameed 2012
Elhameed 2012
Elmaghraby 2021
Ghaderi 2017
Ghaderi 2017
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Ghaderi 2017
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Ghaderi 2017
Ghaderi 2017
Ghaderi 2017

26. Alternative term for outcome measure used in the study

Not applicable
Meaning of IDA; Women's knowledge
Women's knowledge
Women's knowledge
Effect of IDA on pregnant women, Women's knowledge
Effect of IDA on the neonate, Women's knowledge
Measures of prevent IDA, Women's knowledge
risk factors of IDA, Women's knowledge
Sources of iron rich foods. women's knowledge
importance of iron supplementation, women's knowledge
side effects of iron supplementation, women's knowledge
measures to control iron supplementation side effects,
eating iron rich foods, women's practice
don't drink tea with meals, women's practice
regular use of iron supplementation , women's practice
administer iron supplementation, women's practice
eat regular frequent meals, women's practice
use iron supplementation with milk, women's practice
use iron supplementation with fruit juice, women's
Not applicable
Not applicable
Not applicable
perceived susceptibility
perceived susceptibility
perceived severity
perceived severity
perceived benefits
perceived benefits
perceived barriers

19. Author and Year

Ghaderi 2017

Ghaderi 2017

Ghaderi 2017

Ghaderi 2017

Ghaderi 2017

Ghaderi 2017

Ghaderi 2017

Gopaldas 2002

Gopaldas 2002

Gopaldas 2002

Gopaldas 2002

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Gopaldas 2002

26. Alternative term for outcome measure used in the study

perceived barriers

cues to action

cues to action

Self-efficacy

Self-efficacy

Performance

Performance

heard of anemia

heard of anemia

heard of anemia

heard of anemia

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

not applicable

food that makes blood strong

food that makes blood strong

food that makes blood strong

food that makes blood strong

food that makes blood strong

food that makes blood strong

19. Author and Year

Guedenon 2016
Guedenon 2016
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26. Alternative term for outcome measure used in the study

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19. Author and Year

Guedenon 2016
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Guedenon 2016
Hardianti 2020
Hardianti 2020
Hardianti 2020
Hassan 2005
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Hassan 2005

26. Alternative term for outcome measure used in the study

quantitative evaluation of mothers who used modern
quantitative evaluation of mothers who used modern
quantitative evaluation of mothers who used modern
Not applicable
Not applicable
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Not applicable
Mother's beliefs, perceived susceptibility to IDA
Mother's beliefs, perceived susceptibility to IDA
Mother's beliefs, perceived susceptibility to IDA

19. Author and Year

Hassan 2020
Hassan 2020
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
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26. Alternative term for outcome measure used in the study

Compliance to iron supplementation
Compliance to iron supplementation
Not applicable
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19. Author and Year

Heshmat 2009
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26. Alternative term for outcome measure used in the study

vulnerable group to IDA
vulnerable group to IDA
vulnerable group to IDA
vulnerable group to IDA
Not applicable
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Not applicable
enhancer and inhibitor factors of iron absorption
enhancer and inhibitor factors of iron absorption
enhancer and inhibitor factors of iron absorption
enhancer and inhibitor factors of iron absorption
enhancer and inhibitor factors of iron absorption
enhancer and inhibitor factors of iron absorption
enhancer and inhibitor factors of iron absorption
enhancer and inhibitor factors of iron absorption

19. Author and Year

Heshmat 2009

Heshmat 2009

Heshmat 2009

Heshmat 2009

Heshmat 2009

Heshmat 2009

Igweonu 2019

Igweonu 2019

Igweonu 2019

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Igweonu 2019

Igweonu 2019

Igweonu 2019

Igweonu 2019

Ismail 2017

Ismail 2017

Ismail 2017

Jafari 2012

Jafari 2012

Jafari 2012

Jarrah 2007

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26. Alternative term for outcome measure used in the study

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not applicable

not applicable

not applicable

identifying people with IDA

identifying people with IDA

identifying foods that contain iron and related practices

identifying foods that contain iron and related practices

identifying inhibitors, enhancers to iron absorption and

19. Author and Year

Jarrah 2007
Jarrah 2007
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
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Jefferds 2002
Jefferds 2002
Kabir 2010
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Kabir 2010
Kabir 2010
Kala 2015
Kala 2015
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Kala 2015

26. Alternative term for outcome measure used in the study

identifying inhibitors, enhancers to iron absorption and
identifying inhibitors, enhancers to iron absorption and
Women's view of iron deficiency anemia and treatment
Women's view of iron deficiency anemia and treatment
Women's view of iron deficiency anemia and treatment
Women's view of iron deficiency anemia and treatment
Women's view of iron deficiency anemia and treatment
Women's view of iron deficiency anemia and treatment
Women's view of iron deficiency anemia and treatment
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Women's view of iron deficiency anemia and treatment
Not applicable
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Knowledge
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19. Author and Year

Kala 2015

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Kanal 2005

Kanal 2005

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Kanal 2005

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Kanal 2005

Kanber 2011

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26. Alternative term for outcome measure used in the study

attitude

attitude

attitude

attitude

attitude

attitude

not applicable

not applicable

effect of drinking tea and coffee

effect of drinking tea and coffee

effect of milk in iron absorption

effect of milk in iron absorption

iron in egg yolk and egg white

iron in egg yolk and egg white

sheep and beef in iron absorption

sheep and beef in iron absorption

anemia due to iron deficiency is more common in those

19. Author and Year

Kanber 2011

Kanber 2011

Kanber 2011

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Kanber 2011

Kanber 2011

Kanber 2011

Khan 2005

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Kouadio 2013

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26. Alternative term for outcome measure used in the study

anemia due to iron deficiency is more common in those

Not applicable

Not applicable

Not applicable

Not applicable

iron requirement during pregnancy

iron requirement during pregnancy

not applicable

KAP of WRA

KAP of WRA

KAP of WRA

KAP of WRA

KAP of WRA

KAP of WRA

KAP of WRA

representation of anemia-related illnesses

representation of anemia-related illnesses

representation of anemia-related illnesses

representation of anemia-related illnesses

representation of anemia-related illnesses

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representation of anemia-related illnesses

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representation of anemia-related illnesses

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19. Author and Year

Kouadio 2013
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26. Alternative term for outcome measure used in the study

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19. Author and Year

Kouadio 2013

Kouadio 2013

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Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

Krishnaveni 2019

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26. Alternative term for outcome measure used in the study

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effects of anemia

effects of anemia

effects of anemia

effects of anemia

not applicable

19. Author and Year

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

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Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Margwe 2018

Massawe 1995

Massawe 1995

Massawe 1995

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Massawe 1995

Massawe 1995

26. Alternative term for outcome measure used in the study

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not applicable

attitudes toward early booking for antenatal care

perception of anemia

perception of anemia

perception of anemia

perception of anemia

not applicable

not applicable

not applicable

not applicable

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not applicable

19. Author and Year

Massawe 1995
Massawe 1995
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Mbule 2013
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Mbule 2013
Mbwana 2020
Mbwana 2020
Mbwana 2020

26. Alternative term for outcome measure used in the study

not applicable
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not applicable
not applicable
not applicable
not applicable
not applicable
sources of information
sources of information
sources of information
sources of information
sources of information
sources of information
sources of information
sources of information
sources of information
sources of information
awareness of anemia and its symptoms and signs
awareness of anemia and its symptoms and signs
awareness of anemia and its symptoms and signs
Iron/ folic acid supplementation
Iron/ folic acid supplementation
Iron/ folic acid supplementation
Iron/ folic acid supplementation
Iron/ folic acid supplementation
Not applicable
Not applicable
dietary source of iron

19. Author and Year

Mbwana 2020

Mbwana 2020

M'Cormack 2012

M'Cormack 2012

M'Cormack 2012

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

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Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mishra 2021

Mutalazimah 2019

Mutalazimah 2019

Mutalazimah 2019

Mutalazimah 2019

Noronha 2013

Noronha 2013

Noronha 2013

26. Alternative term for outcome measure used in the study

factors that inhibit the absorption of iron

Not applicable

Not applicable

heard about anemia

heard about anemia

not applicable

not applicable

knowledge and attitudes of anemic mothers

not applicable

attitude

not applicable

attitude

attitude

practices of anemic mothers

practices of anemic mothers

practices of anemic mothers

practices of anemic mothers

practices of anemic mothers

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practices of anemic mothers

practices of anemic mothers

practices of anemic mothers

not applicable

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Not applicable

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Not applicable

19. Author and Year

O'Connor 1969
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O'Connor 1969
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O'Connor 1969

26. Alternative term for outcome measure used in the study

affirmative responses to questions concerning nutritional
affirmative responses to questions concerning nutritional
affirmative responses to questions concerning nutritional
affirmative responses to questions concerning nutritional
affirmative responses to questions concerning nutritional
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affirmative responses to questions concerning nutritional
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affirmative responses to questions concerning nutritional

Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public practices to prevent and manage anemia during
Onyeneho 2016_ Journal of Public practices to prevent and manage anemia during
Onyeneho 2016_ Journal of Public practices to prevent and manage anemia during
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable
Onyeneho 2016_ Journal of Public Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Onyeneho 2016_ Journal of Public	Not applicable
Paulino 2005	not applicable
Paulino 2005	not applicable
Paulino 2005	not applicable
Paulino 2005	not applicable
Paulino 2005	not applicable
Paulino 2005	not applicable
Paulino 2005	not applicable
Paulino 2005	not applicable
Polat 2001	Not applicable
Polat 2001	Not applicable
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Polat 2001	Not applicable
Polat 2001	Not applicable
Polat 2001	Not applicable
Primadewi 2021	Not applicable
Primadewi 2021	Not applicable
Primadewi 2021	Not applicable

19. Author and Year	26. Alternative term for outcome measure used in the study
Rivera 2020	Not applicable
Rivera 2020	Not applicable
Rivera 2020	Not applicable
Rivera 2020	knowledge on iron
Rivera 2020	knowledge on iron
Rivera 2020	knowledge on iron
Rizwan 2019	heard about anemia
Rizwan 2019	heard about anemia
Rizwan 2019	heard about anemia
Rizwan 2019	source of information
Rizwan 2019	source of information
Rizwan 2019	source of information
Rizwan 2019	source of information
Rizwan 2019	source of information
Rizwan 2019	reasons of anemia
Rizwan 2019	reasons of anemia
Rizwan 2019	not applicable
Rizwan 2019	not applicable
Rizwan 2019	not applicable
Rizwan 2019	not applicable
Rizwan 2019	not applicable
Rizwan 2019	not applicable
Rizwan 2019	Family disease (IDA)
Rizwan 2019	not applicable
Rizwan 2019	factors of anemia
Rizwan 2019	factors of anemia
Rizwan 2019	birth control affect the risk of anemia
Rizwan 2019	birth control affect the risk of anemia

19. Author and Year

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

Rizwan 2019

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Rizwan 2019

Rizwan 2019

Rukmaini 2019

Rukmaini 2019

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Rukmaini 2019

Rukmaini 2019

Rukmaini 2019

26. Alternative term for outcome measure used in the study

birth control affect the risk of anemia

effect of anemia on child

effect of anemia on child

effect of anemia on child

effect of anemia on child

iron/folate/parenteral vitamins supplements should be

iron/folate/parenteral vitamins supplements should be

iron/folate/parenteral vitamins supplements should be

IDA inherited

IDA inherited

IDA inherited

not applicable

not applicable

not applicable

not applicable

preferable diet in IDA

preferable diet in IDA

preferable diet in IDA

hemoglobin concentration

hemoglobin concentration

hemoglobin concentration

hemoglobin concentration

not applicable

not applicable

perception of pregnant women

perception of pregnant women

not applicable

not applicable

not applicable

19. Author and Year

Rukmaini 2019
Rukmaini 2019
Seniar 2019_ Journal of Forensic M Not applicable
Seniar 2019_ Journal of Forensic M Not applicable
Seniar 2019_ Journal of Forensic M Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Not applicable
Seniar 2019_ Journal of Pharmacei Perceived susceptibility to anemia
Seniar 2019_ Journal of Pharmacei Perceived susceptibility to anemia
Seniar 2019_ Journal of Pharmacei Perceived seriousness of anemia
Seniar 2019_ Journal of Pharmacei Perceived seriousness of anemia
Seniar 2019_ Journal of Pharmacei Perceived barrier to anemia treatment
Seniar 2019_ Journal of Pharmacei Perceived barrier to anemia treatment
Seniar 2019_ Journal of Pharmacei Perceived benefits of anemia prevention
Seniar 2019_ Journal of Pharmacei Perceived benefits of anemia prevention
Seniar 2019_ Journal of Pharmacei Self-efficacy
Seniar 2019_ Journal of Pharmacei Self-efficacy
Seniar 2019_ Journal of Pharmacei Practice
Seniar 2019_ Journal of Pharmacei Practice

26. Alternative term for outcome measure used in the study

perception of pregnant women

not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

benefits of taking supplements

benefits of taking supplements

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Perceived susceptibility to anemia

Perceived susceptibility to anemia

Perceived seriousness of anemia

Perceived seriousness of anemia

Perceived barrier to anemia treatment

Perceived barrier to anemia treatment

Perceived benefits of anemia prevention

Perceived benefits of anemia prevention

Self-efficacy

Self-efficacy

Practice

Practice

19. Author and Year

Sheriff 2021
Sheriff 2021
Sheriff 2021
Souganidis 2012
Souganidis 2012
Souganidis 2012
Souganidis 2012
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
VijayaKumar 2015
Vosnacos 2015
Vosnacos 2015
Vosnacos 2015
Vosnacos 2015
Vosnacos 2015
Vosnacos 2015
Xu 2015
Yang 2015
Yang 2015
Yang 2015
Yesufu 2013
Yesufu 2013

26. Alternative term for outcome measure used in the study

not applicable
not applicable
not applicable
heard about anemia
heard about anemia
not applicable
not applicable
heard of anemia
not applicable
not applicable
not applicable
Practices
Practices
Practices
not applicable
not applicable
not applicable
Taking iron as recommended to improve haemoglobin
Taking iron as recommended to improve haemoglobin
Taking iron as recommended to improve haemoglobin
Taking iron as recommended to improve haemoglobin
Taking iron as recommended to improve haemoglobin
Taking iron as recommended to improve haemoglobin
Not applicable
Not applicable
Not applicable
Not applicable
Not applicable
Not applicable

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>Include any additional comments, relevant, or important notes about the study here. If the sample size for a particular outcome is different from the sociodemographic sample size, report it here</i>	
Abalkhail 2002	Study made a mistake in the table 2 results, where their report of anemia knowledge percentage is inverted. Study also provided percentage of people with low, moderate, high level of knowledge, but the study did not mention how they measured different levels of knowledge at all.	Complete
Abiselvi 2015		Complete
Abu-Baker 2021		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Abu-Baker 2021	we did not use prevalence outcome because the study doesn't tell us if this percentage is from baseline or endline outcome	
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Abu-Baker 2021

Abu-Baker 2021

Abu-Baker 2021

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Abu-Baker 2021		
Abujilban 2019	None of the mean scores were near the total maximum point 86.	
Abujilban 2019	None of the mean scores were near the total maximum point 86.	
Adznam 2018		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Adznam 2018	Knowledge score median was used instead of mean	
Adznam 2018		
Adznam 2018		
Agbemafile 2019		
Agbemafile 2019		
Agustina 2021		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

Agustina 2021

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Agustina 2021		
Agustina 2021		
Agustina 2021		
Agustina 2021		
Agustina 2021		
Agustina 2021		
Agustina 2021		
Agustina 2021		

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Agustina 2021

AlAbedi 2020

likert scale used

AlAbedi 2020

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

AlAbedi 2020

AlAbedi 2020

AlAbedi 2020

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

AlAbedi 2020

AlAbedi 2020

AlAbedi 2020

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

Alaofé 2009 (Ecology)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Alaofé 2009 (Ecology)

Ali 2018

Ali 2018

Ali 2018

Ali 2018

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Ali 2018

Ali 2018

Ali 2018

Ali 2018

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Ali 2018

Ali 2018

Ali 2018

Ali 2018

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Ali 2018

Ali 2018

Ali 2018

Based on the discussion, the authors implied that there are correct answers that the researchers are looking for. However, the correct answers are not mentioned in the methods.

Anokye 2018

Based on the discussion, the authors implied that there are correct answers that the researchers are looking for. However, the correct answers are not mentioned in the methods.

Anokye 2018

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Anokye 2018	Based on the discussion, the authors implied that there are correct answers that the researchers are looking for. However, the correct answers are not mentioned in the methods.	
Anokye 2018	Based on the discussion, the authors implied that there are correct answers that the researchers are looking for. However, the correct answers are not mentioned in the methods.	
Anokye 2018	Based on the discussion, the authors implied that there are correct answers that the researchers are looking for. However, the correct answers are not mentioned in the methods.	
Ayub 2015		
Ayub 2015		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Ayub 2015

Baizhumanova 2010

Baizhumanova 2010

Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article
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Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article
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19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010	Prevalence is based on our estimation, the exact percentage is not provided by the article	
Baizhumanova 2010		
Baizhumanova 2010		
Baizhumanova 2010		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Baizhumanova 2010		
Baizhumanova 2010		
Baizhumanova 2010		
Baskar 2020		
Baskar 2020		
Baskar 2020		
Baskar 2020		
Baskar 2020		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Baskar 2020

Baskar 2020

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Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Baskar 2020

Bhatia 2021

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Bhatia 2021

Bhatia 2021

Bhatia 2021

Bhatia 2021

Bhatia 2021

Bhatia 2021

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021	excluded lactating women for poor sholastic performance because prevalence was zero	
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Bhatia 2021	excluded lactating women for poor sholastic performance because prevalence was zero	
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		
Bhatia 2021		

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Bhatia 2021

Bhat 2012

Bhat 2012

Bhat 2012

Bhat 2012

Bhat 2012

Bhat 2012

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Bhat 2012

19. Author and Year

Bhat 2012
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Bhat 2012
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Bhat 2012
Bhat 2012

27. Comments

For this set, group three mean score and
For this set, group three mean score and
For this set, group three mean score and
For this set, group three mean score and

Completion (completed with Dr. Pachon)

19. Author and Year

Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012
Bhat 2012

27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Bilenko 2007

Bilenko 2007

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Bilenko 2007

Bilenko 2007

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Bilenko 2007

Bilenko 2007

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
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Bilenko 2007

authors also described low knowledge as inadequate knowledge

Bilenko 2007

authors also described intermediate knowledge as average knowledge

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Bilenko 2007

Bilenko 2007

19. Author and Year

27. Comments

Completion (completed with Dr. Pachon)

Bilenko 2007

Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985

Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
said "25% answered correctly about the timing of
said "25% answered correctly about the timing of
said "25% answered correctly about the timing of
said "25% answered correctly about the timing of
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate

19. Author and Year

Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Choi 1985
Dhok 2021
Dhok 2021
Dhok 2021
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Diamond-Smith 2020
Dongre 2011
Dongre 2011
Dongre 2011
Dongre 2011

27. Comments

Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate
Study is in Korean, used Google Translate

Completion (completed with Dr. Pachon)

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Egryani 2017		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elhameed 2012		
Elmaghraby 2021		
Ghaderi 2017	mean and SD are inverted, unusually high SD	
Ghaderi 2017	mean and SD are inverted, unusually high SD	
Ghaderi 2017	unusually high SD	
Ghaderi 2017	unusually high SD	
Ghaderi 2017	unusually high SD	
Ghaderi 2017	unusually high SD	
Ghaderi 2017	unusually high SD	
Ghaderi 2017	unusually high SD	
Ghaderi 2017	unusually high SD	

19. Author and Year

Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Ghaderi 2017
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
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Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002
Gopaldas 2002

27. Comments

unusually high SD
unusually high SD
unusually high SD
unusually high SD
unusually high SD
unusually high SD
unusually high SD
Didn't explain how knowledge was assessed.

Completion (completed with Dr. Pachon)

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002	study reported 0 for unit 3 and unit 4 for others	
Gopaldas 2002	study reported 0 for unit 3 and unit 4 for others	
Gopaldas 2002	study reported 0 for unit 3 and unit 4 for others	
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Gopaldas 2002		
Guedenon 2016		

19. Author and Year

Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
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Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016

27. Comments

**Completion (
completed with
Dr. Pachon)**

19. Author and Year

Guedenon 2016
Guedenon 2016
Guedenon 2016
Guedenon 2016
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Guedenon 2016
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Guedenon 2016
Guedenon 2016

Hardianti 2020

Hardianti 2020

Hardianti 2020

Hassan 2005

Hassan 2005

Hassan 2005

Hassan 2005

Hassan 2005

Hassan 2005

Hassan 2005

Hassan 2005

Hassan 2005

27. Comments

Group 1- Intervention

Completion (completed with Dr. Pachon)

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Hassan 2005		
Hassan 2005		
Hassan 2005		
Hassan 2005		
Hassan 2005		
Hassan 2005		
Hassan 2005		
Hassan 2005		
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Hassan 2020		
Hassan 2020		
Hassan 2020		
Hassan 2020		
Hassan 2020		
Hassan 2020		

19. Author and Year

Hassan 2020
Hassan 2020
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
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Heshmat 2009
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Heshmat 2009
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Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009

27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year

Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Heshmat 2009
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Igweonu 2019
Ismail 2017
Ismail 2017
Ismail 2017
Jafari 2012
Jafari 2012
Jafari 2012
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007
Jarrah 2007

27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year

Jarrah 2007
Jarrah 2007
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Jefferds 2002
Kabir 2010
Kabir 2010
Kabir 2010
Kabir 2010
Kabir 2010
Kabir 2010
Kabir 2010
Kabir 2010
Kala 2015
Kala 2015
Kala 2015
Kala 2015
Kala 2015
Kala 2015

27. Comments

there's 0% for the third category (adequate

Completion (completed with Dr. Pachon)

Completion (completed with Dr. Pachon)

19. Author and Year

27. Comments

Kala 2015

Kala 2015

Kala 2015

Kala 2015

Kala 2015

Kala 2015

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanal 2005

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

Kanber 2011

there's 0% for the third category (most
Estimate count: 2 N=423 We calculated
Estimate count: 25 N=638
Estimate count: 70 N=592
Estimate count: 0 N=423
Estimate count: 0 N=638
Estimate count: 0 N=592
Estimate count: 0 N=423
Estimate count: 0 N=638
Estimate count: 0 N=592
Estimate count: 0 N=423
Estimate count: 10 N=592
Estimate count: 0 N=638

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Kanber 2011		
Kanber 2011		
Kanber 2011		
Kanber 2011		
Kanber 2011		
Kanber 2011		
Kanber 2011		
Khan 2005		
Khan 2005		
Khan 2005		
Khan 2005		
Khan 2005		
Khan 2005		
Khan 2005		
Khan 2005		
Kouadio 2013		
Kouadio 2013		
Kouadio 2013	0 % for other and don't know from town	
Kouadio 2013		
Kouadio 2013		
Kouadio 2013		
Kouadio 2013	0 % for don't know from village	
Kouadio 2013		
Kouadio 2013		
Kouadio 2013		
Kouadio 2013		
Kouadio 2013	conservatively, only recorded responses that	
Kouadio 2013	conservatively, only recorded responses that	

19. Author and Year

Kouadio 2013
Kouadio 2013
Kouadio 2013
Kouadio 2013
Kouadio 2013
Kouadio 2013
Kouadio 2013
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Kouadio 2013
Kouadio 2013
Kouadio 2013
Kouadio 2013
Kouadio 2013
Kouadio 2013

27. Comments

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Completion (completed with Dr. Pachon)

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**Completion (completed with
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19. Author and Year

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27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year

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27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year

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27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year

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Completion (completed with Dr. Pachon)

19. Author and Year

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27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year

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27. Comments

Completion (completed with Dr. Pachon)

19. Author and Year	27. Comments	Completion (completed with Dr. Pachon)
Onyeneho 2016_ Journal of Public		
Paulino 2005		
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Completion (completed with Dr. Pachon)

19. Author and Year

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Completion (completed with Dr. Pachon)

19. Author and Year

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Yesufu 2013	Study named this as mean knowledge score but	

Appendix 3: Summary of characteristics and bias items extracted from qualitative studies that assessed anemia perception in women of childbearing age (n=26)

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Ailinger 2009	14	Nicaragua	No
Ati 2008	108	Tunisia	Yes
Aziz Ali 2021	60	Pakistan	Yes
Bhatia 2021	28	India	Yes
Chapple 1998	26 (13 South Asian, 13 White Chris England)		Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Chatterjee 2014	31	India	Yes
Darmawati 2020_Enferm Clin	24	Indonesia	Yes
Dhabangi 2019	not reported (36-48)	Uganda	Yes
Ejidokun 2000		23 Nigeria	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Galloway 2002	Bolivia: 60 (IDI), 12 groups FGD; Burkina Faso: 22 semi-structured interviews; Guatemala: 8 groups FGD; Honduras: 24 groups FGD; India: 76 semi-structured interviews; 12 groups FGD; Indonesia (South Kalimantan): 12 groups FGD, 180 semi-structured interviews; Indonesia (West Java): 42 IDI; Malawi: 43 semi- structured interviews	Bolivia, Burkina Faso, Guatemela, Honduras, India, Indonesia, Malawi, Pakistan	Yes
Geissler 1999		52 Kenya	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
Kouadio 2013	5	Republic of Côte d'Ivoire	Yes
Louzado-Feliciano 2020		14 Peru	Yes
Mansyur 2019		105 Indonesia	No
Mayca-Pérez 2017	13 FGD	Peru	Yes

1. Author and Year	2. Sample Size	3. Country	4. Place of Residence
M'Cormack 2012	171	Sierra Leone	Yes
Powers 2020	20 (85%/ 17 are female)	United States	No
Sammartino 2010		30 Argentina	No
Sedlander 2020		64 India	Yes
Seminar 2020		174 Indonesia	Yes

1. Author and Year

2. Sample Size

3. Country

4. Place of Residence

Svege 2021

30 Malawi

Yes

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Ailinger 2009	Not applicable	Yes	All participants spoke Spanish
Ati 2008	Greater Tunis and South West	Yes	All participants spoke Arabic
Aziz Ali 2021	Thatta Four districts: Keonjhar, Jagatsinghpur, Bhadrak,	Yes	All spoke Sindhi
Bhatia 2021	Kalahandi	Yes	All spoke Odia 13 South Asian descent, spoke Gujarati or Kutchi/ some from Pakistan and spoke Punjabi or Urdu.; 13 White women of British descent
Chapple 1998	Town in North West England	Yes	descent

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Chatterjee 2014	Mumbai	Yes	Spoke either Hindi or Marathi All are of Acehnese ethnicity; spoke Indonesian or Acehnese languages
Darmawati 2020_Enferm Clin	Aceh Besar District Districts Greater Masaka, Jinja, and Hoima	Yes	They spoke local languages
Dhabangi 2019	12 from Amukoko (peri- urban) and 11 from Ibese (rural coastal)	Yes	Tribal groups in urban: 7 from Yoruba, 4 from Ibo, 1 from Hausa; Tribal groups in rural: 7 from Yoruba, 1 from Ibo, 3 from Awori; All spoke Yoruba language or English

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Galloway 2002	Bolivia: La Paz, Cochabamba, Santa Cruz; Burkina Faso: Bobo-Dioulasso; Guatemala: Solola, Totonicapan, Quetzaltenango, San Marcos; Honduras: Colonia Rivera Hernandez, Ajuterique and Flores (rural), Hornitos and Penita (remote rural); India: Bangalore, Karnataka Vadodora, Gujarat Vellore, Tamil Nadu Panchkula, Haryana; Indonesia: South Kalimantan, West Java; Malawi: Thyolo District	Yes	Bolivia: Quechuan and Aymaran, Mestizos interviewed in Spanish; Burkina Faso: Mossi, Bobo, Peulh, interviews in Diolula; Guatemala: Mayan with interviews conducted in either Mam or K'iche, Latinos with interviews in Spanish; Honduras: in Spanish; India: Tamil language in Vellore, Tamil and Kannada language in Bangalore, Gujarati language in Gujarat, Hindi in Haryana; Indonesia: Bahasa Banjar and Bahasa Indonesian, local Javanese dialect; Malawi: Chechewa Villege 1-Lomwe ethnic group
Geissler 1999	83% rural; 17% peri-urban	Yes	56% Giriama and 44% Mijikenda ethnic groups; all spoke Kigiriama

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Kouadio 2013	1 from Ahondo (village), 1 from Amani-Kouadiokro (hamlet), 1 from Katchénou (hamlet), 1 from sahoua (village), 1 from Taabo Cité (town)	Yes	All spoke French or Baoulé
Louzado-Feliciano 2020	50% have lived in Arequipa for more than 20 years	Yes	All speak English or Spanish
Mansyur 2019	Not applicable 6 FGD Rio Santiago, 3 FGD in Cenepa, 4 FGD in Sta. Maria	Yes	9 Javanese ethnicity, 9 Sudanese ethnicity, 7 Sumatran ethnicity 9 FGD of Awajun, 4 FGD of Wampis; Participants spoke
Mayca-Pérez 2017	de Nieva	Yes	Spanish

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
M'Cormack 2012	urban, Freetown	Yes	All spoke Krio
Powers 2020	Not applicable	Yes	40% spoke Spanish ethnic group origins- (indigenous, especially in Jujuy and Misiones) and migratory origin (Paraguayans, Bolivians, Peruvians).
Sammartino 2010	Not applicable	Yes	
Sedlander 2020	Kishorenagar and Athamalik (villages in Angul, Odisha)	Yes	All spoke Odiya
Seminar 2020	51.1% East Java, 48.9% East Nusa Tenggara	Yes	All spoke Bahasa

1. Author and Year	4a. Place of Residence Breakdown	5. Race/Ethnicity/Language	5a. Race/Ethnicity/Language Breakdown
Svege 2021	20 in semi-rural, 10 in rural	Yes	70% Chewa, 6.7% Lomwe, 3.3% Yao, 6.7% Ngoni, 13.3% Nyanja; All spoke Chichewa

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Ailinger 2009	No	Not applicable	No
Ati 2008	No	Not applicable	No
Aziz Ali 2021	No	Not applicable	No
Bhatia 2021	No	Not applicable	No
Chapple 1998	No	Not applicable	Yes

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Chatterjee 2014	Yes	12.9% employed; 87.1% unemployed (housewife)	Yes
Darmawati 2020_Enferm Clin	No	Not applicable	No
Dhabangi 2019	No	Not applicable	No
Ejidokun 2000	Yes	Urban: 1 nurse, 6 small scale traders, 3 home duties, 2 clerical duties; Rural: 2 hairdressers/tailors, 1 small scale/ traders, 8 home duties	Yes

1. Author and Year 6. Occupation 6a. Occupation Breakdown 7. Religion

Galloway 2002	No	Not applicable	No
Geissler 1999	Yes	58% farming, 9% waged labour or trading, 33% at home	Yes

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Kouadio 2013	Yes	Town: 4% Farmer, 40% Merchant, 24% housekeeper, 16% student, 16% other; Village: 54.1% Farmer, 29.5% Merchant, 13.1% housekeeper, 3.3% student, 0% other; Hamlet- 86.2% Farmer, 3.5% Merchant, 3.5% housekeeper, 3.5% student, 3.5% other	No
Louzado-Feliciano 2020	No	Not applicable	No
Mansyur 2019	Yes	All are working in a factory in East Jakarta	Yes
Mayca-Pérez 2017	No	Not applicable	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
M'Cormack 2012	Yes	20% trader, 18% business/market woman, 16% housewife, 13% student, 8% cook, 9% none, 5% teacher, 4 % catering, 3.5% tailor, 3% hairdresser, 2% secretary, 2% washer woman, 7% other	Yes
Powers 2020	No	Not applicable	No
Sammartino 2010	No	Not applicable	No
Sedlander 2020	No	Not applicable	Yes
Seminar 2020	Yes	All are students	No

1. Author and Year	6. Occupation	6a. Occupation Breakdown	7. Religion
Svege 2021	Yes	56.7% Farming, 26.7% Business & Sales, 16.6% Home- keeper	Yes

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Ailinger 2009	Not applicable	No	Not applicable
Ati 2008	Not applicable	No	Not applicable Education status ranged from nil to matriculation (Grade 10).
Aziz Ali 2021	Not applicable	Yes	Not applicable
Bhatia 2021	Not applicable	No	Not applicable
Chapple 1998	13 are Muslims, 13 are Christia No	No	Not applicable

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Chatterjee 2014	64.5% Hindu; 35.5% Muslim	Yes	35.5% no education; 25.9% below 10th grade; 29% completed 10th grade (SSC); 9.7% completed 12th grade (Higher secondary school)/ Bachelor's degree
Darmawati 2020_Enferm Clin	Not applicable	Yes	45.83% Low; 29.17% middle; 25% high
Dhabangi 2019	Not applicable	No	Not applicable
Ejidokun 2000	Urban: 7 christianity, 5 Islam; Rural: 4 christianity, 7 Islam	Yes	Urban: 2 arabic, 2 no education, 5 primary, 2 secondary, 1 tertiary; rural: 1 arabic, 1 no education, 4 primary, 4 secondary, 1 tertiary

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Galloway 2002	Not applicable	No	Not applicable
Geissler 1999	56% Mijikenda religious ideas, 15% Muslims, 29% Christians	Yes	52% had not gone to school, 40% primary school, 8% secondary school

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Kouadio 2013	Not Applicable	Yes	Went to school: town- 60%, village- 34.4%, hamlet-20.7%; Can read and write: town- 48%, village- 24.6%, hamlet- 10.3%
Louzado-Feliciano 2020	Not applicable	Yes	71.4% less than high school, 14.3% high school, 14.3% greater than high school
Mansyur 2019	6 non-Muslim, 6 Muslim	Yes	7 Education <=12 yr, 7 Education>12 yrs
Mayca-Pérez 2017	Not applicable	No	Not applicable

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
M'Cormack 2012	61.2% Muslim, 38.8% Christian	Yes	Last grade reached in school: 26% none, 14.2% primary school (up to grade 6), 49.1% secondary school (form 1 to form6), 0.6% trade school, 10.1% college/ university
Powers 2020	Not applicable	Yes	32% less than high school, 26% high school/ graduate equivalent degree, 32% some college, 11% bachelor degree
Sammartino 2010	Not applicable	No	Not applicable 6.3% None, 7.8% up to primary, 20.3% up to secondary, 51.6% up to high secondary, 14.1% up to tertiary 99 from Grade 10, 35 from grade 11, 40 from grade 12
Sedlander 2020	100% Hindu	Yes	
Seminar 2020	Not applicable	Yes	

1. Author and Year	7a. Religion Breakdown	8. Education	8a. Education Breakdown
Svege 2021	100% Christianity	Yes	40% 4-6 grade, 53.3% 7-9 grade, 6.7% >= 10grade

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Ailinger 2009	Yes	Low income	No
Ati 2008	No	Not Applicable	No
Aziz Ali 2021	No	Not Applicable	No
Bhatia 2021	No	Not Applicable	No
Chapple 1998	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Chatterjee 2014	Yes	Personal monthly income (Indian Rupees): 87.1% no personal income; 6.5% 1500-5000 (USD 28.34- 94.48); 6.4% >5000 (USD 94.48)	No
Darmawati 2020_Enferm Clin	No	Not Applicable	Yes
Dhabangi 2019	No	Not Applicable	No
Ejidokun 2000	No	Not Applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
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Galloway 2002	No	Not applicable	No
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Geissler 1999	No	Not applicable	No
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1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Kouadio 2013	Yes	Town: 8% poorest, 28% poor, 64% least poor; village: 14.8% poorest, 36.1% poor, 61.5% least poor; hamlet: 96.6% poorest, 3.5% poor, 0% least poor	No
Louzado-Feliciano 2020	No	Not applicable	No
Mansyur 2019	No	Not applicable	No
Mayca-Pérez 2017	No	Not applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
M'Cormack 2012	Yes	1.8% no answer, 2.9% food/core poverty (<\$1/day), 59.1% full poverty (>\$1-\$2/day), 28.1% non poor 1(\$63-\$200/ month), 5.3% non poor 2(\$200-\$700/ month); 2.9% non poor 3 (>\$700/ month	Yes
Powers 2020	Yes	Annual household income: median bracket: 35-50K	Yes
Sammartino 2010	Yes	All belong to lowest socioeconomic strata of society	No
Sedlander 2020	No	Not applicable	No
Seminar 2020	No	Not applicable	No

1. Author and Year	9. Socioeconomic Status	9a. Socioeconomic Status Breakdown	10. Social Capital
Svege 2021	No	Not applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Ailinger 2009	Not applicable	No
Ati 2008	Not applicable	No
Aziz Ali 2021	Not applicable	No
Bhatia 2021	Not applicable	Yes
Chapple 1998	Not applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Chatterjee 2014	Not applicable 45.83% living with husband/child; 54.17% living with parents	Yes
Darmawati 2020_Enferm Clin	husband/child; 54.17% living with parents	Yes
Dhabangi 2019	Not applicable	No
Ejidokun 2000	Not applicable	Yes

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
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Galloway 2002	Not applicable	Yes
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Geissler 1999	Not applicable	Yes
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1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Kouadio 2013	Not Applicable	No
Louzado-Feliciano 2020	Not applicable	No
Mansyur 2019	Not applicable	No
Mayca-Pérez 2017	Not applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
M'Cormack 2012	Who in social circle spoke about anemia: 23 family member, 3 teacher, 9 friend/neighbor, 1 other, 135 NA ; Spoke to someone in social circle: 77.8% no, 21.6% yes, 0.6% NA	Yes
Powers 2020	number of caregivers in the home- (1-4) median (2)	No
Sammartino 2010	Not applicable	Yes
Sedlander 2020	Not applicable	No
Seminar 2020	Not applicable	No

1. Author and Year	10a. Social Capital Breakdown	11. Time-dependent relationships
Svege 2021	Not applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Ailinger 2009	Not applicable	No
Ati 2008	Not applicable	Yes
Aziz Ali 2021	Not applicable	No
Bhatia 2021	21.4% pregnant or lactating	No
Chapple 1998	Not applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Chatterjee 2014	All are pregnant	No
Darmawati 2020_Enferm Clin	All are pregnant; 1st Trimester(8) 33.33%, 2nd Trimester (10) 41.67%, 3rd Trimester(6) 25%	Yes
Dhabangi 2019	Not applicable	No
Ejidokun 2000	All are pregnant	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
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Galloway 2002	Some were pregnant	No
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Geissler 1999	All pregnant, median gestational age 7 months	no
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1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Kouadio 2013	Not Applicable	No
Louzado-Feliciano 2020	Not applicable	No
Mansyur 2019	Not applicable	Yes
Mayca-Pérez 2017	Not applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
M'Cormack 2012	All are pregnant	Yes
Powers 2020	Not applicable	No
Sammartino 2010	Some are pregnant	No
Sedlander 2020	Not applicable	Yes
Seminar 2020	Not applicable	No

1. Author and Year	11a. Time-dependent Relationships Breakdown	12. Personal characteristics associated with discrimination
Svege 2021	Not applicable	No

1. Author and Year	12a. Personal Characteristics Associated with Discrimination Breakdown	13. Features of relationships
Ailinger 2009	Not applicable	No
Ati 2008	44.4% are anemic	No
Aziz Ali 2021	Not applicable	No
Bhatia 2021	Not applicable	No
Chapple 1998	Not applicable	No

1. Author and Year	12a. Personal Characteristics Associated with Discrimination Breakdown	13. Features of relationships
Chatterjee 2014	Not applicable	No
Darmawati 2020_Enferm Clin	Some were anemic, but breakdown not reported by study	No
Dhabangi 2019	Not applicable	No
Ejidokun 2000	Not applicable	No

1. Author and Year	12a. Personal Characteristics Associated with Discrimination Breakdown	13. Features of relationships
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Galloway 2002	Not applicable	No
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Geissler 1999	Not applicable	No
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1. Author and Year	12a. Personal Characteristics Associated with Discrimination Breakdown	13. Features of relationships
Kouadio 2013	Not Applicable	No
Louzado-Feliciano 2020	Not applicable	No
Mansyur 2019	8 anemic, 8 non-anemic	No
Mayca-Pérez 2017	Not applicable	No

1. Author and Year	12a. Personal Characteristics Associated with Discrimination Breakdown	13. Features of relationships
M'Cormack 2012	77% have IDA	No
Powers 2020	Not applicable	No
Sammartino 2010	Not applicable	No
Sedlander 2020	6.3% anemic; 56.3% scheduled caste/tribe; 34.4% other backward caste, 9.4% other caste	No
Seminar 2020	Not applicable	No

1. Author and Year	12a. Personal Characteristics Associated with Discrimination Breakdown	13. Features of relationships
Svege 2021	Not applicable	No

1. Author and Year	13a. Features of Relationships Breakdown	14. Age of Participants	15. Intervention
Ailinger 2009	Not applicable	35	No
Ati 2008	Not applicable	Not reported	No
Aziz Ali 2021	Not applicable	18-45 years	No
Bhatia 2021	Not applicable	Not reported	No
Chapple 1998	Not applicable	22-49 years	No

1. Author and Year	13a. Features of Relationships Breakdown	14. Age of Participants	15. Intervention
Chatterjee 2014	Not applicable	18-33 years 12.5% less than 20 years; 66.67% 20-35 years; 20.83% more than 35 years	No
Darmawati 2020_Enferm Clin	Not applicable	Not reported	No
Dhabangi 2019	Not applicable	20-45 years	No
Ejidokun 2000	Not applicable		

1. Author and Year	13a. Features of Relationships Breakdown	14. Age of Participants	15. Intervention
Galloway 2002	Not applicable	Bolivia: not reported; Burkina Faso: WRA; Guatemala: pregnant women; Honduras: not reported; India: pregnant; Indonesia: women w children <5 yr; Malawi: WRA	No
Geissler 1999	Not applicable	Not reported but all are of reproductive age	no

1. Author and Year	13a. Features of Relationships Breakdown	14. Age of Participants	15. Intervention
Kouadio 2013	Not Applicable	17-27 years	No
Louzado-Feliciano 2020	Not applicable	Mean age: 30 +- 7.1 yr; 14.3% 18-29 years, 57.1% 30-39 years, 28.3% 40-49 years	No
Mansyur 2019	Not applicable	21-49 years	No
Mayca-Pérez 2017	Not applicable	Not reported; assume WRA (mothers)	No

1. Author and Year	13a. Features of Relationships Breakdown	14. Age of Participants	15. Intervention
M'Cormack 2012	Not applicable	Mean age: 23.85 years	No
Powers 2020	Not applicable	Median age 29 years (20-41 yr)	No
Sammartino 2010	Not applicable	Not reported (either pregnant or mothers of young children)	No
Sedlander 2020	Not applicable	Mean age is 22.14	No
Seminar 2020	Not applicable	15-19 years	No

1. Author and Year	13a. Features of Relationships Breakdown	14. Age of Participants	15. Intervention
Svege 2021	Not applicable	Not reported but assume are WRA because are mothers (and grandmothers are separated into a different group)	No

1. Author and Year	16. Study Design	17a. Bias: Was there a clear statement of the aims of the research?	17b. Bias: Is a qualitative methodology appropriate?	17c. Was the research design appropriate to address the aims of the research?
Ailinger 2009	Cross-sectional	Yes	Yes	No
Ati 2008	Cross-sectional	Yes	Yes	No
Aziz Ali 2021	Cross-sectional	Yes	Yes	No
Bhatia 2021	Cross-sectional	Yes	Yes	Yes
Chapple 1998	Cross-sectional	Yes	Yes	Yes

1. Author and Year	16. Study Design	17a. Bias: Was there a clear statement of the aims of the research?	17b. Bias: Is a qualitative methodology appropriate?	17c. Was the research design appropriate to address the aims of the research?
Chatterjee 2014	Cross-sectional	Yes	Yes	Yes
Darmawati 2020_Enferm Clin	Cross-sectional	Yes	Yes	Yes
Dhabangi 2019	Cross-sectional	Yes	Yes	Yes
Ejidokun 2000	Cross-sectional	Yes	Yes	Yes

1. Author and Year	16. Study Design	17a. Bias: Was there a clear statement of the aims of the research?	17b. Bias: Is a qualitative methodology appropriate?	17c. Was the research design appropriate to address the aims of the research?
Galloway 2002	Formative qualitative research	Yes	Yes	Yes
Geissler 1999	Cross-sectional	Yes	Yes	Yes

1. Author and Year	16. Study Design	17a. Bias: Was there a clear statement of the aims of the research?	17b. Bias: Is a qualitative methodology appropriate?	17c. Was the research design appropriate to address the aims of the research?
Kouadio 2013	cross-sectional	Yes	Yes	No
Louzado-Feliciano 2020	Cross-sectional	Yes	Yes	Yes
Mansyur 2019	Cross-sectional	Yes	Yes	Yes
Mayca-Pérez 2017	Cross-sectional	Yes	Yes	Yes

1. Author and Year	16. Study Design	17a. Bias: Was there a clear statement of the aims of the research?	17b. Bias: Is a qualitative methodology appropriate?	17c. Was the research design appropriate to address the aims of the research?
M'Cormack 2012	Case-controlled study	Yes	Yes	Yes
Powers 2020	Prospective, mixed-methods	Yes	Yes	Yes
Sammartino 2010	Cross-sectional	Yes	Yes	No
Sedlander 2020	Cross-sectional	Yes	Yes	Yes
Seminar 2020	Cross-sectional	Yes	Yes	Yes

1. Author and Year	16. Study Design	17a. Bias: Was there a clear statement of the aims of the research?	17b. Bias: Is a qualitative methodology appropriate?	17c. Was the research design appropriate to address the aims of the research?
Svege 2021	Cross-sectional	Yes	Yes	Yes

1. Author and Year	17d. Was the recruitment strategy appropriate to the aims of the research?	17e. Was the data collected in a way that addressed the research issue?	17f. Has the relationship between researcher and participants been adequately considered?
Ailinger 2009	Yes	Yes	No
Ati 2008	No	Yes	No
Aziz Ali 2021	Yes	Yes	Yes
Bhatia 2021	Yes	No	No
Chapple 1998	Yes	Yes	Yes

1. Author and Year	17d. Was the recruitment strategy appropriate to the aims of the research?	17e. Was the data collected in a way that addressed the research issue?	17f. Has the relationship between researcher and participants been adequately considered?
Chatterjee 2014	Yes	Yes	Yes
Darmawati 2020_Enferm Clin	Yes	Yes	No
Dhabangi 2019	Yes	Yes	No
Ejidokun 2000	Yes	Yes	Yes

1. Author and Year	17d. Was the recruitment strategy appropriate to the aims of the research?	17e. Was the data collected in a way that addressed the research issue?	17f. Has the relationship between researcher and participants been adequately considered?
Galloway 2002	Yes	No	No
Geissler 1999	Yes	Yes	No

1. Author and Year	17d. Was the recruitment strategy appropriate to the aims of the research?	17e. Was the data collected in a way that addressed the research issue?	17f. Has the relationship between researcher and participants been adequately considered?
Kouadio 2013	Yes	Yes	No
Louzado-Feliciano 2020	Yes	Yes	No
Mansyur 2019	Yes	Yes	No
Mayca-Pérez 2017	No	Yes	Yes

1. Author and Year	17d. Was the recruitment strategy appropriate to the aims of the research?	17e. Was the data collected in a way that addressed the research issue?	17f. Has the relationship between researcher and participants been adequately considered?
M'Cormack 2012	Yes	Yes	No
Powers 2020	Yes	Yes	No
Sammartino 2010	Yes	No	No
Sedlander 2020	Yes	Yes	Yes
Seminar 2020	Yes	Yes	No

1. Author and Year	17d. Was the recruitment strategy appropriate to the aims of the research?	17e. Was the data collected in a way that addressed the research issue?	17f. Has the relationship between researcher and participants been adequately considered?
Svege 2021	No	Yes	Yes

1. Author and Year**18. Comments**

Ailinger 2009

The 14 women in the study were acquainted with the first author, had low income, and was willing to participate

Ati 2008

The study used focus group discussion to study and measure knowledge, perceptions, and practice. The study conducted a nationally represented survey that included a total of 689+729 participants. However, only 108 women participated in the FGD, and the study did not report the sociodemographic characteristics for the women participating in the FGD. Even though the study provided sociodemographic information for all of the participants, we only include information specific to the women in the FGD. The study did not clarify if the 108 women in the FGD were sampled from participants of the nationally representing survey.

Aziz Ali 2021

Bhatia 2021

Study included qualitative and quantitative results

Chapple 1998

1. Author and Year

18. Comments

Chatterjee 2014

Darmawati 2020_Enferm
Clin

Dhabangi 2019

Didn't give us exact number, only mentioned number of
FGD

Ejidokun 2000

1. Author and Year

18. Comments

Galloway 2002

Study included experiment conducted in several country.
Experiments in each country have its own methods, but
the study only gave a brief overview of each methodology.

Geissler 1999

1. Author and Year

18. Comments

Kouadio 2013

Louzado-Feliciano 2020

Mansyur 2019

Mayca-Pérez 2017

1. Author and Year

18. Comments

M'Cormack 2012

Powers 2020

Sammartino 2010

Sedlander 2020

Seminar 2020

1. Author and Year

18. Comments

Svege 2021

Appendix 4: Summary of results reporting qualitative outcomes that assessed anemia perception in women of childbearing age by outcome measure, data type, characteristics, and alternative outcome measures

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>Was the outcome reported using direct quotes or the authors' summaries? If "Other," describe the outcome type in the comments.</i>	<i>The outcome related to WRA's perception of anemia, as reported by the authors of the study.</i>	<i>The variable or characteristic of the group for which the result is presented. (e.g. anemic or non-anemic, etc.)</i>
Ailinger 2009	Author Summary	Cause	Not applicable
Ailinger 2009	Author Summary	Consequences Treatment and Management	Not applicable
Ailinger 2009	Author Summary		Not applicable
Ati 2008	Author Summary	Definition	Not applicable
Ati 2008	Author Summary	Signs and Symptoms	Not applicable

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Ati 2008

Author Summary

Signs and Symptoms

Not anemic

Author Summary

Signs and Symptoms

Anemic

Author Summary

Experience With

Anemic

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Ati 2008

Author Summary

Treatment and
Management

Not applicable

Ati 2008

Author Summary

Treatment and
Management

Anemic

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Ati 2008

Author Summary

Attitude

Not applicable

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Ati 2008

Author Summary

Treatment and
Management

Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Awuah 2021	Author Summary	Definition	Not applicable
Awuah 2021	Author Summary	Definition	adolescent girls
Aziz Ali 2021	Author Summary	Definition	Not applicable
Aziz Ali 2021	Author Summary	Signs and Symptoms	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Aziz Ali 2021	Author Summary	Consequences	Not applicable
Aziz Ali 2021	Author Summary	Treatment and Management	Not applicable
Aziz Ali 2021	Author Summary	Treatment and Management	Not applicable
Aziz Ali 2021	Direct Quotes	Opinion	Not applicable
Aziz Ali 2021	Author Summary	Experience With	Not applicable
Bhatia 2021	Author Summary	Definition	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Chapple 1998	Author Summary	Knowledge	white women of British descent who professed to be Christians
Chatterjee 2014	Author Summary	Definition	Pregnant women
Chatterjee 2014	Author Summary	Signs and Symptoms	Pregnant women

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Chatterjee 2014

Author Summary

Experience With

Pregnant women

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Chatterjee 2014

Author Summary

Treatment and
Management

Pregnant women

Creed-Kanashiro 2000

Author Summary

Cause

Adolescent girls

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Creed-Kanashiro 2000	Author Summary	Definition	Adolescent girls
Darmawati 2020_Enferm Clin	Author Summary	Definition	Pregnant women
Darmawati 2020_Enferm Clin	Author Summary	Attitude	Pregnant women
Darmawati 2020_Enferm Clin	Author Summary	Signs and Symptoms	Pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Darmawati 2020_Enferm Clin	Author Summary	Experience With	Pregnant women
Darmawati 2020_Enferm Clin	Author Summary	Cause	Pregnant women
Darmawati 2020_Enferm Clin	Author Summary	Prevention	Pregnant women
Dhabangi 2019	Direct Quotes	Attitude	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Dhabangi 2019	Author Summary	Knowledge	Not applicable
Dhabangi 2019	Author Summary	Attitude	Not applicable
Diamond-Smith 2016	Author Summary	Knowledge	lower/ middle class and middle/upper class
Diamond-Smith 2016	Author Summary	Knowledge	slum
Ejidokun 2000	Author Summary	Acceptability	Not applicable
Ejidokun 2000	Author Summary	Knowledge	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Ejidokun 2000	Author Summary	Knowledge	Not applicable
Galloway 2002	Author Summary	Knowledge	Indonesia
Galloway 2002	Author Summary	Treatment and Management	Bolivia, Honduras, Pakistan

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Geissler 1999

Author Summary

Knowledge

Pregnant women

Geissler 1999

Author Summary

Signs and Symptoms

Pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Geissler 1999	Author Summary	Treatment and Management	Pregnant women
Geissler 1999	Author Summary	Cause	Pregnant women
Iqbal 2018	Author Summary	Consequences	Mothers of children 9-24 months
Iqbal 2018	Author Summary	Signs and Symptoms	Mothers of children 9-24 months

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Iqbal 2018	Author Summary	Experience with	Mothers of children 9-24 months
Jefferds 2002	Author summary	Knowledge	Mothers of children 24-48 months
Jefferds 2002	Author summary	Definition	Mothers of children 24-48 months
Jefferds 2002	Author summary	Signs and Symptoms	Mothers of children 24-48 months

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Jefferds 2002

Author summary

Cause

Mothers of children 24-48
months

Jefferds 2002

Author summary

Experience with

Mothers of children 24-48
months

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Jefferds 2002	Author summary	Consequences	Mothers of children 24-48 months
Jefferds 2002	Author summary	Knowledge	Mothers of children 24-48 months
Kanani 1994	Author Summary	Awareness	Adolescent girls
Kanani 1994	Author Summary	Cause	Adolescent girls

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Kanani 1994	Author Summary	Signs and Symptoms	Adolescent girls
Kanani 1994	Author Summary	Treatment and Management	Adolescent girls
Kouadio 2013	Author Summary	Cause	Not applicable
Kouadio 2013	Direct Quotes	Cause	Hamlet Amani Kouadiokro
Kouadio 2013	Direct Quotes	Signs and Symptoms	Hamlet Katchénou
Kouadio 2013	Author Summary	Prevention	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Louzado-Feliciano 2020	Author Summary	Definition	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Cause	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Experience With	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Attitude	Mothers of children that had anemia

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Louzado-Feliciano 2020	Author Summary	Prevention	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Preferences	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Attitude	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Experience With	Mothers of children that had anemia

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Louzado-Feliciano 2020	Author Summary	Treatment and Management	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Opinion	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Experience With	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Opinion	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Preferences	Mothers of children that had anemia

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Louzado-Feliciano 2020	Author Summary	Experience With	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Opinion	Mothers of children that had anemia
Louzado-Feliciano 2020	Author Summary	Experience With	Mothers of children that had anemia
M'Cormack 2012	Author Summary	Cause	Pregnant women

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Mansyur 2019	Author Summary	Knowledge	Not applicable
Mansyur 2019	Author Summary	Definition	Not applicable
Mansyur 2019	Author Summary	Signs and Symptoms	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Mansyur 2019	Author Summary	Cause	Not applicable
Mansyur 2019	Author Summary	Attitude	Not applicable
Mansyur 2019	Author Summary	Opinion	Not applicable

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Mansyur 2019	Author Summary	Treatment and Management	Not applicable
Mansyur 2019	Author Summary	Experience With	Not applicable
Mayca-Pérez 2017	Author Summary	Signs and Symptoms	Mothers
Mayca-Pérez 2017	Direct Quotes	Signs and Symptoms	Mothers

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Mayca-Pérez 2017	Author Summary	Treatment and Management	Mothers
Powers 2020	Author Summary	Cause	Mothers of children age 9 months to 4 years with anemia
Powers 2020	Author Summary	Opinion	Mothers of children age 9 months to 4 years with anemia
Powers 2020	Author Summary	Definition	Mothers of children age 9 months to 4 years with anemia

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Powers 2020	Author Summary	Consequences	Mothers of children age 9 months to 4 years with anemia
Powers 2020	Author Summary	Signs and Symptoms	Mothers of children age 9 months to 4 years with anemia
Powers 2020	Author Summary	Attitude	Mothers of children age 9 months to 4 years with anemia
Sammartino 2010	Direct Quote	Definition	Mothers of young children
Sammartino 2010	Author Summary	Definition	Mothers of young children

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Sammartino 2010	Author Summary	Signs and Symptoms	Mothers of young children
Sammartino 2010	Author Summary	Cause	Mothers of young children
Sammartino 2010	Direct Quotes	Consequences	Mothers of young children
Sammartino 2010	Author Summary	Consequences	Mothers of young children
Sedlander 2020	Author Summary	Attitude	Not applicable
Sedlander 2020	Author Summary	Prevention	Not applicable
Seminar 2020	Author Summary	Cause	Adolescent girls

19. Author and Year	20. Data Type	21. Outcome Measure	22. Disaggregation Variable
Seminar 2020	Author Summary	Signs and Symptoms	Adolescent girls
Seminar 2020	Author Summary	Consequences	Adolescent girls
Seminar 2020	Author Summary	Prevention	Adolescent girls
Seminar 2020	Author Summary	Experience With	Adolescent girls
Seminar 2020	Author Summary	Treatment and Management	Adolescent girls

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Svege 2021

Author Summary

Definition

Mothers

Svege 2021

Author Summary

Signs and Symptoms

Mothers

Svege 2021

Author Summary

Treatment and
Management

Mothers

19. Author and Year

20. Data Type

21. Outcome Measure

22. Disaggregation Variable

Svege 2021

Author Summary

Cause

Mothers

Svege 2021

Author Summary

Cause

Mothers

19. Author and Year

23. Major Finding

The last name of the first author and the year the study was published (e.g. Adams 2000).

The direct quote or author's summary of WRA's perception outcome of anemia.

Ailinger 2009

"When the women were asked about how anemia develops, they responded with the themes of poor eating and lack of vitamins."

Ailinger 2009

"Most of the women did not know what can happen to someone with anemia. However, two women reported that it can develop into leukemia."

Ailinger 2009

"When the women were asked what home remedies they used for anemia, their responses evolved into the theme of eating certain foods."

Ati 2008

"Four coexisting 'definitions' of anaemia were identified by Tunisian women: (i) a lack of iron; (ii) 'poor blood'; (iii) hypotension; and (iv) a variation in the number of white or red blood cells. Although there is some truth in these definitions, confusions on the meaning of the word exist. "

Ati 2008

"Perceived symptoms of anaemia differed according to whether women were directly exposed to this health problem...Perception of anaemia symptoms was not influenced by age and only slightly by the region: women of the SW established relationships between tiredness and anaemia much more."

19. Author and Year

23. Major Finding

Ati 2008

"Non-anaemic women had more difficulty identifying and describing the symptoms of anaemia than anaemic women did"

"Tiredness, vertigo and pallor were the symptoms most frequently mentioned by anaemic women. Fitful sleep and insomnia were also mentioned by slightly more than half the anaemic women. Many anaemic women said they suffered a lot from the disease."

"Many anaemic women said they suffered a lot from the disease."

19. Author and Year**23. Major Finding**

Ati 2008

"Both diet and drugs were mentioned as treatments of anaemia. It should be noted that the women (anaemic and non-anaemic) often said that it is the medical doctor who decides on both dietary recommendations and medical treatment of anaemia, as he has the knowledge required...The treatment most often mentioned by women to combat tiredness was rest, but some said they drink sweetened water or milk when they are very tired. However, many women said they do nothing."

Ati 2008

"As could be expected, women suffering from anaemia spoke much more about medical treatment of anaemia than non-anaemic women. According to these women, medical treatments appear to be followed (blood transfusion, Fe supplementation) but nutritional advice does not always result in behavioural changes. This was often linked with financial constraints, most often in the SW region where women placed more emphasis on drugs to fight anaemia. "

19. Author and Year

Ati 2008

23. Major Finding

"Women showed contradictory reactions when confronted with anaemia. First, there were those who felt frightened and anxious. Others refused to consider themselves as anaemic and denied being sick...By the end of the focus group discussions, many women expressed the desire to better understand anaemia. They complained of their lack of information on the subject, in particular by medical personnel."

19. Author and Year

23. Major Finding

"The focus group discussions often centred on the perceived effects (positive or negative) of food on anaemia. In particular, specific questions were asked about tea, orange juice, lemonade (sweetened lemon juice mixed with water) and meat. A little over 50 %, mainly those suffering from anaemia, attributed positive effects to tea because tea would increase the quantity of blood. Anaemic women in the SW and women over 30 years of age expressed more favourable opinions about tea. In the two regions, many women thought that the effect of green tea differs from that of black tea: green tea causes hypotension and black tea increases the quantity of blood. Regarding orange juice, all categories of women believed it had positive effects (the number of positive statements was nine times higher than negative ones). On the other hand, regarding the effects of lemon juice, the proportion was inverted and more women credited it with more negative effects than positive. However, considerably fewer opinions were expressed about lemon juice. Overall, the majority of women thought that foods of animal origin (meat, fish and liver) are nutritious, excellent for health and good for those suffering from tiredness and anaemia. A very small number of women believed that meat does not improve the status of people with anaemia... Leguminous plants (lentils, chickpeas and beans) were appreciated by almost all women, who thought that people who have anaemia or feel tired should eat them. A lot of women thought that milk and dairy products are nutritious for all age categories, in particular for anaemic or tired people. Vegetables and starches, most of all spinach and parsley, were mentioned by many women as fortifying foods, which can prevent and even treat anaemia and tiredness."

Ati 2008

19. Author and Year

23. Major Finding

Awuah 2021

"Anemia was defined as having insufficient or inadequate blood in the body."

Awuah 2021

"anemia was described as a disease that could be transmitted sexually."

Aziz Ali 2021

" Most women were not aware of anemia and described it as 'deficiency of blood in the body' or 'weakness'. Some described it as a condition that requires medical treatment including blood transfusion as per the advice of a healthcare provider..."

Aziz Ali 2021

"Some women reported not having enough energy for their daily activities as well as feeling short of breath, experiencing shivering, pallor, and gastric burning due to anemia. Some talked about how they could identify anemia by looking at the nail beds and eyes, which develop pitting and pallor respectively."

19. Author and Year

23. Major Finding

Aziz Ali 2021

"According to them, anemia could have an adverse effect on their vision and also cause tachycardia."

Aziz Ali 2021

" Women in the FGDs mentioned that vegetables such as spinach, eggplant, bottle gourd, and okra and fruits such as apples, bananas, and pomegranates are essential to alleviate anemia."

Aziz Ali 2021

"Men and women in the FGDs mentioned that doctors and TBAs advised them to take 'small yellow tablets' (folic acid), 'black tablets' (ferrous sulfate), 'syrups' (syngobion), and 'red or brown capsules' for anemia."

Aziz Ali 2021

"Government should ban the use of gutka and other harmful items that cause blood deficiency so that people can save money to buy healthy things". Gutka is chewable tobacco.

Aziz Ali 2021

"One of the women from the cohort expressed that she had been anemic for the past six months and upon consulting the doctor, was advised a drip costing 2000 rupees (\$12). Unfortunately, this was out of her reach."

Bhatia 2021

"On conducting a focussed group discussion on knowledge regarding anaemia as a health condition, most of the respondents replied as a shortage of blood or bloodlessness."

19. Author and Year

23. Major Finding

Chapple 1998

"One woman mentioned that lighter periods would also reduce the incidence of anaemia."

Chatterjee 2014

"'Lack of blood in the body' ...was the description of anaemia used by the respondents (see Table 2). Respondents said they learned this from healthcare providers who use this term extensively to describe anaemia, especially after the routine antenatal blood test. Only three respondents who had greater than higher secondary school education were aware of the clinical term 'anaemia'."

Chatterjee 2014

"Respondents mostly described anaemia through its symptoms such as weakness, dizziness, lack of strength, swelling in the feet and white lines on fingernails... On further probing, respondents were found to have a clear hierarchy of symptoms and signs during pregnancy that drove them to see a doctor. Only those symptoms perceived to affect the child or fetus were considered extremely serious. On the other hand, symptoms in the mother such as weakness or fatigue were not perceived to be affecting the fetus directly and therefore not considered severe. Thus, according to women, the least serious symptoms were weakness and fatigue; slightly higher in priority were fever and white (genital) discharge; and the most distressing ones were abdominal pain and vaginal bleeding"

19. Author and Year

23. Major Finding

"Ten respondents had experienced mild to moderate weakness during their pregnancy, and some had experienced giddiness; however, none of them identified this as severe enough to consult a doctor. Respondents stated openly that anaemia should not be taken seriously because weakness and giddiness associated with anaemia is 'normal during pregnancy' and an accepted part of being pregnant. The reason was that the woman's body had to share resources with the fetus. Apart from weakness, giddiness and tiredness, other normative experiences during pregnancy included an aversion to certain kinds of foods, loss of appetite, nausea and vomiting... Respondents' perception of anaemia as 'normal during pregnancy' was also reinforced by the fact that they had seen almost every known reproductive-age female in their social network –their mothers, sisters, in-laws, neighbours – undergo this experience. Respondents received advice from these older women around them, who said that these experiences were part of pregnancy as the body goes through changes when carrying a child and they cause no harm to the child or the mother. The rationale against perceiving it as a serious threat or even taking any strong action was that if these other women in their immediate network could endure the condition without any major problem to the child, then why should the respondent worry about it? It was so common in the family and community that it was treated as normal... Respondents stated that symptoms of anaemia can be addressed by taking rest and having certain food items such as a salt and sugarwater solution or coconut water... However, if the weakness hindered their ability to complete household duties such as cooking, cleaning or taking care of the family, then they would consult a doctor."

Chatterjee 2014

19. Author and Year

23. Major Finding

"Respondents stated that symptoms of anaemia can be addressed by taking rest and having certain food items such as a salt and sugarwater solution or coconut water... All respondents were aware that IFA supplements were distributed free of cost at government clinics to pregnant women from the third month of their pregnancy. A majority (25 out of 31) of the women reported that they consumed supplements regularly. Although respondents referred to IFA supplements as 'iron ki goli', only three women linked iron deficiency as a cause of anaemia and understood why IFA supplements should be consumed during pregnancy. Other respondents stated that the supplements 'give strength', 'body feels better after taking the supplements' and 'helps give birth to a healthy child'. On probing it was found that none of them had asked the doctor about the ingredients of IFA supplements. Respondents attributed regular consumption of IFA supplements to the health providers' persuasion that it would have a positive effect on the physical and mental growth of the child. They also believed that the supplements must be good for the child because 'doctors know what is best for their patients'... Respondents unanimously said a healthy diet was the most effective remedy for anaemia in pregnant women, whereas medication played a secondary, supporting role. According to the respondents, anaemia could be treated with a nutritious diet that included increased intake of green leafy vegetables such as spinach, fenugreek, dill leaves and radish leaves, and also beet-roots and tomatoes. These vegetables 'gave the woman energy' and increased their blood:... A few respondents referred to the IFA supplements as 'medicine that increases appetite' ('bhookh badhaane ki goli'). The reasoning was that consuming these supplements increased appetite, and subsequently made the women eat more food. This compensated for the 'lack of blood' and helped the women regain strength and health. Two women discontinued IFA supplements after experiencing nausea; neither of them consulted the doctor. One of them was advised by her mother-in-law to avoid medicines and take rest, whereas the other woman reported that side effects interfered with her full-time job as a tailor, thus affecting her daily wages. Respondents also said that pregnant women may avoid taking IFA supplements when they are sick, fearing that medicines may have a negative impact on the fetus/newborn"

Chatterjee 2014

"A majority of the girls stated that anemia is associated with (9 girls) a poor diet (9), poor quality of diet or lack of vitamins(1), inadequate amounts consumed and not keeping to meals(3)"

Creed-Kanashiro 2000

19. Author and Year

Creed-Kanashiro 2000

23. Major Finding

"Anemia was not mentioned as being related specifically to blood, but rather to a general state of the body."

Darmawati 2020_Enferm
Clin

"The pregnant women in this study revealed that they considered anemia a condition that normally occurs during pregnancy and was their nature as a woman...The majority of participants did not know about hemoglobin levels, which is the baseline clinical indicator for a diagnostic test of anemia."

Darmawati 2020_Enferm
Clin

"They also stated that the midwife indicated that the symptoms were treatable, and thus they did not worry about it."

Darmawati 2020_Enferm
Clin

"The majority of the participants experienced anemia, based on their symptoms. They experienced symptoms such as weakness, nausea, paleness, and shortness of breath, and perceived that these symptoms were unnecessary concerns. In addition, a number of pregnant women who also experienced the symptoms related to not feeling well during pregnancy indicated that they were not a sign of anemia, but were due to the pregnancy itself. Pregnant women stated that these symptoms disappeared after they consume a number of foods... they ultimately realized that the symptoms of anemia they experienced during pregnancy were indirectly influenced by their dietary restrictions."

19. Author and Year

23. Major Finding

Darmawati 2020_Enferm Clin	<p>"Some also revealed that their hemoglobin levels had never been measured during pregnancy... Some pregnant women mentioned that their Hb levels had been measured during the current pregnancy.... Moreover, they had experienced lower than normal hemoglobin levels, but did not take any action and believed that the pregnancy was normal."</p>
Darmawati 2020_Enferm Clin	<p>"They also understand that anemia is caused by a lower than normal Hb level, but they did not know the normal Hb level."</p>
Darmawati 2020_Enferm Clin	<p>"The majority of participants revealed that their families, particularly their husbands, provided the most support in preventing anemia. Some stated that their husbands always reminded them to consume nutritious food and iron tablets... Furthermore, some participants also revealed an important role for family members in providing support, particularly their parents. Some participants mentioned that their parents provided emotional support when the women were sick. They were afraid something bad would happen to their future grandchild"</p>
Dhabangi 2019	<p>"Whenever a child has severe anaemia, all you think about next, is death"</p>

19. Author and Year

23. Major Finding

Dhabangi 2019	"there were no specific terms used by locals in reference to severe anaemia... On three occasions, three FGD participants used the terminology “musana”, “obwayi” and “kamuli”, respectively to describe severe anaemia. However, these terms were unanimously rejected by fellow community members during discussions as misleading since they meant different diseases. The FGD participants clarified that the first two terms refer to severe acute malnutrition in Buganda and Busoga regions respectively, while the latter is a local name for neonatal jaundice in Buganda region"
Dhabangi 2019	" children who suffered recurrent severe anaemia—rather than being stigmatized as is the case with many chronic diseases—are regarded with a sense of empathy by community members"
Diamond-Smith 2016	"Most of the women in these 2 groups had heard about anemia and were aware that it can lead to adverse health consequences for the mother and the baby."
Diamond-Smith 2016	"In the slum FGD, women had not heard about “anemia,” but most had heard about IFA or government programs that provide food or IFA tablets. Some women did not know what green leafy vegetables were."
Ejidokun 2000	"Women who complain about symptoms associated with pregnancy anaemia may be looked upon unfavourably."
Ejidokun 2000	"Most pregnant women at both sites had heard about anaemia. However, it was not considered to be a priority health problem by them."

19. Author and Year**23. Major Finding**

Ejidokun 2000

"Some of them knew that the tablets were meant 'to give them blood'."

Galloway 2002

"In Indonesia the concept of anemia as "not enough blood" or "low blood" was synonymous with low blood pressure among some health providers as well as women."

Galloway 2002

"In most of the countries studied, women attending prenatal care services recognize iron tablets or prenatal vitamins and may take them as instructed, but are not told why they are prescribed. In Bolivia, women who receive prenatal care are familiar with iron tablets, but few of them understand that they will alleviate symptoms of anemia. Women in Honduras who attend prenatal care are given prenatal vitamins (with a small amount of iron) but only receive iron tablets if they are thought to be anemic. Most women attending prenatal care do so only in their late second or third trimesters, making it impossible for them to receive the recommended number of iron tablets in pregnancy (protocols range from 90 to 150 tablets in the countries surveyed). The majority of women who have taken iron tablets identify positive effects and benefits from taking them, including having more strength and more or improved blood, feeling less tired, a better appetite, and more active, and for some, having a healthy baby."

19. Author and Year

23. Major Finding

Geissler 1999

"When questioned about the types of food which pregnant women liked, the first foods mentioned were the "healthy" ones, which also were recommended in health promotion lectures at the hospital: milk products, eggs, beans, green vegetables and fruit. This list reflects the impact of health education, as the women themselves acknowledged, but also the women's knowledge that "good food" is important during pregnancy to contribute to the mother's blood and to help the baby develop...When asked about the effects of soil-eating on the body, the women mentioned "lack of blood" (upungufu wa damu), worms (minyolo), and finally the illness safura (which can be related to the condition of upungufu wa damu)...For Giriama, safura and upungufu wa damu (lack of blood) appear to be overlapping concepts. When women were asked about the symptoms of safura and also upungufu wa damu they repeated similar or identical lists, and the illnesses were known to occur together in many cases. However, they underlined that safura is conceptually distinct from upungufu wa damu and is a more serious illness."

Geissler 1999

"Amongst Giriama, an identifying symptom of the illness safura is swelling of the limbs, stomach, cheeks and sometimes the whole face. Other key symptoms are dizziness (chizungu), palpitations (moyo unaendamalo, literally "fast running heart"), breathlessness (kusoha) and weakness (mwiri inatetemeka). A physical sign known by many to accompany the illness is pale-ness. Many of these symptoms are found in clinical anaemia, implying that safura is a folk illness related to this allopathic disease concept. Data collected at a survey in Kilifi District Hospital (Shulman, unpublished data) confirm this relationship, showing that women who reported to suffer from safura showed symptoms of anaemia, which they also recognised themselves, and had significantly lower haemoglobin levels than women not suffering from this illness."

19. Author and Year

23. Major Finding

Geissler 1999 "Due to its ``natural" aetiology, upungufu wa damu is known to be treated easily with an improved diet, including milk, eggs, vegetables and meat. The women were also aware of treatment in the form of ``tablets from the hospital", probably referring to iron and folate sup-plementation given to pregnant women. If the upun-gufu wa damu is very severe, it could be treated by "adding blood" (i.e. transfusion) at the hospital, underlining the simplicity of this illness as compared to safura... The different aetiology of safura as compared to upungufu wa damu results in different treatment. Most women did not think that safura could be treated in the hospital, but that it requires the attention of a traditional healer."

Geissler 1999 "Other causes of upungufu wa damu which women readily agreed to when prompted included bleeding and fever or malaria, especially if women cut down their food intakes at the same times... Whilst upungufu wa damu is associated with insufficient food intake and natural bodily states, safura is brought by forces unknown to the women. It is not only a mere consequence of individual behaviour, but influenced by sources of illness beyond the individual- it is an ``unnatural" illness. It can be brought about by other people or spirits. A few women associated safura with drinking too much beer (pombe) or palm wine (mnazi), behaviours which were also related to spirit possession and soil-eating. The connection between eating soil and safura goes in both directions: eating soil can ``bring" safura and having safura makes sufferers crave soil

Iqbal 2018

"Mothers were aware that anemia made the child weak and pale."

Iqbal 2018

"However, they felt that their children were not at risk of developing anemia, even though some of them looked thin and pale"

19. Author and Year

23. Major Finding

Iqbal 2018	"specific advice on the importance of iron-rich foods for preventing anemia or advice tailored to the mother's need was lacking"
Jefferds 2002	"Among the lay women in this study, "anemia" is an abstract illness commonly heard of but not understood in detail by most participants"
Jefferds 2002	"Women who gave explanations of anemia generally followed biomedical perspectives linking it to iron and the diet, for example saying it comes from lack of iron, a low red blood cell count, or a weakness in the blood stemming from a poor diet."
Jefferds 2002	"Others mentioned symptoms of anemia, such as being tired or pale... Women emphasized that young children usually do not have symptoms of anemia and that it must be diagnosed by a blood test... Various symptoms can result from anemia and leukemia including paleness and tiredness, and children not growing well."

19. Author and Year

23. Major Finding

Jefferds 2002

"Many women conveyed uncertainty about how anemia develops because it is so common."

Jefferds 2002

"In interviews, women commonly reported that they saw no changes or improvement in their child's appearance or health after receiving treatment from the clinic, and they had no way to tell if the child was currently deficient other than returning to the clinic for another blood test... the mothers in this study asserted that few people actually develop leukemia. Often, women referred to specific cases to support their assertions that anemia may cause leukemia... In interviews, several women said they believed they or their child came very close to developing leukemia due to the severity of their anemia. Women also reported that they or their children were given a test for leukemia at public hospitals when diagnosed with severe anemia; to them this also supports their explanation that anemia can cause leukemia (and not the opposite)... "

19. Author and Year

23. Major Finding

Jefferds 2002

"In general, women explained that anemia turns the blood into water until it becomes a fatal disease, leukemia. This debilitates the blood and leaves the body without immune defenses. Anemia turns into leukemia when the people have more water than blood in their bodies"

Jefferds 2002

"four mothers told me that medicaldoctors explained to them that untreated or severeanemia does not cause leukemia. I asked these women several times about the relationship between anemia and leukemia and whether they believed the doctor's explanation. Three of the women expressed doubts about what the doctors said and concluded that theywere probably wrong. Another woman reported that she learned that anemia does not cause leukemia from amid-day television program by a medical doctor."

Kanani 1994

"Most of the girls were not aware of the Gujarati term for anemia, *pandurog* , which is used extensively in anemia awareness campaigns."

Kanani 1994

"Several girls mentioned having experienced kamshakti or kamjori, saying that kamshakti is caused by inadequate food intake, frequent illnesses, too much work, or 'less blood, thin blood or pale blood in the body'"

19. Author and Year

Kanani 1994

Kanani 1994

23. Major Finding

"Other symptoms cited along with weakness were tiredness, breathlessness, poor appetite and frequent illnesses."

"For reducing kamshakti, good food(green leafy vegetables, fruits, milk, meat), strength-giving medicines (tonics) from the doctor, or a combination of these measures were considered important by the girls. They recognized the red iron tablets (which health workers were routinely giving to women in the slum) as *shakti ni goli* (strength- giving tablets)"

Kouadio 2013

"Furthermore, there are cultural beliefs about how malaria-like illnesses cause anemia. Diet, ill-health, fire, and sun are other important causes of anemia reported by both population groups"

Kouadio 2013

"The mosquito sucks your blood, and finishes it up, step by step... Diseases like djékouadjo, from mosquitoes and flies, hard work, too many childbirths, or sitting too often next to the fire: these are all circumstances which can finish your blood".

Kouadio 2013

"Your body is white, your eyes are white when you eat something, you vomit it; you lose weight, you get dizzy, you are weak and your body heats up"

Kouadio 2013

"FGDs with village authorities and women emphasized that medicine and tonics are important preventive measures against anemia"

19. Author and Year

23. Major Finding

Louzado-Feliciano 2020	"Across all interviews, mothers associated pediatric anemia as a malnourishment consequence"
Louzado-Feliciano 2020	"This perception was associated with how health providers—nurses, medical doctors, or nutritionists—in the government health centers explained the cause behind their child’s anemia was due to a lack of following a well-balanced diet that also incorporated iron-rich foods... Mothers mentioned health providers explained another possible reason behind the diagnosis was the mother’s diet, as breastmilk was the child’s primary source of food"
Louzado-Feliciano 2020	"Participants expressed how this association of anemia with malnourishment was a common thing to hear during the medical appointments"
Louzado-Feliciano 2020	"This information often caused mothers to blame themselves for their child’s anemia diagnosis. They believed they were not providing enough nutrients for their children,"

19. Author and Year**23. Major Finding**

Louzado-Feliciano 2020	"Mothers only talked about micronutrient supplements as a preventive measure when asked directly by the interviewer"
Louzado-Feliciano 2020	"Even though participants were aware of micronutrient supplementation as a way to prevent pediatric anemia, this was not their preferred method to prevent pediatric anemia."
Louzado-Feliciano 2020	"Mothers expressed doubt and skepticism regarding the health benefits of the government health centers' micronutrient supplements. Interviews showed participants did not have an overall positive attitude toward using daily micronutrient supplementation."
Louzado-Feliciano 2020	"Most participants explained micronutrient supplements are recommended by government health centers when their baby reaches 6 months. Mothers stated that micronutrient supplements suppressed their baby's appetite and caused constipation:... Participants also appeared to be influenced by relatives or friends who informed them micronutrient supplements should not be given to babies as they have side effects that would make their babies sick:... This collective idea of micronutrients causing negative side effects(i.e., diarrhea, loss of appetite, or constipation) influenced the majority of participants to stop following or not follow at all the micronutrient supplementation recommendations given by their providers."

19. Author and Year**23. Major Finding**

Louzado-Feliciano 2020 "Participants indicated ferrous sulfate is the primary treatment prescribed when a child is diagnosed with anemia at a government health center... Participants talked about two alternative anemia medications,(1) "ferranin forte" and (2) "emociton." These medications were either recommended to mothers by personnel in pharmacies or providers at a private health center. The medicines were used in the same way as ferrous sulfate as it came in drop or syrup form"

Louzado-Feliciano 2020 "However, mothers expressed concerns about utilizing ferrous sulfate. Mothers brought up the question of alleged health benefits of ferrous sulfate vs. the side effects it could cause... Mothers indicated "ferranin forte" or "emociton" medication worked better than ferrous sulfate as it appeared to be more effective in treating anemia"

Louzado-Feliciano 2020 "mothers who had previously used ferrous sulfate medication with their older children that experienced adverse side effects mentioned that they decided to forego the medication with their current anemia-diagnosed child"

Louzado-Feliciano 2020 "We found mothers' idea of anemia prevention and treatment overlapped as they believed pediatric anemia could be prevented and treated by following a well-balanced diet that incorporated iron-rich foods."

Louzado-Feliciano 2020 "Mothers stated that an iron-rich diet was their preferred method to treat and prevent anemia. It was easy to follow as it consisted of preparing meals for their babies and not having to buy medication. Mothers also explained that following a well-balanced diet with a focus on iron-rich foods was recommended by their friends and family members"

19. Author and Year**23. Major Finding**

Louzado-Feliciano 2020 "Mothers expressed receiving confusing health information from their health care providers, which impacted their child's treatment. In some cases, mothers were told their children did not have a severe enough vs. a severe enough anemia and health providers did not explain well how to treat it"

Louzado-Feliciano 2020 "Participant recommended that nurses be more careful when explaining lab analyses or certain medications... Mothers also shared they wished health centers provided more health education... It was also typical for participants to share how they wish they understood more about pediatric anemia... or reasoning behind their child's diagnosis"

Louzado-Feliciano 2020 "Moreover, guidelines for anemia treatment also appeared to be arbitrary. Some participants stated health providers recommended the use of micronutrient supplements as anemia treatment...while other participants stated they were advised not to give the child micronutrient supplements while the child was recuperating from anemia"

M'Cormack 2012 "participants often were told to eat foods with a lot of palm oil, or drink purple colored soft drinks (such as Vimto) because the red coloring was believed to improve blood (anemia) status though this coloring is artificial and non-nutritive. Some participants were told to eat fofoo (cooked fermented cassava/yucca) or gari (dried and processed cassava/yucca) although cassava actually interferes with iron absorption. In addition, participants said that they were told to take "blood medicine," which was generally a multivitamin concoction, with some alcohol content."

19. Author and Year**23. Major Finding**

Mansyur 2019

"More than half of the participants had heard about anemia and were able to answer questions on its signs and symptoms correctly; however, some did not understand the meaning of anemia"

Mansyur 2019

"The term anemia in Bahasa means kurang darah and describes having low blood volume. Some participants defined anemia as having more white than red blood cells, while others thought it meant having low blood pressure...Some participants mistook anemia for low blood volume, instead of low hemoglobin level."

Mansyur 2019

"Symptoms were commonly described as the 3 Ls, standing for lesu, letih, and lemah. These words are translated as weary, fatigue, and weak. Lesu refers to a person who is psychologically weak but physically well. Letih describes a person who is both physically and psychologically weak. The term lemah is used to describe a person who is physically weak... Participants described symptoms such as headache, nausea, and tiredness.

19. Author and Year

23. Major Finding

Mansyur 2019

"When asked about the possible causes, most participants answered exhaustion from work, lack of sleep, and menstruation. They also mentioned possible causes in the workplace such as lead, which was used during the soldering process and use of benzene or toluene as a solvent."

Mansyur 2019

"All participants agreed that prevention and treatment of anemia were important."

Mansyur 2019

"They believed that family and personal circumstances required them to be in good health and perceived that anemia would affect their ability to work and take care of family members."

19. Author and Year

23. Major Finding

Mansyur 2019

"They also believed that eating healthy foods, such as green leafy vegetables, meat, and poultry, could treat anemia. For the Sundanese, eating raw green leafy vegetables was very common since it was part of their culture. They believed eating vegetables would make them healthy and beautiful. Unfortunately, participants were reluctant to consume iron supplement tablets and were concerned about the symptoms they experienced, such as headaches, nausea, loss of appetite, and weight gain. They preferred to give tablets to male workers to feed their chickens. Some participants argued that consuming iron supplements would increase their blood volume, leading to increased blood loss during menstruation and childbirth."

Mansyur 2019

"The concept of anemia was heavily influenced by advertisements, particularly from television. One advertisement selling iron tablets described symptoms of anemia, such as tiredness, headache, weakness, and feeling weary. Moreover, it marketed the iron supplements as part of anemia prevention."

Mayca-Pérez 2017

"A sick child with *putsumat* [closely related to anemia] is identified by the community, in addition to their emotional state such as sadness, discouragement to play, or physical characteristics such as being "pot-bellied" (which could be related to parasitosis) and delay in starting to walk. These perceptions are quite similar when asking what they understand by anemia, where paleness and lack of nutrition predominate."

Mayca-Pérez 2017

"He's sick. What can you have? Anemia, bugs...Sometimes when we don't take good care of it, when we don't give it proper food, mostly from parasites... It becomes post-sheco (thin, pale, listless), sometimes it puffs up its face, it gets sad, it's not well, he goes to bed to sleep, that too (GF Madres Guayabal)."

19. Author and Year

Mayca-Pérez 2017

23. Major Finding

"The mothers are the only ones who can give the treatment to their children, which requires the use of medicinal plants and diets that they know and describe and, as one mother says: Only if he doesn't heal will I take him to the health center since the use of medicinal plants is usual before going with a PS, who little by little are understanding these cultural aspects"

Powers 2020

"Parents expressed a basic understanding of the cause of IDA, described as a lack of nutrients, and its clinical consequences of low red blood cells and symptoms of anemia"

Powers 2020

"Specifically, they did not realize how critical iron was to their child's health and the impact of dietary choices on overall iron intake. Several parents admitted that although their children were "picky eaters," they thought that cow's milk provided adequate nutrition and did not realize that excessive intake could result in anemia."

Powers 2020

"Parents were consistently able to define IDA"

19. Author and Year

23. Major Finding

Powers 2020

"[Parents] gave variable responses to its clinical effects on their child, ranging from oxygen delivery and cardiac effects to skin pallor and energy. Some misinformation was also present, including concern that untreated anemia could progress to leukemia. Although deeper understanding was often absent, most understood that IDA affects multiple parts of the body,"

Powers 2020

"13 parents (65%) were able to recall anemia symptoms their children had been displaying prior to initiation of iron therapy such as poor concentration, pallor, and increased sleepiness."

Powers 2020

"When asked what they would tell to other parents of children with IDA, parents provided encouragement while also acknowledging the difficulties associated with care."

Sammartino 2010

"They don't know: 'because the doctor didn't explain it to them'"

Sammartino 2010

"Confusion with anorexia, bulimia."

19. Author and Year	23. Major Finding
Sammartino 2010	"Defined by symptoms: tiredness"
Sammartino 2010	"Bad nutrition, absence of food"
Sammartino 2010	""The doctor didn't explain it to me""
Sammartino 2010	"Does not know... Risk that their children will not grow; Risk that their children will not pass the grade (that they won't get promoted to the next grade in school); Generate diseases; The blood is weakened"
Sedlander 2020	"While the majority of people had positive attitudes towards IFA, two women of reproductive age noted some negative attitudes, "They fear taking those tablets. Women in the village think that they are bad tablets so they take them and throw them away." Most negative perceptions stemmed from beliefs about side effects that outweigh the positive benefits of IFA."
Sedlander 2020	"Most focus group participants knew what IFA (referred to as "iron batika") was when the moderator held up the IFA pack and knew that they can prevent/cure "lack of blood in the body." A woman from a focus group said, "We aren't able to have proper food which creates blood in our body. These tablets (IFA) help in creating blood.""
Seminar 2020	"The girls and parents believed that the causes of anaemia were: iron deficiency, lack of red blood cells, menstruation, low blood pressure, eating irregularly, lack of nutritious food, stress, hereditary disease, and lack of sleep/fatigue"

19. Author and Year

23. Major Finding

Seminar 2020

"The girls and parents knew that the symptoms of anemia were 'dizziness, fatigue, light-headedness, malaise, pale, or weakness'"

Seminar 2020

"the parents said that lack of blood, hard to concentrate while studying, death, and dizziness, fatigue, light-headedness, malaise, pale or weakness' were the consequences of anemia. The girls shared the same answers as parents; however they also thought that causing the emergence of other diseases and metabolism problem was the consequence of anemia"

Seminar 2020

"To prevent anemia, the parents thought that the best methods were: eat nutritious food, do not overwork, and take vitamins. The girls gave the same answers; however, they also thought that drink much water, have breakfast regularly, and take WIFAS were the preventions of anemia"

Seminar 2020

"Regarding their experiences about anemia, some participants had been diagnosed as anemic, and some had received treatment and medication from a doctor. When a question 'have you noticed that your friend is pale and might have some sickness' was asked, they answered that they never thought she was sick...When we asked the girls and parents whether they suffered from symptoms of anaemia, they stated that those symptoms were not because of anaemia but because of supersti- tious reasons."

Seminar 2020

"In response to a question regarding their decision when they have anemia symptoms, such as easy fatigue and loss of energy, dizziness, pale skin, difficulty concentrating, or fainting, the girls stated they would visit public health center, visit school health unit, rest, take vitamin, eat vegetables, take WIFAS or sangobion (a commercial supplement for anemia), apply cajuput oil, drink warm tea, and drink traditional herbal whereas parents responded with the same answers"

19. Author and Year

23. Major Finding

Svege 2021

"In Chichewa, low blood levels (anaemia) is referred to as 'lack of blood in the body' (kuchepakwa magazi nthupi)"

Svege 2021

"Children with low blood levels were described by study participants as 'fair in complexion' with pale or yellow feet, hands and eyes...Swelling, or oedema, was another reported sign of anaemia:... Other reported symptoms were dizziness, fainting and lack of energy, and a few participants explained that low blood levels may lead to body aches:"

Svege 2021

"Some participants highlighted the importance of accessing hospital care before home-based or traditional treatment when a child is suffering from anaemia:"

19. Author and Year**23. Major Finding**

Svege 2021

"When asked about the possible causes of anaemia in children, participants frequently reported malaria infection and poor nutrition. In medical science, these are considered scientifically acknowledged, natural or biomedical causes of anaemia. Two local illnesses known as kakozi and kapamba were also reported as possible anaemia aetiologies.

Svege 2021

"The participants associated anaemia with two categories of supernatural or religious forces, namely witchcraft and Satanism. These theories of ill-health can be considered as personalistic disease aetiologies. Across all discussion groups the participants unanimously agreed that conditions rooted in such forces cannot be adequately treated by the formal healthcare system."

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
<i>The last name of the first author and the year the study was published (e.g. Adams 2000).</i>	<i>Questions that were asked during the interview, if provided. Fill out "Not Reported" if study does not specify it.</i>	<i>Did the authors use terminology different from the outcome measure listed? If so, put the term used in the study. If not, put not applicable.</i>
Ailinger 2009	The question asked was "How does anemia develop?"	Development of anemia
Ailinger 2009	The question asked was "What can happen to someone with anemia?"	Effects of anemia
Ailinger 2009	Participants were asked what home remedies did they use for anemia. Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	Home remedies
Ati 2008	Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	Knowledge of anemia and symptoms; perception of anemia
Ati 2008	Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	Knowledge of anemia and symptoms; perception of anemia

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Ati 2008	Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	Knowledge of anemia and symptoms; perception of anemia
	Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	Knowledge of anemia and symptoms; perception of anemia
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19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Ati 2008	Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	prevention and treatment of anemia
Ati 2008	Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	prevention and treatment

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Ati 2008	Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.	attitude, practices, food knowledge

25. Alternative term for outcome measure used in the study

19. Author and Year

24. How the outcome variable was elicited

Ati 2008

Study used a focus group discussion. The question guide examined women's knowledge and perceptions of anaemia and its symptoms, including perceived causes and consequences, treatments for anaemia, and related food practices.

attitude, practices, food knowledge

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Awuah 2021	The issues emanating from the different FGDs undertaken across the three regions centred around the following four key themes:(a) descriptions/definitions of anaemia, (b) perceived causes of anaemia,(c) consequences of anaemia and (d) prevention of anaemia.	description
Awuah 2021	The issues emanating from the different FGDs undertaken across the three regions centred around the following four key themes:(a) descriptions/definitions of anaemia, (b) perceived causes of anaemia,(c) consequences of anaemia and (d) prevention of anaemia.	description
Aziz Ali 2021	The interview guide consisted of different sections such as knowledge about anemia, its signs and symptoms, causes of anemia, adverse maternal and child outcomes of anemia, preventive measures, and strategies taken by the government to improve anemia in the district.	Knowledge about nutrition and anemia
Aziz Ali 2021	The interview guide consisted of different sections such as knowledge about anemia, its signs and symptoms, causes of anemia, adverse maternal and child outcomes of anemia, preventive measures, and strategies taken by the government to improve anemia in the district.	Knowledge about signs, symptoms, and burden of anemia.

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Aziz Ali 2021	The interview guide consisted of different sections such as knowledge about anemia, its signs and symptoms, causes of anemia, adverse maternal and child outcomes of anemia, preventive measures, and strategies taken by the government to improve anemia in the district.	Knowledge about signs, symptoms, and burden of anemia.
Aziz Ali 2021	The interview guide consisted of different sections such as knowledge about anemia, its signs and symptoms, causes of anemia, adverse maternal and child outcomes of anemia, preventive measures, and strategies taken by the government to improve anemia in the district.	"recommended dietary practices to alleviate anemia"
Aziz Ali 2021	The interview guide consisted of different sections such as knowledge about anemia, its signs and symptoms, causes of anemia, adverse maternal and child outcomes of anemia, preventive measures, and strategies taken by the government to improve anemia in the district.	"Knowledge and practices regarding the use of Iron–Folic Acid(IFA) supplements"
Aziz Ali 2021	The interview guide consisted of different sections such as knowledge about anemia, its signs and symptoms, causes of anemia, adverse maternal and child outcomes of anemia, preventive measures, and strategies taken by the government to improve anemia in the district.	"Lack of government-led programs to alleviate anemia"
Aziz Ali 2021	The interview guide consisted of different sections such as knowledge about anemia, its signs and symptoms, causes of anemia, adverse maternal and child outcomes of anemia, preventive measures, and strategies taken by the government to improve anemia in the district.	"factors influencing prevention and control of anemia"; "financial constraints/barriers"
Bhatia 2021	Study used a focus group discussion. Did not report or describe discussion guide.	anemia as a health condition

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Chapple 1998	Study conducted semi-structured, in-depth interviews with participants to explore reasons for the relatively high level of IDA found in South Asian women living in Britain. In order to compare the views of this group of women with the views of young Christian women of British descent, the author also talked to women who belonged to a similar Mother and Toddler group in a nearby village.	Many women of south asian descent value heavy menstrual periods
Chatterjee 2014	The study conducted FGD and IDI using a specific interview guide to explore women's perceptions and practices related to anemia; and one section asks about their knowledge and awareness of anemia, including questions about definitions, symptoms and seriousness of anemia.	Perception of anemia; popular definitions
Chatterjee 2014	The study conducted FGD and IDI using a specific interview guide to explore women's perceptions and practices related to anemia; and one section asks about their knowledge and awareness of anemia, including questions about definitions, symptoms and seriousness of anemia.	Perception of anemia

19. Author and Year

24. How the outcome variable was elicited

**25. Alternative term for
outcome measure used in the
study**

Chatterjee 2014

The study conducted FGD and IDI using a specific interview guide to explore women's perceptions and practices related to anemia; and one section asks about their knowledge and awareness of anemia, including questions about definitions, symptoms and seriousness of anemia.

perception of anemia;
seriousness of anemia

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Chatterjee 2014	The study used a specific interview guide to explore women's perceptions and practices related to anemia; one section is knowledge, beliefs and use of Iron–Folic Acid (IFA) supplements: including questions about frequency of taking these supplements as well as reasons for compliance or non-compliance. Another section asks about dietary practices to address anemia, including questions on dietary practices to alleviate anemia.	Practices with respect to anemia-reduction
Creed-Kanashiro 2000	Study conducted in-depth interviews on topics relating to participants' perceptions of food and nutrition, health and anemia	what anemia is associated with

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Creed-Kanashiro 2000	Study conducted in-depth interviews on topics relating to participants' perceptions of food and nutrition, health and anemia	what anemia is mentioned as
Darmawati 2020_Enferm Clin	Study conducted FGD using semi-structured questions. Participants were asked about their knowledge of anemia and its symptoms, their methods to manage symptoms, experience in consuming iron tablets, family support in consuming iron tablets, dietary taboos that initiate a lack of hemoglobin in the blood, Acehnese cultural beliefs about anemia, and parental advice that affects pregnancy and anemia.	Anemia during pregnancy is perceived as a woman's destiny; Lack of knowledge related to clinical indicators of anemia
Darmawati 2020_Enferm Clin	Study conducted FGD using semi-structured questions. Participants were asked about their knowledge of anemia and its symptoms, their methods to manage symptoms, experience in consuming iron tablets, family support in consuming iron tablets, dietary taboos that initiate a lack of hemoglobin in the blood, Acehnese cultural beliefs about anemia, and parental advice that affects pregnancy and anemia	Anemia during pregnancy is perceived as a woman's destiny
Darmawati 2020_Enferm Clin	Study conducted FGD using semi-structured questions. Participants were asked about their knowledge of anemia and its symptoms, their methods to manage symptoms, experience in consuming iron tablets, family support in consuming iron tablets, dietary taboos that initiate a lack of hemoglobin in the blood, Acehnese cultural beliefs about anemia, and parental advice that affects pregnancy and anemia	Anemia during pregnancy is perceived as a woman's destiny; The traditional taboo related to anemia

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Darmawati 2020_Enferm Clin	Study conducted FGD using semi-structured questions. Participants were asked about their knowledge of anemia and its symptoms, their methods to manage symptoms, experience in consuming iron tablets, family support in consuming iron tablets, dietary taboos that initiate a lack of hemoglobin in the blood, Acehnese cultural beliefs about anemia, and parental advice that affects pregnancy and anemia	Lack of knowledge related to clinical indicators of anemia
Darmawati 2020_Enferm Clin	Study conducted FGD using semi-structured questions. Participants were asked about their knowledge of anemia and its symptoms, their methods to manage symptoms, experience in consuming iron tablets, family support in consuming iron tablets, dietary taboos that initiate a lack of hemoglobin in the blood, Acehnese cultural beliefs about anemia, and parental advice that affects pregnancy and anemia	Lack of knowledge related to clinical indicators of anemia
Darmawati 2020_Enferm Clin	Study conducted FGD using semi-structured questions. Participants were asked about their knowledge of anemia and its symptoms, their methods to manage symptoms, experience in consuming iron tablets, family support in consuming iron tablets, dietary taboos that initiate a lack of hemoglobin in the blood, Acehnese cultural beliefs about anemia, and parental advice that affects pregnancy and anemia	The husband and family provide support related to anemia prevention
Dhabangi 2019	Study conducted a focus group discussion with mothers from local communities. The topics explored during the interview included local names for anaemia and their meaning, perceived causes, signs and symptoms, prevention and care seeking for severe anaemia, including blood transfusion.	Severe anaemia in context

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Dhabangi 2019	Study conducted a focus group discussion with mothers from local communities. The topics explored during the interview included local names for anaemia and their meaning, perceived causes, signs and symptoms, prevention and care seeking for severe anaemia, including blood transfusion.	Local name for severe anaemia
Dhabangi 2019	Study conducted a focus group discussion with mothers from local communities. The topics explored during the interview included local names for anaemia and their meaning, perceived causes, signs and symptoms, prevention and care seeking for severe anaemia, including blood transfusion.	Local name for severe anaemia
Diamond-Smith 2016	Focus group discussion is conducted, which revolved around women's understanding of anemia, dietary habits and knowledge, and views about the IFA tablets.	heard about anemia
Diamond-Smith 2016	Focus group discussion is conducted, which revolved around women's understanding of anemia, dietary habits and knowledge, and views about the IFA tablets.	heard about anemia
Ejidokun 2000	Study conducted a focus group discussion on the experiences of motherhood of the pregnant women, dietary practices, preferences and restrictions as well as their experience of and the acceptability of iron and folate supplementation.	Knowledge, attitude and behaviour regarding pregnancy and maternal anaemia
Ejidokun 2000	Study conducted a focus group discussion on the experiences of motherhood of the pregnant women, dietary practices, preferences and restrictions as well as their experience of and the acceptability of iron and folate supplementation.	Symptoms of anemia and perceptions of risk

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Ejidokun 2000	Study conducted a focus group discussion on the experiences of motherhood of the pregnant women, dietary practices, preferences and restrictions as well as their experience of and the acceptability of iron and folate supplementation.	communication channels and sources of iron/ anemia information
Galloway 2002	Study conducted either semi-structured, structured, or in-depth interviews and focus group discussions that examine knowledge, attitudes, and practices regarding maternal anemia and its symptoms, including causes and consequences of anemia, treatments for anemia, and experience with taking iron tablets as the primary intervention.	"anemia and its symptoms"
Galloway 2002	Study conducted either semi-structured, structured, or in-depth interviews and focus group discussions that examine knowledge, attitudes, and practices regarding maternal anemia and its symptoms, including causes and consequences of anemia, treatments for anemia, and experience with taking iron tablets as the primary intervention.	Knowledge and use of iron supplements

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Geissler 1999	Study conducted focus group discussion about pregnancy-related food habits and geophagy	Soil and blood
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19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Geissler 1999	Study conducted focus group discussion about pregnancy-related food habits and geophagy	Soil and blood
Geissler 1999	Study conducted focus group discussion about pregnancy-related food habits and geophagy	Soil and blood
Iqbal 2018	The study conducted in-depth interviews with participants using semi-structured open-ended questions for each stakeholder. Open-ended questions were used to measure knowledge about appropriate breastfeeding and CF practices and anemia; mothers were asked about what they thought was appropriate and why they believed so.	Mothers' perceptions about child health and nutrition
Iqbal 2018	The study conducted in-depth interviews with participants using semi-structured open-ended questions for each stakeholder. Open-ended questions were used to measure knowledge about appropriate breastfeeding and CF practices and anemia; mothers were asked about what they thought was appropriate and why they believed so.	Mothers' perceptions about child health and nutrition

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Iqbal 2018	<p>The study conducted in-depth interviews with participants using semi-structured open-ended questions for each stakeholder. Open-ended questions were used to measure knowledge about appropriate breastfeeding and CF practices and anemia; mothers were asked about what they thought was appropriate and why they believed so.</p>	Mothers' perceptions about child health and nutrition
Jefferds 2002	<p>Study conducted one-time short interview with participants. Researcher first determined whether a woman had experience with the diagnosis and treatment of anemia, whether in herself or anyone she knew.</p>	women's models of anemia
Jefferds 2002	<p>Study conducted one-time short interview with participants. Researcher first determined whether a woman had experience with the diagnosis and treatment of anemia, whether in herself or anyone she knew.</p>	women's models of anemia
Jefferds 2002	<p>Study conducted one-time short interview with participants. Researcher first determined whether a woman had experience with the diagnosis and treatment of anemia, whether in herself or anyone she knew. Primarily mothers referred to an anemia episode involving their children but occasionally they also discussed cases in themselves, other children, adult relatives, or friends. Second, researcher asked what they considered to be symptoms and treatments for anemia, including biomedical and traditional methods. Third, author explored their perspectives on the risks of iron deficiency anemia. Last, author determined where the person and her family sought treatment when someone was sick.</p>	women's models of anemia

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Kanani 1994	<p>Study conducted focus group discussions and open-ended in-depth interviews to understand how girls perceive anemia</p>	awareness of anemia
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Kanani 1994	Study conducted focus group discussions and open-ended in-depth interviews to understand how girls perceive anemia	awareness of anemia
Kouadio 2013	The study conducted a FGD to gather information about anemia-related illnesses in addition to results from a questionnaire survey. <i>Dkekouadjo</i> is a malaria-like illness	Relationship between anemia-related illnesses and local health problems
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19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment. Participants were initially asked what pediatric anemia meant to them and what came to mind when they mentioned the word anemia.	Association of pediatric anemia as a malnourishment consequence
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Association of pediatric anemia as a malnourishment consequence
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Association of pediatric anemia as a malnourishment consequence
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Association of pediatric anemia as a malnourishment consequence

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Skepticism toward micronutrient supplementation
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Skepticism toward micronutrient supplementation
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Skepticism toward micronutrient supplementation
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Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Concerns about ferrous sulfate (iron drops)
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Concerns about ferrous sulfate (iron drops)
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Concerns about ferrous sulfate (iron drops)
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Preference to prevent and treat pediatric anemia with a well-balanced diet
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Preference to prevent and treat pediatric anemia with a well-balanced diet

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Unclear and limited health information received from health providers
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Unclear and limited health information received from health providers
Louzado-Feliciano 2020	The study conducted interviews with participants; which focused on five main inquiry concepts: (1) general understanding of anemia, (2) pediatric anemia prevention beliefs, (3) pediatric anemia treatment and use, (4) barriers to anemia prevention and treatment, and (5) facilitators to anemia prevention and treatment.	Lack of systematic treatment recommendations
M'Cormack 2012	Study used a questionnaire with fixed alternative items and open-ended items on participant's knowledge, attitudes, and behaviors related to anemia. Open-ended questions elicited brief responses.	Social and Cultural Environment

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Mansyur 2019	<p>Study conducted FGD using questionnaire. Seven main questions relating to definition, etiologies, signs and symptoms, consequences, and participants' experiences related to anemia treatment and prevention encouraged a more indepth discussion among participants. Questions aimed to explore 3 kinds of influencing factors: beliefs and attitudes, subjective norms, and enabling factors. Questions on beliefs and attitudes related to participants' understanding, awareness and experience of anemia, and the importance of its prevention.</p>	Beliefs and Attitudes
Mansyur 2019	<p>Study conducted FGD using questionnaire. Seven main questions relating to definition, etiologies, signs and symptoms, consequences, and participants' experiences related to anemia treatment and prevention encouraged a more indepth discussion among participants. Questions aimed to explore 3 kinds of influencing factors: beliefs and attitudes, subjective norms, and enabling factors. Questions on beliefs and attitudes related to participants' understanding, awareness and experience of anemia, and the importance of its prevention.</p>	Beliefs and Attitudes
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Mansyur 2019	<p>Study conducted FGD using questionnaire. Seven main questions relating to definition, etiologies, signs and symptoms, consequences, and participants' experiences related to anemia treatment and prevention encouraged a more indepth discussion among participants. Questions aimed to explore 3 kinds of influencing factors: beliefs and attitudes, subjective norms, and enabling factors. Questions on beliefs and attitudes related to participants' understanding, awareness and experience of anemia, and the importance of its prevention.</p>	Beliefs and Attitudes
Mansyur 2019	<p>Study conducted FGD using questionnaire. Seven main questions relating to definition, etiologies, signs and symptoms, consequences, and participants' experiences related to anemia treatment and prevention encouraged a more indepth discussion among participants. Questions aimed to explore 3 kinds of influencing factors: beliefs and attitudes, subjective norms, and enabling factors. Questions on beliefs and attitudes related to participants' understanding, awareness and experience of anemia, and the importance of its prevention.</p>	Subjective norms
Mansyur 2019	<p>Study conducted FGD using questionnaire. Seven main questions relating to definition, etiologies, signs and symptoms, consequences, and participants' experiences related to anemia treatment and prevention encouraged a more indepth discussion among participants. Questions aimed to explore 3 kinds of influencing factors: beliefs and attitudes, subjective norms, and enabling factors. Questions on beliefs and attitudes related to participants' understanding, awareness and experience of anemia, and the importance of its prevention.</p>	Subjective norms

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Mansyur 2019	Study conducted FGD using questionnaire. Seven main questions relating to definition, etiologies, signs and symptoms, consequences, and participants' experiences related to anemia treatment and prevention encouraged a more indepth discussion among participants. Questions aimed to explore 3 kinds of influencing factors: beliefs and attitudes, subjective norms, and enabling factors. Questions on beliefs and attitudes related to participants' understanding, awareness and experience of anemia, and the importance of its prevention.	Subjective norms
Mansyur 2019	Study conducted FGD using questionnaire. Seven main questions relating to definition, etiologies, signs and symptoms, consequences, and participants' experiences related to anemia treatment and prevention encouraged a more indepth discussion among participants. Questions aimed to explore 3 kinds of influencing factors: beliefs and attitudes, subjective norms, and enabling factors. Questions on beliefs and attitudes related to participants' understanding, awareness and experience of anemia, and the importance of its prevention.	Subjective norms
Mayca-Pérez 2017	Study conducted focus group discussions with mothers. The dimensions and sub-dimensions studied were: symptomatology of the disease, its treatment, relationship of the PS with the community, related foods, and use of MMN	The disease and its symptoms
Mayca-Pérez 2017	Study conducted focus group discussions with mothers. The dimensions and sub-dimensions studied were: symptomatology of the disease, its treatment, relationship of the PS with the community, related foods, and use of MMN	The disease and its symptoms

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Mayca-Pérez 2017	Study conducted focus group discussions with mothers. The dimensions and sub-dimensions studied were: symptomatology of the disease, its treatment, relationship of the PS with the community, related foods, and use of MMN	The disease and its symptoms
Powers 2020	Study interviewed parents of children with anemia. Interview question includes "Let's begin by talking about the definition of iron deficiency anemia. How would you describe iron deficiency anemia to a friend or family member?" and "2. How does iron deficiency anemia affect your child's health (either in a good or bad way)? If the anemia was not found, what do you think would have happened?"	Knowledge of IDA
Powers 2020	Study interviewed parents of children with anemia. Interview question includes "Let's begin by talking about the definition of iron deficiency anemia. How would you describe iron deficiency anemia to a friend or family member?" and "2. How does iron deficiency anemia affect your child's health (either in a good or bad way)? If the anemia was not found, what do you think would have happened?"	Lack of nutrients
Powers 2020	Study interviewed parents of children with anemia. Interview question includes "Let's begin by talking about the definition of iron deficiency anemia. How would you describe iron deficiency anemia to a friend or family member?" and "2. How does iron deficiency anemia affect your child's health (either in a good or bad way)? If the anemia was not found, what do you think would have happened?"	Low red blood cells, Oxygen / Effects on heart, Anemia symptoms—

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Powers 2020	Study interviewed parents of children with anemia. Interview question includes "Let's begin by talking about the definition of iron deficiency anemia. How would you describe iron deficiency anemia to a friend or family member?" and "2. How does iron deficiency anemia affect your child's health (either in a good or bad way)? If the anemia was not found, what do you think would have happened?"	Low red blood cells, Oxygen / Effects on heart, Anemia symptoms—
Powers 2020	Study interviewed parents of children with anemia. Interview question includes "Let's begin by talking about the definition of iron deficiency anemia. How would you describe iron deficiency anemia to a friend or family member?" and "2. How does iron deficiency anemia affect your child's health (either in a good or bad way)? If the anemia was not found, what do you think would have happened?"	Low red blood cells, Oxygen / Effects on heart, Anemia symptoms—
Powers 2020	Study interviewed parents of children with anemia. Interview question includes "Let's begin by talking about the definition of iron deficiency anemia. How would you describe iron deficiency anemia to a friend or family member?" and "2. How does iron deficiency anemia affect your child's health (either in a good or bad way)? If the anemia was not found, what do you think would have happened?"	Emotion Stress/ Avoidance of Trauma
Sammartino 2010	The study conducted semi-structured open ended interviews that tries to show the social representations regarding notions of anemia and the acceptance and reject of iron supplementation	Definition of anemia, its causes and consequences among health teams and mothers
Sammartino 2010	The study conducted semi-structured open ended interviews that tries to show the social representations regarding notions of anemia and the acceptance and reject of iron supplementation	Definition of anemia, its causes and consequences among health teams and mothers

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Sammartino 2010	The study conducted semi-structured open ended interviews that tries to show the social representations regarding notions of anemia and the acceptance and reject of iron supplementation	Definition of anemia, its causes and consequences among health teams and mothers
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Sammartino 2010	The study conducted semi-structured open ended interviews that tries to show the social representations regarding notions of anemia and the acceptance and reject of iron supplementation	Definition of anemia, its causes and consequences among health teams and mothers
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Sedlander 2020	Study conducted FGD with participants that asked about anemia and IFA knowledge, anemia related behavior, and IFA norms. Interview guides covered general questions about what women do on a typical day, their concerns and aspirations, and barriers to and facilitators of IFA use.	Basic knowledge and mixed attitudes and beliefs about taking IFA during pregnancy exist
Sedlander 2020	Study conducted FGD with participants that asked about anemia and IFA knowledge, anemia related behavior, and IFA norms. Interview guides covered general questions about what women do on a typical day, their concerns and aspirations, and barriers to and facilitators of IFA use.	Basic knowledge and mixed attitudes and beliefs about taking IFA during pregnancy exist
Seminar 2020	Study conducted FGD and IDI with participants. Questions about causes, symptoms, consequences, preventions of anemia, and foods/drinks that enhance and inhibit iron absorption were asked to grasp the girls' and parents' understanding of anemia.	Girls and parents understanding about anemia

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Seminar 2020	Study conducted FGD and IDI with participants. Questions about causes, symptoms, consequences, preventions of anemia, and foods/drinks that enhance and inhibit iron absorption were asked to grasp the girls' and parents' understanding of anemia.	Girls and parents understanding about anemia
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19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Svege 2021	<p>The study conducted FGD on topic one and two in the guide were local illnesses that caregivers had associated with anaemia; namely 'kapamba' and 'kakozi'. Topic three, 'Satan-ism', and topic four, 'witchcraft', were supernatural forces that caregivers had reported as possible causes of anaemia. Topic five was 'the role of traditional healers', topic six was the genetic blood disorder 'sickle cell anaemia', and topic seven was 'treatment and prevention of anaemia'.</p>	<p>General perceptions of anemia symptoms and treatment strategies</p>
Svege 2021	<p>The study conducted FGD on topic one and two in the guide were local illnesses that caregivers had associated with anaemia; namely 'kapamba' and 'kakozi'. Topic three, 'Satan-ism', and topic four, 'witchcraft', were supernatural forces that caregivers had reported as possible causes of anaemia. Topic five was 'the role of traditional healers', topic six was the genetic blood disorder 'sickle cell anaemia', and topic seven was 'treatment and prevention of anaemia'.</p>	<p>General perceptions of anemia symptoms and treatment strategies</p>
Svege 2021	<p>The study conducted FGD on topic one and two in the guide were local illnesses that caregivers had associated with anaemia; namely 'kapamba' and 'kakozi'. Topic three, 'Satan-ism', and topic four, 'witchcraft', were supernatural forces that caregivers had reported as possible causes of anaemia. Topic five was 'the role of traditional healers', topic six was the genetic blood disorder 'sickle cell anaemia', and topic seven was 'treatment and prevention of anaemia'.</p>	<p>General perceptions of anemia symptoms and treatment strategies</p>

19. Author and Year	24. How the outcome variable was elicited	25. Alternative term for outcome measure used in the study
Svege 2021	<p>The study conducted FGD on topic one and two in the guide were local illnesses that caregivers had associated with anaemia; namely 'kapamba' and 'kakozi'. Topic three, 'Satan-ism', and topic four, 'witchcraft', were supernatural forces that caregivers had reported as possible causes of anaemia. Topic five was 'the role of traditional healers', topic six was the genetic blood disorder 'sickle cell anaemia', and topic seven was 'treatment and prevention of anaemia'.</p>	Naturalistic disease aetiologies
Svege 2021	<p>The study conducted FGD on topic one and two in the guide were local illnesses that caregivers had associated with anaemia; namely 'kapamba' and 'kakozi'. Topic three, 'Satan-ism', and topic four, 'witchcraft', were supernatural forces that caregivers had reported as possible causes of anaemia. Topic five was 'the role of traditional healers', topic six was the genetic blood disorder 'sickle cell anaemia', and topic seven was 'treatment and prevention of anaemia'.</p>	Personalistic Disease Aetiologies

19. Author and Year

26. Comments

The last name of the first author and the year the study was published (e.g. Adams 2000).

Ailinger 2009

Study categorizes it as "Development of Anemia"

Ailinger 2009

Study categorizes it as "Effects of anemia"

Ailinger 2009

Study categorizes it as "home remedies"

Ati 2008

Ati 2008

19. Author and Year

26. Comments

Ati 2008

19. Author and Year

26. Comments

Ati 2008

Ati 2008

19. Author and Year

26. Comments

Ati 2008

19. Author and Year

26. Comments

Ati 2008

Sub-themes: experience
with; opinion of tea's
effect on anemia;
prevention of anemia

19. Author and Year

26. Comments

Awuah 2021

Awuah 2021

Aziz Ali 2021

Aziz Ali 2021

19. Author and Year

26. Comments

Aziz Ali 2021

Aziz Ali 2021

Aziz Ali 2021

Aziz Ali 2021

Opinion: because use of word “should” and not an action they are currently doing; hypothetical.

Aziz Ali 2021

Bhatia 2021

19. Author and Year

26. Comments

Chapple 1998

Chatterjee 2014

Chatterjee 2014

19. Author and Year

26. Comments

Chatterjee 2014

19. Author and Year

26. Comments

Chatterjee 2014

Creed-Kanashiro 2000

19. Author and Year

26. Comments

Creed-Kanashiro 2000

Darmawati 2020_Enferm
Clin

Darmawati 2020_Enferm
Clin

Darmawati 2020_Enferm
Clin

19. Author and Year

26. Comments

Darmawati 2020_Enferm
Clin

Darmawati 2020_Enferm
Clin

Darmawati 2020_Enferm Could also be experience
Clin with

Dhabangi 2019

19. Author and Year

26. Comments

Dhabangi 2019

Dhabangi 2019

Diamond-Smith 2016

could also be awareness

Diamond-Smith 2016

Acceptability is "the quality of being tolerated or allowed." This quote is talking about what kinds of actions or expression regarding anemia is allowed

Ejidokun 2000

Ejidokun 2000

19. Author and Year

26. Comments

Ejidokun 2000

Galloway 2002

Galloway 2002

19. Author and Year

26. Comments

Geissler 1999

Study asked about local practices of soil-eating and its relationship to anemia. It is assumed by the authors that local concepts of safura and upungufu wa damu are similar to anemia

Geissler 1999

19. Author and Year

26. Comments

Geissler 1999

Geissler 1999

Iqbal 2018

Iqbal 2018

19. Author and Year

26. Comments

Iqbal 2018

Jefferds 2002

Jefferds 2002

Jefferds 2002

19. Author and Year

26. Comments

Jefferds 2002

Could also be attitude or
knowledge but chose
cause because we assume
that the authors asked the
participants about the
cause of anemia

Jefferds 2002

19. Author and Year

26. Comments

Jefferds 2002

Jefferds 2002

Kanani 1994

Kanani 1994

19. Author and Year

26. Comments

Kanani 1994

Kanani 1994

Study obtained both qualitative and quantitative outcomes, some author summaries may refer to quantitative outcomes but we included it to make sure we extracted enough information to understand the context.

Kouadio 2013

Kouadio 2013

Kouadio 2013

Kouadio 2013

19. Author and Year

26. Comments

Louzado-Feliciano 2020

Louzado-Feliciano 2020

Louzado-Feliciano 2020

Louzado-Feliciano 2020 Could also be coded as
"experience with"

19. Author and Year

26. Comments

Louzado-Feliciano 2020

Louzado-Feliciano 2020

Louzado-Feliciano 2020

Louzado-Feliciano 2020

19. Author and Year

26. Comments

Louzado-Feliciano 2020

Louzado-Feliciano 2020

Louzado-Feliciano 2020

Louzado-Feliciano 2020
Could also be coded as
prevention/ treatment and
management

Louzado-Feliciano 2020
Could also be coded as
prevention/ treatment and
management

19. Author and Year

26. Comments

Louzado-Feliciano 2020

Louzado-Feliciano 2020

Louzado-Feliciano 2020

M'Cormack 2012

19. Author and Year

26. Comments

Mansyur 2019

Mansyur 2019

Mansyur 2019

19. Author and Year

26. Comments

Mansyur 2019

Mansyur 2019

Mansyur 2019

19. Author and Year

26. Comments

Mansyur 2019

Mansyur 2019

Mayca-Pérez 2017

Mayca-Pérez 2017

19. Author and Year

26. Comments

Mayca-Pérez 2017

Powers 2020

Powers 2020

Powers 2020

19. Author and Year

26. Comments

Powers 2020

Powers 2020

Powers 2020

Sammartino 2010

Sammartino 2010

19. Author and Year

26. Comments

Sammartino 2010

Sammartino 2010

Sammartino 2010

Sammartino 2010

Sedlander 2020

Sedlander 2020

Seminar 2020

19. Author and Year

26. Comments

Seminar 2020

Seminar 2020

Seminar 2020

Seminar 2020

Seminar 2020

19. Author and Year

26. Comments

Svege 2021

Svege 2021

Svege 2021

19. Author and Year

26. Comments

Svege 2021

Svege 2021