

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 102
TO BE ANSWERED ON 2ND FEBRUARY, 2018**

ANAEMIA CASES

**102. DR. BHAGIRATH PRASAD:
SHRIMATI ANJU BALA:
SHRI TEJ PRATAP SINGH YADAV:
SHRI B. SRIRAMULU:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether according to the National Family Health Survey data the overall prevalence of anaemia is consistently high, at more than 50 per cent, in almost all of the sub-groups of women;
- (b) if so, the details thereof along with the percentage of men, women and children with anaemia, State/UT-wise;
- (c) the details of mechanism put in place by the Government for rural women/ children suffering from anaemia particularly for women of the lower income groups and that of women with low body mass index have been successful and if so, details thereof;
- (d) whether the Government provides any assistance to States/UTs to establish diagnostic clinics for tests and facilitate medication to provide specialised and sustained treatment of anaemic women/ children and if so, the details thereof; and
- (e) the steps taken by the Government to spread awareness of such diseases in the country particularly in the rural and tribal areas of the country?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): Yes. According to National Family Health Survey 4 (2015-16), in India, 53.0 percent women aged 15-49 years were anaemic. Prevalence of anaemia among different sub groups of women are given in Annexure I. Further, State/UT wise percentage of men, women and children with anaemia is given in Annexure II.

(c): To improve the situation, the following details of mechanism put in place by the Government for women/ children suffering from anaemia:

- I. Ministry of Health and Family Welfare in 2013 launched “National Iron Plus Initiative” as a comprehensive strategy to combat the public health challenge of Iron Deficiency Anemia prevalent across the life cycle. There are age specific interventions with Iron and Folic Acid Supplementation and Deworming for improving the hemoglobin levels and reducing the prevalence of anemia for all age groups, that is children 6-59 months, 5–10 years, adolescent girls and boys (11-19 years), pregnant and lactating women and women in reproductive age group (20–49 years).

- II. Universal screening of pregnant women for anaemia is a part of ante-natal care and all pregnant women are provided iron and folic acid tablets during their ante-natal visits through the existing network of sub-centres and primary health centres and other health facilities as well as through outreach activities at Village Health & Nutrition Days (VHNDs).
- III. Every pregnant woman is given iron and folic acid, after the first trimester, to be taken one tablet daily for 6 months during ante-natal and post-natal period. Pregnant women, who are found to be clinically anaemic, are given additional tablets for taking two tablets daily
- IV. Government of India has given directions to the States for identification and tracking of severely anaemic cases at all the Sub Centres and Primary Health Centres for their timely management.
- V. To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

Key Programmes and Schemes of Other Ministries

- Under the Integrated Child Development Services (ICDS) Scheme of Ministry of Women and Child Development (M/oWCD), supplementary nutrition is provided to pregnant and lactating women at the rate of Rs. 5 per day per woman. This is meant to provide 600 Kcal and 18–20 grams of protein. Children in the age group 0–6 years receive supplementary nutrition, immunisation, preschool education, etc.
- Supplementary food is also provided to primary school children through the National Programme of Nutritional Support to Primary Education (Mid-day Meal programme).
- Other schemes of the M/oWCD, for example SABLA, where supplementary nutrition is provided to Adolescent Girls (AGs) in the form of take home rations (THR) or hot cooked meals. Under SABLA, each AG will be given at least 600 calories and 18–20 grams of protein and the recommended daily intake of micronutrients, at Rs. 5 per day per beneficiary, for 300 days in a year.

(d): The Central government provides financial assistant to states/UTs for Diagnostic tests, Medications and for buying required test kits from outside through PIP under the National Health Mission (NHM).

(e): The following steps taken by the Government to spread awareness: -

Health and nutrition education through IEC (Information Education Communication) / BCC (Behaviour Change Communication) to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption. Health Management Information System & Mother Child Tracking System is being implemented for reporting the cases of anaemic and severely anaemic pregnant women.

Mother Child Protection Card and Safe Motherhood Booklet are distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.

Percentage of women aged 15-49 years with anaemia by background characteristics, India, 2015-16.

Background characteristic	Any anaemia (<12.0 g/dl) ²
Age	
15-19	54.0
20-29	53.0
30-39	52.4
40-49	52.9
Marital status	
Never married	52.3
Currently married	53.0
Widowed	56.5
Divorced/separated/deserted	54.3
Maternity status	
Pregnant	50.3
Breastfeeding	57.9
Neither	52.2
Number of children ever born	
0	51.6
1	52.3
2-3	53.6
4-5	54.7
6+	55.4
Residence	
Urban	50.8
Rural	54.2
Schooling	
No schooling	56.3
<5 years complete	55.6
5-7 years complete	53.7
8-9 years complete	52.6
10-11 years complete	51.8
12 or more years complete	48.7
Wealth index	
Lowest	58.6
Second	55.0
Middle	53.2
Fourth	50.9
Highest	48.1
<p>Note: Table is based on women who stayed in the household the night before the interview. Prevalence is adjusted for altitude and for smoking status, if known, using formulae in CDC (1998). Haemoglobin in g/dl = grams per decilitre.</p>	

Source: National Family Health Survey (NFHS) 4 national report.

Annexure II

Percentage of Women and Men aged 15-49 years, Children aged 6-59 months with anaemia by State/Union Territory, India, 2015-16

India/ State/Union territory	Women	Men	Children
	Any anaemia (<12.0 g/dl)	Any anaemia (<13.0 g/dl)	Any anaemia (<11.0 g/dl)
India	53.0	22.7	58.4
North			
Chandigarh	75.9	19.3	73.1
Delhi	54.3	21.6	59.7
Haryana	62.7	20.9	71.7
Himachal Pradesh	53.5	20.1	53.7
Jammu & Kashmir	40.6	15.6	43.8
Punjab	53.5	25.9	56.6
Rajasthan	46.8	17.2	60.3
Uttarakhand	45.2	15.5	59.8
Central			
Chhattisgarh	47.0	22.2	41.6
Madhya Pradesh	52.5	25.5	68.9
Uttar Pradesh	52.4	23.7	63.2
East			
Bihar	60.3	32.3	63.5
Jharkhand	65.2	29.9	69.9
Odisha	51.0	28.4	44.6
West Bengal	62.5	30.3	54.2
Northeast			
Arunachal Pradesh	43.3	18.6	54.3
Assam	46.0	25.4	35.7
Manipur	26.4	9.5	23.9
Meghalaya	56.2	32.4	48.0
Mizoram	24.8	12.1	19.3
Nagaland	27.9	11.6	26.4
Sikkim	34.9	15.7	55.1
Tripura	54.5	24.7	48.3
West			
Dadra & Nagar Haveli	79.5	30.7	84.6
Daman & Diu	58.9	23.6	73.8
Goa	31.3	11.0	48.3
Gujarat	54.9	21.7	62.6
Maharashtra	48.0	17.6	53.8
South			
Andaman & Nicobar Islands	65.7	30.8	49.0
Andhra Pradesh	60.0	26.9	58.6
Karnataka	44.8	18.2	60.9
Kerala	34.2	11.7	35.6
Lakshadweep	46.0	11.4	53.6
Puducherry	52.4	15.9	44.9
Tamil Nadu	55.0	20.4	50.7
Telangana	56.6	15.3	60.7

Note: Table is based on persons who stayed in the household the night before the interview. Prevalence is adjusted for altitude and for smoking status, if known, using formulas in CDC (1998). Haemoglobin in g/dl = grams per decilitre.

Source: National Family Health Survey (NFHS) 4 national report.