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

LOK SABHA UNSTARRED QUESTION NO. 1517 TO BE ANSWERED ON THE 28TH JULY 2023

'CAUSES OF CHILDHOOD ANAEMIA'

1517. DR. BEESETTI VENKATA SATYAVATHI:

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

(a) whether the Government has investigated the root causes and contributing factors of childhood anaemia, particularly in vulnerable groups like low income families and communities;

(b) if so, the details thereof and if not, the reasons there for;

(c) the steps taken by the Government to promote breast feeding and provide support to mothers to ensure that infants receive adequate iron and other nutrients during the first year of life; and

(d) the steps being taken to improve the access to affordable and nutritious food, particularly in areas with high rates of anaemia in children?

ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. BHARATI PRAVIN PAWAR)

(a) and (b): The Comprehensive National Nutrition Survey (CNNS, 2016-18) conducted by Ministry of Health and Family Welfare to comprehensively assess the prevalence of anaemia and micronutrient deficiencies among children and adolescents in the country.

Approximately 50% of cases of anaemia are considered to be due to iron deficiency, but the proportion probably varies among population groups and in different areas, according to the local conditions. Other causes of anaemia include other micronutrient deficiencies (e.g. folate, riboflavin, vitamins A and B12), acute and chronic infections (e.g. malaria, cancer, tuberculosis and HIV), helminthic infestation of hookworms and other parasitic worms, and inherited or acquired disorders that affect haemoglobin synthesis, red blood cell production or red blood cell survival (e.g. haemoglobinopathies).

(c) The Ministry of Health and Family Welfare is implementing Mothers' Absolute Affection (MAA) program to improve breastfeeding coverage and appropriate breastfeeding practices in the country. The program involves a comprehensive set of activities to promote early initiation of breastfeeding and exclusive breastfeeding for first six months and appropriate

Infant and Young Child Feeding (IYCF) practices. Also, home visits by ASHA under Home Based Newborn Care (HBNC) and Home Based care for Young Child (HBYC) for promotion of health and nutrition of children.

Under Anaemia Mukt Bharat (AMB) strategy, biweekly Iron and Folic Acid (IFA) syrup is provided to children 6-59 months. ASHA undertake home visits and demonstrate the skill to mother to give the IFA syrup to the child and mark the compliance in Mother and Child Protection (MCP) card to ensure that child has received IFA upto 59 months.

(d): The Government is implementing National Food Security Act (NFSA) 2013, which provides highly subsidized food grains under Targeted Public Distribution System (TPDS) for coverage upto 75% of the rural population and upto 50% of the urban population. Supplementary Nutrition is provided to children age 6 months to 6 years at Anganwadi centres as per nutrition norms under Schedule II of NFSA Act 2013. The Pradhan Mantri POshan SHAkti Nirman Yojana (PM POSHAN) under Ministry of Education, provides one hot cooked meal in Government and Government-aided schools as per nutrition norms under Schedule II of National Food Security Act, 2013 to school going children from Balvatikas (pre-school) to Class VIII. Under this programme, iron fortified rice is promoted. Also, Iron Folic Acid tablets are distributed to school going children on weekly basis through fixed day approach in schools and to out of school going children in Anganwadi Centres.