

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2635  
TO BE ANSWERED ON THE 4<sup>TH</sup> AUGUST 2023**

**‘ANAEMIA AMONG WOMEN AND CHILDREN’**

**2635. SHRIMATI MALA ROY:**

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

- (a) whether it is a fact that anaemia mostly affects the women and children from SC/ST/OBC categories due to their backwardness;
- (b) if so, whether any measures have been taken/proposed to be taken to reach out to these community to tackle anaemia;
- (c) whether it is a fact that anaemia affects due to insufficiency of nutritious food; and
- (d) if so, the details thereof?

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

(a)  
As per National Family Health Survey-5 (NFHS-5, 2019-21) the prevalence of anaemia is 67.1 percent in children 6-59 months at national level and it is 69.5 percent among Scheduled Caste, 72.4 percent among Scheduled Tribe, 65.2 percent among Other Backward Class. The prevalence of anaemia is 57.0 percent in women age 15-49 years at national level and it is 59.2 percent among Scheduled Caste, 64.6 percent among Scheduled Tribe, and 54.6 percent among Other Backward Class.

(b)  
The Government implements Anaemia Mukht Bharat (AMB) strategy to reduce prevalence of anaemia in children, adolescents and women in life cycle approach. The 6X6X6 strategy aims to reduce anaemia among six beneficiaries age groups- children 6-59 months, children 5-9 years, adolescents 10-19 years, women of reproductive age (15-49 years), pregnant women and lactating women through implementation of six interventions- Prophylactic Iron Folic

Acid Supplementation; Periodic deworming; Intensified year-round Behaviour Change Communication Campaign; Testing of anemia using digital invasive haemoglobinometer and point of care treatment; Mandatory provision of Iron Folic Acid fortified foods in public health programmes; Addressing non-nutritional causes of anemia in endemic pockets, via six institutional mechanisms - Inter-ministrial coordination; Convergence with other ministries; strengthening supply chain and logistics; Engaging National Centre of Excellence and Advanced research on Anaemia Control for capacity building of health care providers; and monitoring using AMB dashboard and Digital portal.

(c) and (d)

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).

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