

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1765  
TO BE ANSWERED ON 11<sup>TH</sup> FEBRUARY 2022**

**ANEMIA AMONG WOMEN**

**1765: SHRI PASUNOORI DAYAKAR:  
DR. G. RANJITH REDDY:  
SHRI VENKATESH NETHA BORLAKUNTA:  
SHRIMATI KAVITHA MALOTHU:**

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

- a) whether it is true that anemia among women (15-49 years) has gone up from 53 per cent to 57 per cent as per the comparative data reported under National Family Health Survey (NFHS)-IV to NFHS-V;
- b) if so, the reasons for the increase in anemia thereof;
- c) the details of anemic women in the country, State/UT-wise as per NFHS-IV and NFHS-V; and
- d) the details of steps taken/proposed to be taken by the Government to address the problem?

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

(a) to (d).

The prevalence of anaemia in women (15-49 years) as per the National Family Health Survey 5 (2019-21) is 57.0 percent and as per NFHS 4 is 53.0 percent. The details of the anemic women in the country, State/UT-wise as per NFHS-IV to NFHS-V is at Annexure.

Health is a State subject and the primary responsibility for strengthening health care services including implementation of national programs lies with the respective State/UT government. However, Government has taken steps to improve the condition of anaemia among all identified groups in all States and UTs. Under National Health Mission (NHM), Government provides financial and technical support to States and UTs for implementation of Anaemia Mukta Bharat (AMB) strategy as proposed by the states and UT in their annual Programme Implementation Plans. Covid-19 pandemic has also hampered AMB programme implementation contributing to anaemia prevalence among all the age groups.

The details of the steps taken by the Government to address the problem include:

- i. Prophylactic Iron and Folic Acid Supplementation in all six target age groups

- ii. Intensified year-round Behaviour Change Communication (BCC) Campaign for:(a) improving compliance to Iron Folic Acid supplementation and deworming, (b) enhancing appropriate infant and young child feeding practices, (c) encouraging increase in intake of iron-rich food through diet diversity/quantity/frequency and/or fortified foods with focus on harnessing locally available resources, and (d) ensuring delayed cord clamping after delivery (by 3 minutes) in health facilities
- iii. Testing and treatment of anemia, using digital methods and point of care treatment, with special focus on pregnant women and school-going adolescents
- iv. Addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis
- v. Management of severe anaemia in pregnant women undertaken by administration of IV Iron Sucrose/Blood transfusion
- vi. Providing incentives to the ANM for identification and follow-up of pregnant women with severe anaemia in high priority districts (HPDs)
- vii. Training and orientation of Medical Officers and front line-workers on newer Maternal Health and Anaemia Mukht Bharat guidelines
- viii. Field level awareness by ASHAs through community mobilization activities and IEC and BCC activities

Measures taken by the Government to make AMB programme more effective are:

- (i) working with other line departments and ministries for strengthening implementation
- (ii) engaging National Centre of Excellence and Advanced Research on Anaemia Control (NCEAR-A) at AIIMS, Delhi in capacity building of health care providers
- (iii) strengthening supply chain and logistics
- (iv) development of AMB Training Toolkit for capacity building of health care providers in anaemia management and recent launch of Anaemia Mukht Bharat e-Training Modules to facilitate training of the health care providers through virtual platform amid COVID 19 pandemic which has posed a challenge in capacity building through physical trainings.

Comparative anaemia prevalence in **Non-Pregnant Women in 36 States and UTs: NFHS-4 v/s NFHS-5:**

Sl.No.	State/UT	Non Pregnant Women 15-49 years who are anaemic (<12.0 g/dl) (%)	
		NFHS-5	NFHS-4
	<b>India</b>	57.2	53.2
1	A&N	57.6	65.8
2	Andhra Pradesh	59	60.2
3	Assam	66.4	46.1
4	Bihar	63.6	60.4
5	DNH & DND	62.6	73.4
6	Goa	38.9	31.4
7	Gujarat	65.1	55.1
8	Himachal Pradesh	53.4	53.6
9	Jammu & Kashmir	67.3	49
10	Karnataka	47.8	44.8
11	Kerala	36.5	34.7
12	Lakshadweep	26	46.3
13	Ladakh	93.7	78.4
14	Maharashtra	54.5	47.9
15	Meghalaya	54.4	56.4

16	Manipur	29.3	26.4
17	Mizoram	34.8	24.7
18	Nagaland	29.3	27.7
19	Sikkim	42.1	35.2
20	Telangana	57.8	56.9
21	Tripura	67.4	54.5
22	West Bengal	71.7	62.8
23	Arunachal Pradesh	40.8	43.5
24	Chandigarh	60.1	75.9
25	Chhattisgarh	61.2	47.3
26	Nct Of Delhi	50.2	54.7
27	Haryana	60.6	63.1
28	Jharkhand	65.7	65.3
29	Madhya Pradesh	54.7	52.4
30	Odisha	64.4	51.2
31	Punjab	58.8	54
32	Puducherry	55.5	53.4
33	Rajasthan	54.7	46.8
34	Tamilnadu	53.6	55.4
35	Uttar Pradesh	50.6	52.5
36	Uttarakhand	42.4	45.1

