

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

**LOK SABHA
UNSTARRED QUESTION Q. No. 1119
TO BE ANSWERED ON 22nd JULY 2022**

ANEMIA CASES

**1119. SHRIMATI RAJASHREE MALLICK:
SHRI VISHNU DATT SHARMA:**

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

- (a) whether anemia among women (15-49) has gone up from 53 percent to 57 percent as per the comparative data report under National Family Health Surveys (NFHS-4 to NFHS-5);
- (b) if so, the reasons for the increase in anemia thereof;
- (c) the number of anemic women in the country, State/UT-wise as per NHFS-4 and NHFS-5;
- (d) the details of steps taken/proposed to be taken by the Government to address the problem;
- (e) whether under Anemia Mukht Bharat programme, the Government has ensured at least one antenatal check-up for all pregnant women in their second or third trimester by a physician/specialist and if so, the details thereof; and
- (f) whether special emphasis has been placed on early diagnosis, adequate and appropriate management of women with malnutrition, if so, the details thereof and if not, the reasons therefor?

ANSWER

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

(a) to (c): The details of the anemic women (15-49 years) in the country, State/UT-wise as per NFHS-IV to NFHS-V is at Annexure-I.

As per the WHO report on Global Prevalence of Anaemia 2011, 50% cases of anaemia are attributed to the iron deficiency. Other causes of anaemia include other micronutrient deficiencies (e.g. folate, riboflavin, Vit-A and B-12), acute and chronic infections (e.g. malaria, cancer, tuberculosis, parasitic infections and HIV), and inherited or acquired disorders that affect haemoglobin synthesis (e.g. haemoglobinopathies).

(d) to (f): In 2018, the Government of India has launched the Anaemia Mukht Bharat (AMB) strategy under POSHAN Abhiyaan with the target for reducing anaemia in women, children and adolescents in life cycle approach. The strategy aims to cover 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 newer interventions implemented via robust institutional mechanisms. The details of the steps taken by the Government to address the problem of anaemia are placed at Annexure II.

The anaemia prevalence among the pregnant women aged 15-49 years in the country is 52.2% (NFHS-5). Under National Health Mission, Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) focusses on comprehensive ANC checkups on 9th of every month for all pregnant women in their second or third trimester by Medical officers/ Obstetricians/Gynaecologist to detect and treat cases of anaemia and other high risk pregnancies.

The Supplementary Nutrition Programme is implemented by Ministry of Women and Child Development, GoI for addressing malnutrition in women especially pregnant women and lactating mothers.

Annexure 1

State/UT wise comparative anaemia prevalence in Women (15-49 years) NFHS-4 v/s NFHS-5

S. No.	State/ UT	Women 15-49 years who are anaemic (<12.0 g/dl) (%)	
		NFHS-5	NFHS-4
	India	57.2	53.1
1	A&N	57.6	65.8
2	Andhra Pradesh	59.0	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	49.0
10	Karnataka	47.8	44.8
11	Kerala	36.5	34.7
12	Lakshadweep	26.0	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	54.0
32	Puducherry	55.5	53.4
33	Rajasthan	54.7	46.8
34	Tamil Nadu	53.6	55.4
35	Uttar Pradesh	50.6	52.5
36	Uttarakhand	42.4	45.1

Annexure II

Details of the steps taken by the Government to address the problem of anaemia 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 anaemia, 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 is done 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. Awareness by ASHAs through community mobilization activities and IEC and BCC activities.
- ix. Counselling on nutrition, dietary diversification and consumption of 180 IFA tablets in ANC and PNC period each.
- x. Convergence and coordination with other line departments and ministries for strengthening implementation
- xi. Engaging National Centre of Excellence and Advanced Research on Anaemia Control (NCEAR-A) at AIIMS, Delhi in capacity building of health care providers
- xii. Development of AMB Training Toolkit for capacity building of health care providers in anaemia management and AMB e-Training Modules are developed 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.
