

**GOVERNMENT OF INDIA
WOMEN AND CHILD DEVELOPMENT
LOK SABHA**

UNSTARRED QUESTION NO:2286

ANSWERED ON:12.08.2011

MALNUTRITION

Badal Harsimrat Kaur;Bais Shri Ramesh;Dutt Smt. Priya Sunil;Mahato Shri Narahari;Manjhi Shri Hari;Punia Shri P.L. ;Rajendran Shri C.;Ram Shri Purnmasi;Ramkishun Shri ;Roy Shri Nripendra Nath;Sayeed Muhammed Hamdulla A. B. ;Shantha J.;Singh Shri Ganesh;Wankhede Shri Subhash Bapurao

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the Government has conducted any survey regarding the number of women including pregnant and lactating mothers and children suffering from malnutrition in the country including rural/urban/tribal/backward/remote areas;
- (b) if so, details thereof, State-wise and Union Territory-wise including Delhi;
- (c) whether any survey has been conducted to find out if malnourishment is still prevalent in the country despite various schemes and plans having been implemented by the Government;
- (d) if so, the details thereof;
- (e) if so, the outcome thereof;
- (f) whether the Government has constituted any task force of nutrition experts;
- (g) if so, whether the said task force has convened any meeting since its constitution; and
- (h) if so, the details thereof?

Answer

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT(SHRIMATI KRISHNA TIRATH)

(a) to (e): The National Family Health Survey provides information on prevalence of malnutrition. As per the National Family Health Survey-3 (NFHS-3), 2005-06, in India, 42.5% children under 5 years are underweight. Prevalence of underweight in urban, rural and among Scheduled Tribe children is 32.7%, 45.6% and 54.5% respectively. 35.6% of women in the age group of 15-49 years suffer from chronic energy deficiency (CED) (measured as low body mass index). CED in urban, rural and among Scheduled Tribe women is 25.0%, 40.6% and 46.6% respectively. The State wise details of the underweight children and women in urban and rural areas and their SC/ST status are annexed.

The problem of malnutrition is complex, multi-dimensional and inter-generational in nature and cannot be tackled by a single sector alone. The determinants of malnutrition include household food insecurity; illiteracy specially in women; poor access to health services; lack of availability of safe drinking water; poor sanitation and environmental conditions and low purchasing power etc. Early marriages of girls; teenage pregnancies resulting in low birth weight of the newborns; poor breastfeeding practices ;poor complementary feeding practices ; ignorance about nutritional needs of infants and young children and repeated infections further aggravate the situation. Number of other factors such as environmental, geographical, agricultural, and cultural including various other factors have contributive effects resulting in malnutrition. It is widely recognized that a multi sectoral approach is necessary to tackle the problem of malnutrition.

(f) to (h): A Task Force was constituted by the Planning Commission in December 2007 under Member, Planning Commission to Study the Problems of Childhood Malnutrition. The Task Force met twice in February 2008 and August 2008. The recommendations of the Task Force include regular annual survey under ICDS on malnutrition rates ; Village Health and Sanitation Committee to monitor nutrition programmes through the Village Health and Nutrition Days; introduction of BMI as another index for assessing nutritional status at the Anganwadi level; effective antenatal care and conditional maternity entitlements to reduce incidence of low birth weight babies; focus on health and nutrition of adolescent girls; promoting appropriate infant and young child feeding practices and timely immunisation; child specific growth monitoring cards; special focus on severely malnourished children; hot cooked meals and community participation under ICDS; capacity building of the Anganwadi workers; convergence with other programmes etc.

Several of these recommendations have already been addressed and included the universalisation of the Integrated Child Development Services (ICDS) Scheme ; introduction of new schemes such as Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG), namely SABLA , the Indira Gandhi Matritva Sahyog Yojana (IGMSY) , the Janani Shishu Suraksha Karyakaram (JSSK); introduction of New WHO Growth Standards for Growth Monitoring along with the new Joint Mother and Child Protection Card under both ICDS and NRHM ; the Annual Health survey (covers nutrition indicators) in 284 districts ; strengthening of monitoring mechanisms in ICDS etc

Another Task Force 'To Suggest Strategies and Action to Accelerate Programmes to overcome Micronutrient Deficiencies' was set up under the Chairmanship of Secretary, WCD in October 2008. The Task Force met twice on November 2008 and January 2009. There are two Sub Committees under the Task Force viz, 'Sub Committee on Micronutrient Fortification of Supplementary Nutrition under ICDS' and 'Sub Committee on Fortification of Staple Food'. Based on the recommendations of the Sub Committee on Micronutrient Fortification of Supplementary Nutrition under ICDS, the revised Guidelines for the nutritional and feeding norms under ICDS were issued on 24th February 2009 to all the States.