

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:6924  
ANSWERED ON:18.05.2012  
NATIONAL FAMILY HEALTH SURVEY  
Karunakaran Shri P.

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

(a) whether Government has been seized of the findings of the National Family Health Survey-3 (NFHS-3) carried out during 2005-06, showing exponential rise in the instances of anaemia among children, married and pregnant women in the country;

(b) if so, the reasons for such dismal index of the basic human development in the country vis-a-vis the economic growth trajectory propounded repeatedly by Government and projected by the Planning Commission for years; and

(c) the steps contemplated by the Government for achieving time bound improvement in the situation detailing the mechanism dedicated for achieving the target and reviewing the same?

**Answer**

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a): Yes.

The prevalence of anaemia in children, married women and pregnant women in the country shows some increase in National Family Health Survey (NFHS) – III conducted during 2005-06 in comparison to NFHS – II conducted in 1998-99 as per following details:

Category    Prevalence of anaemia

NFHS II (1998-99)    NFHS III (2005-06)

Children (6-35 months)    74.3%    78.9%

Married women    51.8%    55.3%

Pregnant women    49.7%    58.7%

(b) The cause of anaemia is multifactorial and various reasons are (a) inadequate intake of food (cereals, pulses, meat products) and vegetables rich in iron and folate, (b) poor bio-availability of iron in diet, (c) high incidence of hookworm infestation and (d) high incidence of malaria.

(c) Under the umbrella of National Rural Health Mission (NRHM), various interventions for prevention and control of anaemia among children and pregnant women are being implemented. These steps include:

1. Universal screening of pregnant women for anaemia as part of ante-natal care and supplementation with iron and Folic Acid tablets to all pregnant and lactating women. Pregnant and lactating women are provided with Iron – folic acid (IFA) tablet for 100 days during pregnancy. The Intra Uterine Device acceptors are also provided IFA tablets for 100 days in a year.

2. The Weekly Iron-Folic acid Supplementation Programme (WIFS) is recently being introduced for adolescent boys and girls in Government and Government aided schools and out of school adolescent girls in order to increase their pre-pregnancy iron stores

and decrease prevalence of anaemia.

3. Children from 6 months to 10 years are provided Iron Folic Acid (IFA) supplementation in syrup/tablet form for at least 100 days in a year.

4. Deworming: Children under 5 years of age are provided deworming tablets/ syrups twice a year to reduce the parasite load.

5. Identification and tracking of severely anaemic pregnant women at all the Sub Centres and Primary Health Centres for their timely management.

6. Health and nutrition education during Village Health and Nutrition Days to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.

7. Distribution of Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) in endemic areas to tackle the problem of anaemia due to malaria particularly in pregnant women and children.

8. Other schemes targeting improvement of nutritional status are as under:

# Supplementary Nutrition Programme under the Integrated Child Development Services Schemes (ICDS) by Ministry of Women and Child Development addressing pregnant and lactating women and children under 6 years of age.

# Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) to address the multi-dimensional problems of adolescent girls including under-nutrition.

# Mid day meal scheme