

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

UNSTARRED QUESTION NO:2111  
ANSWERED ON:24.08.2012  
ANAEMIA CASES IN RURAL AREAS  
Rajendran Shri C.

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

- (a) whether the Government is aware that there are large number of anaemia cases in rural areas of the country;
- (b) if so, the details thereof and the reasons therefor;
- (c) whether these anaemia cases risk the pregnant women and children the most;
- (d) if so, the details thereof; and
- (e) the action being taken by the Government in this regard?

**Answer**

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

(a) &(b): Yes. As per National Family Health survey -III (2005-06), the prevalence of anemia among children (6-59 months) and women (15-49 years) in rural areas of the country is 71.5% and 57.4% respectively.

Anemia is a multifaceted problem. Besides nutritional factors namely iron, folic acid, B12, vitamin C, protein, the other causes for anemia are parasitic infections, malaria, physiological status namely menstrual cycle in adolescent girls, pregnancy and lactation. The other reasons are (i) frequent pregnancies with shorter intervals, (ii) faulty feeding practices & lack of dietary diversification,(iii) illiteracy, (iv) poverty, (v) socio- economic conditions, (vi) poor hygienic conditions, (vii) genetic factor.

(c) & (d): Nutritional anaemia is one of the most important causes of maternal mortality and foetal loss. Intra uterine iron deficiency is known to cause irreversible changes in brain development. Consequently in early childhood, Iron Deficiency Anemia is associated with poor attention and concentration.

(e): In order to make a dent in prevention and control of anemia, the Government has adopted life cycle approach by providing iron and folic acid tablets having 100 mg of elemental Iron and 0.5 mg of Folic Acid for at least 100 days to Pregnant & Lactating women, iron and folic acid syrup having 20 mg of elemental Iron and 100 mcg of Folic Acid per ml of liquid formulation to 6 months to 5 years children, small tablet having 30 mg elemental Iron and 250 mcg of folic acid to Children 6-10 years. In a newly launched initiative, adolescent girls are provided Weekly Iron and Folic Acid supplementation of adult dose. Further, States/UTs have been asked to identify and track severely anemic cases including pregnant women at all Sub-Centres and PHCs for their timely management.