

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

STARRED QUESTION NO:153
ANSWERED ON:16.08.2013
PREVALENCE OF MALNUTRITION
Bajirao Shri Patil Padamsinha

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

- (a) the number of women and children suffering from malnutrition in tribal/rural /urban/backward areas during each of the last three years and the current year, State/UT-wise;
- (b) whether the Government has carried out any study to ascertain the cause of malnutrition;
- (c) if so, the details and the outcome thereof;
- (d) whether the World Health Organization and UNICEF have pointed towards very high prevalence of malnutrition particularly amongst women and children in the country and have prescribed certain norms in this regards ; and
- (e) if so, the details thereof and the steps taken or to be taken by the Government to tackle the problem of malnutrition in the country?

Answer

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

(a) to (e): A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO PART (a) to (e) of LOK SABHA STARRED QUESTION No. 153 TO BE ANSWERED ON 16.08.2013 REGARDING PREVALENCE OF MALNUTRITION.

(a) to (e): The National Family Health Survey provides information on prevalence of malnutrition. As per the last 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, other backward class and among Scheduled Tribe children under 5 years are 32.7%, 45.6%, 43.2% and 54.5% respectively. 35.6% 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, other backward class and among Scheduled Tribe women are 25.0%, 40.6%, 35.7% and 46.6% respectively. The State wise details of the underweight children under 5 years and CED in women in urban, rural, other backward class and among Scheduled Tribe are at Annex-1& 2. Malnutrition levels, by UNICEF report in some regions/countries of the world is at Annex-3 (as explained with reference years varying from 2007-11 & recent data as available - in case of India, the data refers to NFHS-3).

The WHO Child Growth Standards are considered better than the earlier National Centre for Health Statistics (NCHS) standards as they are based on the growth of breastfed children and show that all children have potential to grow equally given the right Infant and Young Child feeding, appropriate feeding practices, health and nutrition inputs & environment. The WHO child growth standards for weight for age have been accepted by the Government. The Child Growth Standards are means for measuring the growth of children and useful for identifying early growth faltering to enable initiation of corrective steps.

Based on above data and global evidences, it is observed that the problem of malnutrition is complex, multi-dimensional and inter-generational in nature. The causes are varied and include inadequate consumption of food, frequent infections, lack of availability of safe drinking water and proper sanitation, illiteracy specially in women, poor access to health services, low purchasing power, socio-cultural factors such as early marriages of girls, lack of care during pregnancy and infancy, ignorance about nutritional needs of infants and young children etc.

The approach to deal with the nutrition challenges has been two pronged: First is the Multi-sectoral approach for accelerated action on the determinants of malnutrition in targeting nutrition in schemes/programmes of all the sectors. The second approach is the direct and specific interventions targeted towards the vulnerable groups such as children below 6 years, adolescent girls, pregnant and lactating mothers.

The Government has accorded high priority to the issue of malnutrition in the country and is implementing several schemes/programmes of different Ministries/ Departments through State Governments/UT Administrations. The schemes/programmes include the Integrated Child Development Services (ICDS), National Rural Health Mission (NRHM), Mid-Day Meal Scheme(MDM), Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG) namely SABLA, Indira Gandhi Matritva Sahyog Yojna (IGMSY) as direct targeted interventions. Besides, indirect Multi-sectoral interventions include Targeted Public Distribution System (TPDS), National Horticulture Mission, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Nirmal Bharat Abhiyan, National Rural Drinking Water Programme etc. Several of the

schemes namely, ICDS, NRHM, MDM, SGSY (now merged in NRLM) have been expanded post 2005-06. All these schemes have potential to address one or other aspect of Nutrition.

Recently Government has approved the strengthening and restructuring of ICDS with special focus on pregnant and lactating mothers and children under three. The restructured and strengthened ICDS will be rolled out in three phases with focus on the 200 high burden districts for malnutrition during 2012-13 ; additional 200 districts in 2013-14 including districts from the special category States and NER and the remaining districts in 2014-15.

Further, an Information Education and Communication Campaign (IEC) to generate awareness against malnutrition has been launched in the country. Also the Finance Minister has announced for launching of a Multi-sectoral Programme.

The National Food Security Ordinance 2013 / and National Food Security Bill, 2011 will also contribute towards food security. Government has also announced a pilot programme on Nutri-Farms for introducing new crop varieties that are rich in micro -nutrients such as iron-rich bajra, protein-rich maize and zinc-rich wheat.

The above measures together with other sectoral initiatives would bring a visible impact & improve the nutritional status of the country.