

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

STARRED QUESTION NO:285

ANSWERED ON:23.03.2005

ANAEMIA AMONG WOMEN

Mahajan Smt. Sumitra;Solanki Shri Bhupendrasinh Prabhatsinh

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

- (a) whether more than 70 percent poor women and girls in rural areas of the country particularly pregnant women are suffering from anemia;
- (b) if so, the details thereof, State-wise;
- (c) whether anemia has emerged as a silent killer among the poor women particularly in rural India;
- (d) if so, the details thereof alongwith the reasons therefor; and
- (e) the steps taken/proposed to be taken by the Government in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 285 FOR 23RD MARCH, 2005

According to National Family Health Survey (NFHS) - II, 51.8% of ever married women (15-49 years) were found to have anemia. 35% had mild anemia; 14.8% moderate anemia and 1.9% severe anemia.

Among the anemic women, 54% were in rural areas. The state-wise details showing prevalence of anemia are annexed. The problem of anemia is more among pregnant women. According to the survey conducted by the National Nutrition Monitoring Bureau of ICMR in 2002, 4% pregnant women were found to have severe anemia.

According to the estimates of Registrar General of India based on Sample Registration System, 1998 (SRS), nutritional anemia contributes to 19% of maternal deaths. The requirements of iron and folic acid become 6 times greater among pregnant women than non-pregnant women. The major causes of nutritional anemia are inadequate nutrition with deficient intake of iron and folic acid in diet, inadequate absorption of iron, frequent pregnancies, high prevalence of infections and infestations and faulty feeding practices.

Iron deficiency is a problem of inadequate nutrition. A National Nutritional Policy was formulated in 1993 and the national plan of action on nutrition is being implemented through a number of Departments of Government of India including, among other, the Integrated Child Development Services Programme of Department of Women and Child Development and the Reproductive and Child Health Programme of the Department of Family Welfare for improving the nutritional status of pregnant women and children.

Apart from health related factors illiteracy, poverty, general economic and social development have a direct bearing on the incidence of anemia among people, particularly among women. To tackle these problems, various departments of the Government are implementing programmes such as Nutrition education of the community in rural, urban and tribal areas by the Food and Nutrition Board of the Department of Women and Child Development with a view to create awareness about the consequences of anaemia, promote the locally available foods rich in iron and on folic acid and how to prevent and control anaemia.

The Integrated Child Development Services (ICDS) scheme of the Department of WCD provides supplementary food to the pregnant women/nursing mothers to the extent of 500 calories and 15-20 g protein per day. Nutrition and health education of all women with special emphasis on pregnant and lactating women is also undertaken by the anganwadi worker.

Various food for work programmes, poverty alleviation programmes, targeted public distribution system contribute to improving food security for the rural population.

Research trials on double fortified salt have also been undertaken by the National Institute of Nutrition, Hyderabad, to address the problem of nutritional anemia in the country. Jawahar Rojgar Yojana, Integrated Rural Development Programme, Indira Awas Yojana and Adult Literacy Programme are being launched by different agencies/departments of Government of India.

ANNEXURE

Anemia among women by State

Percentage of ever-married women classified as having iron-deficiency anemia by degree of anemia, according to State, India, 1998-99

State	% of women with any anemia	Mild Anemia	Moderate Anemia	Severe Anemia
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India	51.8	35.0	14.8	1.9
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Delhi	40.5	29.6	9.6	1.3
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Haryana	47.0	30.9	14.5	1.6
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H.P.	40.5	31.4	8.4	0.7
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J&K	58.7	39.3	17.6	1.9
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Punjab	41.4	28.4	12.3	0.7
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Rajasthan	48.5	32.3	14.1	2.1
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M.P.	54.3	37.6	15.6	1.0
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U.P.	48.7	33.5	13.7	1.5
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Bihar	63.4	42.9	19.0	1.5
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Orissa	63.0	45.1	16.4	1.6
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West Bengal	62.7	45.3	15.9	1.5
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Arunachal Pr.	62.5	50.6	11.3	0.6
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Assam	69.7	43.2	25.6	0.9
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Manipur	28.9	21.7	6.3	0.8
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Meghalaya	63.3	33.4	27.5	2.4
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Mizoram	48.0	35.2	12.1	0.7
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Nagaland	38.4	27.8	9.6	1.0
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Sikkim 61.1 37.3 21.4 2.4

Goa 36.4 27.3 8.1 1.0

Gujarat 46.3 29.5 14.4 2.5

Maharashtra 48.5 31.5 14.1 2.9

Andhra Pr. 49.8 32.5 14.9 2.4

Karnataka 42.4 26.7 13.4 2.3

Kerala 22.7 19.5 2.7 0.5

Tamil Nadu 56.5 36.7 15.9 3.9

Note: The haemoglobin levels are adjusted for altitude of the enumeration area and for smoking when calculating the degree of anaemia.