

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 1404
TO BE ANSWERED ON 11TH MARCH 2025**

DISPARITIES IN CHILD STUNTING ACROSS POPULATION GROUPS

1404. SHRI MALLIKARJUN KHARGE:

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

- (a) the current rate of child stunting in India, disaggregated by caste and socio-economic groups, and how it compares to international benchmarks;
- (b) the steps being taken to address higher stunting rates among historically marginalized communities, including Scheduled Castes (SCs) and Scheduled Tribes (STs);
- (c) whether targeted nutritional and healthcare interventions are being implemented to reduce disparities in child nutrition outcomes within the country; and
- (d) the details of any ongoing or proposed initiatives to address the root causes of chronic malnutrition among these vulnerable groups?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) As per National Family Health Survey 5 (2019-21), the prevalence of stunting among children under 5 years in the country is as below:

Indicator	NFHS 5 (2019-21)
Percentage of children age 5 years who are stunted (Height-for-age)	35.5
Percentage of children age 5 years who are stunted (Height-for-age) among scheduled caste	39.2
Percentage of children age 5 years who are stunted (Height-for-age) among scheduled tribe	40.9
Percentage of children age 5 years who are stunted (Height-for-age) among other backward class	34.8
Percentage of children age 5 years who are stunted (Height-for-age) among lowest wealth quintile	46.1
Percentage of children age 5 years who are stunted (Height-for-age) among highest wealth quintile	22.9

The international publications provide a range for the prevalence of stunting in children less than five years, which varies across regions and countries.

(b) to (d) The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to address malnutrition including stunting across the country, including Scheduled Castes (SCs) and Scheduled Tribes (STs) as placed below:

- **Nutrition Rehabilitation Centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications with special focus on improving the skills of mothers and caregivers on timely, adequate and appropriate feeding for children.
- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- **Lactation Management Centres:** Lactation Management Units (LMU) are facilities established to provide lactation support to mothers and to facilitate expression of mother's own milk and Comprehensive Lactation Management Centres (CLMC) are established to ensure availability of safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
- **Anemia Mukht Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
 - **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care including nutrition in convergence with Ministry of Women and Child Development.
- **Community Based care of New-born and Young Children** is implemented under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, structured home visits are performed by ASHAs to improve child rearing practices including promotion of nutritional activities among children.
- **STOP Diarrhoea** initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **Mother and Child Protection Card** is used identification and referral of sick children to the health facility. It is also used for identification of growth faltering and developmental delay as per age appropriate developmental milestone.

- **Field level workers** as AWW, ANMs, CHOs and ASHAs promote awareness on undernutrition, its management and healthy diets.
- **Reviews at National / Regional/ State level** along with supportive supervision visits and Common Review Mission of the States/UTs are undertaken to support and strengthen the interventions to address malnutrition across States/UTs.
- **Mission Poshan 2.0** focusses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anemia and underweight.
- **Supplementary Nutrition** is provided to children age 6 months to 6 years, pregnant women, lactating mothers and adolescent girls at Anganwadi centres as per nutrition norms, based on principles of diet diversity that provides quality protein, healthy fats and micronutrients.
- **National Food Security Act (NFSA) 2013**, which provides highly subsidized food grains under Targeted Public Distribution System (TPDS) for coverage upto 75% of the rural population and upto 50% of the urban population and under Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY), free food grains are provided to beneficiaries of Antyodaya Anna Yojana households and Priority Households
- **The Pradhan Mantri Poshan Shakti Nirman Yojana (PM POSHAN)** under Ministry of Education, provides one hot cooked meal in Government and Government-aided schools as per nutrition norms under Schedule II of National Food Security Act, 2013 to school going children from Balvatikas (pre-school) to Class VIII.
