Raipur | Chhattisgarh

DISTRICT DEMOGRAPHIC PROFILE

Total Population 41,00,000

Male 50.4%  Female 49.6%

Urban 36.5%  Rural 63.5%

SC 17.8%  ST 11.7%  Others 70.5%

Raipur ranks 399 amongst 599 districts in India²

THE STATE OF NUTRITION IN RAIPUR

UNDERNUTRITION³

<table>
<thead>
<tr>
<th>Condition</th>
<th>Raipur</th>
<th>Chhattisgarh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting (among children &lt;5 yrs)</td>
<td>38.3%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Wasting (among children &lt;5 yrs)</td>
<td>19.5%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Underweight (among children &lt;5 yrs)</td>
<td>37.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Anemia (among children &lt;5 yrs)</td>
<td>47.1%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

POSSIBLE POINTS OF DISCUSSION

- How does the district perform on stunting, wasting, underweight and anemia among children under the age of 5?
- What are the levels of anemia prevalence and low body mass index among women?
- What are the levels of overweight/obesity and other nutrition-related non-communicable diseases in the district?

OVERWEIGHT/OBESITY & NON-COMMUNICABLE DISEASES (15-49 y)⁴

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<tr>
<th>Condition</th>
<th>Raipur</th>
<th>Chhattisgarh</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI &gt;25 kg/m² among women (15-49 yrs)</td>
<td>17.1%</td>
<td>14.8%</td>
</tr>
<tr>
<td>BMI &gt;25 kg/m² among men (15-49 yrs)</td>
<td>7.3%</td>
<td>5.6%</td>
</tr>
<tr>
<td>High blood pressure among women (15-49 yrs)</td>
<td>12.9%</td>
<td>12.6%</td>
</tr>
<tr>
<td>High blood pressure among men (15-49 yrs)</td>
<td>5.6%</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

¹Data source 1 (see Page 2)  ²Data source 2 (see Page 2)  ³Data source 3,4 (see Page 2)  ⁴Data source 3 (see Page 2)
Child undernutrition is caused by inadequacies in food, health and care for infants and young children, especially in the first two years of life (immediate determinants). Mothers’ and infants’ access to nutrition-specific interventions can influence these immediate determinants.

At the household and community level, women’s status, household food security, hygiene and socio-economic conditions further contribute to children’s nutrition outcomes (underlying and basic determinants). Interventions such as social safety nets, sanitation programs, women’s empowerment and agriculture programs have the potential to improve nutrition by addressing underlying and basic determinants.

DATA SOURCES

Only available for select districts

1 Data source 5 (see Page 2)
POSSIBLE POINTS OF DISCUSSION

- What are the levels of timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding (for the first 6 months), and timely initiation of complementary feeding (at 6 months of age)?
- What percentage of 6-23 month olds receive an adequate diet (4 or more food groups, and minimum meal frequency)? What can be done to improve breastfeeding and complementary feeding?
- How does the prevalence of diarrhea and ARI in the district compare to the state average? How can ORS use be improved?

POSSIBLE POINTS OF DISCUSSION

- How does the district perform on health and nutrition interventions along the continuum of care: does it adequately provide both prenatal and postnatal services to its women of reproductive age, pregnant women, new mothers and new-borns?
- What percentage of households have access to health and ICDS services?

Data source 3 (see Page 2)  
Data source 3, 4 (see Page 2)
UNDERLYING AND BASIC DETERMINANTS OF UNDERNUTRITION

POSSIBLE POINTS OF DISCUSSION

- How can the district increase rates of women's literacy, and reduce early marriage?
- How does the district perform on providing drinking water and sanitation to its residents? Since sanitation and hygiene play an important role in improving nutrition outcomes, how can all aspects of sanitation be improved?
- How does the district fare on food security?

This District Nutrition Profile was prepared by Nitya R. George, Abhilasha Vaid, Phuong Hong Nguyen, Rasmi Avula and Purnima Menon. Technical support for production was provided by iTech Mission Private Limited (ITM)