Chittaurgarh | Rajasthan

**DISTRICT DEMOGRAPHIC PROFILE**

**Total Population**: 15,00,000

- **Male**: 50.7%
- **Female**: 49.3%
- **Urban**: 18.5%
- **Rural**: 81.5%
- **SC**: 16.2%
- **ST**: 13.1%
- **Others**: 70.7%

Chittaurgarh ranks 288 amongst 599 districts in India²

**THE STATE OF NUTRITION IN CHITTAURGARH**

**UNDERNUTRITION**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Chittaurgarh</th>
<th>Rajasthan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting (among children &lt;5 years)</td>
<td>37.4%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Wasting (among children &lt;5 years)</td>
<td>23.8%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Underweight (among children &lt;5 years)</td>
<td>41.9%</td>
<td>42.7%</td>
</tr>
<tr>
<td>Anemia (among children &lt;5 years)</td>
<td>71.1%</td>
<td>72.3%</td>
</tr>
<tr>
<td>Low birth weight (&lt;2500 g)</td>
<td>60.3%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Anemia among women of reproductive age (WRA)</td>
<td>32.8%</td>
<td>33.9%</td>
</tr>
<tr>
<td>Women with body mass index &lt;18.5 kg/m²</td>
<td>28.7%</td>
<td>29.9%</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)**

<table>
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<tr>
<th>Condition</th>
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</tr>
</thead>
<tbody>
<tr>
<td>BMI &gt;25 kg/m² among women (15-49 years)</td>
<td>17.6%</td>
<td>18.0%</td>
</tr>
<tr>
<td>BMI &gt;25 kg/m² among men (15-49 years)</td>
<td>12.8%</td>
<td>13.2%</td>
</tr>
<tr>
<td>High blood pressure among women (15-49 years)</td>
<td>9%</td>
<td>10.1%</td>
</tr>
<tr>
<td>High blood pressure among men (15-49 years)</td>
<td>11.3%</td>
<td>11.5%</td>
</tr>
<tr>
<td>High blood sugar among women (15-49 years)</td>
<td>3.9%</td>
<td>4.0%</td>
</tr>
<tr>
<td>High blood sugar among men (15-49 years)</td>
<td>5.5%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

³Data source 3 (see Page 2)
The most crucial period for child nutrition is from pre-pregnancy to the second year of life.

Children 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


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?
UNDERLYING AND BASIC DETERMINANTS OF UNDERNUTRITION

WOMEN’S STATUS¹

- Women who are literate: 48.6%
- Women with ≥10 years of education: 36.2%
- Girls married before the age of 18: 53.6%
- Total unmet need for family planning methods among WRA: 15.3%

WATER, SANITATION AND HYGIENE²

- Households with an improved drinking-water source: 88.8%
- Households using improved sanitation facility: 31.2%
- Open defecation: 77.4%

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?

FOOD SECURITY³

- Household share of expenditure on food: 42%
- Household share of food expenditure on cereals: 24.1%
- Households involved in agriculture: 35.6%

SOCIO-ECONOMIC CONDITIONS⁴

- Household ownership of agricultural land: 71.8%
- Households with electricity: 95.3%
- Households living in a pucca house: 70.7%
- Households below poverty line: 27.7%

INTERVENTIONS THAT AFFECT BASIC AND UNDERLYING DETERMINANTS⁵

- Households with member covered by health insurance: 42.6%
- Households with access to Public Distribution System: 24.3%
- Households availing of banking services: 73.1%
- Households who demanded and received work through NREGA: 43.8%

POSSIBLE POINTS OF DISCUSSION

- How can social programs that address underlying and basic determinants be strengthened?
- What are some of the major development challenges in the district?

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)