Kanshiram Nagar | Uttar Pradesh

**DISTRICT DEMOGRAPHIC PROFILE**

| Total Population | 14,00,000 |

| Male | 53.2% |
| Female | 46.8% |

| Urban | 20.1% |
| Rural | 79.9% |

| SC | 17.7% |
| ST | 0.0% |
| Others | 82.3% |

**THE STATE OF NUTRITION IN KANSHIRAM NAGAR**

**UNDERNUTRITION**

- Stunting: 51.5%
- Wasting: 12.6%
- Underweight: 10.8%
- Anemia: 40.9%
- Low birth weight (<2500 g): 2.5%
- Anemia among women of reproductive age (WRA): 34.4%
- Women with body mass index <18.5 kg/m²: 28.6%

**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)**

- BMI >25 kg/m² among women (15-49 years): 13.4%
- BMI >25 kg/m² among men (15-49 years): 8.4%
- High blood pressure among women (15-49 years): 6.1%
- High blood pressure among men (15-49 years): 7.2%
- High blood sugar among women (15-49 years): 2.5%
- High blood sugar among men (15-49 years): 3.4%

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1. Data source 1 (see Page 2)
2. Data source 2 (see Page 2)
3. Data source 3,4 (see Page 2)
4. Data source 3 (see Page 2)
The most crucial period for child nutrition is from pre-pregnancy to the second year of life.

**HOW CAN NUTRITION IMPROVE?**

**WHAT FACTORS CAUSE UNDERNUTRITION?**

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


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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?
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?

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?

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1Data source 3 (see Page 2)  3Data source 6 (see Page 2)  5Data source 1,3,6 (see Page 2)
2Data source 1, 3 (see Page 2)  4Data source 1, 6 (see Page 2)