Anantnag | Jammu & Kashmir

**DISTRICT NUTRITION PROFILE**

**DISTRICT DEMOGRAPHIC PROFILE**

Total Population 11,00,000

- **Male** 51.9%
- **Female** 48.1%
- **Urban** 26.2%
- **Rural** 73.8%

- **SC** 0.2%
- **ST** 10.8%
- **Others** 89.1%

Anantnag ranks 145 amongst 599 districts in India²

**THE STATE OF NUTRITION IN ANANTNAG**

**UNDERNUTRITION**

- Stunting (among children <5 years) Anantnag 18.2%
- Wasting (among children <5 years) Anantnag 5.4%
- Underweight (among children <5 years) Anantnag 8.2%
- Anemia (among children <5 years) Anantnag 25.6%
- Low birth weight (<2500 g) Anantnag 26.8%

**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) Anantnag 33.1%
- BMI >25 kg/m² among men (15-49 years) Anantnag 16.9%
- High blood pressure among women (15-49 years) Anantnag 17.2%
- High blood pressure among men (15-49 years) Anantnag 11%
- High blood sugar among women (15-49 years) Anantnag 7.5%
- High blood sugar among men (15-49 years) Anantnag 3.8%

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1 Data source 1 (see Page 2) 3 Data source 3, 4 (see Page 2) 2 Data source 2 (see Page 2) 4 Data 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
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 old children 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?

INTERVENTIONS THAT AFFECT BASIC AND UNDERLYING DETERMINANTS

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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