

# **DISTRICT NUTRITION PROFILE**

Led by IFPRI 🖔

### **SABAR KANTHA | GUJARAT**

**MARCH 2022** 

#### **About District Nutrition Profiles:**

District Nutrition Profiles (DNPs) are available for 707 districts in India. They present trends for key nutrition and health outcomes and their cross-sectoral determinants in a district. The DNPs are based on data from the National Family Health Survey (NFHS)-4 (2015-2016) and NFHS-5 (2019-2020). They are aimed primarily at district administrators, state functionaries, local leaders, and development actors working at



Figure 1: Map highlights district Sabar Kantha in the state/UT of-Guiarat

Optimum fetal and child nutrition and development

#### **IMMEDIATE DETERMINANTS**

Breastfeeding, nutrient-rich foods, caregiving practices, low burden of infectious diseases

#### **UNDERLYING AND BASIC DETERMINANTS**

Women's status, sanitation and hygiene, food security, socioeconomic conditions

Source: Adapted from Black et al. (2008)

#### **NUTRITION-SPECIFIC INTERVENTIONS**

Service delivery to mothers and infants along the continuum of care, access to health facilities

#### INTERVENTIONS THAT AFFECT UNDERLYING AND BASIC **DETERMINANTS**

Women's empowerment, sanitation, agriculture, and social safety net programs

What factors lead to child undernutrition?

Given the focus of India's national nutrition mission on child undernutrition, the DNPs focus in on the determinants of child undernutrition (Figure on the left). Multiple determinants of suboptimal child nutrition and development contribute to the outcomes seen at the district-level. Different types of interventions can influence these determinants. Immediate determinants include inadequacies in food, health, and care for infants and young children, especially in the first two years of life. Nutrition-specific interventions such as health service delivery at the right time during pregnancy and early childhood can affect immediate determinants. Underlying and basic determinants include women's status, household food security, hygiene, and socio-economic conditions. Nutrition-sensitive interventions such as social safety nets, sanitation programs, women's empowerment, and agriculture programs can affect underlying and basic determinants.

District demographic profile, 2019-20

Sabar Kantha



Sex ratio (females per 1,000 males) of the total population



67,779

Number of women of reproductive age (15-49 vrs)



Number of pregnant women



31,310

Number of live births



274,601

Total number of children under 5 vrs



Number of pregnant women

- 1. IFPRI estimates The headcount was calculated as the product of the undernutrition prevalence and the total eligible projected population for each district in 2019. Projected population for 2019 was estimated using Census 2011
- 2. NFHS-4 (2015-16) & NFHS-5 district & state factsheets (2019-20).

Citation: Singh. N., P.H. Nguyen, M. Jangid, S.K. Singh, R. Sarwal, N. Bhatia, R. Johnston, W. Joe, and P. Menon. 2022. District Nutrition Profile: Sabar Kantha, Gujarat. New De-Ihi, India: International Food Policy Research Institute.

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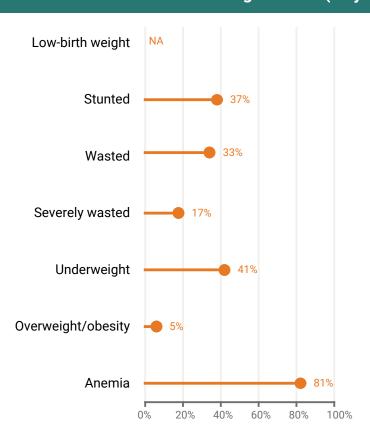












Gujarat



### Burden on nutrition outcomes (2020)

Indicators	No. of children (<5 yrs)
Low-birth weight	NA
Stunted	101,630
Wasted	90,838
Severely wasted	45,556
Underweight	112,586
Overweight/obesity	13,455
Anemia	200,103
Total children	274,601

Note: NA refers to data is unavailable for a given round of NFHS data.

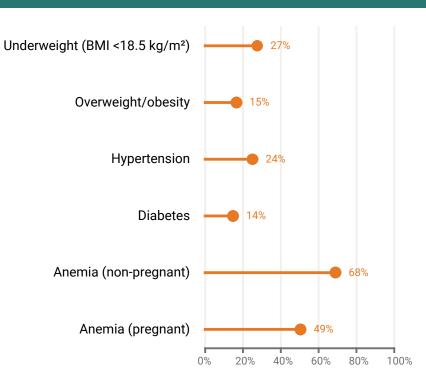
#### Points of discussion:

- · What are the trends in undernutrition among children under five years of age (stunting, wasting, underweight, and anemia)?
- · What are the trends in overweight/obesity among children under five years of age in the district?

## The state of nutrition outcomes among women (15-49 years)

Sabar Kantha

Gujarat



# Burden on nutrition outcomes (2020)

Indicators	No. of women (15-49 yrs)
Underweight	203,999
Overweight/obesity	118,852
Hypertension	184,267
Diabetes	105,339
Anemia (non-preg)	521,629
Anemia (preg)	16,868
Total women (preg)	34,146
Total women	767,779

Note: NA refers to data is unavailable for a given round of NFHS data.

#### Points of discussion:

- · What are the trends in underweight and anemia among women (15-49 yrs) in the district?
- What are the trends in overweight/obesity and other nutrition-related non-communicable diseases in the district?

Immediate determinants

Sabar Kantha

Consumed IFA 100+ days (pregnant women) Consumed IFA 180+ days (pregnant women) Early initiation of breastfeeding (children < 3 yr) Exclusive breastfeeding 72% Continued breastfeeding at 2 years NA Timely introduction of complementary foods NA Adequate diet (children) Dietary diversity (children) NA Minimum meal frequency (children) NA Eggs and/or flesh foods consumption, 6-23 m NA Sweet beverage consumption, 6-23 m NA

Gujarat

2019

#### Points of discussion:

• What are the trends in infant and young child feeding (timely initiation of breastfeeding, exclusive breastfeeding, timely initiation of complementary feeding, and adequate diet)? What can be done to improve infant and young child feeding?

40%

60%

80%

100%

Note: NA refers to data is unavailable for a given round of NFHS data.

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• What are the trends in IFA consumption among pregnant women in the district? How can the consumption be improved?

20%

NΑ

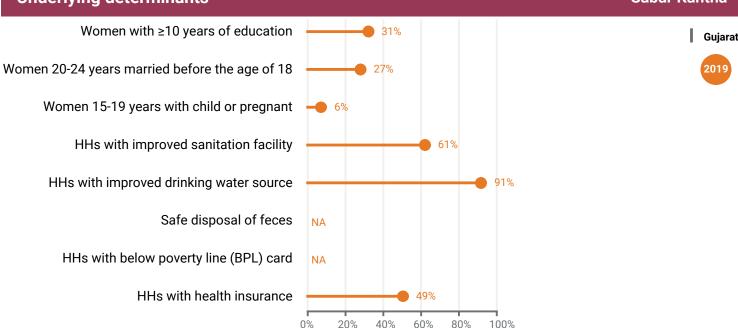
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· What additional data are needed to understand diets and/or other determinants?

Bottle feeding of infants, 6-23 m

# **Underlying determinants**

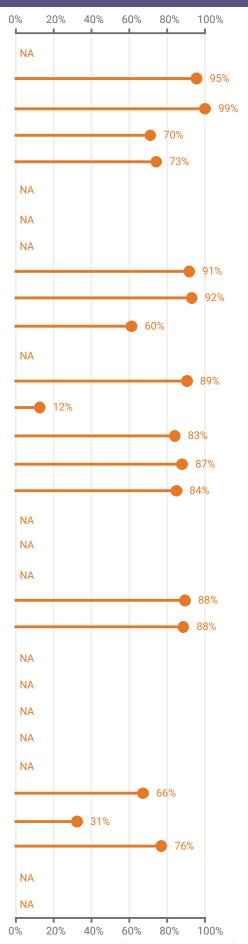
## Sabar Kantha



#### Points of discussion:

- · How can the district increase women's literacy, and reduce early marriage, if needed?
- 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 can programs that address underlying and basic determinants (education, poverty, gender) be strengthened?
- · What additional data are needed on food systems, poverty or other underlying determinants?

Demand for FP satisfied lodized salt Pregnancy registered (MPC card) ANC first trimester > 4 ANC visits Weighing Birth preparedness counselling Breastfeeding counselling Tetanus injection Received IFA tab/syrup Deworming Food supplementation Institutional birth Financial assistance (JSY) Skilled birth attendant Postnatal care for mothers Postnatal care for babies Food supplementation Health & nutrition education Health checkup (ICDS) Full immunization Vitamin A Pediatric IFA Deworming Food supplementation (6-35 months)



Note: NA refers to data is unavailable for a given round of NFHS data.

#### 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 women of reproductive age, pregnant women, new mothers and newborns?

Weighing

Counselling on child growth

ORS during diarrhea

Zinc during diarrhea

Careseeking for ARI

Preschool at AWC

Health checkup from AWC

• How has access to health and ICDS services changed over time (food supplementation, health and nutrition education and health checkups)?

