POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India

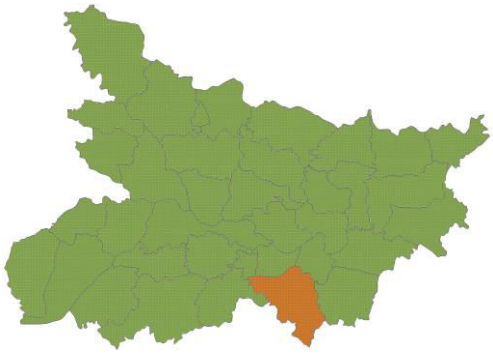
Led by IFPRI

DISTRICT NUTRITION PROFILE

Jamui, Bihar

DISTRICT DEMOGRAPHIC PROFILE[1]

Total Population 1,760,405



Jamui ranks 587th amongst 599 districts in India[2]

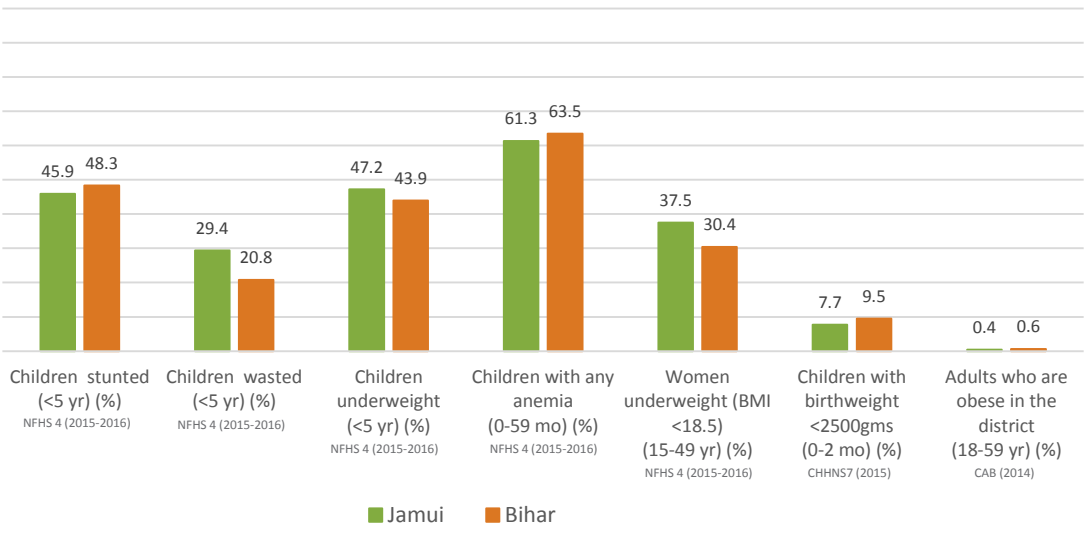
DISTRICT DEVELOPMENT INDEX (2015)

THE STATE OF NUTRITION IN Jamui[3,4,5]

45.9%
CHILDREN STUNTED

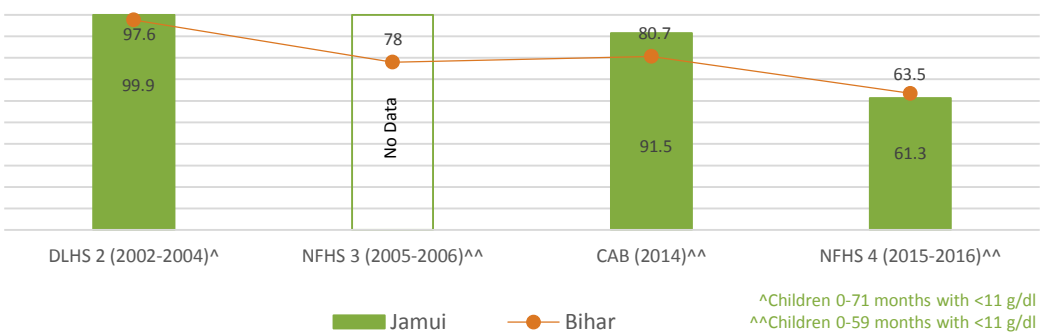
29.4%
CHILDREN WASTED

47.2%
CHILDREN UNDERWEIGHT



CHANGES OVER TIME IN ANEMIA[3,5,6,7]

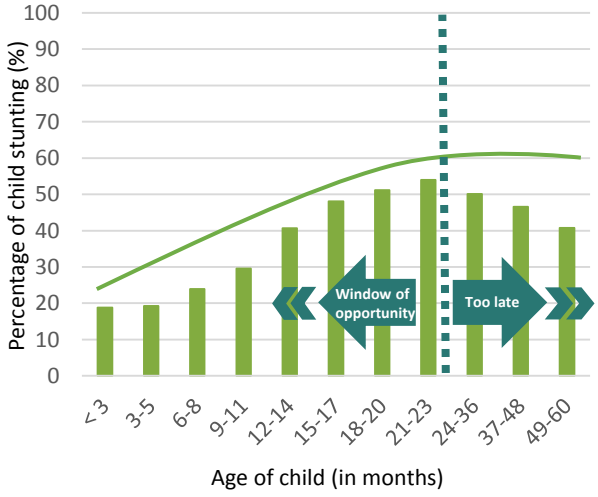
PREVALENCE OF ANEMIA AMONGST CHILDREN UNDER-SIX **DECREASED** IN THE DISTRICT BETWEEN 2002 AND 2016



^Children 0-71 months with <11 g/dl
^^Children 0-59 months with <11 g/dl

HOW CAN NUTRITION IMPROVE?

The most crucial period for child nutrition is from pre-pregnancy to the second year of life[2]



WHAT FACTORS CAUSE UNDERNUTRITION?[13]

Optimum fetal and child nutrition and development

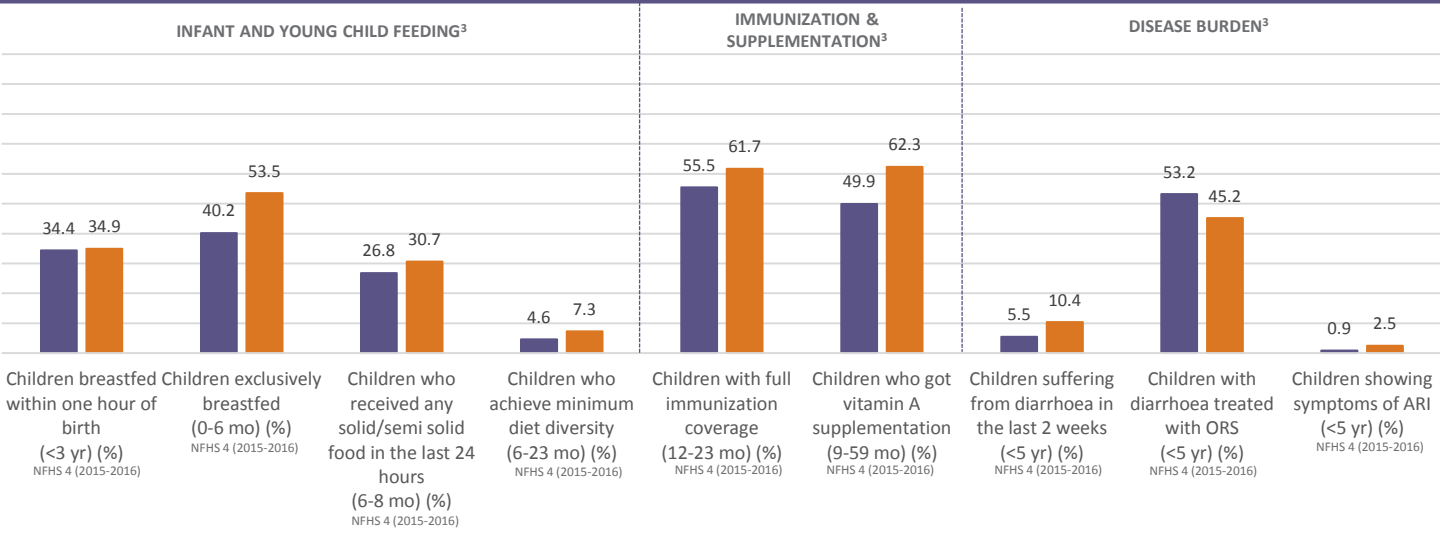
IMMEDIATE CAUSES
Breastfeeding, nutrient rich foods, and eating routine
Feeding and caregiving practices, parenting stimulation
Low burden of infectious diseases

UNDERLYING CAUSES
Food security: availability, economic access and use of food
Feeding and caregiving resources (maternal, household and community level)
Access to and use of health services, a safe and hygienic environment

BASIC CAUSES
Knowledge and evidence
Politics and governance
Leadership, capacity and financial resources
Social, economic, political, and environmental context (national and global)

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 causes)***. Inadequate food, health and care arise from food insecurity, unsanitary living conditions, low status of women, and poor health care ***(underlying causes)***. These are, in turn, caused by social inequity, economic challenges, poor political will and leadership to address these causes ***(basic causes)***. Interventions to address undernutrition must address these multiple causes of undernutrition and do so in an equitable manner.

IMMEDIATE CAUSES OF UNDERNUTRITION



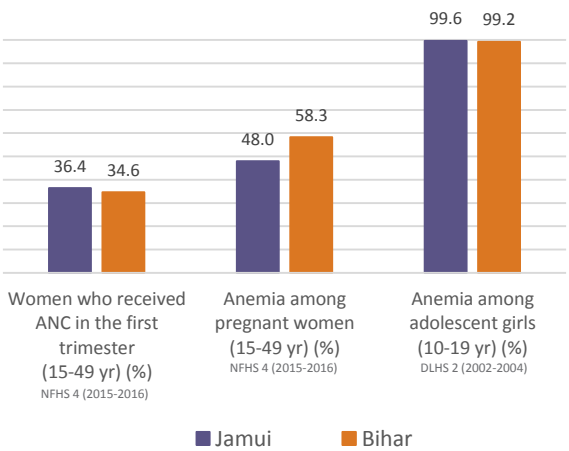
Areas for action:

- Poor state of infant and young child feeding: Very few infants are breastfed within on hour of birth, diet diversity rates are poor
- Less than half of children suffering from diarrhoea receive ORS
- Alarming levels of anaemia among adolescent girls
- Less than half of women in the district report having received ANC in the first trimester

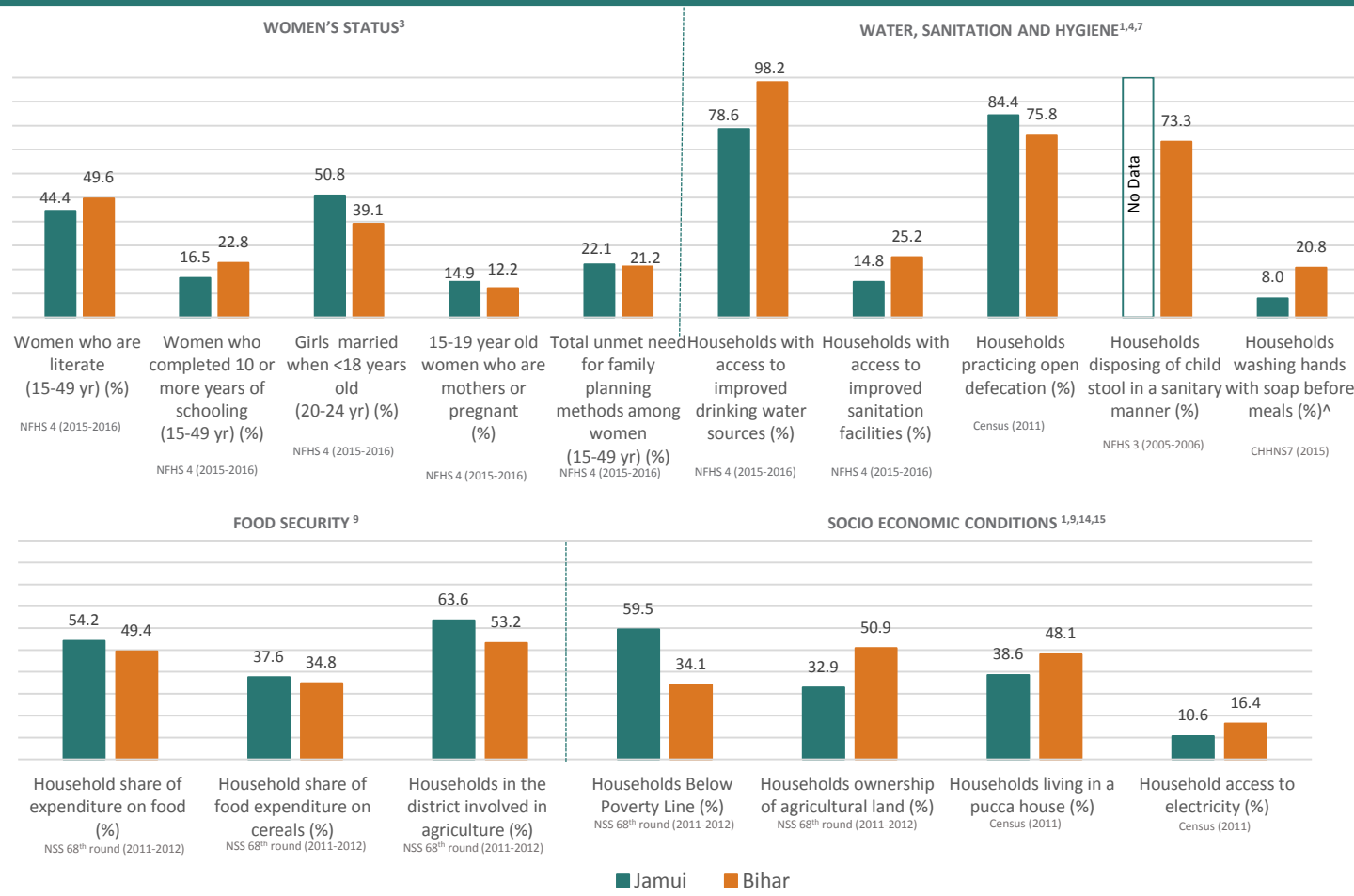
Data challenges:

- Where data are available, indicator definitions are non-standardized and often differ from World Health Organisation recommendations

ADOLESCENT & MATRIMONIAL HEALTH[3,5]



UNDERLYING CAUSES OF UNDERNUTRITION



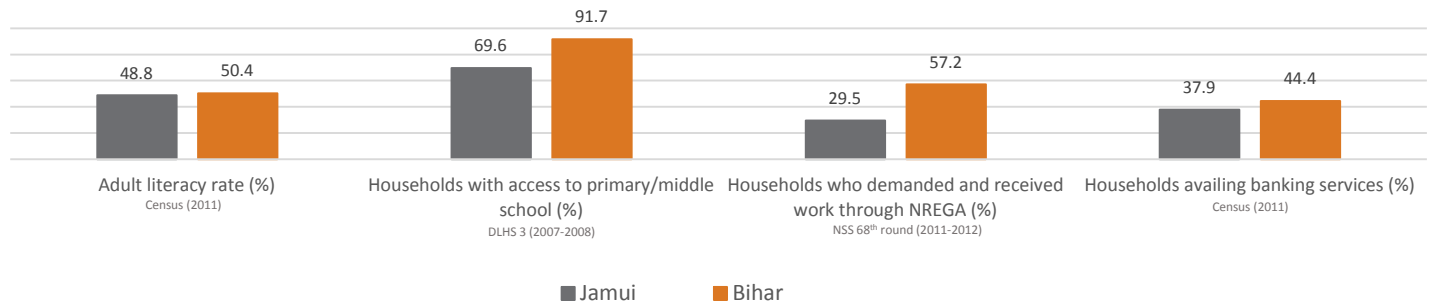
Areas for immediate action:

- Very high rates of open defecation; critical need to increase awareness about washing hands with soap and ensuring access to using improved sanitation facilities
- Early marriage of girls less than 18 years is highly prevalent; early marriage is related to poor health and nutrition outcomes for mothers and babies
- Less than half of women in the district are literate
- Very few households live in a '*pucca*' house and have access to electricity

Data challenges:

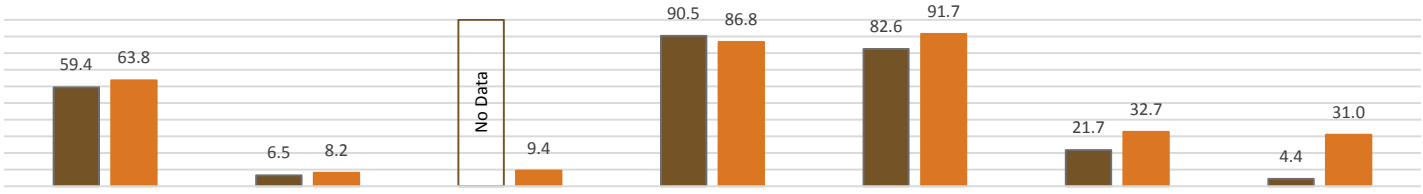
- Outdated data on open defecation
- No district-level data on child stool disposal

BASIC CAUSES OF UNDERNUTRITION [1,8,9]



- Per capita gross district domestic product of Jamui ranked **25th** amongst 38 districts of Bihar in 2011-12[15]
- Bihar's per capita income ranked **last** amongst 32 major States/UTs in India in 2011-12[16]
- Action needs to be taken to improve adult literacy which is low
- No data available on indicators of governance and political will to address nutrition

EVALUATION OF HEALTH AND NUTRITION SCHEMES[3,4,8,9,12]



Institutional deliveries (Women 15-49 yr) (%) NFHS 4 (2015-2016)

Home births attended by skilled health personnel (Women 15-49 yr) (%) NFHS 4 (2015-2016)

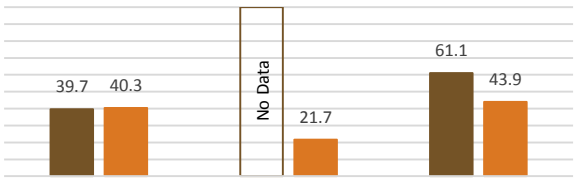
New born received check up within 24 hours of birth/delivery (%) RSOC (2013-2014)

Households (with 12-23 mo child) with an immunization/MCP card (%) CHHNS7 (2015)

Households with access to Anganwadi worker (%) DLHS 3 (2007-2008)

Households with access to a Sub-Health Centre (%) DLHS 3 (2007-2008)

Households that received financial assistance for delivery and childcare (%) CHHNS7 (2015)



Households that receive any take home ration (%) CHHNS7 (2015)

Women who received THR during pregnancy (%) RSOC (2013-2014)

Households with access to PDS (%) NSS 68th round (2011-2012)

Jamui Bihar

Areas for immediate action:

- Access to skilled health personnel and Sub-Health Centres is very limited
- Less than half of eligible households receive any take home ration
- Poor access to financial assistance for delivery and child care
- Majority of households do not have PDS access

Data challenges:

- Lack of data on assessing the implementation of government schemes

FLW visits[4]

	Last Trimester^			Within 1 week of delivery*			Within 24 hours of delivery
	Less than recommended	Equal to recommended	More than recommended	Less than recommended	Equal to recommended	More than recommended	
Bihar	4.1%	6.7%	22.5%	26.4%	5.7%	5.4%	34.1%
Jamui	11.3%	12.1%	10.6%	28.6%	3.1%	3.6%	31.4%

^2 recommended visits; *3 recommended visits

Data sources

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This District Nutrition Profile was developed by Nitya George and Srabashi Ray for POSHAN. Version: 20-04-2016

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