

State Nutrition Profile: Chandigarh

ABOUT THIS DATA NOTE

This *Data Note* describes the trends for a set of key nutrition and health outcomes, determinants, and coverage of interventions. The findings are based on data from multiple rounds of the National Family Health Surveys using estimates from reports, factsheets, or unit level data. In addition to standard prevalence-based analyses, this *Data Note* includes headcount-based analyses aligned to the POSHAN Abhiyaan monitoring framework to provide evidence that helps identify priority districts and the number of districts where public health concerns exist as per the WHO guidelines¹. This *Data Note* also includes a color-coded dashboard to compare the coverage of nutrition interventions by district. It concludes with key takeaways for children, women, and men, and identifies areas for improvement.

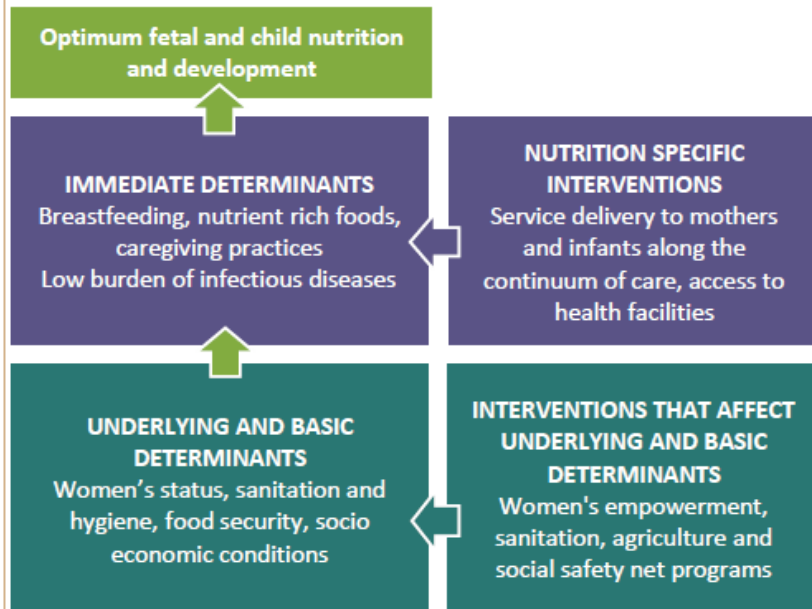
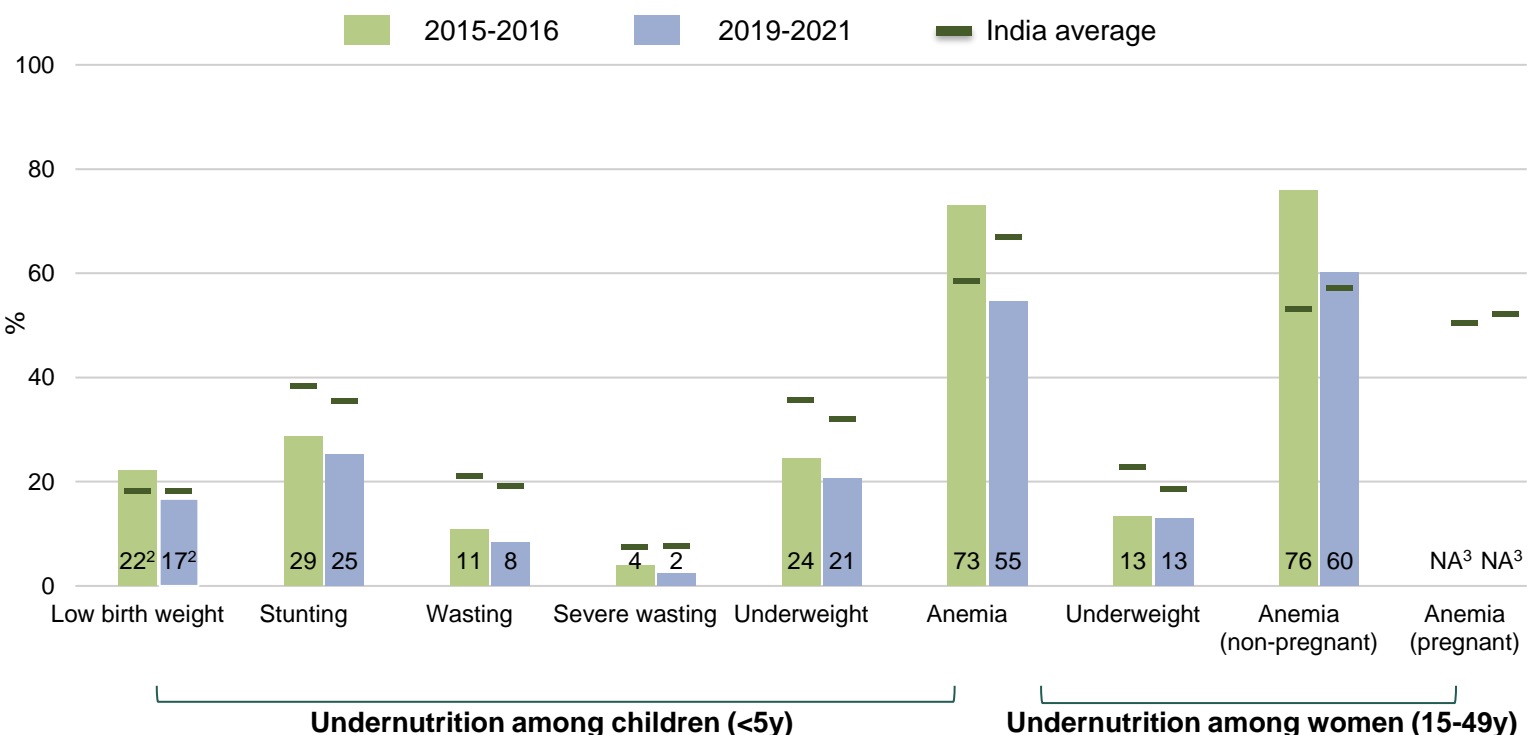


Figure 1. Trends in undernutrition outcomes 2015-2016, 2019-2021



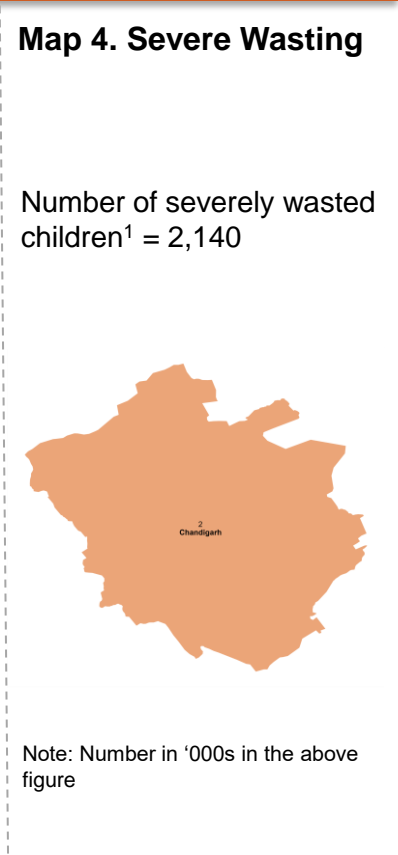
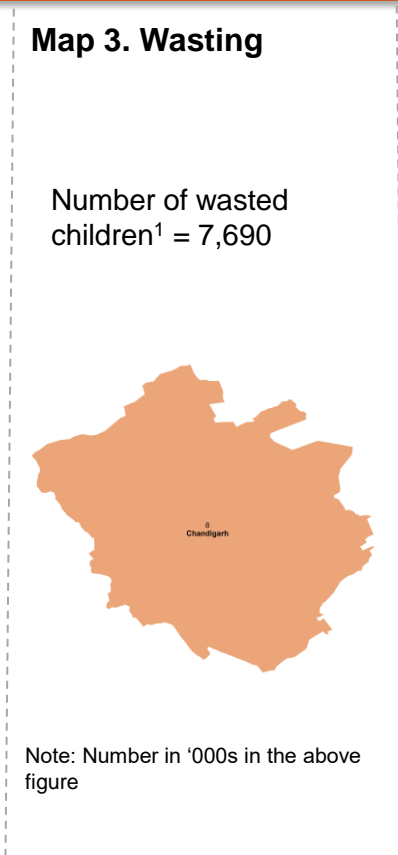
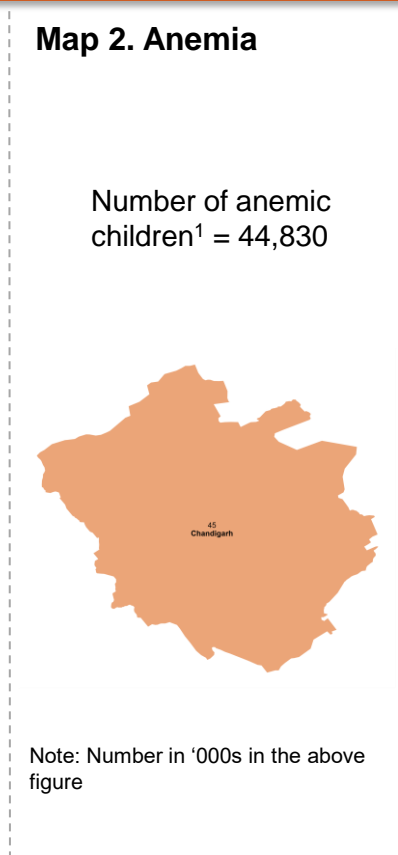
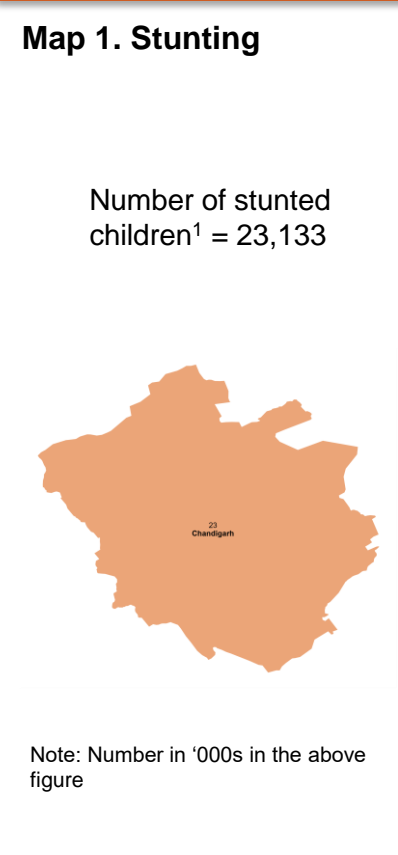
Source: NFHS-4 (2015-16) national report and data [IFPRI estimates], and NFHS-5 (2019-2021) national and state factsheets.

Note: As Chandigarh is a Union Territory, NFHS-3 (2005-06) data is not available. ¹WHO. Nutrition Landscape Information System (NLIS). Help Topic: Malnutrition in children. Stunting, wasting, overweight, and underweight. (<https://apps.who.int/nutrition/landscape/help.aspx?menu=0&helpid=391&lang=EN>).

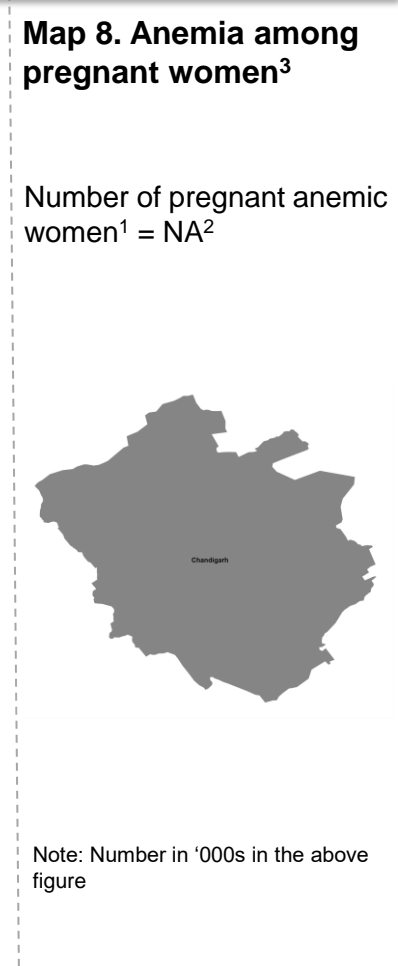
²In NFHS-4 and NFHS-5, 5.2% and 3.5% of data were missing, respectively.

³Indicates unavailability of data for a particular indicator in the specified NFHS round.

Map 1 - 4. Number of stunted, anemic & wasted children <5y, 2019-2021



Map 5 - 8. Number of underweight children (<5y), underweight women (15-49y), & anemic women (15-49y), 2019-2021



Source: IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence, and the total eligible projected population for each district in 2019. Prevalence estimates were obtained from NFHS-5 (2019-2021; all child data), and the projected population for 2019 was estimated using Census 2011.
¹The total number of children <5 years is 91,436, pregnant women 15-49 years is 37,116, and non-pregnant women 15-49 years is 403,067.
²Gray area indicates districts with no data.

Figure 2. Trends in underlying determinants (%)
2015-2016, 2019-2021

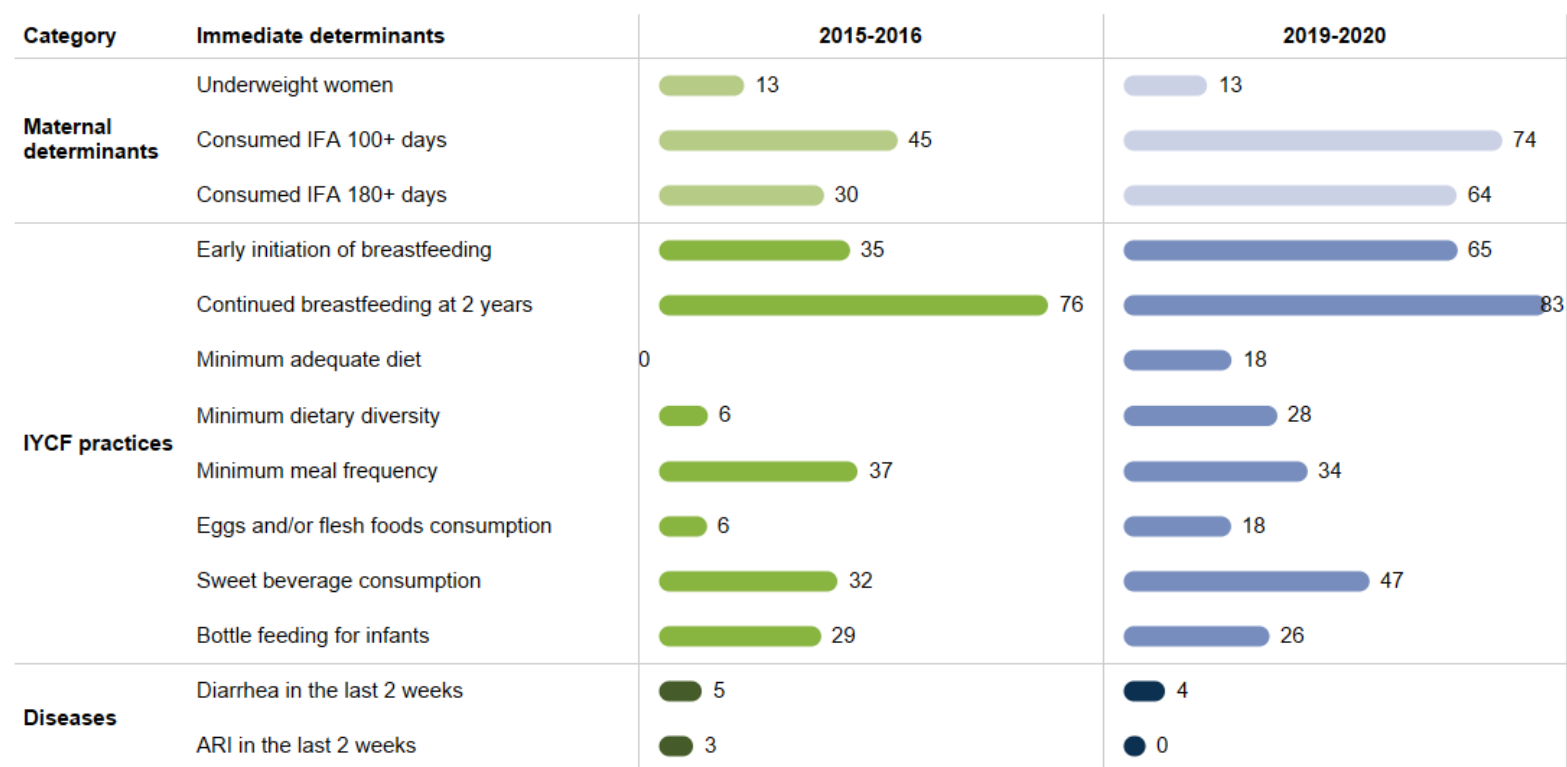
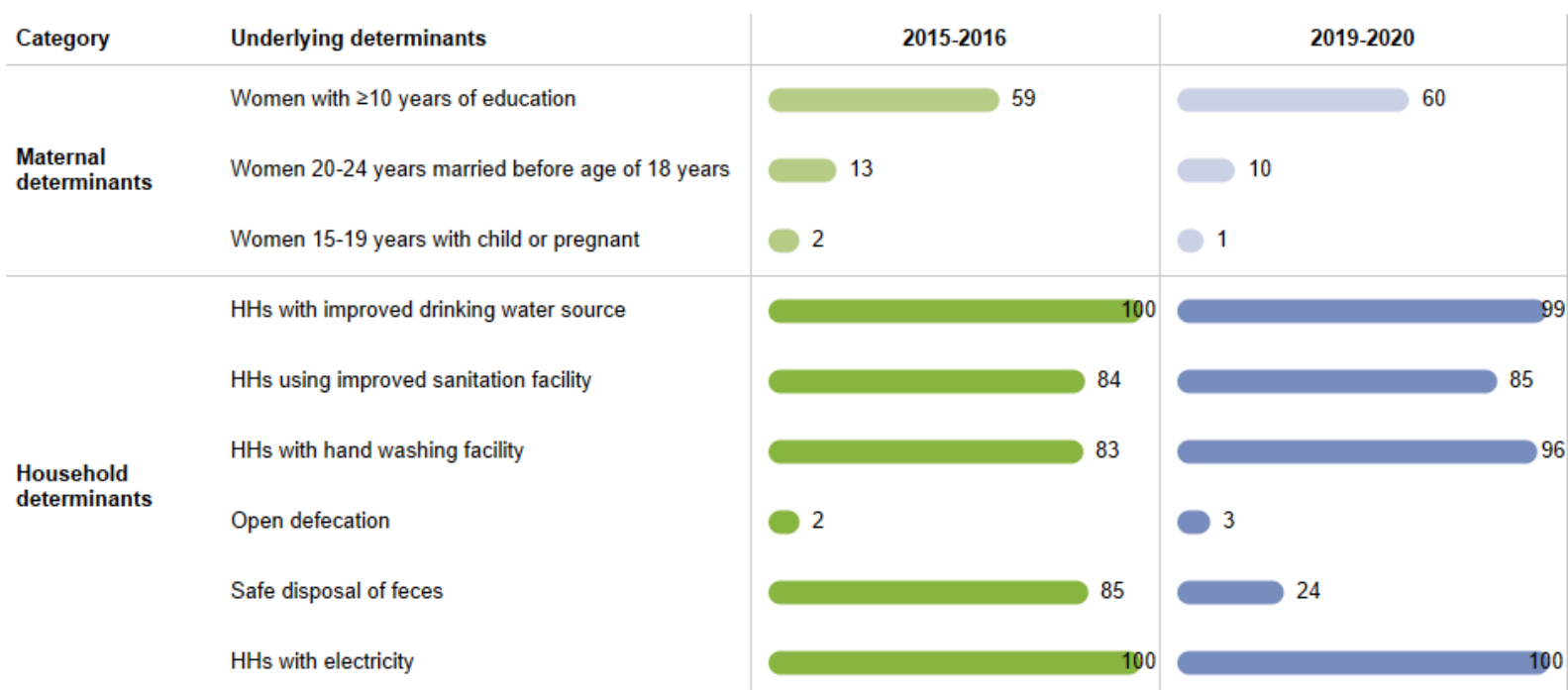


Figure 3. Trends in underlying determinants (%)
2015-2016, 2019-2021

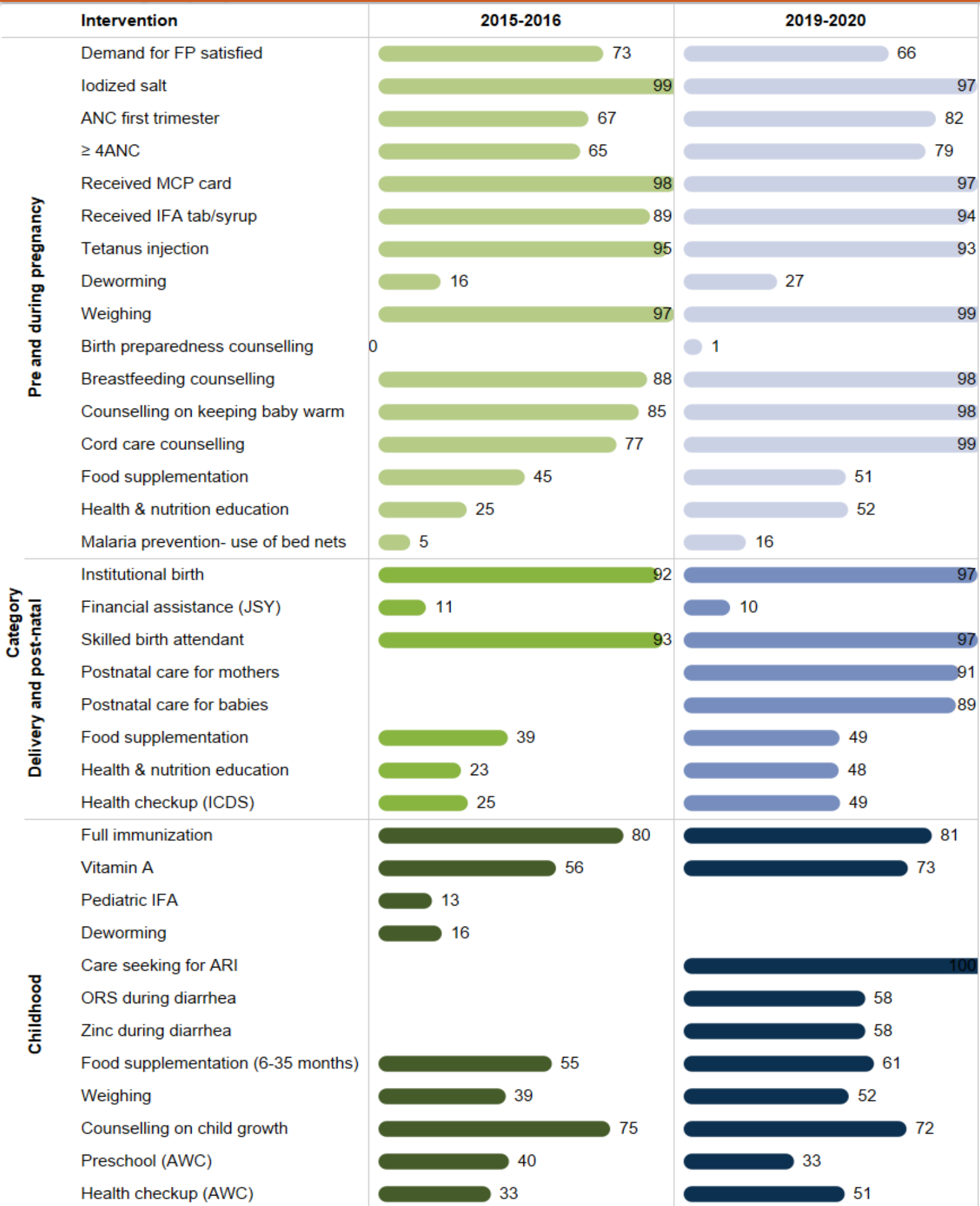


Source: NFHS-4 (2015-2016) national reports and data [IFPRI estimates], and NFHS-5 (2019-21) national and state reports, factsheets, and data [IFPRI estimates].

Note 1: Definition of IYCF indicators are based on WHO guidelines.

Note 2: As Chandigarh is a Union Territory, NFHS-3 (2005-06) data are not available.

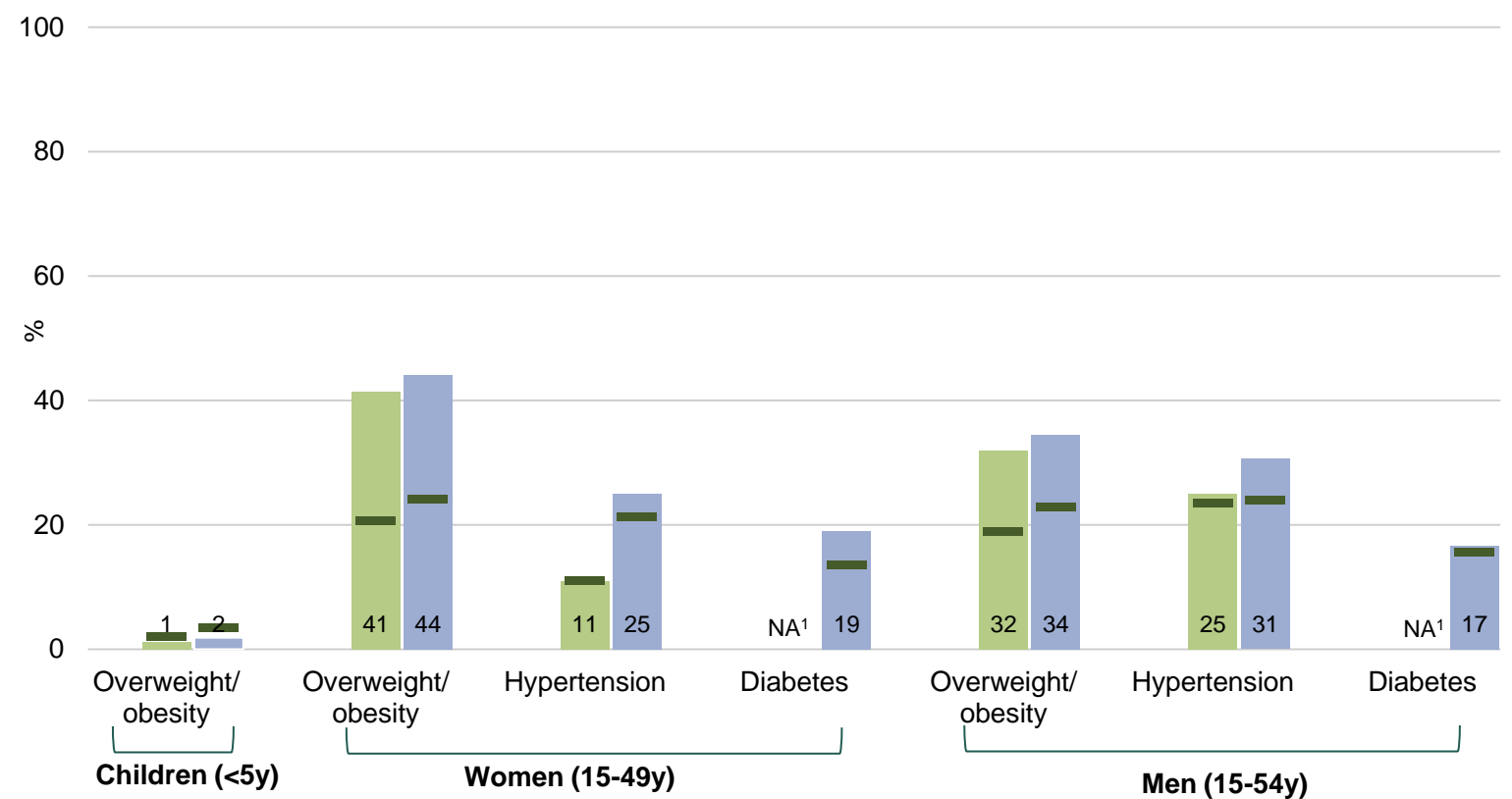
Figure 4. Trends in coverage of interventions across the first 1,000 days (%), 2015-2016, 2019-2021



Source: NFHS-4 (2015-2016) national reports and data [IFPRI estimates] and NFHS-5 (2019-2021) state factsheet, state and national report, and data [IFPRI estimates].

Note : As Chandigarh is a Union Territory, NFHS-3 (2005-06) data is not available.

Figure 5. Trends in overweight/obesity & NCDs²
2015-2016, 2019-2021



Key takeaways

Children: Stunting prevalence declined by 4 percentage points (pp) from 2016 to 2021. Wasting and underweight declined by 3pp each from 2016 to 2021. Anemia declined by 18pp from 2016 to 2021.

Women: Anemia in non-pregnant women declined by 16pp from 2016 to 2021. Overweight/obesity increased by 3pp from 2016 to 2021. Hypertension increased by 14pp from 2016 to 2021.

Men: Overweight/obesity increased by 2pp from 2016 to 2021. Hypertension increased by 6pp from 2016 to 2021.

Attention is needed to improve (%s in 2021):

- **Outcomes:** Stunting (25%), underweight (21%) and anemia in children (55%); anemia in non-pregnant women (60%).
- **Immediate determinants:** 180+ IFA (64%); minimum adequate diet (18%) ; minimum dietary diversity (28%)
- **Underlying determinants:** Women with ≥ 10 years education (60%), early marriage(10%)
- **Coverage of interventions:** Deworming (27%), food supplementation (49%), health and nutrition education (50%) for women; pediatric IFA(12.4%) , deworming(12%) during childhood.

Source: NFHS-4 (2015-16) national report and data [IFPRI estimates] and NFHS-5 (2019-2021) national and state factsheets.

Note : As Chandigarh is a Union Territory, NFHS-3 (2005-06) data is not available.

¹Indicates unavailability of data for a particular indicator in the specified NFHS round. Diabetes data for NFHS-4 are not included in the NFHS-5 factsheet because definition of diabetes is not comparable between NFHS-4 and 5.

²NCDs: non-communicable diseases.

Indicator definition

Nutrition outcomes	Definition
Low birth weight^{3,5}	% live births in 5 years (y) preceding the survey with a reported birth weight <2.5 kilograms (kg), based on either a written record or the mother's recall
Stunting	% children 0-59 months (m) whose height-for-age z score < -2 standard deviations (SD)
Wasting	% children 0-59 m whose weight-for-height z score < -2SD
Severe wasting	% children 0-59 m whose weight-for-height z score < -3SD
Underweight children	% children 0-59 m whose weight-for-age z score < -2SD
Anemia among children	% children 6-59 m whose haemoglobin (Hb) <11.0 g/dl
Underweight women	% women 15-49 y whose Body Mass Index (BMI) <18.5 kg/m ² ; sample excluded pregnant women and women with a birth in the preceding 2 m
Anemia among non-pregnant women¹	% non-pregnant women 15-49 y whose Hb <12.0 g/dl
Anemia among pregnant women¹	% pregnant women 15-49 y whose Hb <11.0 g/dl
Overweight/obesity – children	% children 0-59 m whose weight-for-height z score > 2SD
Overweight/obesity – women	% women 15-49 y whose BMI ≥25.0 kg/m ² ; sample excluded pregnant women and women with a birth in the preceding 2 m
Overweight/obesity – men	% men 15-49 y whose BMI ≥25.0 kg/m ²
Hypertension among women^{2,3,10}	% women 15-49 y with elevated blood pressure (systolic ≥140 mm Hg or diastolic ≥90 mm Hg) or are currently taking medication to control blood pressure
Hypertension among men^{2,3,10}	% men 15-54 y with elevated blood pressure (systolic ≥140 mm Hg or diastolic ≥90 mm Hg) or are currently taking medication to control blood pressure
Diabetes among women¹⁰	% women 15-49 y with high (>140 mg/dl) or very high (>160 mg/dl) blood sugar or are currently taking medication to control blood sugar
Diabetes among men¹⁰	% men 15-54 y with high (>140 mg/dl) or very high (>160 mg/dl) blood sugar or are currently taking medication to control blood sugar
Immediate determinants	Definition
Underweight women	% women 15-49 y whose BMI <18.5 kg/m ² ; sample excluded pregnant women and women with a birth in the preceding 2 m
Consumed IFA 100+ days¹	% women 15-49 y who consumed iron folic acid (IFA) for 100 days or more during pregnancy for the most recent live birth in the 5 y preceding the survey
Consumed IFA 180+ days¹	% women 15-49 y who consumed IFA for 180 days or more during pregnancy for the most recent live birth in the 5 y preceding the survey
Early initiation of breastfeeding^{1,2,3,8,9}	% youngest children <2 y who started breastfeeding <1 hour of birth
Exclusive breastfeeding	% youngest children 0-5 m who were fed exclusively with breastmilk the previous day
Timely introduction of complementary foods	% youngest children 6-8 m living with their mother who received solid or semi-solid food and breastmilk
Continued breastfeeding at 2 years^{1,3,4,5,6}	% youngest children 12-23 m living with their mother who were fed breastmilk during the previous day
Minimum adequate diet^{2,3,4,5,9,10}	% youngest children 6-23 m who consumed a minimum acceptable diet during the previous day
Minimum dietary diversity^{1,2,3,4,5,9}	% youngest children 6-23 m who consumed foods and beverages from at least 5 out of 8 defined food groups during the previous day
Minimum meal frequency^{2,3,4,5,9,10}	% youngest children 6-23 m who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) at least the minimum number of times during the previous day
Eggs and/or flesh foods consumption^{1,2,3,4,5,9}	% youngest children 6-23 m who consumed egg and/or flesh food during the previous day
Sweet beverage consumption^{1,2,3,4,5,9}	% youngest children 6-23 m who consumed a sweet beverage during the previous day
Bottle feeding for infants^{1,2,3,4,5,9}	% youngest children 0-23 m who were fed from a bottle with a nipple during the previous day
Diarrhea in the last 2 weeks	% children <5 y who had diarrhea in the 2 weeks preceding the survey
ARI in the last 2 weeks	% children <5 y who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey
Underlying determinants	Definition
Women with ≥10 years of education	% women 15-49 y with ≥10 y of schooling
Women 20-24 years married before age of 18 years¹	% women 20-24 y who were married when <18 y
Women 15-19 years with child or pregnant¹⁰	% women 15-19 y who were mothers or pregnant at the time of the survey
HHS with improved drinking water source	% population living in households whose source of drinking water is piped into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, or community RO plant
HHS using improved sanitation facility	% population living in households using flush to pipe sewer system, flush to septic tank, flush to pit latrine, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab or twin pit/composting toilet, which is not shared with any other household
HHS with hand washing facility^{2,4,10}	% households where a place for washing hands with water and soap was present
Open defecation^{6,7}	% households that have no toilet facility/defecate in open space or field
Safe disposal of feces^{3,4,5}	% youngest children <5 y living with their mother whose stools were disposed of safely
HHS with BPL card^{3,5,6,7}	% households possessing a BPL card
HHS with electricity	% population living in households with electricity

Note: Unless specified, state and district estimates taken from NFHS-3 national/state report for NFHS-3, NFHS-4 national/state report or NFHS-5 factsheet for NFHS-4, and NFHS-5 national/state report or factsheet for NFHS-5.

¹Indicator estimated using NFHS-3 unit-level data (state level)

²Indicator estimated using NFHS-4 unit-level data (state level)

³Indicator estimated using NFHS-4 unit-level data (district level)

⁴Indicator estimated using NFHS-5 unit-level data state level

⁵Indicator estimated using NFHS-5 unit-level data (district level)

⁶Indicator estimated using NFHS-4 unit-level data for union territories as their summary reports are not available (state level)

⁷Indicator estimated using NFHS-5 unit-level data for union territories as their summary reports are not available (state level)

⁸Indicator estimated using NFHS-5 unit-level data for union territories as their summary reports are not available (district level)

⁹Indicator constructed following WHO guidelines

¹⁰Indicator not available in NFHS-3 and/or 4 tool or not comparable between NFHS-3/4 and 5

Indicator definition

Interventions	Definition
Demand for FP satisfied ^{1,3,5}	% currently married women 15-49 years (y) with demand for family planning (FP) satisfied by modern methods
Iodized salt	% households using iodized salt
ANC first trimester	% women 15-49 y who received antenatal care (ANC) during the first trimester for the most recent live birth in the 5 y preceding the survey
≥ 4ANC¹	% women 15-49 y who received ≥4 ANC visits for the most recent live birth in the 5 y preceding the survey
Received MCP card¹⁰	% women 15-49 y who received a mother and child protection (MCP) card during pregnancy for the most recent live birth in the 5 y preceding the survey
Received IFA tab/syrup^{3,8}	% women 15-49 y who received IFA (given or purchased) during pregnancy for the most recent live birth in the 5 y preceding the survey
Tetanus injection¹	% women 15-49 y whose most recent live birth in the 5 y preceding the survey was protected against neonatal tetanus
Deworming- pregnancy^{3,8}	% women 15-49 y who took deworming medication during pregnancy for the most recent live birth in the 5 y preceding the survey
Weighing- pregnancy^{3,5,6,7}	% women 15-49 y who were weighed during ANC for the most recent live birth in the 5 y preceding the survey
Birth preparedness counselling^{1,2,3,4,5}	% women 15-49 y with a child 0-60 months (m) who had ≥1 contacts with a community health worker in the 3 m preceding the survey and were advised on birth preparedness
Breastfeeding counselling^{1,3,5,6,7}	% women 15-49 y who met with a community health worker in the last 3 m of pregnancy for the most recent live birth in the 5 y preceding the survey and were advised on breastfeeding
Counselling on keeping baby warm^{1,5,6,7}	% women 15-49 y who met with a community health worker in the last 3 m of pregnancy for the most recent live birth in the 5 y preceding the survey and were advised on keeping the baby warm
Cord care counselling^{5,6,7,10}	% women 15-49 y who met with a community health worker in the last 3 m of pregnancy for the most recent live birth in the 5 y preceding the survey and were advised on cord care
Food supplementation – pregnancy^{3,5}	% women 15-49 y with a child <6 y who received food supplements from ICDS during pregnancy
Health & nutrition education – pregnancy⁵	% women 15-49 y with a child <6 y who received health and nutrition education from ICDS during pregnancy
Malaria prevention- use of bed nets^{2,4,5,10}	% women 15-49 y who slept under a treated bed net during pregnancy of the most recent live birth in the 5 y preceding the survey
Institutional birth	% live births in the 5 y preceding the survey to women 15-49 y delivered in a health facility
Financial assistance (JSY)^{6,7,8,10}	% women 15-49 y who received financial assistance under Janani Suraksha Yojana (JSY) for the most recent live birth that took place in a health facility in the 5 y preceding the survey
Skilled birth attendant	% live births in the 5 y preceding the survey to women 15-49 y that were assisted by a skilled provider
Postnatal care for mothers¹⁰	% women 15-49 y who received postnatal care from a doctor/nurse/LHV/auxiliary nurse midwife (ANM)/midwife/other health personnel <2 days of delivery for the most recent live birth in the 5 y preceding the survey
Postnatal care for babies¹⁰	% most recent live births in the 5 y preceding the survey to women 15-49 y with a postnatal check for the newborn from a doctor/nurse/LHV/ANM/midwife/other health personnel <2 days of delivery
Food supplementation – postnatal^{3,5}	% women 15-49 y with a child <6 y who received food supplements from ICDS during breastfeeding
Health & nutrition education – postnatal^{3,5}	% women 15-49 y with a child <6 y who received health and nutrition education from ICDS during breastfeeding
Health checkup (ICDS)^{3,5}	% women 15-49 y with a child <6 y who received a health check-up from ICDS during breastfeeding
Full immunization	% children 12-23 m fully vaccinated based on information from either vaccination card or mother's recall
Vitamin A – early childhood¹	% children 9-35 m who received a vitamin A dose in the 6 m preceding the survey
Pediatric IFA^{3,4,5,10}	¹¹ % children 6-59 m who were given iron supplements in the 7 days preceding the survey ¹² % children 6-36 m who were given iron supplements in the 7 days preceding the survey
Deworming – early childhood^{3,4,5,10}	¹¹ % children 6-59 m who received deworming medication in the 6 m preceding the survey ¹² % children 6-36 m who received deworming medication in the 6 m preceding the survey
Care seeking for ARI	% children <5 y with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider
ORS during diarrhea	% children <5 y with diarrhea in the 2 weeks preceding the survey who received Oral Rehydration Solutions (ORS)
Zinc during diarrhea	% children <5 y with diarrhea in the 2 weeks preceding the survey who received zinc
Food supplementation (children 6-35 months)^{1,2,3,4,5}	% youngest children 6-35 m who received food supplements from ICDS in the 12 m preceding the survey
Weighing – early childhood^{3,5}	% children <5 y who were weighed at an anganwadi centre (AWC) or ICDS centre in the 12 m preceding the survey
Counselling on child growth^{3,5,10}	% mothers with a child <5 y who received counselling from an ICDS/anganwadi worker or ANM after they were weighed at an AWC in the 12 m preceding the survey
Preschool (AWC)^{3,5}	% children 36-71 m who went for early childhood care/preschool at an AWC in the 12 m preceding the survey
Health checkup (AWC)^{3,5}	% children <6 y who received health checkups from an AWC in the 12 m preceding the survey

Note: Unless specified, state and districts estimates taken from NFHS-3 national/state report for NFHS-3, NFHS-4 national/state report or NFHS-5 factsheet for NFHS-4, and NFHS-5 national/state report or factsheet for NFHS-5.

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¹¹Definition as per NFHS-3 and 4 construction

¹²Definition as per NFHS-5 construction

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ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a multi-year initiative that aims to support the use of data and evidence in decision-making for nutrition in India. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

<http://poshan.ifpri.info/>

ABOUT DATA NOTES

POSHAN Data Notes focus on data visualization to highlight geographic and/or thematic issues related to nutrition in India. They draw on multiple sources of publically available data.

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