

State Nutrition Profile: Karnataka

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 here are based on data from the National Family Health Survey (NFHS) 3 (2005-2006), 4 (2015-2016), and 5 (2019-2020). In addition to standard prevalence-based analyses, this *Data Note* includes headcount-based analyses aligned to the POSHAN Abhiyaan monitoring framework and uses data from NFHS-5 to provide evidence that helps identify priority districts and number of districts in the state with public health concern as per the WHO guidelines.¹ The *Data Note* includes a color-coded dashboard to compare the coverage of nutrition interventions across all the districts in the state. It concludes with key takeaways for children, women, and men and identifies areas where the state has potential to improve.

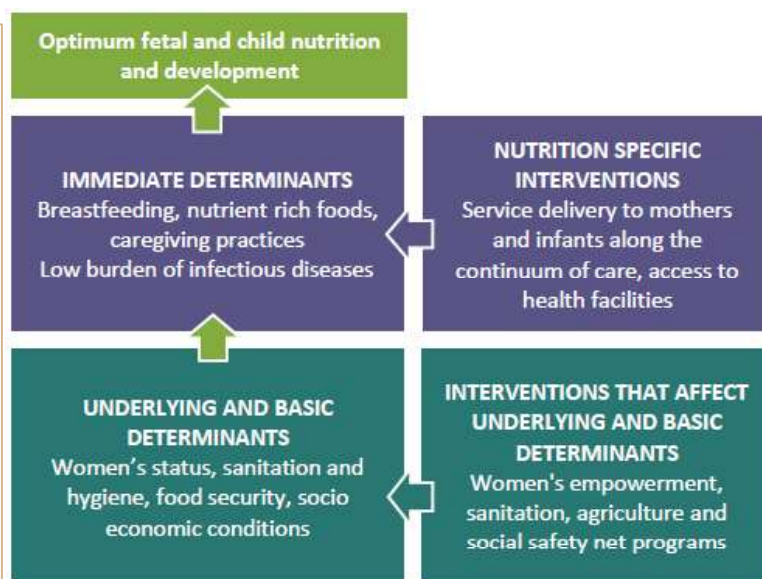
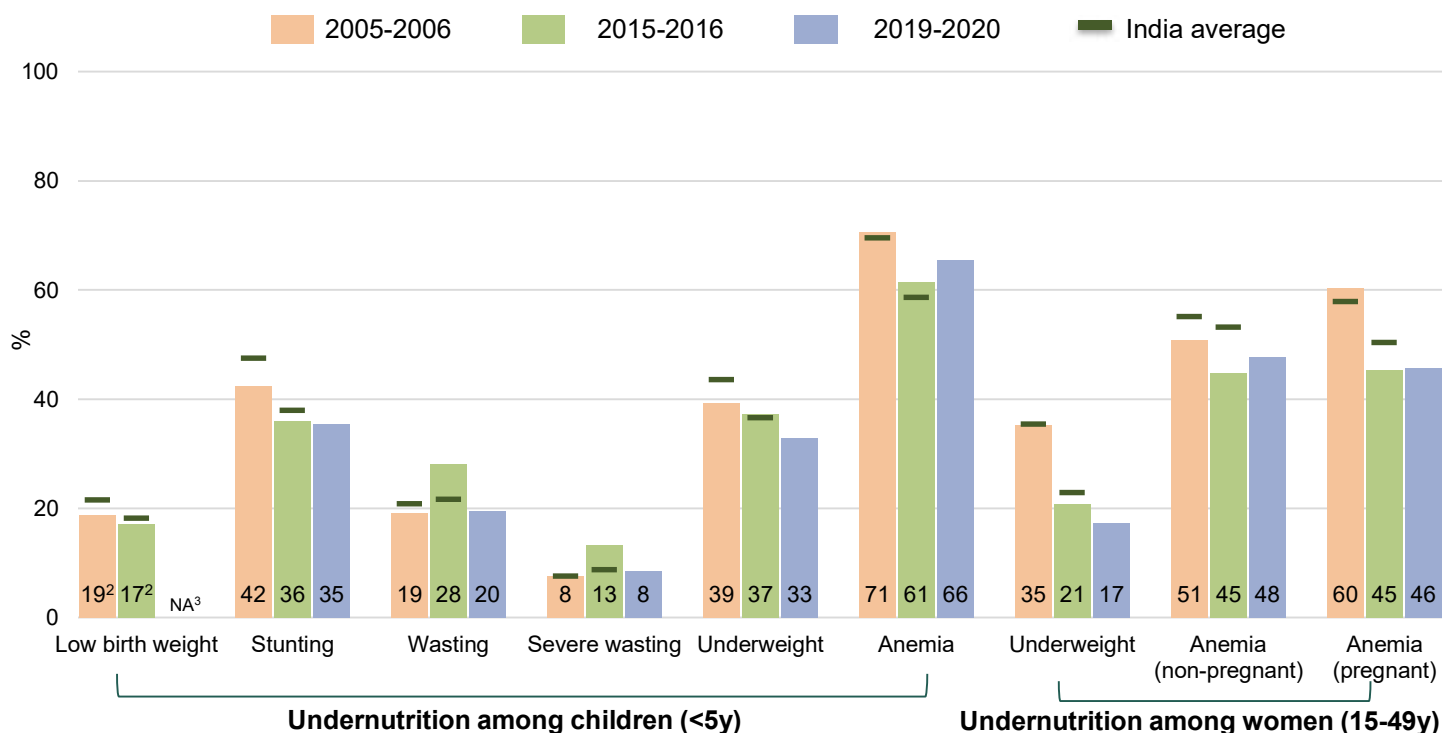


Figure 1. Trends in undernutrition outcomes 2005-2006, 2015-2016, 2019-2020



Source: NFHS-3 (2005-2006), NFHS-4 (2015-2016), and NFHS-5 state factsheets (2019-2020).

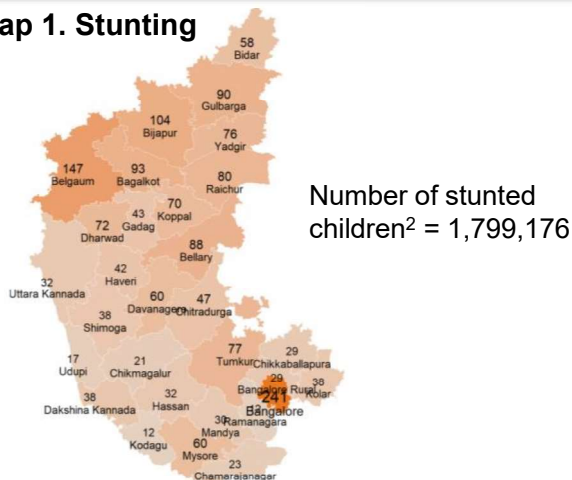
Note: Adult nutrition outcomes are based on the woman dataset, while child nutrition outcomes are based on all child data.

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-3, 37.7% of data was missing, while 5.7% of data was missing in NFHS-4. ³NA refers to the unavailability of data for a particular indicator in the specified NFHS round.

Map 1 & 2. Number of stunted & anemic children <5y, 2019-2020

Map 1. Stunting



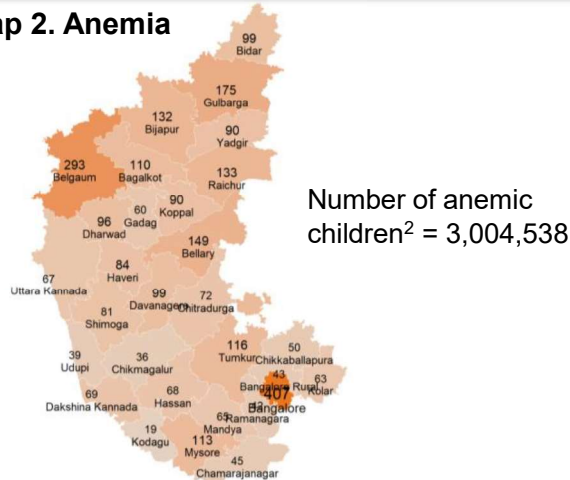
Note: Number in '000s in the above figure

Highest burden districts

1	Bangalore	240,522
2	Belgaum	147,004
3	Bijapur	103,806
4	Bagalkot	92,909
5	Gulbarga	89,617

No. of districts with public health concern¹: 29 of 30

Map 2. Anemia



Note: Number in '000s in the above figure

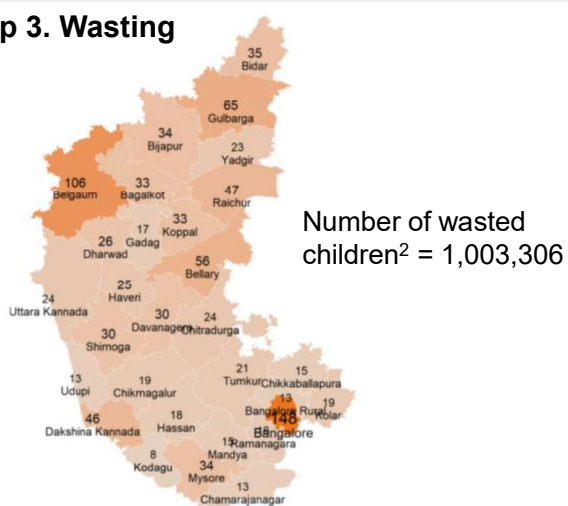
Highest burden districts

1	Bangalore	406,583
2	Belgaum	292,693
3	Gulbarga	175,241
4	Bellary	148,540
5	Raichur	132,959

No. of districts with public health concern¹: 30 of 30

Map 3 & 4. Number of wasted children <5y, 2019-2020

Map 3. Wasting



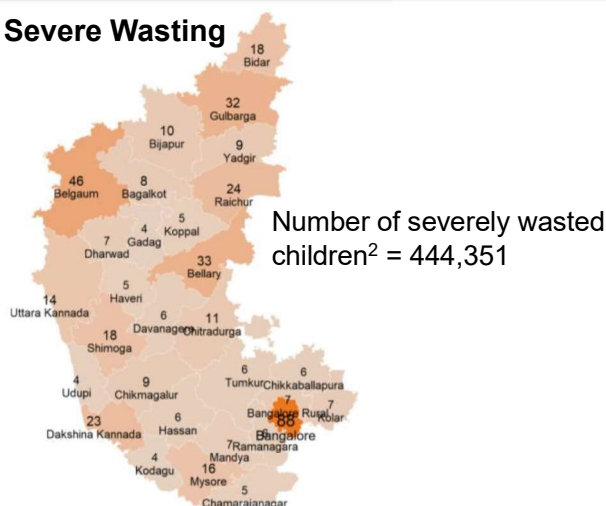
Note: Number in '000s in the above figure

Highest burden districts

1	Bangalore	147,541
2	Belgaum	105,771
3	Gulbarga	64,940
4	Bellary	56,099
5	Raichur	46,655

No. of districts with public health concern¹: 30 of 30

Map 4. Severe Wasting



Note: Number in '000s in the above figure

Highest burden districts

1	Bangalore	87,602
2	Belgaum	45,715
3	Bellary	33,316
4	Gulbarga	31,691
5	Raichur	23,529

No. of districts with public health concern¹: 30 of 30

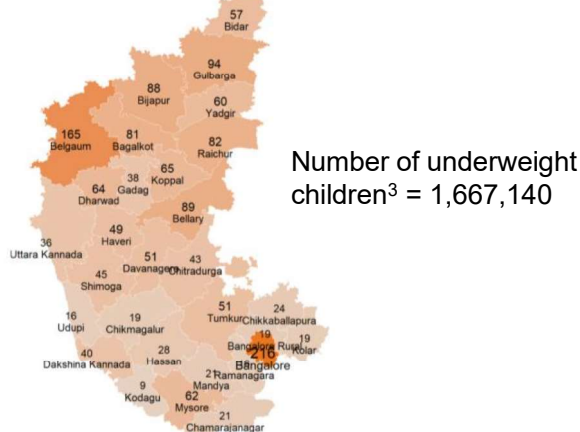
Source: IFPRI estimates - The headcount was calculated as the product of the undernutrition prevalence and the total eligible projected population for each district in 2019. Prevalence estimates were obtained from NFHS-5 (2019-2020; all child data) and projected population for 2019 was estimated using Census 2011.

¹Public health concern is defined as $\geq 20\%$ for stunting, $\geq 40\%$ for anemia, $\geq 10\%$ for wasting, and $\geq 2\%$ for severe wasting (WHO 2011).

²The number of children <5 years is 5,132,244.

Map 5 & 6. Number of underweight children (<5y) & women (15-49y), 2019-2020

Map 5. Underweight children



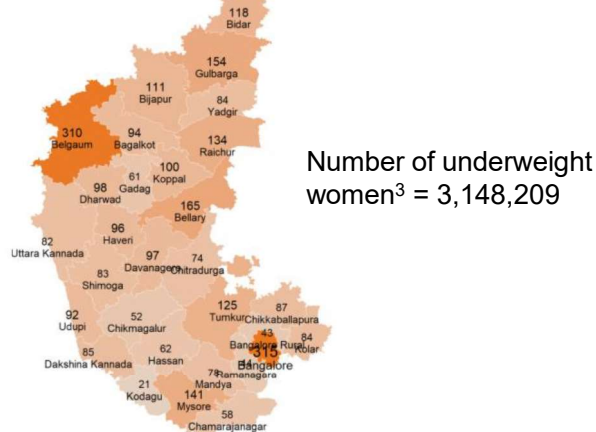
Note: Number in '000s in the above figure

Highest burden districts

1	Bangalore	215,932
2	Belgaum	165,379
3	Gulbarga	94,033
4	Bellary	89,415
5	Bijapur	88,201

No. of districts with public health concern¹: 28 of 30

Map 6. Underweight women



Note: Number in '000s in the above figure

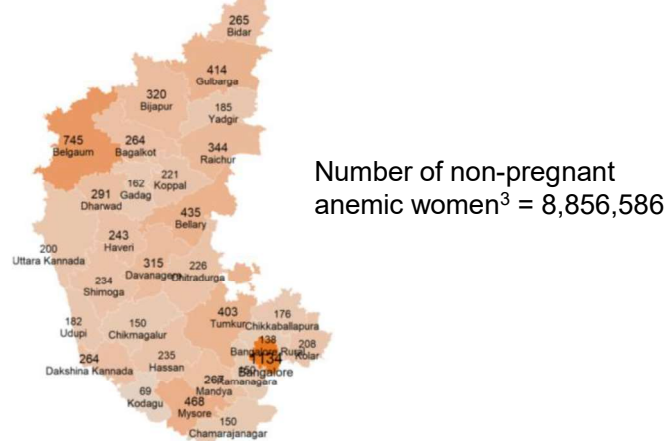
Highest burden districts

1	Bangalore	314,887
2	Belgaum	309,882
3	Bellary	164,512
4	Gulbarga	153,741
5	Mysore	141,254

No. of districts with public health concern¹: 30 of 30

Map 7 & 8. Number of anemic women (15-49y), 2019-2020

Map 7. Anemia among non-pregnant women



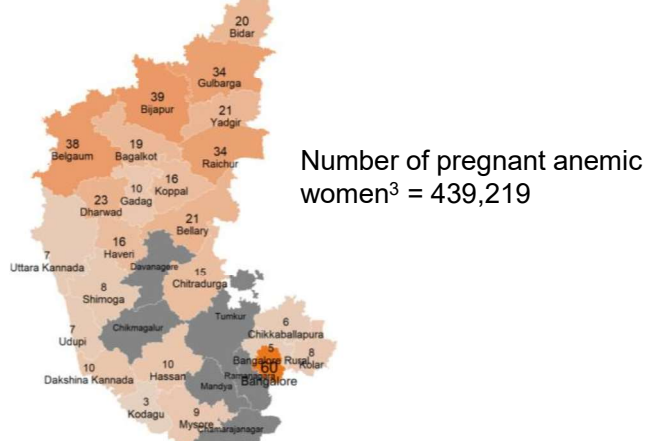
Note: Number in '000s in the above figure

Highest burden districts

1	Bangalore	1,133,592
2	Belgaum	745,391
3	Mysore	467,965
4	Bellary	434,995
5	Gulbarga	413,917

No. of districts with public health concern¹: 28 of 30

Map 8. Anemia among pregnant women²



Note: Number in '000s in the above figure

Highest burden districts

1	Bangalore	60,074
2	Bijapur	38,564
3	Belgaum	37,618
4	Gulbarga	34,398
5	Raichur	33,563

No. of districts with public health concern¹: 8 of 24

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 (2019-2020; all child/woman data) and projected population for 2019 was estimated using Census 2011. ¹Public health concern is defined as $\geq 20\%$ for underweight (children), $\geq 10\%$ for underweight (women), $\geq 40\%$ for anemia among non-pregnant women, and $\geq 40\%$ for anemia among pregnant women (WHO 2011). ²Data are not available for 6 districts. Gray area in Map 8 indicates districts for which data are not available. ³The total number of children <5 years is 5,132,244, pregnant women 15-49 years is 1,133,932, and non-pregnant women 15-49 years is 17,655,630.

Figure 2. Trends in overweight/obesity & NCDs¹ 2005-2006, 2015-2016, 2019-2020

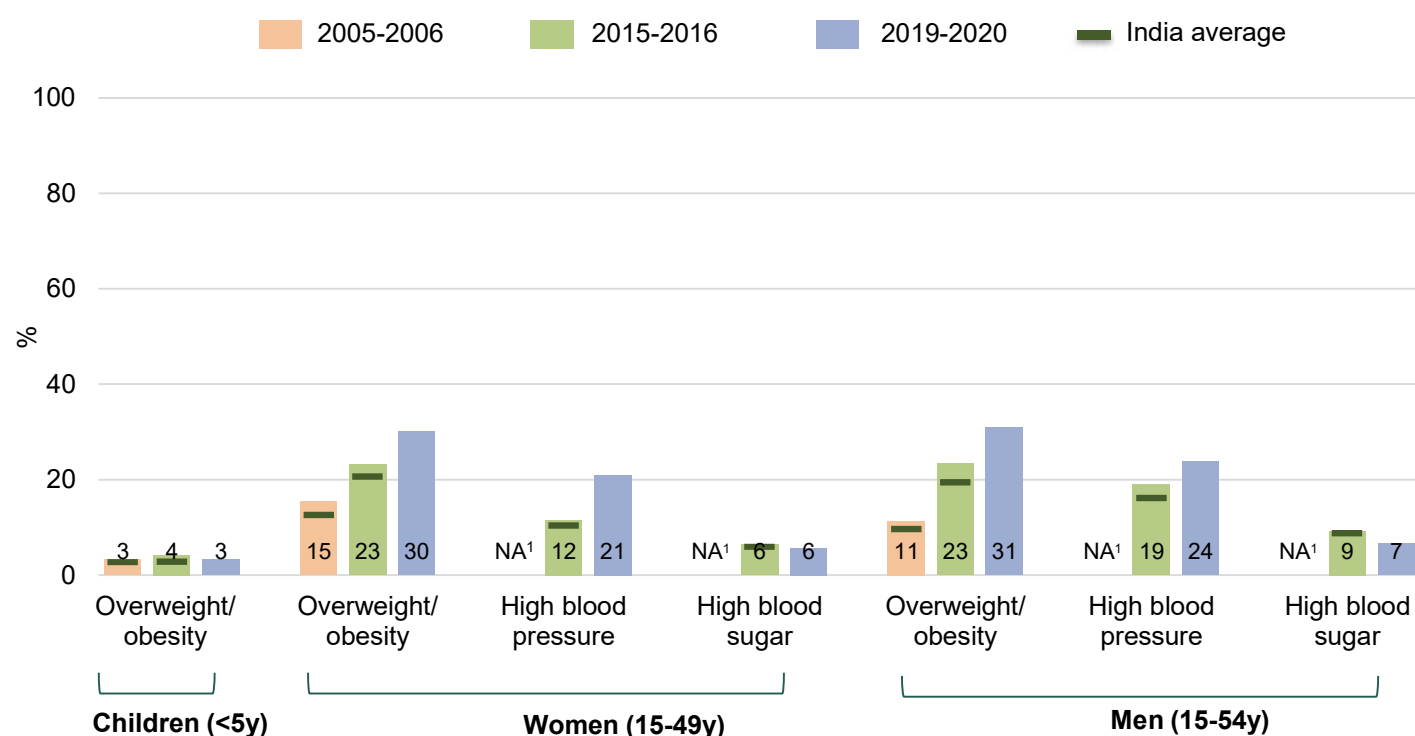


Table 1. Overweight/obesity & NCDs¹ at district-level 2015-2016, 2019-2020

Category	Outcomes	Worst performing districts (pp) ⁶	Best performing districts (pp) ⁶	Highest burden districts (thousands) ²	No of districts with public health concern ³ (total=30)
		<i>Difference between (2019-2020) & (2015-2016)</i>	<i>Difference between (2019-2020) & (2015-2016)</i>	2019-2020	2019-2020
Children <5 years	Overweight/obesity	Dakshina: +6.3 Shimoga: +6.0	Koppal: -7.7 Yadgir: -6.7	Bangalore: 33 Belgaum: 13	0
	Overweight/obesity	Chitradurga: +24.3 Gadag: +19.0	Dakshina: -3.8	Bangalore: 1262 Mysore: 349	29
Women (15-49 years)	High blood pressure	Bangalore: +16.2 Chitradurga: +15.8	Not applicable ⁵	Bangalore: 843 Belgaum: 222	18
	High blood sugar	Gulbarga: +2.4 Bagalkot: +1.3	Yadgir: -3.5 Dharwad: -3.2	Bangalore: 265 Belgaum: 67	0
	Overweight/obesity	<i>Data not available at district level</i>			
Men (15-54 years)	High blood pressure	Chitradurga: +15.5 Kolar: +15.1	Raichur: -10.0 Bijapur: -8.7	Bangalore: 1042 Belgaum: 292	24
	High blood sugar	Shimoga: +2.8 Hassan: +1.5	U. Kannada ⁴ : -8.7 Davanagere: -7.3	Bangalore: 370 Belgaum: 76	0

Source: NFHS-3 (2005-2006), NFHS-4 (2015-2016), and NFHS-5 state and district factsheets (2019-2020). pp: percentage points.

Note: Adult nutrition outcomes are based on the woman/man dataset, while child nutrition outcomes are based on all child data.

¹NCDs: non-communicable diseases.

²Burden: The headcount was calculated as the product of the overweight/obesity and NCDs prevalence and the total eligible projected population for each district in 2019. Prevalence estimates were obtained from NFHS-5 (2019-2020) and projected population for 2019 was estimated using Census 2011.

³Public health concern is defined as prevalence $\geq 15\%$ for overweight/obesity (children), $\geq 20\%$ for overweight/obesity (women and men), $\geq 20\%$ high blood pressure (women and men), and $\geq 20\%$ high sugar (women and men) (WHO 2011). ⁴District codes: U. Kannada: Uttara Kannada. ⁵Prevalence did not decrease in any of the districts. ⁶The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2020. All districts in Karnataka are comparable across both periods.

Figure 3. Trends in immediate determinants (%)
2005-2006, 2015-2016, 2019-2020

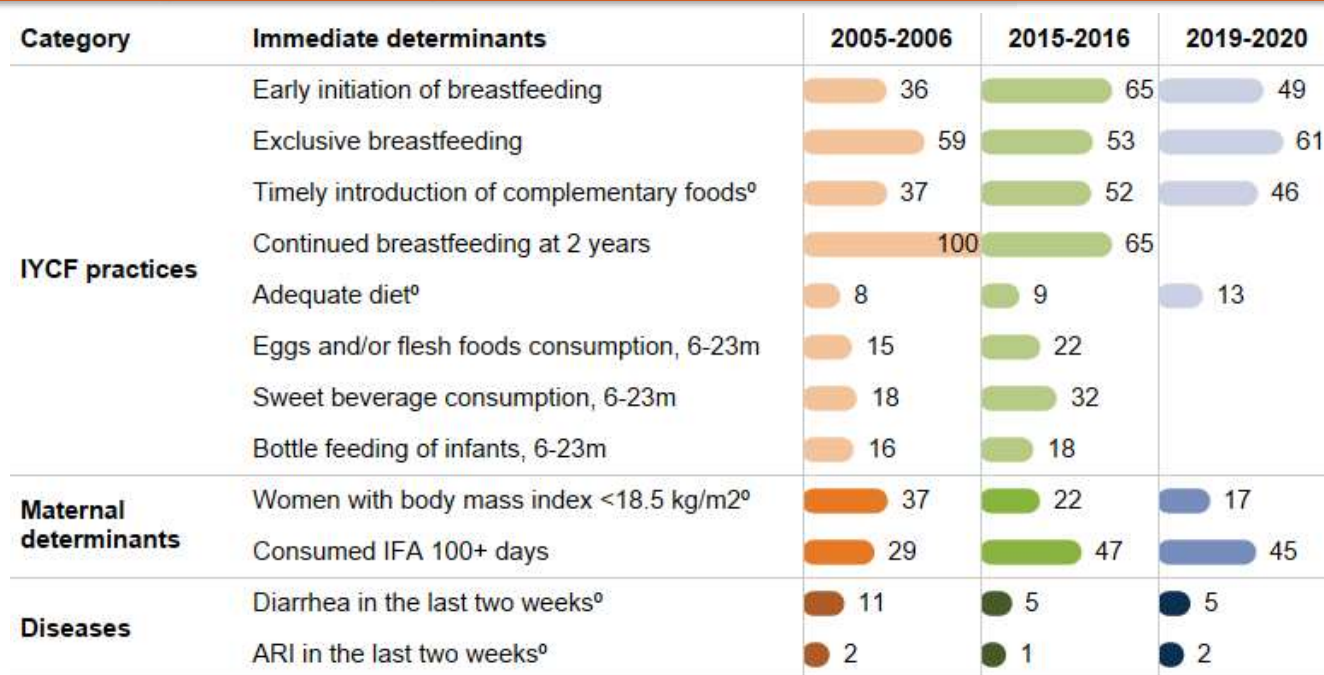


Table 2. Immediate determinants at district-level
2015-2016, 2019-2020

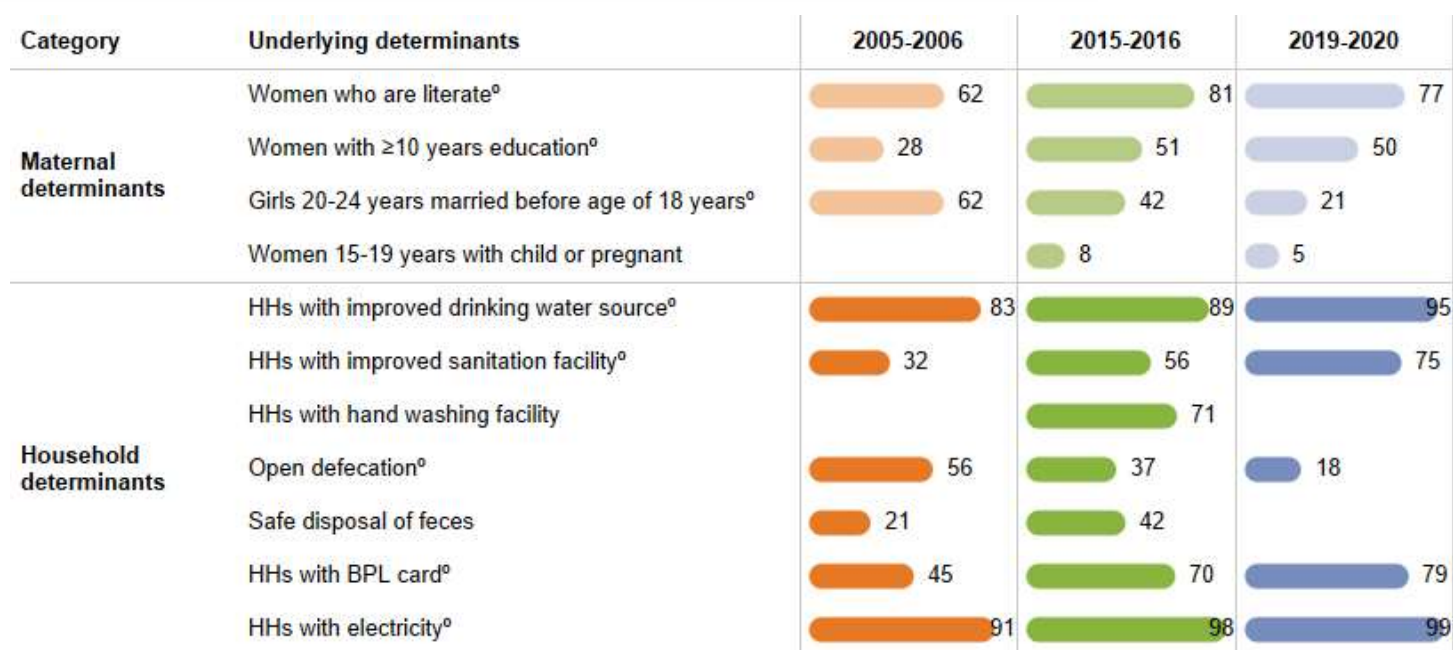
Category	Immediate determinants	Worst performing districts (pp) ³	Best performing districts (pp) ³	Top coverage districts (%) ¹
		<i>Difference between (2019-2020) & (2015-2016)</i>	<i>Difference between (2019-2020) & (2015-2016)</i>	<i>2019-2020</i>
IYCF practices	Early initiation of breastfeeding	Bidar: -43.6 Chamarajanagar: -41.5	Dharwad: +10.1 D. Kannada ² : +7.5	Dharwad: 70.3 Mandya: 63.7
	Exclusive breastfeeding	Bagalkot: -20.3 Shimoga: -12.9	Haveri: +29.0 Koppal: +19.4	Davanagere: 80.8 Haveri: 80.0
	Timely introduction of complementary foods ⁰	<i>Data not available at district level</i>		
	Adequate diet ⁰	Bangalore: -13.3 D. Kannada ² : -11.1	Hassan: +20.8 Kolar: +13.3	Hassan: 29.1 Chitradurga: 27.2
Maternal determinants	Women with BMI<18.5 kg/m ²⁰	Chikkaballapura: +2.4 Gadag: +2.0	Chikmagalur: -13.1 U. Kannada ² : -12.6	Bangalore: 10.0 Hassan: 11.1
	Consumed IFA 100+ days	Davanagere: -41.6 Belgaum: -25.1	Mandya: +35.0 D.Kannada ² : +27.1	Dakshina: 68.9 Bangalore: 67.0
Diseases	Diarrhea in the last two weeks ⁰	Gulbarga: +8.1 Bidar: +5.5	Hassan: -7.0 Mysore: -6.5	Dharwad: 1.9 Bangalore: 2.2
	ARI in the last two weeks ⁰	Chamarajanagar: +3.6 Shimoga: +3.3	Gadag: -4.5 Udupi: -3.9	Dharwad: 0.0 Bangalore: 0.0

Source: NFHS-3 (2005-2006), NFHS-4 (2015-2016), and NFHS-5 state and district factsheets (2019-2020). pp: percentage points.

Note: Immediate determinants are based on the last child data; data on continued breastfeeding at 2 years, egg and/or flesh foods consumption, sweet beverage consumption, and bottle feeding of infants not available in NFHS-5 factsheets (2019-20)/state report

⁰Indicator definition differs slightly between NFHS-4 and NFHS-5. ¹For all indicators, top coverage districts refer to the districts with the highest prevalence in immediate determinants, except for women with a BMI of 18.5 kg/m², diarrhea in the last two weeks, and ARI in the last two weeks, for which it refers to the districts with the lowest prevalence in coverage. ²District codes: D. Kannada: Dakshina Kannada; U. Kannada: Uttara Kannada. ³The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2020. All districts in Karnataka are comparable across both periods.

**Figure 4. Trends in underlying determinants (%)
2005-2006, 2015-2016, 2019-2020**



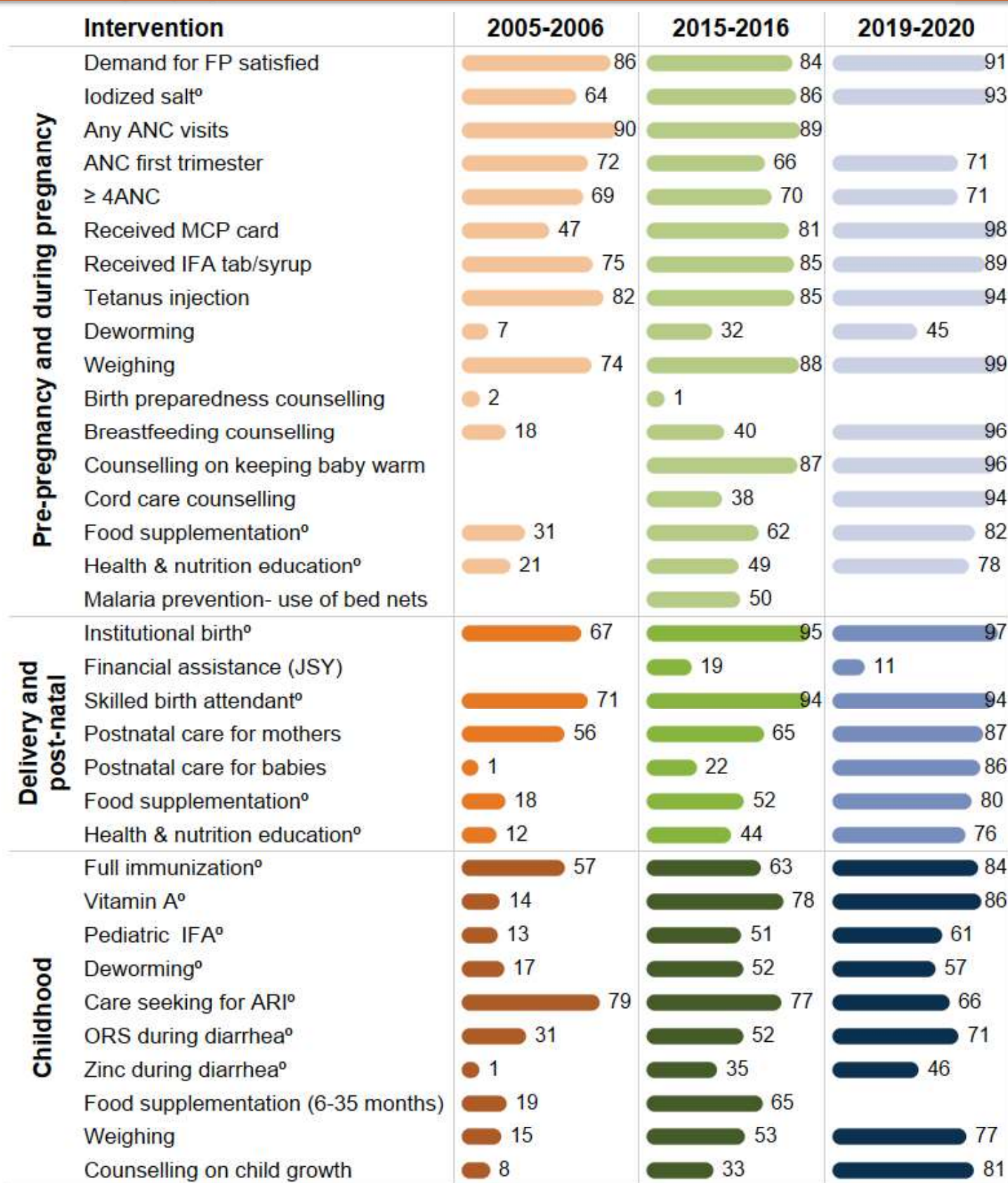
**Table 3. Underlying determinants at district-level
2015-2016, 2019-2020**

Category	Underlying determinants	Worst performing districts (pp) ⁴	Best performing districts (pp) ⁴	Top coverage districts (%) ¹
		<i>Difference between (2019-2020) & (2015-2016)</i>	<i>Difference between (2019-2020) & (2015-2016)</i>	<i>2019-2020</i>
Maternal determinants	Women who are literate ^o	Mandya: -14.4 Shimoga: -13.6	Gulbarga: +13.5 Raichur: +12.9	D. Kannada ³ : 92.7 Udupi: 90.3
	Women with ≥10 years education ^o	Mandya: -19.4 Mysore: -16.3	Bellary: +12.1 Gulbarga: +10.7	Bangalore: 70.1 D. Kannada ³ : 62.8
	Girls 20-24 years married before age of 18 years ^o	Not applicable ²	Chamarajanagar: -37.6 Koppal: -35.0	Udupi: 4.4 D. Kannada ³ : 4.9
	Women 15-19 years with child or pregnant	Raichur: +5.9 Kolar: +2.2	Bellary: -10.1 Mysore: -10.0	Udupi: 0.7 D. Kannada ³ : 1.0
Household determinants	HHs with improved drinking water source ^o	Dharwad: -8.3 Gulbarga: -4.1	Kolar: +33.1 Tumkur: +21.9	Chamarajanagar: 99.9 Bagalkot: 99.2
	HHs with improved sanitation facility ^o	Not applicable ²	Tumkur: +37.0 Chikkaballapura: +33.4	D. Kannada ³ : 97.1 Udupi: 94.5
	HHs with electricity ^o	Bangalore: -1.2 Mandya: -1.0	Shimoga: +5.2 Haveri: +4.1	Chikkaballapura: 99.9 D. Kannada ³ : 99.8

Source: NFHS-3 (2005-2006), NFHS-4 (2015-2016), and NFHS-5 state and district factsheets and state reports (2019-2020).

Note: Underlying determinants are based on the last child data; safe disposal of feces not available in NFHS-5 factsheets (2019-20)/state report and data on HHs with hand washing facility not available in NFHS-3 (2005-06) and NFHS-5 factsheets (2019-20)/state report. Data on open defecation and HHs with BPL card for 2019-2020 are taken from NFHS-5 state reports. ^oIndicator definition differs slightly between NFHS-4 and NFHS-5. ¹For all indicators, top coverage districts refer to the districts with the highest prevalence in underlying determinants, except for girls 20-24 years married before age of 18 years and women 15-19 years with child or pregnant for which it refers to the districts with the lowest prevalence in coverage. ²Prevalence did not increase or decrease in any of the districts. ³District codes: D. Kannada: Dakshina Kannada ⁴The difference is calculated only between districts that are comparable between 2015-2016 and 2019-2020. All districts in Karnataka are comparable across both periods.

Figure 5. Trends in coverage of interventions across the first 1,000 days (%), 2005-2006, 2015-2016, 2019-2020



Source: NFHS-3 (2005-2006), NFHS-4 (2015-2016) & NFHS-5 state factsheets and state reports (2019-2020).

^oIndicator comparable between NFHS-3 and NFHS-4 but differs slightly from NFHS-5.

Note 1 : Interventions' coverage is based on the last child data.

Note 2: The following information is not available in the NFHS-5 factsheets and state reports (2019-20): receipt of at least one ANC visit, birth preparedness counselling, malaria prevention and food supplementation (6-35m). Information on use of bed nets during pregnancy is not available in NFHS-3 data (2006).

Note 3: Data on food supplementation and health and nutrition education during pregnancy and post-natal care, and weight measurement during childhood and counselling on child growth for 2019-2020 are taken from NFHS-5 state reports.

Note 4: Refer to district dashboard for the inter-district variability in the coverage of interventions.

Table 4. Intervention coverage at district-level 2015-2016, 2019-2020

Category	Interventions	Worst performing districts (pp) ³	Best performing districts (pp) ³	Top coverage districts (%)
		<i>Difference between (2019-2020) & (2015-2016)</i>	<i>Difference between (2019-2020) & (2015-2016)</i>	<i>2019-2020</i>
Pregnancy	ANC first trimester	Davanagere: -20.7 Shimoga: -14.0	Bangalore: +23.8 Ramanagara: +22.8	Ramanagara.: 91.8 D. Kannada ² : 86.1
	≥4 ANC visits	Gulbarga: -31.0 Davanagere: -24.9	Bangalore: +26.1 Mysore: +19.9	Bangalore R ² .: 90.9 Kolar: 90.9
	Received MCP Card	Not applicable ¹	Bangalore: +31.0 Gulbarga: +23.5	Mandya: 100 Ramanagara: 100
	Tetanus injection	Yadgir: -9.5 Davanagere: -4.9	Shimoga: +30.4 Kodagu: +17.7	Bangalore R ² .: 100 Mandya: 99.3
Delivery and post-natal	Institutional birth ^o	Gulbarga: -3.5 Davanagere: -0.5	Bellary: +9.1 Raichur: +7.7	Bangalore R ² :100 Hassan: 100
	Skilled birth attendant ^o	Davanagere: -10.7 Gulbarga: -10.2	Chikmagalur: +15.5 U. Kannada ² : +12.5	Ramanagara: 100 Kolar: 99.3
	Postnatal care for mothers	Belgaum: -3.3	Bagalkot: +42.3 Bellary: +42.0	Dharwad: 98.0 Kolar: 95.7
	Postnatal care for babies ^o	Not applicable ¹	Dharwad: +80.5 Chikkaballapura: +79.2	Dharwad: 95.5 Mandya: 95.1
Early childhood	Full immunization	Not applicable ¹	Chikmagalur: +54.6 Mysore: +53.5	Ramanagara: 100 Tumkur: 97.7
	Vitamin A supplementation ^o	Bagalkot: -16.9 Koppal: -15.8	Tumkur: +29.9 Mysore: +26.1	Mysore: 98.1 Tumkur: 96.8
	Care seeking for ARI ^o	Udupi: -34.1 Gulbarga: -31.3	Raichur: +32.5 Chamarajanagar:+24.5	Chamarajanagar:84 Dharwad: 82.1
	ORS treatment during diarrhea ^o	Bijapur: -36.6 Koppal: -34.9	Gulbarga: +3.6	Bidar: 83.4 Gadag: 79.8
	Zinc treatment during diarrhea ^o	Gadag: -38.7 Bijapur: -30.3	Gulbarga: +53.4	Bidar: 56.8 Gulbarga: 53.4

Key takeaways

Children: Stunting and underweight prevalence declined by 6 percentage points (pp) and 2pp, respectively, between 2006 and 2016; stunting remained stable; underweight declined by 4pp between 2016 and 2020. Wasting increased by 9pp between 2006 and 2016 and declined by 8pp between 2016 and 2020. Anemia prevalence declined by 10pp between 2006 and 2016 but increased by 5pp between 2016 and 2020. Overweight/obesity prevalence remained stable between 2006 and 2020.

Women: Underweight prevalence declined by 14pp between 2016 and 2020 and by 4pp between 2016 and 2020. Anemia among non-pregnant and pregnant women declined by 6pp and 15pp, respectively, between 2006 and 2016. But it increased by 3 pp among non-pregnant women by 2020, while remaining stable among pregnant women. Overweight/obesity prevalence increased by 8pp between 2006 and 2016 and by 7pp between 2016 to 2020.

Men: Overweight/obesity prevalence increased by 12pp between 2006 to 2016 and by 8pp between 2016 and 2020.

Attention is needed to improve (%s in 2020):

- **Outcomes:** Stunting (35%); anemia in children (66%); anemia in non-pregnant (48%); and pregnant (46%) women
- **Immediate determinants:** Adequate diet (13%); consumption of 100+ IFA (45%)
- **Underlying determinants:** Women with ≥10 years education (50%)
- **Coverage of interventions:** Zinc during diarrhea (46%)

Indicator definition

Nutrition outcomes	Definition
Low birth weight	Percentage of live births in the five years preceding the survey with a reported birth weight less than 2.5 kg, based on either a written record or the mother's recall
Stunting among children	Percentage of children aged 0-59 months who are stunted i.e., height-for-age z score < -2SD
Wasting among children	Percentage of children aged 0-59 months who are wasted i.e., weight-for-height z score < -2SD
Severe wasting among children	Percentage of children aged 0-59 months who are wasted i.e., weight-for-height z score < -3SD
Underweight children	Percentage of children aged 0-59 months who are underweight i.e., weight-for-age z score < -2SD
Anemia among children	Percentage of children aged 6-59 months who are anemic i.e., (Hb <11.0 g/dl)
Underweight women	Percentage of women aged 15-49 whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²)
Anemia among non-pregnant women	Percentage of non-pregnant women aged 15-49 who are anemic (<12.0 g/dl)
Anemia among pregnant women	Percentage of pregnant women aged 15-49 who are anemic (<11.0 g/dl)
Overweight/obesity - children	Percentage of children aged 0-59 months who are overweight i.e., weight-for-height z score > 2SD
Overweight/obesity - women	Percentage of men aged 15-54 who are overweight or obese (BMI ≥25.0 kg/m ²)
Overweight/obesity - men	Percentage of men aged 15-54 who are overweight or obese (BMI ≥25.0 kg/m ²)
High blood pressure among women ^Δ	Percentage of women aged 15-49 with elevated blood pressure (Systolic >140 mm Hg or diastolic >90 mm Hg)
High blood pressure among men ^Δ	Percentage of men aged 15-54 with elevated blood pressure (Systolic >140 mm Hg or diastolic >90 mm Hg)
High sugar level among women ^Δ	Percentage of women aged 15-49 with elevated blood pressure (Systolic >140 mm Hg or diastolic >90 mm Hg)
High sugar level among men ^Δ	Percentage of men aged 15-54 with high blood sugar levels (141-160 mg/dl)
Immediate determinants	
Early initiation of breastfeeding	Percentage of children under aged 3 years breastfed within one hour of birth for the last child born in the 3 years before the survey
Exclusive breastfeeding	Percentage of youngest children under age 6 months living with mother who were exclusively breastfed
Timely introduction of complementary foods ⁰	¹ Percentage of youngest children aged 6-8 months living with mother who received solid or semi-solid food during the previous day; ² Percentage of youngest children aged 6-8 months living with mother who received solid or semi-solid food and breastmilk
Continued breastfeeding at 2 years ⁵	Percentage of youngest children 12-23 months of age who were fed breast milk during the previous day
Adequate diet	Percentage of youngest children 6-23 months of age who consumed a minimum acceptable diet during the previous day
Eggs and/or flesh foods consumption [§]	Percentage of youngest children 6-23 months of age who consumed egg and/or flesh food during the previous day
Sweet beverage [§]	Percentage of youngest children 6-23 months of age who consumed a sweet beverage during the previous day
Bottle feeding for infants [§]	Percentage of youngest children 0-23 months of age who were fed from a bottle with a nipple during the previous day
Women with body mass index <18.5 kg/m ² ⁰	¹ Percentage of women aged 15-49 with a youngest child < 5 years who have BMI below normal (BMI <18.5 kg/m ²); ² Percentage of women aged 15-49 whose BMI is below normal (BMI <18.5 kg/m ²)
Consumed IFA 100+ days	Percentage of mothers aged 15-49 who consumed iron folic acid for 100 days or more during the last pregnancy in last five years preceding the survey
Diarrhea in the last two weeks ⁰	¹ Percentage of youngest children under age five who had diarrhea in the two weeks preceding the survey; ² Percentage of children under age 5 who had diarrhea in the 2 weeks preceding the survey
ARI in the last two weeks ⁰	¹ Percentage of youngest children under age five who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey; ² Percentage of children under age five who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey
Underlying determinants	
Women who are literate ⁰	¹ Percentage of women aged 15-49 with a birth in five years preceding the survey who are literate i.e., those who completed standard 6 or higher and can read a whole sentence; ² Percentage of women aged 15-49 who are literate i.e., those who completed standard 9 or higher and can read a whole sentence or part of a sentence.
Women with ≥10 years education ⁰	¹ Percentage of women aged 15-49 with a birth in five years preceding the survey with 10 or more years of schooling; ² Percentage of women aged 15-49 with 10 or more years of schooling
Girls 20-24 years married before age of 18 years ⁰	¹ Percentage of women aged 20-24 years with a birth in five years preceding the survey who were married before age 18 years; ² Percentage of women aged 20-24 years who were married before age 18 years
Women 15-19 years with child or pregnant	Percentage of currently married women aged 15-49 who had their first birth before age 20 years and in the five years preceding the survey
HHs with improved drinking water source ⁰	¹ Percentage of youngest children under age 5 living in household that use an improved source of drinking water; ² Population living in households that use an improved sanitation facility
HHs with improved sanitation facility ⁰	¹ Percentage of youngest children under age 5 living in household that uses improved toilet facility; ² Population living in households that use an improved sanitation facility
HHs with hand washing facility [§]	Percentage of youngest children under age 5 living in household that had soap and water for washing hands
Open defecation [@]	Percentage of youngest children under age 5 living in household that has no toilet facility/defecates in open
Safe disposal of feces [§]	Percentage of youngest children living with mother whose stools were disposed of safely
HHs with BPL card [@]	Percentage of youngest children under age 5 living in households with BPL card
HHs with electricity ⁰	¹ Percentage of youngest children under age 5 living in household that has electricity; ² Population living in households with electricity

^Δ Indicator not available in NFHS-3. [§] Indicator not available in NFHS-5 factsheets/state reports ⁰Indicator comparable between NFHS-3 and NFHS-4 but differs slightly from NFHS-5. [@] Indicator not available in NFHS-5 factsheets but available in NFHS-5 states reports.

¹ Definition per NFHS-3/NFHS-4. ² Definition as per NFHS-5 factsheet.

Indicator definition

Interventions	Definition
Demand for FP satisfied@ Iodized salt ⁰ Any ANC visits [§] ANC first trimester	Percentage of currently married women aged 15-49 with demand for family planning satisfied by modern methods ¹ Percentage of women aged 15-49 living in HHs that use iodized salt; ² Percentage of households using iodized salt Percentage of women aged 15-49 with a live birth in the five years who received at least one ANC for the last birth Percentage of women (15-49 years of age) attended by any provider during the first trimester of pregnancy that led to the birth of the youngest child in the last 2 years
≥ 4ANC	Percentage of mothers aged 15-49 who had at least 4 antenatal care visits for last birth in the 5 years before the survey
Received MCP card	Percentage of mothers who registered last pregnancy in the 5 years preceding the survey for which she received a Mother and Child Protection (MCP) card
Received IFA tab/syrup@	Percentage of women who received IFA (given or purchased) tablets during the pregnancy for their most recent live birth in the 5 years preceding the survey
Tetanus injection	Percentage of women whose last birth was protected against neonatal tetanus (for last birth in the five years preceding the survey)
Deworming- pregnancy@	Percentage of women who took an intestinal parasite drug during the pregnancy for their most recent live birth in the 5 years preceding the survey
Weighing- pregnancy@	Percentage of women aged 15-49 with a live birth in the five years preceding the survey who were weighed during ANC for the last birth
Birth preparedness counselling [§]	Percentage of women who had at least one contact with a health worker in the three months preceding the survey and were counselled on birth preparedness; calculated among women aged 15-49 who gave birth in the five years preceding the survey
Breastfeeding counselling@	Percentage of women who met with a community health worker in the last three months of pregnancy and received advice on breastfeeding (for the last pregnancy in the five years preceding the survey)
Counselling on keeping baby warm@	Percentage of women who met with a community health worker in the last three months of pregnancy and received advice on keeping the baby warm for their most recent live birth in the five years preceding the survey
Cord care counselling^@	Percentage of women who met with a community health worker in the last three months of pregnancy and received advice on cord care for their most recent live birth in the five years preceding the survey
Food supplementation - pregnancy@	¹ Percentage of youngest children under age 5 whose mother received supplementary food from AWC during pregnancy; ³ Among children under 6 years, percentage whose mother received specific benefits from AWC during pregnancy: supplementary food
Health & nutrition education – pregnancy@	¹ Percentage of mothers who received health and nutrition education from an Anganwadi Centre (AWC) during last pregnancy in the five years preceding the survey; ³ Among children under 6 years, percentage whose mother received specific benefits from AWC during pregnancy: health and nutrition education
Malaria prevention- use of bed nets^ [§] Institutional birth ⁰	Percentage of women who used mosquito net during the pregnancy for their most recent live birth in the 5 years preceding the survey ¹ Percentage of women aged 15-49 who gave birth in health/institutional facility for their most recent live birth in the 5 years preceding the survey; ² Percentage of live births to women aged 15-49 in the five years preceding the survey that took place in a health/institutional facility
Financial assistance (JSY)@	Percentage of women who received financial assistance under JSY for their most recent live birth that took place in institutional facility in the 5 years preceding the survey
Skilled birth attendant ⁰	¹ Percentage of women whose last delivery was attended by a skilled health personnel for their most recent live birth in the 5 years preceding the survey; ² Percentage of births attended by skilled health personnel for births in the 5 years before the survey
Postnatal care for mothers	Percentage of mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery for their most recent live birth in the five years preceding the survey
Postnatal care for babies	Percentage of children who received postnatal care from a doctor /nurse /LHV /ANM /midwife /other health personnel within 2 days of delivery for last birth in the 5 years before the survey
Food supplementation – postnatal@	¹ Percentage of youngest children under age 5 whose mother received supplementary food from AWC while breastfeeding; ³ Among children under 6 years, percentage whose mother received specific benefits from AWC while breastfeeding: supplementary food
Health & nutrition education – postnatal@	¹ Percentage of youngest children under age 5 whose mother received health check-ups from AWC while breastfeeding; ³ Among children under 6 years, percentage whose mother received specific benefits from AWC while breastfeeding: health and nutrition education
Full immunization ⁰	¹ Percentage of youngest living children aged 12-23 months fully vaccinated based on information from either vaccination card or mother's recall; ² Percentage of children aged 12-23 months fully vaccinated based on information from either vaccination card or mother's recall
Vitamin A – early childhood ⁰	¹ Percentage of youngest children aged 6-59 months who received Vitamin A supplementation in the last 6 months preceding the survey; ² Percentage of children aged 9-35 months who received a vitamin A dose in the last 6 months
Pediatric IFA ⁰ @	Percentage of youngest children aged 6-59 months who received iron supplements in the past 7 days preceding the survey
Deworming – early childhood ⁰ @	Percentage of youngest children aged 6-59 months who received deworming tablets in the last 6 months preceding the survey
Care seeking for ARI ⁰	¹ Percentage of youngest children under age 5 years with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider; ² Percentage of children under age 5 years with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider
ORS during diarrhea ⁰	¹ Percentage of youngest children under age 5 years with diarrhea in the 2 weeks preceding the survey who received oral rehydration salts (ORS); ² Percentage of children under age 5 years with diarrhea in the 2 weeks preceding the survey who ORS
Zinc during diarrhea ⁰	¹ Percentage of youngest children under age 5 years with diarrhea in the 2 weeks preceding the survey who received zinc; ² Percentage of children under age 5 years with diarrhea in the 2 weeks preceding the survey who received zinc
Food supplementation (children 6-35 months) [§]	Percentage of youngest children aged 6-35 months who received food supplements from AWC in the 12 months preceding the survey
Weighing – early childhood@	Percentage of youngest children under age 5 who were weighed at AWC in the 12 months preceding the survey
Counselling on child growth@	Percentage of youngest children under age 5 whose mother received counselling from an AWC after child was weighed in the 12 months preceding the survey

^ Indicator not available in NFHS-3. §Indicator not available in NFHS-5 factsheets/state reports. @Indicator not available in NFHS-5 factsheets but available in NFHS-5 states reports. ⁰Indicator comparable between NFHS-3 and NFHS-4 but differs slightly from NFHS-5.

¹Definition per NFHS-3/NFHS-4. ²Definition as per NFHS-5 factsheet. ³Definition as per NFHS-5 state reports.

Led by IFPRI 

AUTHORS

Soyra Gune, Research Analyst, IFPRI

Rasmi Avula, Research Fellow, IFPRI

S.K. Singh, Professor, IIPS

Rakesh Sarwal, Additional Secretary, NITI Aayog

Neena Bhatia, Senior Specialist, NITI Aayog

Robert Johnston, Nutrition Specialist UNICEF

William Joe, Assistant Professor, IEG

Purnima Menon, Senior Research Fellow, IFPRI

Phuong Hong Nguyen, Senior Research Fellow, IFPRI

SUGGESTED CITATION

Gune, S., R. Avula, S.K. Singh, R. Sarwal, N. Bhatia, R. Johnston, W. Joe, P. Menon, and P.H. Nguyen. 2021. *State Nutrition Profile: Karnataka*. POSHAN Data Note 46. New Delhi, India: International Food Policy Research Institute.

ACKNOWLEDGEMENTS

Financial support for this Data Note was provided by the Bill & Melinda Gates Foundation through POSHAN, led by the International Food Policy Research Institute. The funder played no role in decisions about the scope of the analysis or the contents of the Note.

We thank Long Quynh Khuong (Independent Researcher) for creating the maps, Nishmeet Singh (IFPRI) and Anjali Pant (IFPRI) for working with the dataset and Julie Ghostlaw (IFPRI) & Abhilasha Vaid (Consultant) for editing and reviewing the Note.

PARTNERS

Institute of Economic Growth (IEG)

International Institute for Population Science (IIPS)

NITI Aayog

UNICEF



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 publicly available data.

CONTACT US

Email: IFPRI-POSHAN@cgiar.org

IFPRI-NEW DELHI INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE

NASC Complex, CG Block,
Dev Prakash Shastri Road,
Pusa, New Delhi 110012, India
T+91.11.66166565
F+91.11.66781699

IFPRI-HEADQUARTERS INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE

1201 Eye Street, NW,
Washington, DC 20005 USA
T. +1.202.862.5600
F. +1.202.467.4439
Skype: IFPRIhomeoffice
ifpri@cgiar.org
www.ifpri.org

This publication has been prepared by POSHAN. It has not been peer reviewed. Any opinions stated herein are those of the author(s) and do not necessarily reflect the policies of the International Food Policy Research Institute.

Copyright © 2021 International Food Policy Research Institute. All rights reserved. For permission to republish, contact ifpri-copyright@cgiar.org.

Disclaimer: The maps used in this Data Note are based on the districts in NFHS-5 factsheets/reports. The boundaries shown do not imply any official endorsement or acceptance by IFPRI.