

4. CHILD MALNUTRITION (INCLUDING UNDERNUTRITION AND OVERWEIGHT)

National development is largely dependent on healthy and well-nourished people, but many children are not always able to access sufficient, safe and nutritious food and a balanced diet that meets their needs for optimal growth and development for an active and healthy life (UNICEF, 2019[10]). Malnutrition among children in low and middle income countries and territories encompasses both undernutrition and a growing problem with overweight and obesity. Many countries and territories are facing a double burden of malnutrition – characterised by the coexistence of undernutrition along with overweight, obesity or diet-related non-communicable diseases (NCDs) – which poses a real and growing health challenge. In order to simultaneously and synergistically address these challenges, the United Nations declared the Decade of Action on Nutrition in 2016 until 2025 and proposed actions such as strengthening sustainable, resilient food systems for healthy diets, assuring safe and supportive environments for nutrition at all ages, promoting nutrition-related education, and strengthening nutrition governance and promoting accountability (WHO, 2017[14]).

Undernutrition is an important determinant of poor health among young children and is estimated to explain around 45% of all under 5 child deaths worldwide (Development Initiatives, 2018[15]). In order to reduce under age 5 mortality, countries and territories need to not only implement effective preventive and curative interventions for newborns, children and their mothers during and after pregnancy (see indicator “Infant and child health” in Chapter 5) but also to promote optimal feeding practice (see indicator “Infant feeding” in Chapter 4).

Child undernutrition is also associated with poorer cognitive and educational outcomes in later childhood and adolescence, and has important education and economic consequences at the individual, household and community levels. Overweight in childhood is related to early cardiovascular, gastrointestinal, musculoskeletal and orthopaedic problems. It is also a major predictor of obesity in adulthood, which is a risk factor for the leading causes of poor health and early death. Hence, preventing overweight has direct benefits for children’s health and well-being, in childhood and continuing into adulthood (UNICEF, 2019[10]).

In 2012, the World Health Assembly endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition, which specified a set of six Global Nutrition Targets by 2025 and they include targets in stunting, wasting and overweight (WHO, 2014[16]). In 2015, the UN SDG also set target referring to stunting, wasting and overweight among children.

High levels of stunting in a country are associated with poor socio-economic conditions and increased risk of frequent and early exposure to adverse conditions such as illness and/or inappropriate feeding practices. Wasting may also be the result of a chronic unfavourable condition, like unsafe water and poor or lacking sanitary facilities. Recurrent events of wasting can increase the risk of stunting, and stunting increases the risk of overweight and obesity later in life (UNICEF, 2019[10]).

In Asia-Pacific, many countries and territories had a high prevalence of stunting among children under age 5. Stunting prevalence was high at around 50% in Papua New Guinea, and

more than one in three children were stunted in India, Indonesia, Nepal and Pakistan. On the other hand, stunting prevalence was below 5% in Australia, the Republic of Korea and Singapore (Figure 4.9). In the past few years, Mongolia had made a substantial progress and became the first country in the Asia-Pacific region to have achieved the Global Nutrition Target to reduce by 40% the number of children under 5 years who are stunted.

Countries and territories with high stunting prevalence had a high under age 5 mortality rate (Figure 4.10), also reflecting the fact that about 45% of under age 5 deaths were attributable to undernutrition (Development Initiatives, 2018[15]).

As to wasting, if there is no severe food shortage, the prevalence is usually below 5% even poor countries (<https://www.who.int/nutgrowthdb/about/introduction/en/index2.html>), but it was higher than this threshold in India, Indonesia, Malaysia, Papua New Guinea and Sri Lanka. So far, however, Australia, Brunei Darussalam, China, Japan, Korea DPR, Mongolia, the Republic of Korea and Singapore have attained the Global Nutrition Target of reducing and maintaining childhood wasting to less than 5% (Figure 4.9).

In 2018, almost 20 million overweight or obese children under age 5 lived in Asia (UNICEF, 2019[10]), and a high prevalence of overweight was reported for Pacific Island countries. However, the prevalence of childhood overweight varied across Asia-Pacific countries and territories. More than one child out of ten was overweight in Australia, Indonesia, Mongolia and Papua New Guinea, whereas less than 2% of children under age 5 were overweight in Japan, Myanmar and Nepal (Figure 4.11). Nepal, Pakistan and Thailand reduced under 5 overweight rates since 2012, so they meet the Global Nutrition Target 2025 of not increasing childhood overweight prevalence (WHO, 2020[17]). A low prevalence of overweight, however, did not always mean a proper nutrition intake among children. For instance, a study in Nepal showed that children under age 2 were getting a quarter of their energy intake from non-nutritive snacks and beverages such as biscuits or instant noodles (UNICEF, 2019[10]).

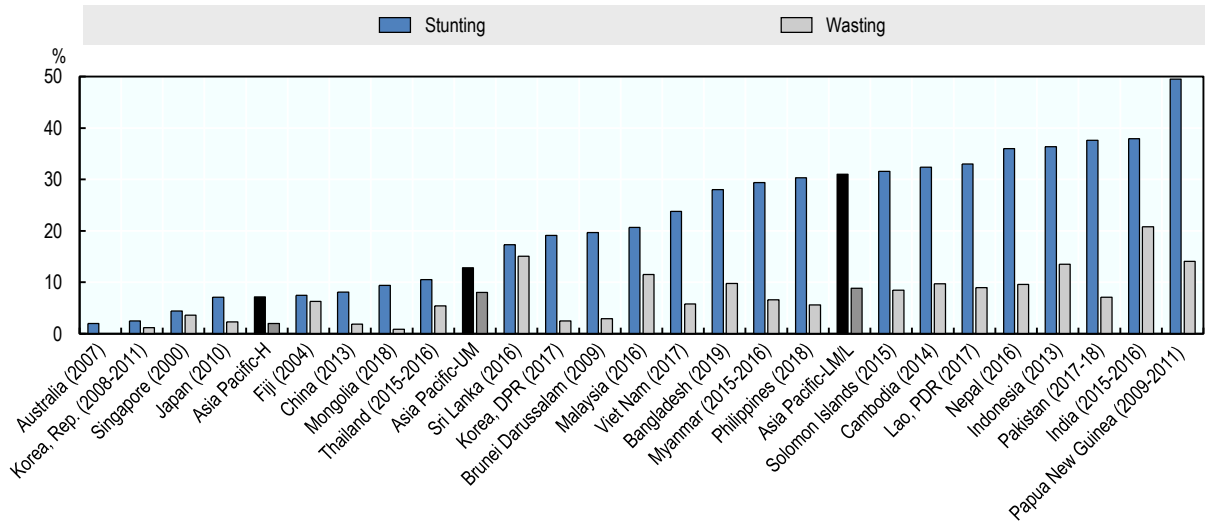
Definition and comparability

Stunted growth (low height-for-age) reflects failure to reach linear growth potential as a result of long-term suboptimal health and/or nutritional conditions.

Wasting (low weight-for-height) usually indicates recent and severe weight loss, because a person has not had enough food to eat and/or has had an infectious disease, such as diarrhoea, which has caused them to lose weight.

According to the WHO definition, child overweight is weight-for-height greater than 2 standard deviations above WHO Child Growth Standards median, and child obesity is weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median.

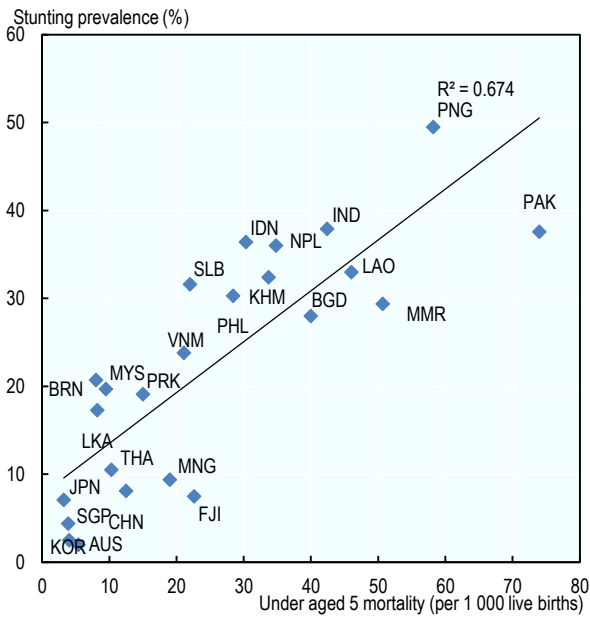
Figure 4.9. Prevalence of stunting and wasting among children under age 5, latest year available



Source: WHO GHO 2020; UNICEF 2020; DHS & MICS surveys, various years.

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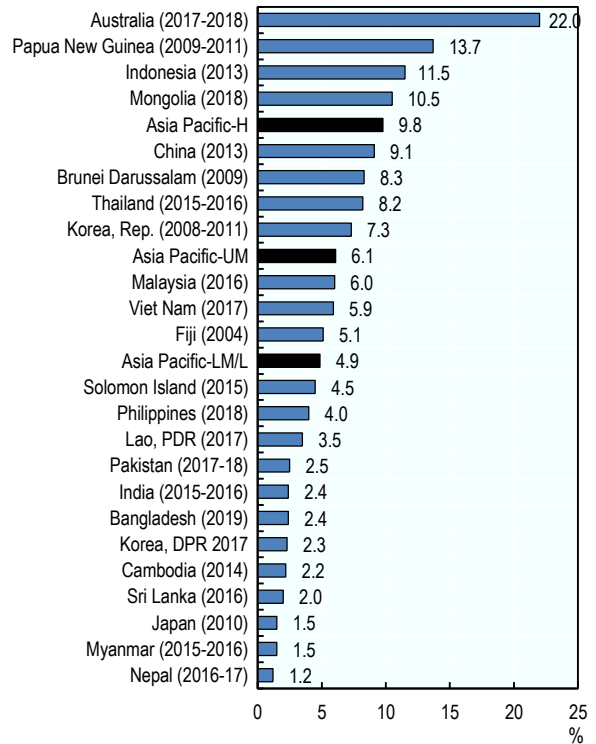
Figure 4.10. Under-5 mortality and stunting prevalence, latest year available



Source: DHS and MICS surveys, various years; WHO GHO 2020; UNICEF 2020; UN IGME; Childinfo 2019.

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Figure 4.11. Prevalence of overweight among children under age 5, latest year available



Source: UNICEF/WHO/WB, 2020; DHS & MICS surveys, various years.

StatLink <https://stat.link/xorqqa>



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