unite for children

unicef

KEY FACTS AND FIGURES ON NUTRITION[1]

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The impact of stunting:

- Globally, nearly **one in four children under age 5** (165 million or 26 per cent in 2011) are stunted.
- Stunting, or low height for age, is associated with impaired **brain development**, which is likely to have long-lasting negative consequences throughout a child's life.
- Recent studies from Brazil, Guatemala, India, the Philippines and South Africa confirmed the association between **stunting and reduced school attendance and performance**. The studies also found that stunting was a predictor of grade failure.[2]
- Reduced school attendance and diminished educational outcomes mean these children will earn less once they become adults. A 2007 study estimated an average 22 per cent loss of yearly income in adulthood.[3]
- A stunted child enters adulthood with a greater **propensity for being overweight** and for developing chronic diseases.
- **Sub-Saharan Africa and South Asia** are home to three quarters of the world's stunted children. In sub-Saharan Africa, 40 per cent of children under 5 are stunted; in South Asia, 39 per cent are stunted.
- In 2011, **the five countries that count the highest numbers of stunted children** under 5 were: India (61.7 million), Nigeria (11 million), Pakistan (9.6 million), China (8 million) and Indonesia (7.5 million).

Stunting affects the most marginalized children:

- Beyond regional and national averages, there are **disparities by wealth and area of residence**.
- Globally, **one third of rural children under 5** are stunted, compared to **one quarter in urban areas**.
- Similarly, children under 5 in the **poorest communities** are more than twice as likely to be stunted as children under 5 in the richest communities.

Timing is essential:

- The most crucial time to meet a child's nutritional requirements is during **the 1,000 days beginning from pregnancy to the child's second birthday**.
- Evidence from 54 low- and middle-income countries indicates that growth deficiencies begin during pregnancy and continue until about 24 months of age. Catch-up growth later in childhood is minimal – **the damage caused is largely irreversible**.
- Undernourished mothers have a **greater chance of giving birth to low-birth-weight babies** than adequately nourished mothers.
- An estimated **60 to 80 per cent of neonatal deaths** occur among low-birth-weight babies.
- In **South Asia**, more than 25 per cent of children are born with low birth weight.

More than just food:

- The nutritional status of a child is influenced by **three broad factors: food, health and care**.

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[1] Where nothing else is noted data are from 2013 UNICEF report*: Improving Child Nutrition: The achievable imperative for global progress*

[2] Journal of Nutrition, Vol 140, n2, 2010, pp.348-354

[3] Lancet vol, 2007

- This status is optimized when children and mothers have access to: affordable, diverse, nutrient-rich food; appropriate maternal and childcare practices; adequate health services; and a healthy environment including safe water, sanitation and good hygiene practices.

Approaches that work:

- Countries that have demonstrated **political will and commitment to tackle malnutrition** have enjoyed great success in reducing stunting prevalence.
- **Successful direct nutrition interventions include**: improving women's nutrition, especially before, during and after pregnancy; early and exclusive breastfeeding for first 6 months; timely, safe, appropriate good quality complementary feeding for 6-24 months; and adequate intake of micronutrients.
- There are many examples of countries that have witnessed **great decreases in stunting** prevalence.
    - In **Peru**, stunting fell by one third in just a few years – from an estimated 30 per cent of children under 5 in 2004-2006 to 20 per cent in 2011.
    - In **Rwanda**, in just five years (from 2005 to 2010), stunting prevalence decreased from an estimated 52 per cent of children under 5 to 44 per cent.
    - In **Ethiopia**, between 2000 and 2011, rates of stunting among children under 5 decreased from an estimated 57 per cent to 44 per cent.
    - In **Haiti**, preliminary survey results indicate that stunting prevalence fell from an estimated 29 per cent of children under 5 to 22 per cent between 2006 and 2012.
    - In **Maharashtra state in India**, provisional estimates suggest that the prevalence of stunting had dropped from 39 per cent of children under 5 in 2005-2006 to 23 per cent in 2012.
    - In **Nepal**, stunting prevalence among children under age 5 dropped from 57 per cent in 2001 to 41 per cent in 2011.

Malnutrition and child mortality:

- **One third of deaths of children under 5** are attributable to undernutrition.
- Undernutrition puts children at far **greater risk of death and severe illness** due to common childhood infections, such as pneumonia, diarrhoea, malaria, HIV/AIDS and measles.
- Children with severe acute malnutrition are **nine times more likely** to die than children who are well-nourished. **Seventy five per cent of children who receive treatment can recover**.

The nutritional status of the world's children

Stunting

- The global prevalence of stunting has **declined 36 per cent** over the past 20 years, from an estimated 40 per cent in 1990 to 26 per cent in 2011.
- While every region has observed reductions in stunting prevalence, the **greatest declines occurred in East Asia and the Pacific**. This region experienced a 70 per cent reduction since 1990, declining from 42 per cent in 1990 to 12 per cent in 2011.

Underweight

- Globally, underweight (low weight for age) prevalence has declined, from 25 per cent in 1990 to 16 per cent today - **a 37 per cent reduction**.
- An estimated **101 million children** under 5 years were underweight in 2011, representing approximately 16 per cent of the world's under-5 children.

Wasting

- Globally, **52 million children under 5** are moderately or severely wasted (low weight for height), an **11 per cent decrease** from an estimated 58 million in 1990.
- Globally, **more than 29 million** (5 per cent) children under 5 suffer from severe wasting.
- The **highest prevalence is in South Asia**, where approximately one in six children are severely or moderately wasted. The burden is highest in India, where more than 25 million children are wasted.

Low birth weight

- More than **20 million children** (an estimated 15 per cent of infants) were born with low birth weight worldwide in 2011.
- India accounts for more than one third of the global burden.

Overweight

- In 2011, more than **two thirds of overweight children under 5 resided in low- and middle-income countries.**
- Globally, an estimated 43 million children under 5 are overweight.

Coverage of interventions

- **81 per cent** of pregnant women globally have at least one **antenatal visit**, but the coverage of specific interventions and the quality of antenatal care varies.
- Globally, **39 per cent** of infants less than 6 months old were **exclusively breastfed** in 2011.
- Among 50 countries with available trend data, the majority (40 countries) have posted gains in exclusive breastfeeding rates since 1995.
- Globally, only **60 per cent** of children aged 6-8 months receive solid, semi-solid or soft foods, highlighting deficiencies in the timely introduction of complementary foods.
- Globally, between 1995 and 2005**, one in three preschool-age children** and one in six pregnant women were deficient in vitamin A due to inadequate dietary intake.
- In most countries profiled in the report, **less than 50 per cent of women** received adequate iron and folic acid supplementation during their pregnancy.
- Globally, **75 per cent of households** have adequately iodized salts, but coverage varies considerably by region.
- An estimated **2 million** children under 5 were treated for severe acute malnutrition in 2011.

What is UNICEF doing?

Around the world, UNICEF is working to: build political commitment among governments and partners to reduce stunting and other forms of undernutrition; support the design and implementation of comprehensive and effective national policy and programmes based on sound situation analysis at country level; help strengthen the capacity of community workers; develop effective communication and advocacy, promote multisectoral delivery of services and supply; and provide ready-to-use therapeutic food during emergencies (27,000 metric tonnes in 2011, some 80 per cent of the global supply). The organization works with governments and partners in five main areas:

- **Maternal nutrition**: To provide nutrition counselling and supplements, and prevent diseases. These services are delivered during antenatal visits.
- **Infant and young child feeding**: To guarantee the best start in life by:

  - promoting timely initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months;
  - ensuring timely, adequate and appropriate complementary feeding along with continued breastfeeding from six months onwards.
- **Prevention and treatment of micronutrient deficiencies:** To provide Vitamin A, zinc, salt and other micronutrients to women, pregnant women and children. This improves the health of expectant mothers, the growth and development of the unborn child, and the survival and physical and mental development of children up to age 5.
- **Prevention and treatment of severe acute malnutrition:** To facilitate the treatment of severe acute malnutrition in the heart of communities by qualified community health workers and to improve the delivery of ready-to-use-therapeutic food. This avoids the risk of death and minimizes complications.
- **Promotion of health, hygiene, and water and sanitation practices**: To support vaccination campaigns; to promote sanitation and hand-washing with soap; to improve access to safe drinking water; to promote the use of oral rehydration salts and therapeutic salts to treat diarrhoea; to distribute mosquito nets to prevent malaria and provide treatment; to treat pneumonia with antibiotics.

UNICEF is a core partner in various nutrition initiatives:

Scaling Up Nutrition, or **SUN**, is a unique movement founded on the principle that all people have a right to food and good nutrition. It unites people – including governments, civil society, the United Nations, donors, businesses and researchers – in a collective effort to improve nutrition. Within the SUN movement, national leaders are prioritizing efforts to address malnutrition. Currently, more than 30 countries are putting the right policies in place, collaborating with partners to implement programmes with shared nutrition goals, and mobilizing resources to effectively scale up nutrition, with a core focus on empowering women. http://scalingupnutrition.org/

REACH is anchored in the United Nations system and draws on the vast expertise of United Nations agencies, while also catalysing increased efficiency and collaboration between the main United Nations partners on nutrition (the Food and Agriculture Organization, UNICEF, the World Health Organization and the World Food Programme) at the country level. It is a key part of broader United Nations efforts on nutrition. Together, the Standing Committee on Nutrition and REACH have played a prominent role in supporting the SUN movement, and now work together as the 'UN Network' of the movement. REACH builds on the political commitments pledged through SUN and acts as a vehicle for country-level action. http://www.reachpartnership.org/

Recently, the **United Nations Commission on Life-Saving Commodities** delivered several recommendations on how to improve access to a number of essential drugs and micronutrients, including oral rehydration salts, zinc and magnesium sulfate. http://www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities