



Childhood Malnutrition: Where Does the World Stand? What Else is Needed?

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DEAR EDITOR,

Globally, malnutrition has been acknowledged as one of the key reasons for the mortality among children in the under-5 year age-group.^[1] Child malnutrition can manifest in various forms such as stunting (viz., a child who is too short for their age); wasting (viz., a child who is too thin for their height); underweight (viz., child who is having less weight than the expected); and overweight (viz., a child who is too heavy for their height).^[2] These forms of malnutrition tend to have a significant implication on child survival, development (acquisition of motor skills, cognition, and social development), and quality of life of both the affected child and their family members.^[1,2]

Although different mechanisms have been proposed for the development of malnutrition in children, nevertheless poor diet, infectious diseases, and socioeconomic conditions have been identified as the underlying cause in most of the cases.^[3] In fact, the findings of epidemiological studies have identified multiple determinants such as child's age, child's gender, preterm delivery, mother literacy, place of delivery, the presence of diarrheal disease or respiratory infections, maternal height, and personal hygiene.^[4,5] Further, the growing problem of social inequality and urban-rural disparity has also played a crucial role in increasing the prevalence of malnutrition in heterogeneous settings.^[3-5]

The findings of a recently released report have revealed quite comprehensible and shocking estimates about the prevalence of different forms of malnutrition across the world.^[2] Of the 667 million under-five children in the world in the year 2014, almost 24% and 7.5% were stunted and wasted, respectively.^[2] Though slight improvement has been observed in the prevalence of

stunting since 1990, but the rate of improvement is quite slow and needs sustained efforts.^[2,4] On the contrary, the prevalence of overweight has increased to >6% from <5% in 1990.^[2] Furthermore, close to one-third of the under-five children who were wasted have been diagnosed with severe wasting in 2014 itself.^[2]

These estimates necessitate that if the member states of the World Health Organization really want to achieve the endorsed global targets (viz., stunting - 40% reduction; low birth weight - 30% reduction; childhood overweight - no further increase; and reduce and maintain childhood wasting to <5%) by the year 2025, a concerted, holistic, and targeted approach is the need of the hour.^[1] The first and foremost thing is to develop a comprehensive policy comprising different strategies to address all aspects of malnutrition, and at the same time define roles of different stakeholders (such as nutrition, food technology, health administration, health education, and marketing).^[5] However, no sustained benefits can be derived, unless the planned strategies are implemented at family, community, national, and international levels.^[4,5] Further, these interventions should be planned based on the epidemiological contexts and in an evidence-based manner.^[3-5]

To conclude, the current estimates on malnutrition are not very much encouraging and provide the international stakeholders clear-cut evidence that no longer, we can ignore child malnutrition owing to the associated long-term sequel on the child development and even survival.

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malnutrition in rural and urban Ecuadorian highlands. *Public Health Nutr* 2014;17:2122-30.

REFERENCES

1. World Health Organization. Global Targets 2025 – Poster; 2015. Available from: http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/. [Last accessed on 2015 Sep 25].
2. UNICEF, WHO, The World Bank Group. Levels and Trends in Child Malnutrition – Key Findings of the 2015th ed. Geneva: WHO Press; 2015.
3. Kismul H, Hatløy A, Andersen P, Mapatano M, Van den Broeck J, Moland KM. The social context of severe child malnutrition: A qualitative household case study from a rural area of the democratic republic of Congo. *Int J Equity Health* 2015;14:47.
4. Ayala-Gaytán EA, Díaz Durán-Hernández A. Child malnutrition, infrastructure and income in Mexico. *Salud Publica Mex* 2015;57:22-8.
5. Ortiz J, Van Camp J, Wijaya S, Donoso S, Huybregts L. Determinants of child

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