

# SANCHAR briefs

Science And News: Communicating Health And Research

## Brief #5: Stunting

Childhood stunting, or inadequate height for age, is an outcome of gross undernutrition and persistent infection in the first 1000 days of a child's life. Affecting over 160 million children under the age of 5 years, stunting is a public health concern with high social and economic costs including poor developmental, cognitive and educational outcomes, as well as a loss in economic productivity. It is also associated with other malnutrition conditions, like anemia and wasting.

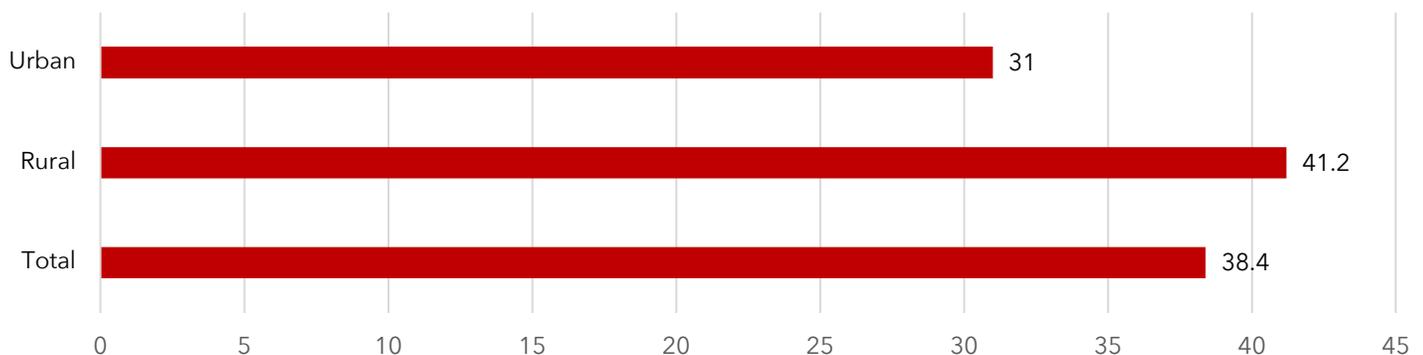
India contributes to approximately one third of the world's stunted children. Despite a drop from 48% in 2005-06 to 38.4% in 2015-16, at 46.8 million children, India still has the largest number of stunted children under the age of five years, followed by Nigeria and Pakistan. Several studies have shown a high burden of stunting in the northern, central and parts of eastern India in particular.

The Ministry of Women and Child Development (MWCD) and Ministry of Health and Family Welfare, have historically implemented disease-specific nutrition policies as well as the Integrated Child Development Scheme, the world's largest community-based program to target maternal and child malnutrition. Since 2018, a new comprehensive National Nutrition Policy was rolled out as the POSHAN Abhiyaan under MWCD, to make India "malnutrition free" by 2022. Reducing childhood stunting is one of its prominent goals along with targeting Infant and Young child feeding, Immunization, De-worming and Food Fortification, among others.

### Quick Facts from NFHS-4 (2015-16)

1. 38% of children under 5 are stunted.
2. Stunting is higher among children in rural areas (41%) than urban (31%) areas.
3. The burden is highest in Bihar (48%), Uttar Pradesh (46%), Jharkhand (45%), and Meghalaya (44%), and lowest in Kerala and Goa (20% each).

Children under 5 years who are stunted (height-for-age)

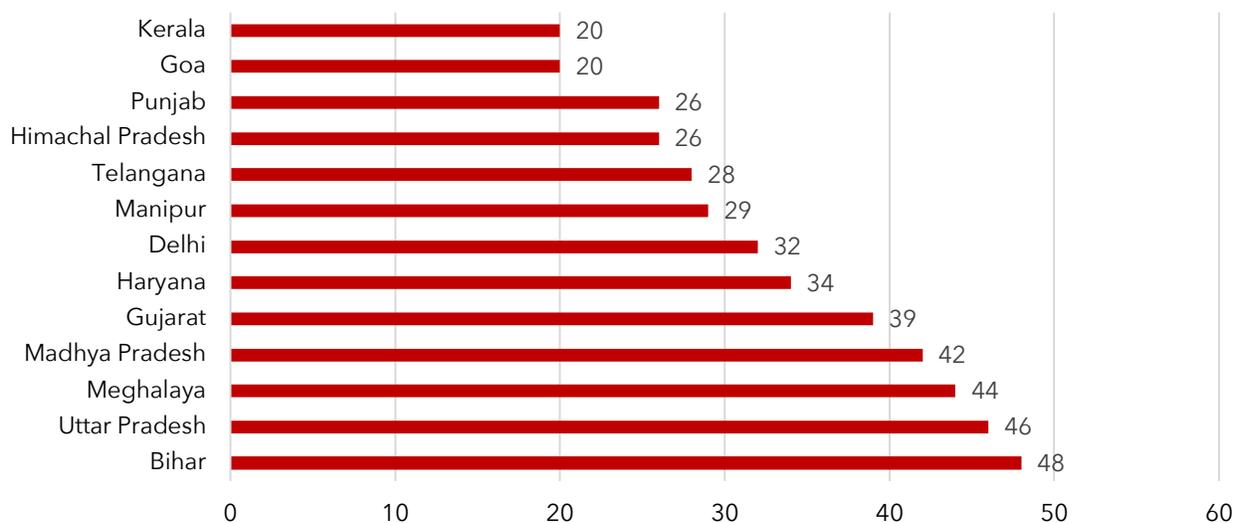


## WHO Guidelines:

- WHO defines stunting height that is more than two standard deviations from the WHO child growth standards median, released in 2006. This is to provide an international growth standard.
- In 2012, the World Health Assembly Resolution 65.6 endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition. This included a target to achieve 40% reduction in stunting among children under 5 years by 2025.

Stunting is a result of a variety of causes intertwined with social and economic drivers. Poor infant and young child feeding practices, a high burden of infectious diseases like diarrhea, and exposure to poor sanitation and hygiene environments are some examples. According to NFHS 4 findings, 51% of children born to mothers with no schooling are stunted. Prevalence of stunting also decreases with an increase in wealth quintile with 51% of children in households in the lowest wealth quintile reported stunted against only 22% in households in the highest wealth quintile.

Stunting rate by state



## How can this inform your work?

Targeting undernutrition and sanitation have been among key national policy priorities in India, and is critically linked to the Sustainable Development Goals. As journalists working on the policy space, this should be a key area of your work.

## Reference:

International Institute for Population Sciences (IIPS) and ICF. 2017. *National Family Health Survey (NFHS-4), 2015-16: India*. Mumbai: IIPS.

*Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice. To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.*



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