

It's time to consider wasting and stunting interventions together



For decades, child wasting and stunting have been approached as separate conditions. This has had negative implications for how children receive nutrition services across the world and rates of wasting and stunting have not improved in the last 20 years to the extent that we would have wanted them to.

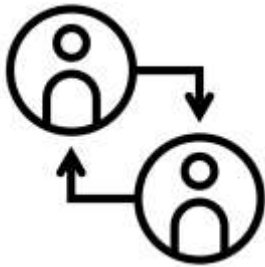
Evidence shows a relationship between wasting and stunting. Consideration of which can improve our approaches to under nutrition.

How are wasting and stunting connected?

- A significant proportion (30% and 20% respectively) of wasting and stunting is **present at birth**.
- Wasting and stunting **share common risk factors**: one extensive review of available literature found no risk factor for becoming wasted that was not associated with being stunted.
- **Seasonal patterns in prevalence of both wasting and stunting** are seen; in particular, season of birth has been shown to have an impact on a child's subsequent experience of wasting and stunting.



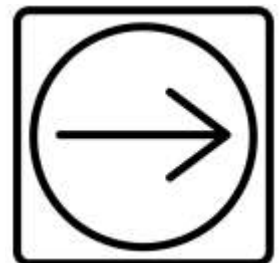
There is evidence of a direct relationship



- At an individual level, wasting and stunting appear to be associated, **to a degree beyond coincidence** i.e., in the presence of one, the risk of developing the other considerably increases
- Children who have recovered from a wasting episode have a **higher risk of experiencing wasting again** compared to non-wasted peers
- Research has shown that **a child who is wasted is three times more likely to subsequently become stunted** than a non-wasted child. During wasting treatment, it appears that children temporarily stop growing.
- Although to a lesser extent, there also appears to be a direct relationship whereby **stunted children are more likely to become wasted** by a factor of 1.5 times. Although more studies are needed to explore this finding further.

Children concurrently wasted and stunted are at higher risk of mortality

- A significant proportion of children experience concurrent wasting and stunting. Country level data suggests **that up to 8% of children under 5 may be both wasted and stunted at the same time**, global estimates translate to **around 16 million children**.
- Children who are concurrently wasted and stunted have been found to have an **elevated mortality risk**, similar to that of severely wasted children and are around 12 times more likely to die than non-wasted or stunted children
- A combination of **weight-for-age (underweight) and mid-upper arm circumference** appears to be the most effective way to identify children at highest risk of mortality, including those concurrently wasted and stunted
- Wasting, stunting and concurrent wasting and stunting appear to be **more prevalent in boys than girls** and concurrent wasting and stunting peaks between 12- 30 months of age with **younger children being the most affected**



See our [infographic](#) on how policymakers, programme designers, donors and researchers can consider wasting and stunting interventions together.

Visit the Wasting and Stunting Technical Interest Group for more information:
www.enonline.net/ourwork/reviews/wastingstunting

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