

Aiming higher for maternal and child nutrition in South Asia

Research snapshot¹

South Asia has the greatest burden of wasted and stunted children of any region in the world. These children are more likely to experience ill health and developmental deficits in childhood and lower productivity and poorer livelihoods as adults. This article introduces and summarises the findings of a special supplement on 'Height Heights: A Greater Ambition for Maternal and Child Nutrition in South Asia', which brings together 15 articles on the time trends, distribution and determinants of maternal and child malnutrition and the effectiveness of policy and programme actions to increase the coverage of essential nutrition actions in South Asia.

The articles highlight the role of socioeconomic disadvantage, poor maternal nutrition and poor diets in early life in driving the high prevalence of both wasting and stunting in South Asia. Poor maternal nutrition (low body mass index and short stature) and low birth weight (LBW) are consistent predictors of stunting and wasting. Programme approaches that have proven effective in improving the cov-

erage of nutrition interventions during pregnancy have several common features: use of formative research to inform programme design; service delivery at community level; the engagement of family members; actions to improve the performance of frontline health providers; and the provision of free iron and folic acid supplements.

Optimal infant and young child feeding practices appear to protect against wasting and stunting. The rapid fall in the prevalence of wasting during the first six months of life in several South Asia countries suggests that early and exclusive breastfeeding may help infants to recover from low weight at birth. Programmes and interventions that reach women and their families with repeated exposure early in pregnancy are more likely to improve early and exclusive breastfeeding, while interventions with no impact on breastfeeding are characterised by short duration, irregular frequency, inappropriate timing and poor coverage and targeting. The likelihood of stunting is lower in children aged 6-8 months who are fed complementary foods and in children aged 6-23 month who consume diverse diets.



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The authors conclude that a coordinated approach involving the food, health and social protection systems is needed to improve the diets of women and children in early life, alongside actions to increase girls' access education and safe water and sanitation services.

¹ Torlesse, H. & Aguayo, V. M. (2018). Aiming higher for maternal and child nutrition in South Asia. *Maternal & Child Nutrition*, 14(S4):e12739 <https://doi.org/10.1111/mcn.12739>

Birthweight and feeding practices are associated with child growth outcomes in South Asia

Research snapshot¹

Child wasting has received much less policy attention in South Asia than stunting, despite the region being home to over half the world's wasted children and a reduction in child wasting being one of the targets of the Sustainable Development Goal 2. In addition, there is evidence that being wasted increases individual risk of stunting,

which suggests that the high prevalence of stunting in the region is partly driven by the high prevalence of wasting. Understanding the predictors of wasting and severe wasting can help inform the design of preventive interventions. Data from recent surveys in six South Asian countries (Afghanistan, Bangladesh, India, Maldives, Nepal and Pakistan) were pooled to examine

the associations between low birth weight (LBW), breastfeeding practices and complementary feeding practices with child wasting, severe wasting and the concurrence on wasting and stunting – a highly vulnerable state that carries a similar mortality risk to severe wasting.

Using multiple logistic regression models, adjusted for the surveys' clustered designs and potential confounding factors, the analysis found that children with reported LBW were significantly more likely to be wasted, severely wasted and concurrently wasted and stunted than non-LBW infants. The analysis also revealed the protective effect of infant and young child feeding (IYCF) against child wasting. Children aged 0 to 23 months who started breastfeeding within one hour of birth, who were not given prelacteal feeds and those aged 0-5 months who were exclusively breastfed were less likely to be wasted. In India, children aged 6-23 months who were fed diverse meals were less likely to be wasted and concurrently wasted and stunted. Findings demonstrate that greater investments in improving women's nutrition both before and during pregnancy and in improving IYCF practices in early life are needed to reduce the very high prevalence of wasting in South Asia. Wasting shares these predictors with stunting, which indicates the need to address both forms of malnutrition in a more coherent manner and not to separate them conceptually or programmatically.

¹ Harding, K. L., Aguayo, V. M., & Webb, P. (2018). Birthweight and feeding practices are associated with child growth outcomes in South Asia. *Maternal & Child Nutrition*, 14(S4), e12650. <https://doi.org/10.1111/mcn.12650>



A 10 month old baby has his MUAC measured at an Outreach Therapeutic Centre in Cox's Bazar, Bangladesh

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