Countdown to 2030
Women's, Children's & Adolescents' Health

Improving Maternal and Child Nutrition: Opportunities for Action

Pakistan is experiencing a triple burden of malnutrition, with undernutrition and micronutrient deficiencies increasingly accompanied by overweight. Three in one people in Pakistan are malnourished. About 40.2 percent of children are stunted, and 28.9 percent are underweight. Wasting, which is associated with increased child mortality, has increased from 15.1% in 2011 to 17.7% in 2018. Pakistan is facing similar challenges like other lower middle-income countries such as climate change, food insecurity, decreased food production, inadequate access to safe and nutritious food, clean water and sanitation and lack of political and economic policies related to health and nutrition. Trends of stunting, wasting and underweight have shown negligible improvement over the past years.

According to National Nutrition Survey (NNS), wasting effects about two out of every ten children (12.5 million) under the age of five in Pakistan with a 4% decline since 2011. In 2018, more than 40% of Pakistani children under the age of five are stunted (12 million children). Nearly one-third of children (28.9%) are underweight, while the high prevalence of overweight has doubled from 5% in 2011 to 9.5% in 2018[1] (Figure 1).

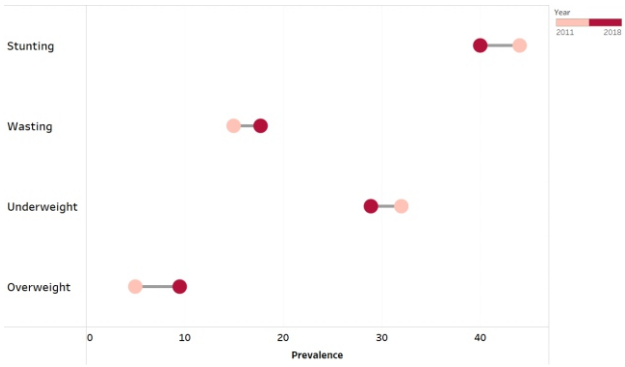

Figure 1 Trends of nutritional status of children (0-59 months) in Pakistan

The national government has set the targets to reduce stunting and wasting by 2025 after committing to the SDGs, and Figure 2 depicts subnational disparities and the gaps between the target to be achieved by 2025. The prevalence of stunting among children under five in all provinces/regions exceeds the threshold (32%) except Islamabad Capital Territory (ICT).

Figure 2 Subnational nutritional status of children (0-59 months) – 2018

Notes: Red line is PC-1 target
Data source: National Nutrion Survey, 2018

Sindh has the highest prevalence of stunting, wasting and underweight followed by Balochistan and Khyber Pakhtunkhwa-Newly merged districts (KP-NMD). Despite improvements in reducing the prevalence of wasting, GB remains in a state of nutrition emergency (Figure 2). Forty-five percent of women practice early initiation of breastfeeding and about half (48%) of children under the age of six months are exclusively breastfed in Pakistan. However, KP (60.7%) and KP-NMD (59%) have the highest proportion of children exclusively breastfed for the first six months of life as compared to AJK (42%) and Balochistan (43.9%) have the lowest (Figure 3). All regions need to improve significantly to achieve the benchmark in the next five years.

Malnutrition is one of the underlying causes of mortality, accounting for 32% of neonatal deaths. Ensuring initiation of breastfeeding within 1 hour can cut 22% all neonatal mortality; exclusive breastfeeding for the first six months can cut down about 13% of all child deaths and adequate complementary feeding could prevent an additional 6% of all such deaths[2]. In 2019, 69% of women had institutional deliveries[3], providing an opportunity to meet the targets of early initiation and exclusive breastfeeding.

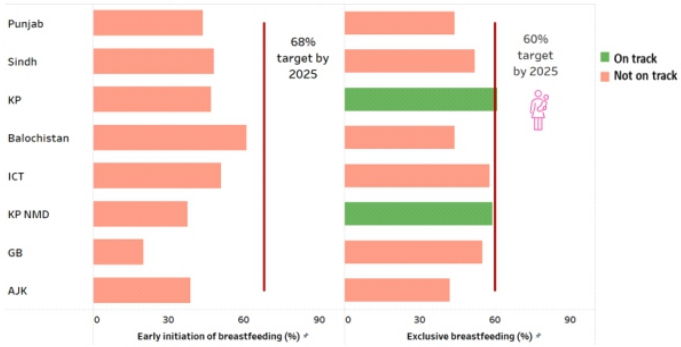

Figure 3 Subnational status of breastfeeding among children (0-59) months – 2018

Nearly, 14 percent of children (6-23) months get a meal with minimum dietary diversity. In Punjab, 4.8% of children (0-59) months receive complementary foods that meet the requirements of a minimum acceptable diet. Thirty-six percent (36%) of infants were introduced to complementary foods, 18.2% of children (6-23) months of age met a minimum meal frequency, and only 3.7% received a minimum acceptable food. The indicators of supplementary feeding are far away from 2025 targets across all regions (Figure 4).

[1]National Nutrition Survey, 2011-18
[2]Ministry of National Health Services, Regulations & Coordination. Tackling Malnutrition Induced Stunting in Pakistan July 2021-June 2026. 2020
[3]Pakistan Social Living and Measurement Survey (PSLM), 2019

Figure 4 Subnational complementary feeding practices among children (under age 5) - 2018

The NNS analysis showed that the levels of IYCF practices are low in Pakistan. On average, only 45.8% of newborns were breastfed in the first hour after their birth, and 5 in 10 infants (48.4%) were exclusively breastfed throughout six months. Moreover, 68.4% of the children were still breastfed after 12 months. Significant inequalities exist in terms of IYCF practices within and between provinces and regions. Stunting is a primary concern in Pakistan, with 40.2% of children under-five affected. Around 91 districts are most impacted by stunting, with prevalence exceeding 40%. The children most affected are those living in rural areas and those in the lowest wealth quintile. Malnutrition is also prevalent in women of reproductive age, with 14.5% being underweight and 13.9% obese. There has been a reduction in underweight prevalence. However, overweight and obesity are still increasing rapidly. The difference in terms of anaemia among the groups is minimal, suggesting that this problem concerns the entire population.

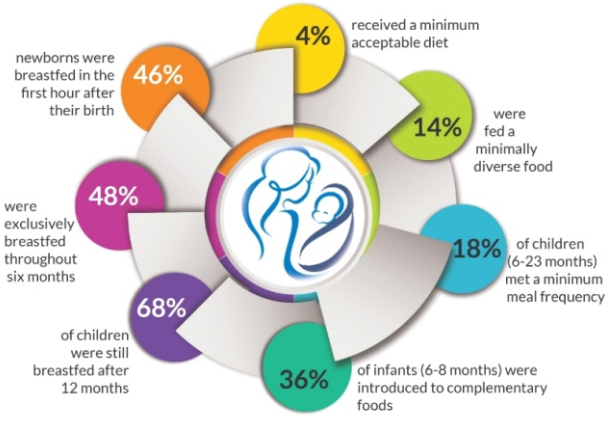

Figure 5 Infant and Young Child Feeding (IYCF)

Table 1 shows that districts with low food insecurity and higher rates of optimal birth spacing have lower stunting rates. The alarming prevalence of stunting depicts a public health problem that demands the government's due emphasis. Poverty contributes to the problem of food insecurity and it reveals the seriousness of the nutritional situation in high-burden districts. To achieve these targets, it is important to understand what factors contribute to and reinforce them. Table 2 presents districts with high food insecurity have higher stunting rates.

Table 1 Districts with low food insecurity and high birth interval

District	Food Insecurity	Birth Interval (more than 2 years)	Stunting
Karachi South	30.1	43.4	32.0
Mirpur	21.6	-	31.5
Rawalpindi	33.6	45.2	30.5
Hafizabad	30.9	42.1	29.1
Karachi East	26.6	44.3	29.0
Karachi Central	25.7	42.4	28.9
Sialkot	29.0	44.2	28.3

Data source: National Nutrition Survey 2018 & MICS 2017

Table 2 Prioritized Districts with high highest stunting rates

District	Exclusively Breastfed	Food Insecurity	Stunting
Kalat	34.4	90.8	62.9
Kachhi	35.8	69.5	61.6
Tharparkar	66.6	78.8	60.0
Kharmang	42.3	75.5	57.6

Data source: National Nutrition Survey 2018

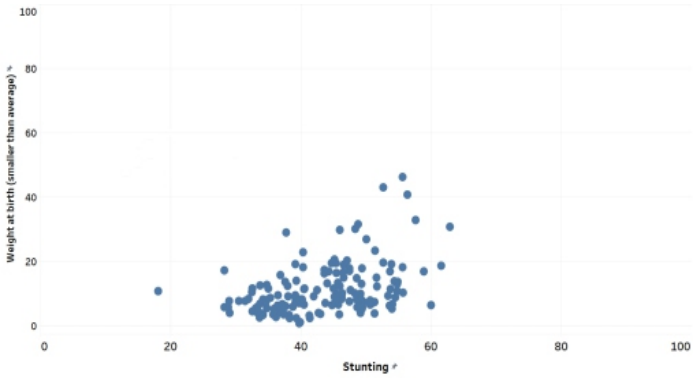

Figure 6 Correlation between low birth weight and stunting at district level

The nutritional status of women during pregnancy is associated with pregnancy outcomes and child health outcomes. The “first thousand days” from pre-conception to two years of age is known as the window of opportunity for nutritional interventions. It is, therefore, essential for all women to have an optimal nutritional status during adolescence and adulthood.

The national prevalence of underweight in women (15-49) years of age is estimated at 14.5%, ranging from 10.8% in ICT to 8.3% in KP. About 11.8% of adolescent girls aged 15-19 years in Pakistan are underweight.

Around 43 percent of all women (15-49) years are anaemic and the prevalence exceeds 7.5% for non-pregnant women. There are significant differences in the prevalence of anaemia between adolescents (54.7%) and adult women (42.6%). However, women with no formal education and those living in rural areas experience the highest burden. There is no progress in reducing maternal anaemia across all regions over time.

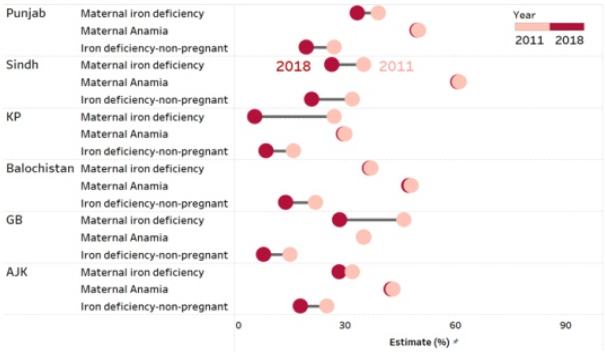

Figure 7 Subnational trend analysis of anaemia among women (15-49 yrs), 2011-18

Recommendations

- Given the direct link of food insecurity with stunting, the focus of the government should be directed towards devising and implementing social protection schemes, raising purchasing power, building sustainable infrastructure to limit food wastage and towards production of variety of foods.
- Multisectoral approach for nutrition needs enhanced government capacity for planning, implementation, coordination and monitoring.
- Health and nutrition programmes should balance prevention and management of malnutrition. The preventive iron and folic acid supplementation and deworming for adolescent girls as a campaign; maternal nutrition screening at ANC, switching to multiple micronutrients to improve compliance of supplementation intake among pregnant women and deworming during second trimester; birth weight measurement and follow-up of low birth weight infants; promotion of early initiation and exclusive breastfeeding are some of the high impact interventions to consider.
- The nutrition programme has witnessed inadequate governmental financial allocation, partial donor support and few districts being chosen for programming with limited health facilities. Embedding nutrition agenda into the Universal Health Care mandate will ensure a convergent and efficient approach. Health workforce can be leveraged to deliver for nutrition and health sector should take full responsibility and accountability of implementing interventions in their domain within the multi-sectoral nutrition plan.
- A comprehensive Social and Behaviour Change Communication to promote healthy nutritional behaviour and systematic age-appropriate messaging covering first 1000 days of life and strengthening community-based approaches are required.
- Nutrition Information System should use innovations for real time reporting together with integration into DHIS. Particular areas of recording and reporting include maternal nutritional status screening, birth weight measurement and management of children with acute malnutrition.

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