

# NUTRITIONAL STATUS OF CHILDREN UNDER FIVE



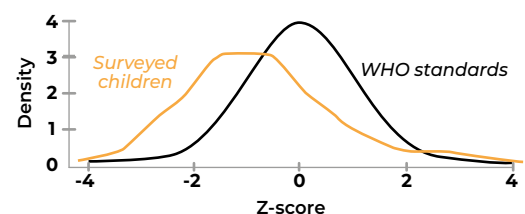
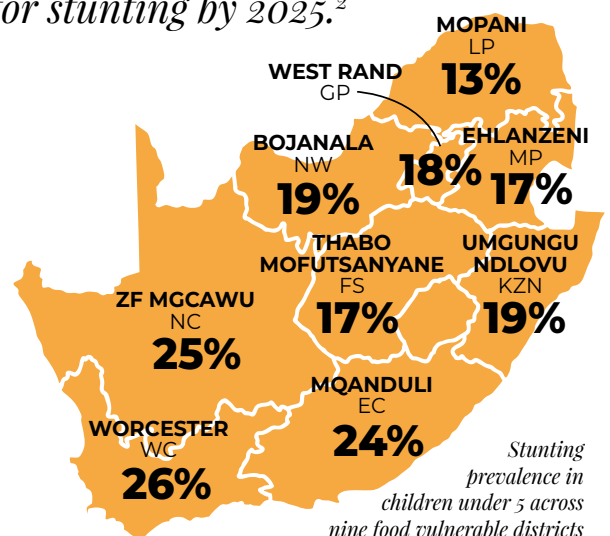
## RESULTS OF NINE COMMUNITY STUNTING SURVEYS CONDUCTED ACROSS NINE FOOD VULNERABLE DISTRICTS IN SOUTH AFRICA

*Stunting affects the development of more than a quarter of South African children under five years.<sup>1</sup> The impact of the COVID-19 pandemic and resulting hunger crisis is expected to exacerbate stunting globally, increasing the need for critical nutritional services among children by 15% and placing an additional 1.7 million South African children at the risk for stunting by 2025.<sup>2</sup>*

Stunting is a result of prolonged undernutrition and exposure to repeated infections at the beginning of a child's life, perpetuated by factors at the household, community and societal levels. Children who are stunted are more likely to drop out of school, face poorer health and economic outcomes and have stunted children themselves, creating intergenerational cycles of poverty that undermine South Africa's potential.

The first five years of a child's life are critical for their development and present a window of opportunity to counter the physical, social and economic drivers of stunting. However, absence of available quality data limits the capacity of decision-makers to make informed choices about targeted early interventions and services that address the specific causes of stunting in vulnerable communities.

Grow Great, a national campaign that seeks to mobilise South Africa towards a national commitment to zero stunting by 2030, embarked on a series of surveys in food vulnerable communities across South Africa's nine provinces. Results aim to empower local communities, civil society and government leaders towards data-driven action that will reduce stunting by 2030.



*Child stunting is higher across 7 of South Africa's food vulnerable communities when compared to WHO standards*

**HOW THE STUNTING SURVEYS WERE CONDUCTED:** Nine community stunting surveys were conducted July 2018 - May 2022 in collaboration with **Stellenbosch University, Nelson Mandela University, Philani Maternal Child Health and Nutrition Trust** and **ikapadata**. A descriptive cross-sectional study design was used in Worcester (WC) and Mqanduli (EC) and stratified multistage clustered household survey was conducted in the remaining 7 provinces.

1. Demographic & Health Survey, 2016  
2. UNICEF: South Africa Nutrition Brief, 2020

# COMMUNITY STUNTING SCORECARD

**GROW GREAT**

**5506**

children under 5 were surveyed

*Drivers of stunting occur in unique combinations based on study site, highlighting the need for localised responses by diverse stakeholders to reduce stunting. After controlling for confounding variables, mother's education level, child's age, male gender, birth weight, Vitamin A coverage and household size remained predictive of stunting.*

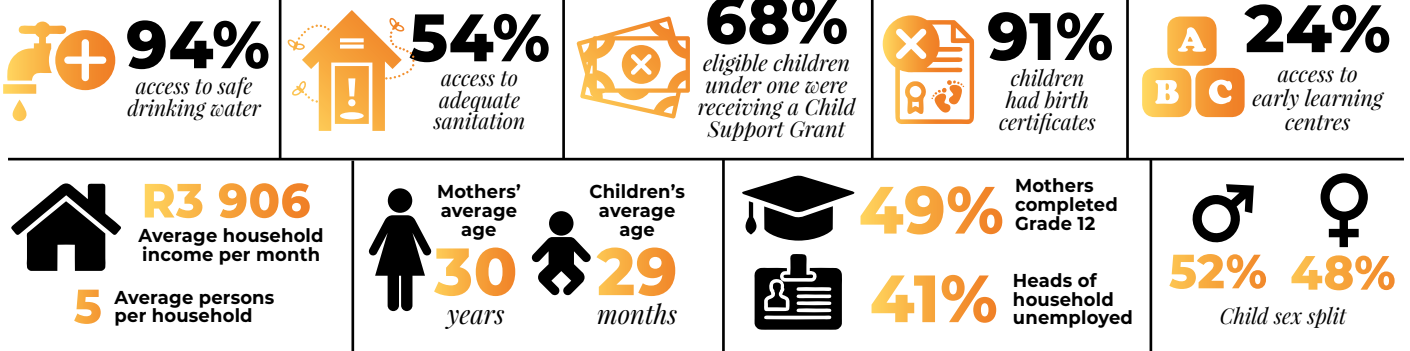
Prevalence of stunting in children under 5

**18%**

(range 13%-26%)



## SOCIODEMOGRAPHIC CHARACTERISTICS & ACCESS TO BASIC SERVICES



## CHILD HEALTH & NUTRITION



## STUNTING RISK FACTORS - ANTHROPOMETRY



Targeted intersectoral responses are needed to address the diverse drivers of stunting in South Africa. A lifecycle approach that strengthens primary healthcare services for pregnant women and children, reduces school dropout and improves community level access to quality nutrition is a minimum requirement to reduce stunting in these vulnerable South African communities.