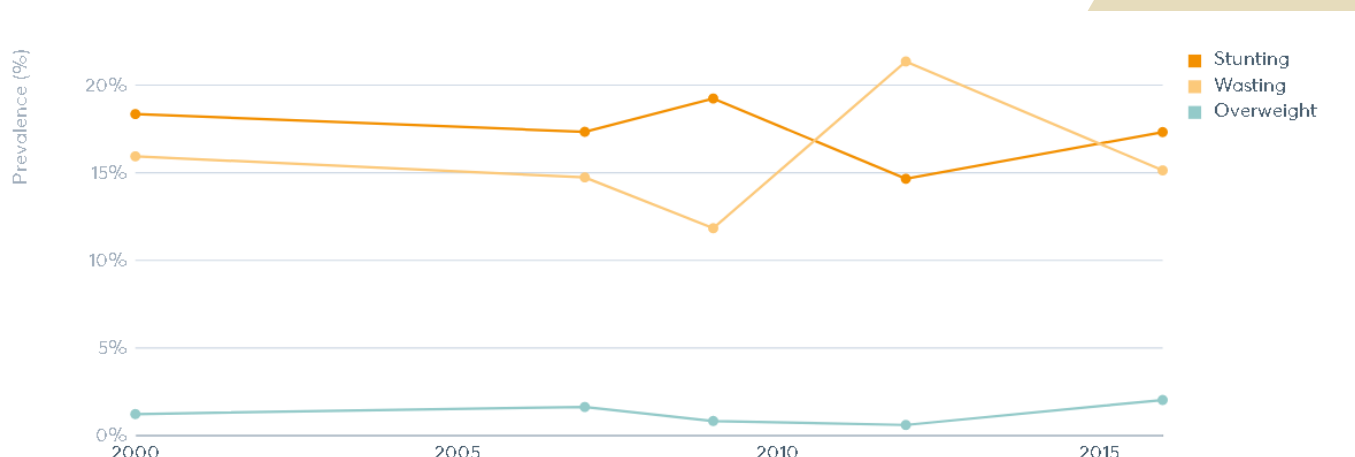


A brief to the triple burden of malnutrition among children in Sri Lanka

Malnutrition in children is a common entity in Sri Lanka. This includes undernutrition, overnutrition, and micronutrition deficiencies. These conditions are generally called the triple burden of malnutrition.

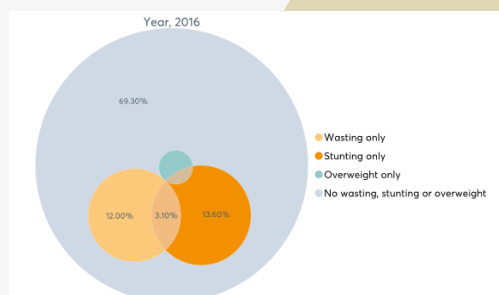
Sri Lanka has made some progress towards achieving the target for stunting, but 17.3% of children under 5 years of age are still affected, which is lower than the average for the Asia region (21.8%). Sri Lanka has made no progress towards achieving the target for wasting, with 15.1% of children under 5 years of age affected, which is higher than the average for the Asia region (9.1%) and among the highest in the world. The prevalence of overweight children under 5 years of age is 2.0% and Sri Lanka has made no progress against increasing the figure.

Figure 1



Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Stunting, Wasting and Overweight (July 2020, New York). Available at: <https://data.unicef.org/resources/dataset/malnutrition-data>.

Figure 2



Source: UNICEF, Division of Data Research and Policy 2020. UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight (July 2020, New York). Available at: <https://data.unicef.org/topic/nutrition/malnutrition>

According to a study done in urban underserved settlements among children less than 5 years in the Colombo district in 2019, the prevalence of stunting was 18%, underweight was 19.4%, wasting (severe acute malnutrition and moderate acute malnutrition) was 10.9% while 1.2% was overweight.

To address the problems in regards to nutrition it is mandatory to identify the nutrition status of a child.

In a less than 5-year-old child if the weight for age is less than -2SD it is called underweight. It is important to identify weight faltering and weight flattening as these are the early signs of poor weight gain. The deviation from normal growth trajectory is called weight faltering and if there is no weight gain over a minimum of one month is called weight flattening. If the weight has fallen below the previous reading it is called a weight drop.

When the weight for height or weight for length is less than -2SD it is identified as malnutrition. When it is less than -3SD the condition is called severe acute malnutrition and when it is between -2SD to -3SD, it is called moderate acute malnutrition.

In children less than 5 years if the weight for height more than +2SD, it is called overweight while the height for age is less than -2SD it is called stunting.

In children above 5 years when the BMI for age is between -2SD and +1SD it is identified as the normal nutrition status. If the BMI for age is less than -2SD it is called wasting or thinness. When it is between +1SD to +2SD it is called overweight and if it is more than +2SD it is called obesity. If the height for age is less than -2SD it is called stunting.

In each of these abnormal nutrition statuses searching for any underlying medical cause is very important. While excluding medical causes nutritional causes should be addressed.

Micronutrient deficiencies are also common in children in Sri Lanka. These deficiencies include iron deficiency, zinc deficiency, vitamin D deficiency, and vitamin B complex deficiencies. Clinical suspicion and investigation of these deficiencies are paramount in treating these problems.

Following the development of the field of clinical nutrition, malnutrition has received considerable attention from the health sector. Therefore as health professionals, it is our responsibility to screen for children for malnutrition, diagnose them, referral to the relevant medical nutrition units, management, and evaluation of these children.

By Dr. Perl Mallawaarachchi,
Acting Consultant,
Clinical Nutrition,
Lady Ridgeway Hospital