



Country Context

HDI ranking: 129th out of 182 countries¹

Life expectancy: 52 years²

Lifetime risk of maternal death: 1 in 110²

Under-five mortality rate: 67 per 1,000 live births²

Global ranking of stunting prevalence: 67th-highest out of 136 countries²

Technical Notes

Stunting is low height for age.

Underweight is low weight for age.

Wasting is low weight for height.

Current stunting and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the trend data shown in Figure 1, which are calculated according to the previously-used NCHS/WHO reference population.

Low birth weight is a birth weight less than 2500g.

Overweight is a body mass index (m²/kg) of ≥ 25; **obesity** is a BMI of ≥ 30.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: www.worldbank.org/nutrition/profiles

The Costs of Malnutrition

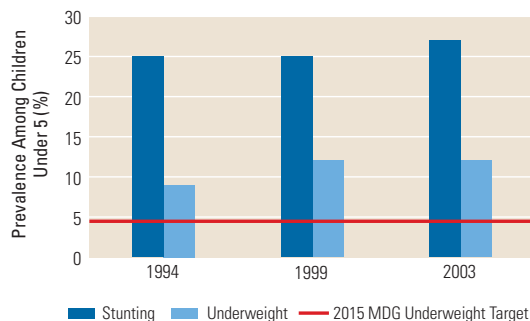
- Over one-third of child deaths are due to under-nutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- South Africa is anticipated to lose a cumulative US\$1.9 billion to chronic disease by 2015.⁵
- The economic costs of undernutrition and overweight include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.⁶

Where Does South Africa Stand?

- 27% of children under the age of five are stunted, 12% are underweight, and 5% are wasted.²
- 55% of those aged 15 and above are overweight or obese.⁷
- 15% of infants are born with a low birth weight.²

As shown in **Figure 1**, undernutrition has stayed roughly constant in South Africa since the early 1990s. South Africa will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁸

FIGURE 1 South Africa is not on Track Towards Meeting MDG 1



Source: WHO Global Database on Child Growth and Malnutrition (figures based on the NCHS/WHO reference population).

As seen in **Figure 2**, despite South Africa's relatively high per capita income, it has rates of child stunting comparable to other lower-income countries in its region, and *higher* rates of stunting than lower-income countries in other regions. Further,

Annually, South Africa loses over US\$1.1 billion in GDP to vitamin and mineral deficiencies.^{3,4}

Scaling up core micronutrient nutrition interventions would cost US\$55 million per year.

(See *Technical Notes* for more information)

Key Actions to Address Malnutrition:

Increase exclusive breastfeeding rates and improve young child feeding through effective education and counseling services.

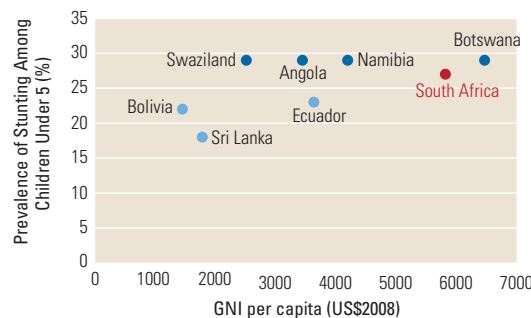
Achieve universal salt iodization.

Address the growing burden of overweight and obesity through policies that promote diverse diets and physical activity.

Improve dietary diversity through increased market access and diversified agricultural production in rural areas, and national food policies that align with public health nutrition.

within South Africa there is likely to be variation across geographies and socio-demographic groups.

FIGURE 2 South Africa has Higher Rates of Stunting than Lower Income Countries in Other Regions



Source: Stunting rates were obtained from the WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank's World Development Indicators.

The Double Burden of Undernutrition and Overweight

While undernutrition rates have stagnated for 15 years, South Africa has also seen an increase in obesity in adults and children. This "double burden" is the result of various factors. Progress in improving community infrastructure and development of sound public health systems has been slow,

Poor Infant Feeding Practices

- Only 8% of infants under six months are exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, one-half of infants are not fed appropriately with *both* breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.¹⁵

High Disease Burden

- 16% of child deaths are due to either diarrhea or pneumonia.⁸
- Undernourished children have an increased risk of falling sick and greater severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.
- Achieving a diverse and nutritious diet seems to be a problem reflected in high rates of hidden hunger, overweight and obesity.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members. Examine food policies and the country regulatory system as they relate to overweight and obesity.

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thwarting efforts to reduce undernutrition; while rapid urbanization and the adoption of Western diets high in refined carbohydrates, saturated fats and sugars, combined with a more sedentary lifestyle are commonly cited as the major contributors to the increase in overweight and chronic diseases.^{9,10} Cultural factors, perceptions and beliefs about body weight also play a significant role.⁹

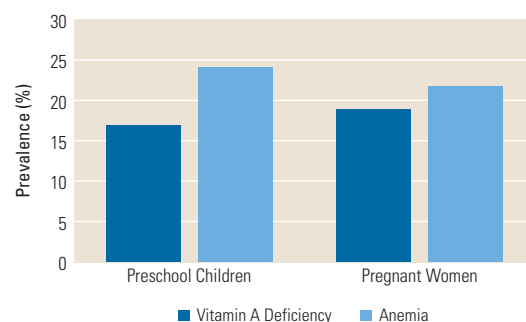
While nearly a third of children are undernourished, the majority of adults in South Africa are overweight or obese. Urban children are twice as likely to be overweight as rural children (20% vs. 11%).⁹ Poor nutrition early in life is a risk factor: low-birth weight infants and stunted children may be at greater risk of chronic diseases such as diabetes and heart disease than children who start out well-nourished.¹¹

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being and are prevalent in South Africa, as indicated in Figure 3.

- **Vitamin A:** 17% of preschool aged children and 19% of pregnant women are deficient in vitamin A.¹² Supplementation of young children and dietary diversification can eliminate this deficiency.
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 24% and 22%, respectively.¹³ Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple

FIGURE 3 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity



Source: 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition.

foods are effective strategies to improve the iron status of these vulnerable subgroups.

- **Iodine:** Only 62% of households consume iodized salt, and over 410,000 infants remain unprotected from iodine deficiency disorders.⁸

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US\$0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.¹⁴

World Bank Nutrition Related Activities in South Africa

The World Bank is not currently supporting any nutrition projects in South Africa.



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