

Growing up Unequal: Stunting Disparities among under-5 Children in Nepal

Stunting, based on a child's height-for-age, is a measure of chronic nutritional deficiency. Children with height-for-age are classified as moderately or severely stunted based on WHO Standard.

1 in 4 children under 5 years in Nepal faces stunting.

POOR NUTRITION



IRREVERSIBLE

RECURRENT INFECTIONS

Affects physical and cognitive development



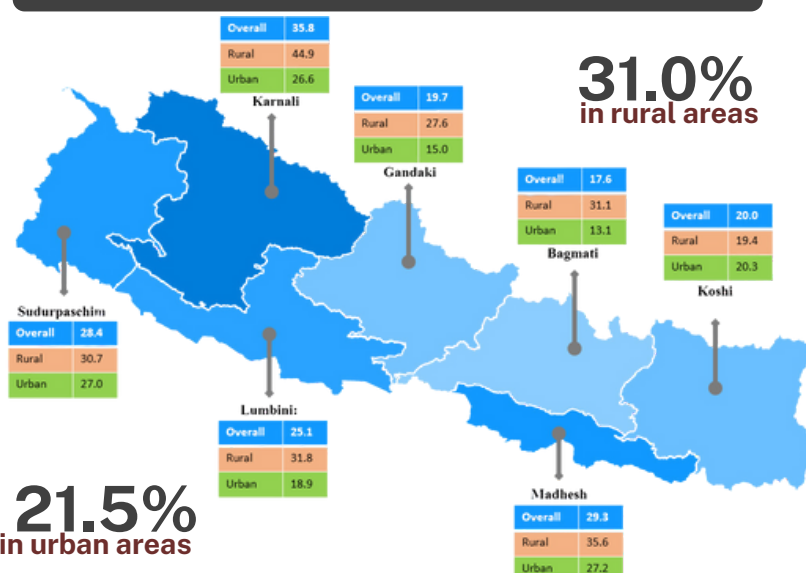
Reduces future productivity

Obesity risk in later life

Poor health outcomes



Prevalence of Stunting in Nepal



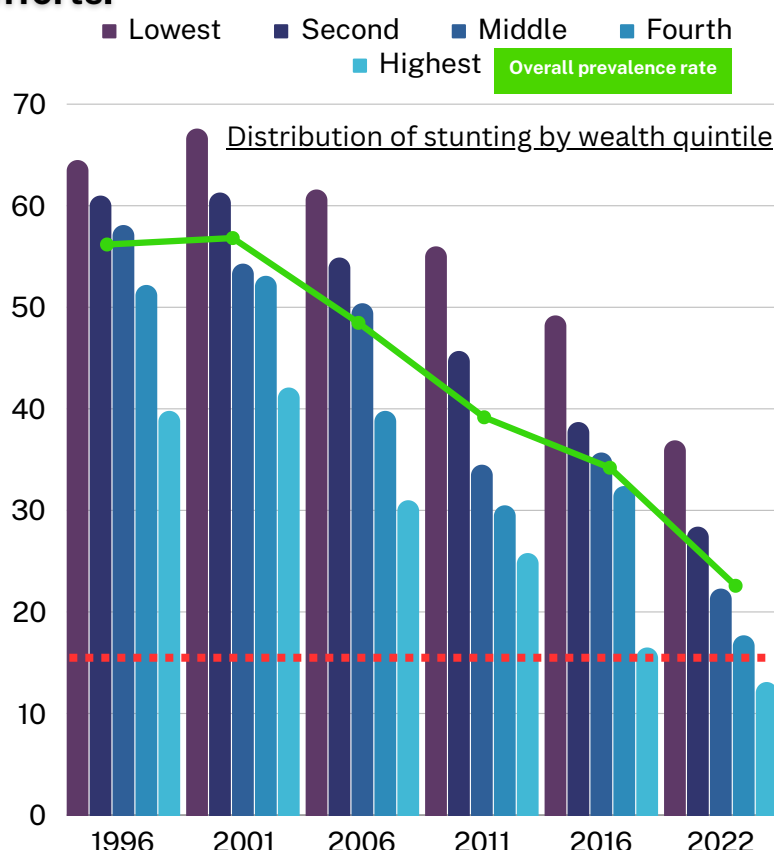
Trend of Stunting by Wealth Quintile and Mother's Education (1996-2022)

Stunting significantly decreased over the last decades.

Disproportionately higher among the lowest wealth quintile.

SDG target already achieved for highest wealth quintile.

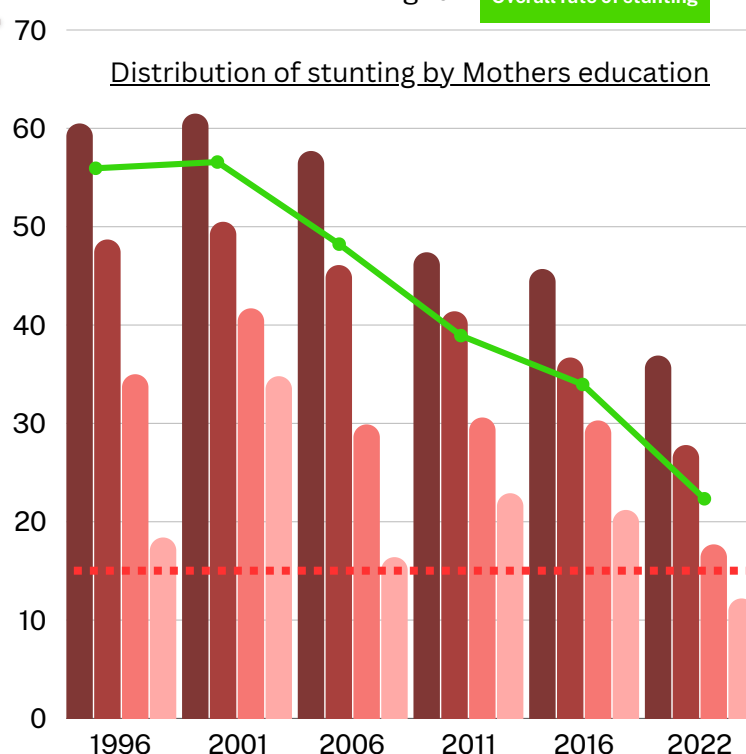
Persistent inequality demands sustained efforts.



■ No education ■ Primary ■ Secondary ■ Higher

Overall rate of stunting

Distribution of stunting by Mothers education



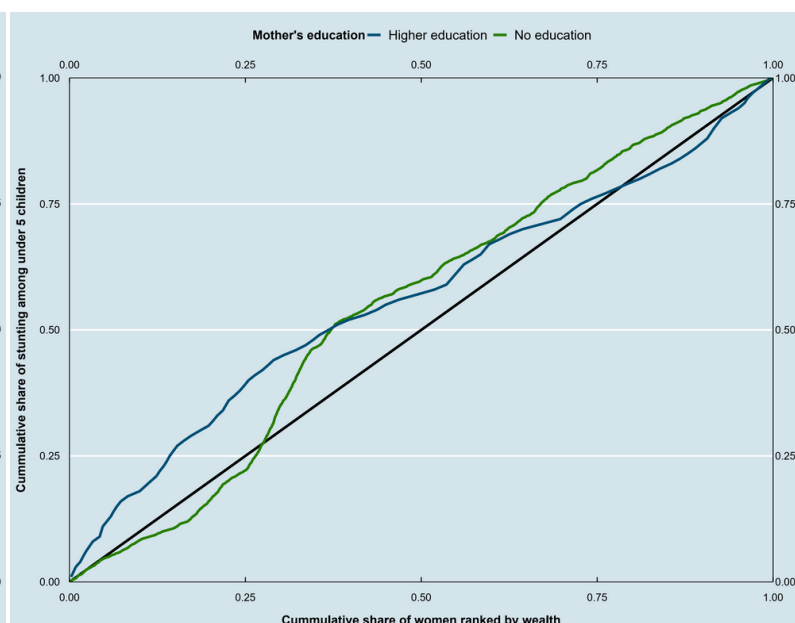
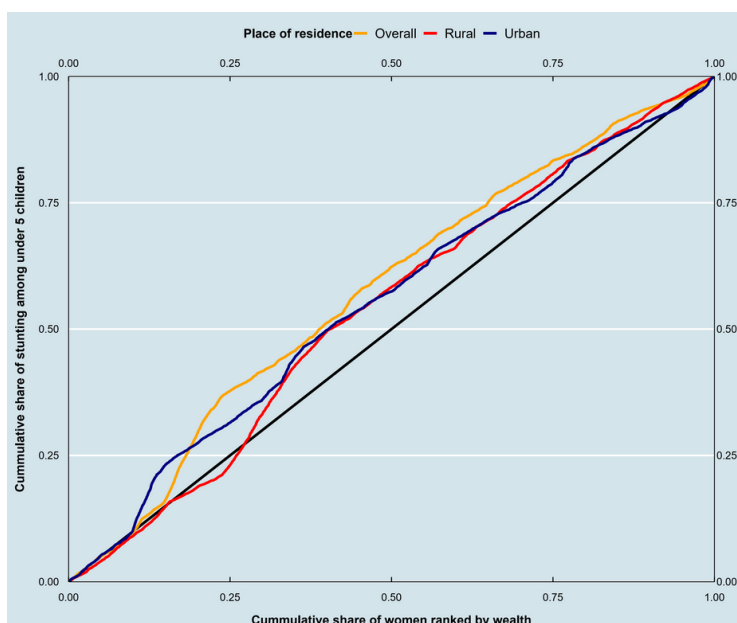
Stunting prevalence is highest among mothers with no education.

Stunting decreases with higher educational attainment of mother.

Despite evident progress, meeting SDG target remains a challenge.

Concentration Curve for Stunting Prevalence

We used concentration indices and curves to determine how stunting is spread across different wealth and education levels. The black line represents equality – deviations from this line show where inequalities exist.



Stunting is more common among under-5 children from poorer families in every group (overall, rural or urban).

Higher stunting rates persist among under-5 children from poorer families in both groups (mothers with higher or no education).