Weekend Read | Edition 56

Overweight Children in Pakistan Double Since 2001: 9.5% of Under-Fives Now Affected – National Nutrition Survey 2018

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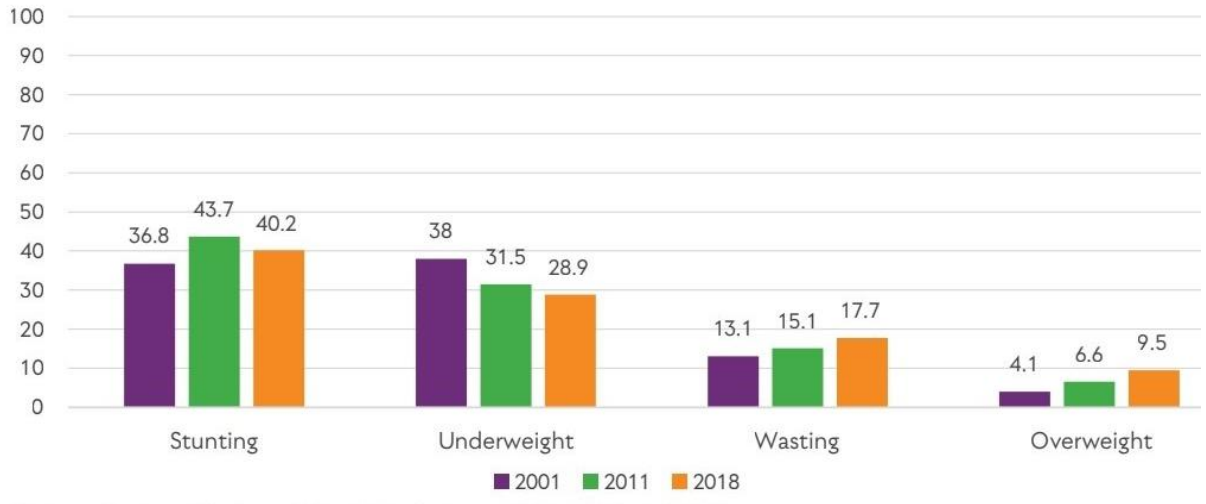
The National Nutrition Survey 2018[1], conducted jointly by UNICEF and the Ministry of National Health Services, Regulations, and Coordination, Pakistan, highlights an increasingly urgent nutritional crisis in the country. While stunting and underweight prevalence among children under five have long dominated policy focus, an alarming trend is now emerging that demands equal attention—an escalating rise in overweight and obesity across all age groups, particularly among children, adolescents, and women. The statistical progression captured in the survey demonstrates the complexity of Pakistan's malnutrition profile, which now reflects a double burden: persisting undernutrition and a rapidly expanding prevalence of overweight and obesity.

Figure 1-3: Trends in stunting, wasting, underweight and overweight in children under five



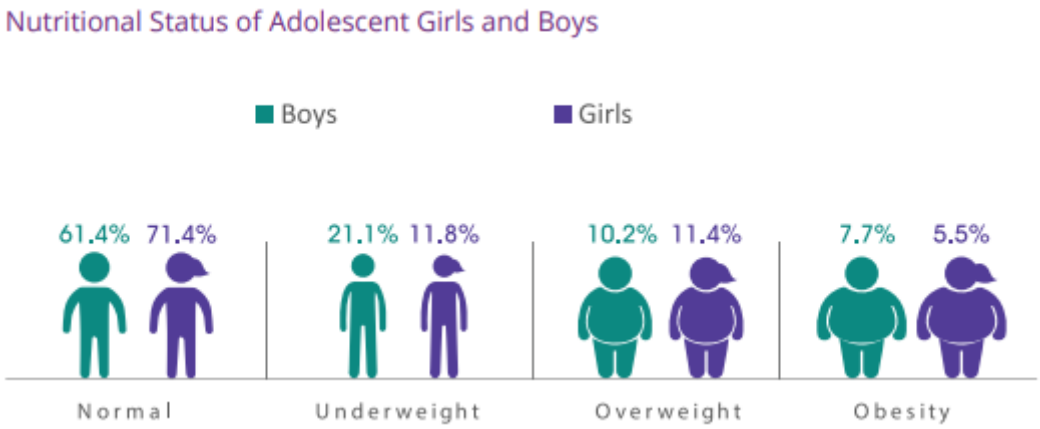
Source: National Nutrition Surveys, 2001, 2011 and 2018

For children under the age of five, stunting remains worryingly high, having increased from 36.8% in 2001 to 43.7% in 2011, before slightly declining to 40.2% in 2018. Similarly, the proportion of underweight children showed marginal improvement over time, decreasing from 30% in 2001 to 28.9% in 2018. These figures, while still alarming, have not experienced drastic shifts and suggest a slow progression in tackling undernutrition.

However, the trajectory of overweight prevalence in this age group signals a shifting nutritional landscape. Overweight rates more than doubled from 4.1% in 2001 to 9.5% in 2018, significantly exceeding the target set by the World Health Assembly. This surge in childhood overweight cases is especially concerning given the widespread availability and increasing consumption of sugar-sweetened beverages and processed foods, which are likely key contributors to this trend.

[1] https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf

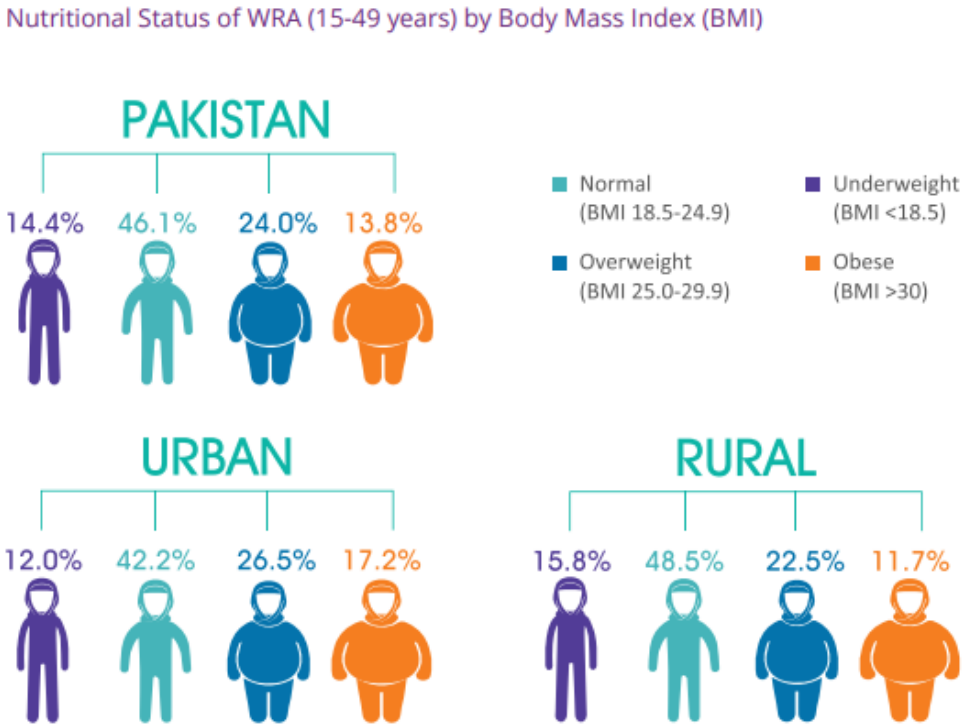
The regional breakdown underscores significant disparities in overweight prevalence among young children. KP's Newly Merged Districts exhibit the highest rate at 18.7%, followed by Balochistan at 16.7%. In contrast, provinces such as Sindh and regions like the Islamabad Capital Territory (ICT) show the lowest figures at 5.2% and 5.8% respectively. This wide range indicates a complex interplay of regional dietary habits, economic conditions, and possibly differences in public health outreach or maternal education levels. Furthermore, overweight prevalence exceeds 10% in multiple regions including KP, Balochistan, AJK, and Gilgit-Baltistan, suggesting that this is not an isolated or urban-centric issue but rather a nationwide concern affecting both urban and rural populations.



Source: National Nutrition Survey, 2018

The upward trend continues into adolescence, where overweight prevalence among girls stands at 11.4% compared to 10.2% in boys. Obesity, while slightly less common, still affects 7.7% of boys and 5.5% of girls aged 10 to 19. Importantly, this burden is observed consistently across rural and urban divides, reinforcing the notion that changing lifestyles, dietary patterns, and physical inactivity are becoming common across diverse socioeconomic contexts. These figures not only reflect a growing risk for non-communicable diseases later in life but also pose challenges to the psychosocial well-being of adolescents navigating formative years in an environment increasingly shaped by unhealthy consumption norms.

Among women of reproductive age (15–49 years), the shift toward overweight and obesity has accelerated at a concerning pace. Among women of reproductive age (15–49 years), the shift toward overweight and obesity has accelerated at a concerning pace. In 2011, 28% of women were classified as overweight or obese; by 2018, this figure had risen sharply to 37.8%. While women in rural areas continue to face higher levels of undernutrition, urban women are more susceptible to overweight and obesity. Disaggregated figures underscore this urban-rural divide: in urban settings, 26.5% of women are overweight and 17.2% are obese, compared to 22.5% and 11.7%, respectively, in rural areas. This divergence suggests that urban environments, with greater access to processed foods, sedentary lifestyles, and possible reduced physical activity, are major drivers of the increase in obesity among women.



Source: National Nutrition Survey, 2018

The data calls for a reorientation of Pakistan's nutritional and public health strategies. First, while the focus on combating stunting and undernutrition remains essential, national policy must also address the parallel rise of overweight and obesity with equal urgency. Public awareness campaigns should be deployed to educate caregivers and communities about the risks associated with sugar-laden beverages and processed food consumption in children. Nutrition education must be integrated into primary healthcare and school curricula, emphasizing balanced diets and physical activity from early childhood.

Secondly, regulatory interventions could play a vital role. Imposing taxes on sugar-sweetened beverages, implementing clearer food labeling, and restricting the marketing of unhealthy food products to children could help reduce consumption of high-calorie, low-nutrient products. Urban planning that encourages active transportation and provides safe recreational spaces may help counteract sedentary lifestyles, especially among adolescents.

The data also underlines the need for tailored regional approaches. Provinces and districts with disproportionately high overweight and obesity prevalence should receive targeted support, including region-specific dietary interventions, local public health messaging, and community-based monitoring. Equally, nutrition-sensitive social protection programs must be reconfigured to not only address food insecurity but also promote access to healthy, diverse foods.

The National Nutrition Survey 2018 highlights a notable shift in Pakistan's nutritional landscape. While undernutrition remains a persistent issue, the steady rise in overweight and obesity across children, adolescents, and women signals the need for a more balanced

approach to nutrition policy. Addressing this emerging challenge requires integrating preventive strategies into existing health and nutrition programs, encouraging healthier food choices, and promoting active lifestyles. By recognizing this evolving trend and adapting interventions accordingly, policymakers can work toward a more comprehensive response that addresses both under- and overnutrition across different segments of the population.

Understanding Stunting: Local Realities and the Measurement Debate

Stunting in children under five, as reported in Pakistan's National Nutrition Survey (NNS) 2018, is a key indicator of chronic undernutrition and impaired growth. Like other child nutrition metrics such as underweight and overweight, stunting is measured using the World Health Organization's (WHO) Global Growth Standards. These standards are based on data collected through the WHO Multicentre Growth Reference Study (MGRS), which followed 8,440 healthy, breastfed children across six culturally diverse countries, including Brazil, Ghana, India, Norway, Oman, and the United States. Children selected for the study were raised in optimal conditions—receiving timely healthcare, clean water, and adequate nutrition—to reflect how children should grow in the absence of growth-restricting environments.

According to these standards, a child is considered stunted when their height-for-age z-score falls below minus two standard deviations from the median of the reference population. This z-score system indicates how far a child's anthropometric measurement deviates from the international average, allowing for standardized comparisons across contexts.

However, the global application of these standards has sparked debate in various countries. Some experts argue that applying a universal benchmark may not fully capture local growth patterns, especially in populations that are genetically diverse or face distinct socio-economic conditions. A central concern is that global standards may overstate the extent of stunting if genetic or long-standing contextual differences are not considered.

Yet, the WHO standards are intentionally prescriptive rather than descriptive—they are designed to show what is possible for all children under ideal conditions, not merely what is typical in a given setting. Evidence from multiple studies has indicated that children raised in healthier, more supportive environments—regardless of geographic origin—tend to grow in line with these global trajectories. Analyses also show that environmental factors such as maternal health, sanitation, and nutrition account for the majority of variation in child growth across countries. For instance, children of similar genetic backgrounds raised in different environments often display notable differences in height, supporting the view that environmental deficits, rather than inherent biological limitations, are the dominant contributors to stunting.

The distinction between a growth *standard* and a growth *reference* is also important in this context. While standards like those of the WHO define ideal growth under optimal conditions, references describe how children are growing within a specific population at a

specific point in time. Some countries have explored the idea of complementing global standards with national growth references that better reflect present-day local realities. In some cases, applying such references or adjusting for factors like maternal height has significantly reduced reported stunting prevalence.

In Pakistan's case, while the WHO growth standards remain the basis for national nutrition surveys and programmatic monitoring, interpreting trends should be accompanied by a contextual understanding. The persistently high levels of stunting, alongside rising overweight rates in children, likely reflect a complex interplay of factors—including maternal nutrition, sanitation practices, and intergenerational health—not genetic predispositions. While aspirational standards serve an important role in policy and goal-setting, localized insights remain vital for effective program design and intervention.

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