Malnutrition in Malawi
In Malawi,

- **Forty-eight percent of children age 0-59 months are chronically malnourished. In other words, they are too short for their age, or stunted.** The proportion of children who are stunted is 24 times the level expected in a healthy, well-nourished population.

- **Acute malnutrition, manifested by wasting, results in a child being too thin for his or her height.** It affects 5 percent of children, which is 2.5 times the level expected in a healthy population.

- **Twenty-two percent of children under five years are underweight for their age.** This is 11 times the level expected in a healthy, well-nourished population.

- **Six percent of children under five are overweight.** This is 3 times of what is expected in a healthy, well-nourished population.

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1 A stunted child has a height-for-age Z-score that is below -2 SD based on the WHO/CDC/NCHS reference population. Chronic malnutrition is the result of an inadequate intake of food over a long period and may be exacerbated by chronic illness.

2 A wasted child has a weight-for-height Z-score that is below -2 SD based on the WHO/CDC/NCHS reference population. Acute malnutrition is the result of a recent failure to receive adequate nutrition and may be affected by acute illness, especially diarrhea.

3 An underweight child has a weight-for-age Z-score that is below -2 SD based on the WHO/CDC/NCHS reference population. This condition can result from either chronic or acute malnutrition or a combination of both.

4 An overweight child has a weight-for-height Z-score that is above +2 SD based on the WHO/CDC/NCHS reference population.
Figure 4
Malnutrition among Children under Five Years, Malawi

Note: *Stunting* reflects chronic malnutrition; *wasting* reflects acute malnutrition; *underweight* reflects chronic or acute malnutrition or a combination of both.

Source: MDHS 2004
The findings of the 2004 MDHS suggest that the nutritional status of children in Malawi has not changed appreciably since the 1992 and 2000 surveys.

- **Stunting** (around 49 percent) and **wasting** (around 5 percent) have remained virtually unchanged since the 1992 MDHS survey.

- The rate of underweight **has decreased from 27 percent in 1992 to 25 percent in 2000, and then declined further to 22 percent in 2004.** This decline in underweight children is statistically significant.
Figure 5
Changes in Undernutrition Rates among Children under Five Years, Malawi 1992, 2000, and 2004

Note: **Stunting** reflects chronic malnutrition; **wasting** reflects acute malnutrition; **underweight** reflects chronic or acute malnutrition or a combination of both.

Source: MDHS 1992, 2000, and 2004
Figure 6: Stunting, Wasting, and Underweight, by Age, Malawi

In Malawi, the time between 2 month and 21 months of age is a vulnerable period.

- **The proportion of children stunted rises sharply between 2 and 21 months of age, peaking at 69 percent.** The proportion of children stunted drops to 45 percent at 26 months, goes up again to 57 percent at 43 months, and then drops slightly to 54 percent at 59 months.

- **The proportion of children wasted rises between 4 and 10 months of age, peaking at 9 percent.** The proportion then slowly declines and levels off at around 2 percent through 49 months, then goes up again to 5 percent at 59 months.

- **The proportion of children underweight rises sharply to 26 percent at 9 months and increases further to a peak of 32 percent at 16 months.** Afterwards, the proportion varies between 18 and 28 percent and is 24 percent at 59 months.
Figure 6
Stunting, Wasting, and Underweight, by Age, Malawi

Vulnerable Period

Note: Stunting reflects chronic malnutrition; wasting reflects acute malnutrition; underweight reflects chronic or acute malnutrition or a combination of both. Plotted values are smoothed by a five-month moving average.

Source: MDHS 2004
Figure 7: Undernutrition among Children under Five Years Who Do Not Reside with Their Mother, Malawi

Previously, anthropometric data from DHS surveys excluded children whose mother did not live in the household or was not present to be interviewed. Currently, all children in the household are measured, regardless of their mother’s residence status. In the 2004 MDHS, 551 children under five years did not reside with their mother.

In Malawi,

- A higher percentage of children who do not reside with their mother than those who do are stunted (54 percent and 47 percent, respectively).

- A lower percentage of children who do not reside with their mother than those who do are wasted (4 percent and 5 percent, respectively). The difference in levels of wasting is statistically significant but is probably too small to be meaningful.

- There is no relationship between underweight status and children’s residence with their mother.
Figure 7
Undernutrition among Children under Five Years Who Do Not Reside with Their Mother, Malawi

Note: **Stunting** reflects chronic malnutrition; **wasting** reflects acute malnutrition; **underweight** reflects chronic or acute malnutrition or a combination of both.

Source: MDHS 2004
Among the sub-Saharan countries surveyed,

- The percentage of children under five years who are underweight ranges from 12 to 47 percent. With 22 percent of children under five years of age who are underweight, Malawi is in the mid-range of the sub-Saharan countries surveyed. Underweight status is indicative of children who suffer from chronic or acute malnutrition, or both, and may be influenced by both short- and long-term determinants of malnutrition. Underweight is often used as a general indicator of a population’s health status.
Figure 8
Underweight among Children under Five Years, Malawi Compared with Other Sub-Saharan Countries

Note: Underweight reflects chronic or acute malnutrition or a combination of both.

Source: DHS Surveys 1999-2004
Figure 9: Stunting among Children under Five Years, Malawi Compared with Other Sub-Saharan Countries

Among the sub-Saharan countries surveyed,

- The percentage of children under five years who are stunted ranges from 21 to 51 percent. With 48 percent of children under five stunted, Malawi is the second highest of the sub-Saharan countries surveyed. Stunting is a good long-term indicator of the nutritional status of a population because it is not markedly affected by short-term factors such as season of data collection, epidemic illnesses, acute food shortages, and recent shifts in social or economic policies.
Figure 9
Stunting among Children under Five Years, Malawi Compared with Other Sub-Saharan Countries

Note: Stunting reflects chronic malnutrition.

Source: DHS Surveys 1999-2004