

# DPR Korea 2017



## Nutritional Status of Children

Multiple Indicator  
Cluster Surveys

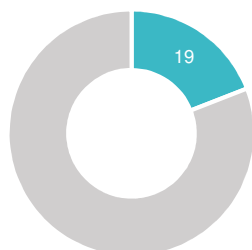
### Anthropometric Malnutrition Indicators



#### Stunting



**Stunting** refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

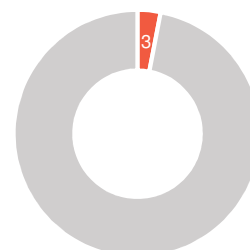


Percentage children under 5 who are stunted

#### Wasting



**Wasting** refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

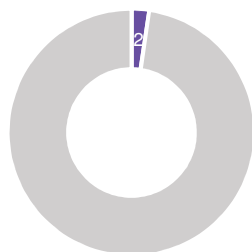


Percentage children under 5 who are wasted

#### Overweight



**Overweight** refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

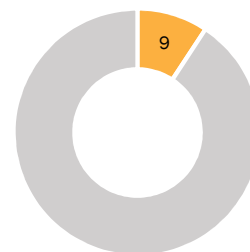


Percentage children under 5 who are overweight

#### Underweight

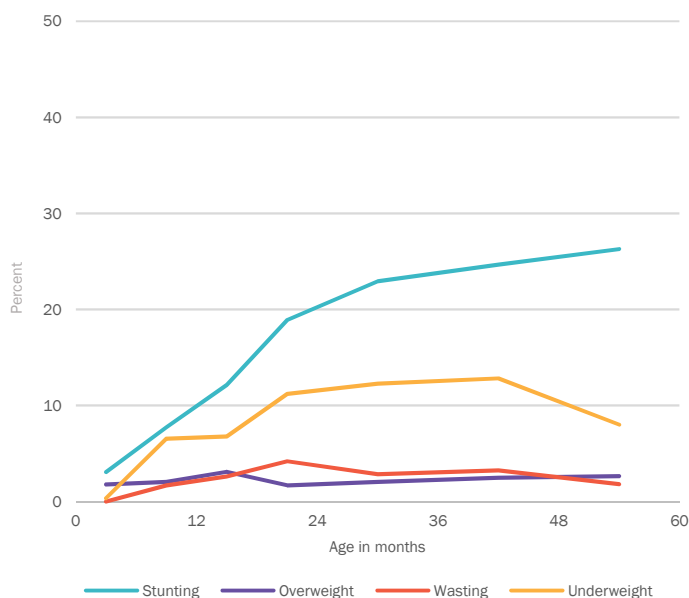


**Underweight** is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



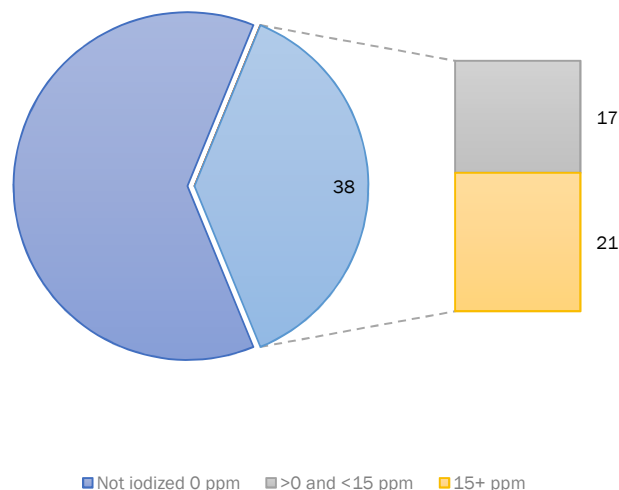
Percentage children under 5 who are underweight

### Anthropometric Malnutrition Indicators by Age



Percentage children who are underweight, stunted, wasted and overweight, by age in months

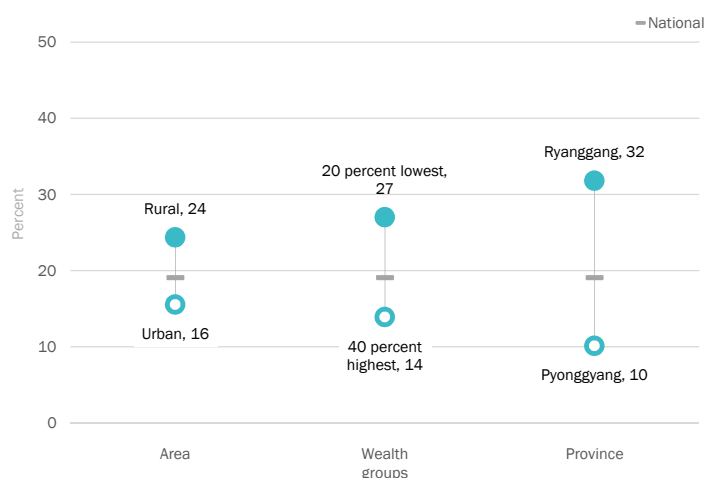
### Iodized Salt Consumption



Percent distribution of households by consumption of iodized salt

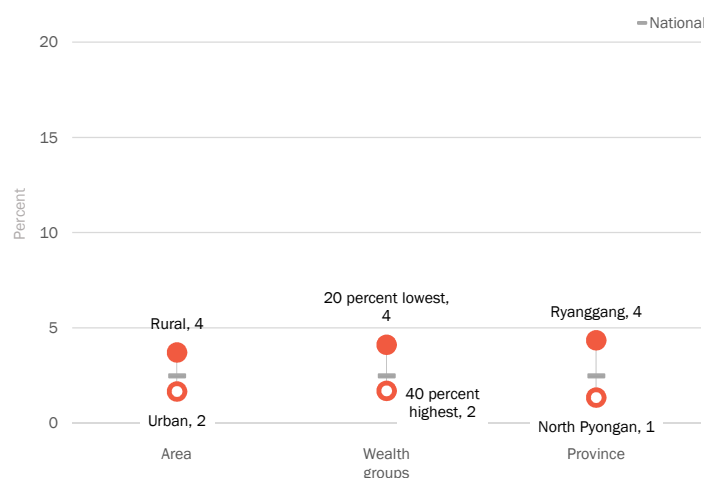
# Nutritional Status of Children: Disaggregates

## Stunting



Percentage of under 5 children who are stunted, by background characteristics

## Wasting



Percentage of under 5 children who are wasted, by background characteristics

## Province Data on Stunting, Overweight & Wasting

	Stunting	Overweight	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe)	% wasted (severe)
<b>National</b>	<b>19</b>	<b>2</b>	<b>3</b>	<b>1</b>
Ryanggang	32	2	4	1
North Hamgyong	22	1	2	1
South Hamgyong	19	1	3	1
Kangwon	21	1	4	0
Jagang	23	3	2	0
North Pyongan	20	3	1	0
South Pyongan	19	4	2	1
North Hwanghae	19	0	3	0
South Hwanghae	19	3	3	0
Pyongyang	10	4	1	0

## Key Messages

- One out of five children under 5 are stunted and face an impaired physical and cognitive growth.
- Three per cent of children under 5 are affected by wasting, and face an increased risk of death.
- The distribution of stunting by age of children is noteworthy: The percentage of stunted children increases with age after one year of age. The percentage is highest in the age group 48-59 months, at 26 per cent.
- Wasting starts to increase right after the time when complementary feeding should

be introduced. Age-appropriate complementary foods should be introduced right after the exclusive breastfeeding period from 0-5 months. Marked disparities exist between rural/urban areas, wealth groups and provinces both in stunting and wasting prevalence.

- Stunting and wasting prevalence in the lowest wealth group is double the prevalence in the highest wealth group.
- Geographic disparities are wide, with stunting in Ryanggang (32 percent) being 22 percentage points higher than in

Pyongyang (10 salt with >15 parts per million. percent).

- There are 38 percent of households with iodized salt and 21 percent of households consuming adequately iodized
- Differences in adequately (>15 parts per million) iodized salt consumption were noted by wealth groups with 32 percent of households from highest group to 8 percent in lowest wealth group consuming adequately iodized salt. Province-level data ranges from 8 percent in Jagang to 56 percent in Pyongyang (Table TC.9.1 in the 2017 DPR Korea MICS) .

The **DPR Korea** Multiple Indicator Cluster Survey (MICS) was carried out in 2017 by the Central Bureau of Statistics as part of the global MICS programme. Technical and financial support was provided by the United Nations Children's Fund (UNICEF).

The objective of this snapshot is to disseminate selected findings from the DPR Korea MICS 2017 related to nutritional status of children. Data from this snapshot can be found in table TC.8.1.

Further statistical snapshots and the Survey Findings Report for this and other MICS are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).