

## **Overview on nutrition in China, past and present**

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As a developing country, China is in double burden of nutrition problems, both under-nutrition and over-nutrition due to imbalance dietary pattern changes.

The prevalence of underweight of children under 5 has been dramatically reduced from 19.1% in 1990 to 6.9% in 2005, stunting prevalence from 33.4% to 10.5% in 2005. The significant reduction of underweight happened since 1990 but stunting reduced only since 1995. The peak age of under-nutrition of children under 5 was 18-24 months. According to WHO 2007 Reference, the stunting prevalence of children aged 5-12 years old was 16.5% (boys) and 16.6% (girls), in adolescents aged 13-18 years was 8.6% and 12.2% respectively in 2002, while it was around 20-30% in 1992. But in poor rural area the prevalence of stunting still high, 28.3% for children aged 5-12 years and 21.8% for adolescents 13-18 years old. Among elderly, underweight prevalence in rural areas was more than double of that in urban areas. Anemia is a common micronutrient deficiency in China and it changed very little even under the speedy economic growth, the national average prevalence for women was 23.3% in 2002, and the anemia prevalence was 30-40% among children 6-24 month of age.

The prevalence of diet-related chronic diseases such as obesity, hypertension, and diabetes have been going up very fast, 18% of adults were hypertensive in 2002 and about 30% were overweight or obese. 20% of children aged 7-17 in big cities were overweight or obese.

The factors attributed to nutrition improvement and existing nutrition problems in the past decade are: (1) The rapid economic growth, achievement in poverty reduction and the farmer-favorable policies which resulted income increase and food availability in the market. (2) Dietary factors/feeding of young children performed dual-direction impact of both under-nutrition and chronic disease. (3) Social development such as education, environment also played significant role in nutrition status of the population.

The future strategic considerations could be: to give higher priority to the investment to nutrition of children 0-24 months, to focus on nutrition in poor rural areas and to develop community-based chronic disease prevention framework. Implementation of dietary guidelines to the public and iron deficiency anemia prevention should cover the overall population.