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Western Cape children face dual nutrition crisis, UCT study finds

A new study led by the University of Cape Town (UCT) has found that young children in the Western Cape face a worrying double burden of malnutrition, with both stunting and overweight/obesity occurring at concerning levels. The findings are published in [*Development Southern Africa*](#) journal.

The study, led by Marjanne Senekal, an Emeritus Professor in UCT's Faculty of Health Sciences, was conducted in collaboration with researchers from Stellenbosch University, the DG Murray Trust, and the Western Cape Department of Health and Wellness. The research aimed to provide robust, provincial-level data to support more effective planning and implementation of nutrition policies for children under the age of five.

Using rigorous sampling methods, the research team surveyed a representative sample of 1 214 children under the age of five in the Western Cape. Each child's weight and height or length were measured, and structured interviews were conducted with primary caregivers to gather socio-demographic information.

Key findings

- Stunting (chronic undernutrition) affects 17.5% of children under five, representing a medium public health concern.
- Overweight/obesity (chronic overnutrition) affects 15.1% of children, a level considered a very high public health concern.
- A prevalence of 2.4% was observed for concurrent stunting and overweight, meaning the same child was both stunted and overweight.
- Wasting (acute malnutrition) prevalence was 3.4%. This represents a low public health concern.
- Sociodemographic risks for stunting: being one to under two years old, father not employed or only employed part-time, mother not employed or only employed part-time, mother not employed at the time of the child's birth, having run out of money for food in the past month, a child in the household went hungry in the past week, and living in a rural town.
- Sociodemographic protectors against stunting: higher educational status of the mother and father (completed grade 12 or more), a higher Wealth Index score, an income between R3 200 and R25 000, or an income of R25 600 or more, and not receiving a child support grant (may reflect higher household income).

- Sociodemographic risks for overweight: being one to under two years old, or being two to under three years old, and a low birth weight.
- Sociodemographic protectors against overweight: household amenity indicators that may reflect a higher income.

“Chronic malnutrition in the form of stunting and overweight/obesity is a greater concern in the Western Cape province than acute undernutrition (wasting),” said Professor Senekal.

Although the prevalence of stunting in the province is lower than national levels and it may be on the decline, Senekal said it is questionable whether the WHO/UNICEF’s target of reducing stunting by 50% by 2030 is achievable within the current intervention landscape. “It is also questionable whether the aim of reducing the prevalence of overweight/obesity to less than 3% by 2030, as recommended by the WHO/UNICEF, can be achieved,” she added.

According to Senekal, nutrition interventions should not focus on the reduction of stunting only, as is often the case, but should, at the same time, address the rising overweight/obesity prevalence in young children.

“To meet WHO/UNICEF targets for the reduction of stunting and overweight/obesity, we recommend urgent measures to identify, review, and adapt current policies/interventions targeting malnutrition in the Western Cape province,” she said.

Senekal said the lessons learned through this review could help inform a critical reassessment of malnutrition policies and interventions in other provinces.

ENDS

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