

## **‘Shortness is not a disease’: Conceptualization of and meanings attached to childhood height and short stature in rural Tanzania**

**Introduction:** Malnutrition is one of the most serious health problems affecting under-fives in Tanzania. Despite Tanzania’s steady trends in the reduction of the rates of undernutrition over the last two decades, the prevalence of childhood stunting remains high (i.e. 35%). The situation is worse in some parts of the country where the prevalence exceeds 40%. Overall, more than 2.7 million under-fives in the country are stunted, which impairs their future learning, productivity, and opportunities to escape poverty. Additionally, Tanzania experiences a double burden of malnutrition where undernutrition exists together with emerging problem of diet-related non-communicable diseases. Given that stunting in Tanzania manifests among under-fives, timely management of the condition at an early age is crucial. We believe that the first step in preventing stunting is to identify it as a problem. Yet, the extent to which caregivers conceptualize linear growth and are able to identify stunting remains unclear.

**Methodology:** An ethnographic study using cultural schema theory was conducted in Southeastern Tanzania to investigate caregivers’ conceptualizations of child height in relation to growth and the meanings attached to short stature. A total of 19 focus group discussions, 30 in-depth interviews, and five key informant interviews were conducted with caregivers of under-fives, including mothers, fathers, elderly women, and community health workers. Principles of grounded theory guided the data management and analysis. This research was funded by The Netherlands Organization for Scientific Research.

**Results:** The study revealed the conceptual differences between the biomedical model and the participants’ perceptions of child’s height. Although caregivers could recognize height increments in children and were pleased to see improvements, many held that height is not related to nutrition, health, or overall growth. They referred to short stature as a normal condition that caregivers cannot influence; i.e., as a function of God’s will and/or heredity. A number of cultural signs were considered important in identifying stunting in a child, including ‘face and skin comparable to that of a mature person’, ‘wrinkled and elastic skin like that of an elderly person’, ‘stunted hair (i.e. ‘weak or copper-colored hair)’, ‘abnormal shortness and thinness’, ‘delayed ability to crawl/stand/walk’, ‘stunted IQ’, and ‘frequent illness’. Since culturally the stunting is broadly conceptualized beyond height, a short child could be considered healthy if s/he portrays cultural markers of healthy growth including chubbiness and heavy weight.

**Conclusion:** These findings have implications for programs directed at reducing both the levels of stunting and double burden malnutrition, as defined by WHO. Given the rising burden of double malnutrition in Tanzania, the schema that a short child with a fat / heavy body has “normal shortness” is of great concern, and calls for an urgent response. In order to be effective, programs targeting childhood stunting need to be aligned with the local knowledge of the condition, and to explore ways to integrate the concept of height deficits as a sign of stunting into the awareness messages communicated to caregivers.

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