

**AUSTRALIAN PRIMARY HEALTH CARE  
RESEARCH INSTITUTE**

**MENZIES SCHOOL OF HEALTH RESEARCH**

**INTERVENTIONS TO PREVENT  
GROWTH FALTERING IN REMOTE  
INDIGENOUS COMMUNITIES**

**McDonald L, Bailie R, Morris P, Rumbold A, Paterson B**

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**POLICY CONTEXT**

Growth faltering in early childhood is the failure to gain weight at a rate consistent with height growth. It poses a serious risk to the health and wellbeing of young children and is common among Australian Indigenous children, particularly in remote communities. Evidence about the effectiveness and applicability of existing programs to prevent growth faltering in this context is limited.

We undertook a systematic literature review to determine what preventive models or programs are most likely to improve patterns of growth faltering in children aged less than five years old in remote Indigenous communities.

**KEY FINDINGS**

While the evidence is limited, and the effects are modest, the interventions where there is some evidence of benefit in general populations include:

- Community based nutrition/counselling interventions that focus on nutrition behaviour change and multifaceted interventions that are well integrated into primary health care systems.

Interventions for which there is some evidence of benefit in specific populations include:

- Vitamin A supplementation in populations where there is moderate to severe Vitamin A deficiency and de-worming treatment in populations with high infestation rates.

Interventions for which the research evidence neither clearly supports implementation of new programs or withdrawal of existing programs include:

- Supplementary/complementary feeding programs for children or pregnant/lactating women and multiple micronutrient supplementation.

Interventions where the research showed no clear evidence of benefit were:

- Growth monitoring programs.
- Iron supplementation for non-anaemic children and iron and zinc supplementation in general.

There was clear evidence that zinc supplementation was of no benefit in preventing growth faltering. However, supplementation was associated with increases in height.

Evidence supporting interventions to prevent growth faltering is limited by a lack of good quality data. Few programs assessed have focused on Australian Indigenous children.

Nevertheless, the interventions most clearly supported by the available evidence include nutritional education and counselling and multifaceted interventions.

Any future interventions should clearly address the underlying causes of growth faltering.

## POLICY OPTIONS

Community-based nutrition education/counselling and multifaceted interventions involving carers, community health workers and community representatives designed to meet program best-practice requirements and address the underlying causes of growth faltering, may prevent growth faltering. Other interventions, such as community feeding programs, growth monitoring, micronutrient supplementation and de-worming should only be considered in the context of a broader primary health care program and/or when there is an identified local need.

For remote Indigenous communities, implementing programs should involve a consideration of the evidence for potential impact, strength of community support and local feasibility. Given the lack of strong evidence supporting programs, any new or existing programs require ongoing evaluation and refinement.

## METHODS

We searched nine electronic databases and the websites of key stakeholder government and non-government agencies. Two reviewers independently assessed articles for inclusion and for study quality. All types of study design were eligible. One hundred and forty studies assessing a diverse range of interventions were identified. Of these, 51 articles referring to 44 individual programs and seven review articles met the review criteria. Overall, the methodological quality of individual studies was highly variable and few studies were rated high quality. Many of the studied interventions did not clearly address the underlying local causes of growth faltering.

For more details see the [full report](#).

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