

Prevention of Stunting in Latin America



Maternal health and nutrition

- > 20% of all stunting is the result of poor growth in the womb
- > Interventions to improve maternal nutritional status need to target pre-conception

12% of infants are born small for gestational age



Infant and young child feeding

- > Exclusive breastfeeding until six months is the best start for an infant
- > After six months of age children who receive continued breastfeeding to at least two years of age together with safe and appropriate complementary food grow significantly taller than those with the infrequent unvaried diets.

42% of breastfed children aged 6–23 months receive a minimal acceptable diet.¹

Only 36% of infants are exclusively breastfed until six months of age



Water sanitation and hygiene (WASH)

- > Increasing access to improved water, sanitation, and healthcare facilities is essential for disease prevention and treatment
- > Children with access to improved WASH facilities have greater height gains compared with children who have no access

89% of people use improved drinking water sources and 74% use improved sanitation facilities

47% of children under five years with diarrhea received oral rehydration and continued feeding

Optimal health, growth, and development

- > A non-stunted child has the best opportunity to achieve their optimal physical and mental capacity, increasing their ability to learn and their future earning capacity.
- > A non-stunted woman is more likely to give birth to an infant with a healthy birth weight, who is in turn less likely to be stunted, helping to break the intergenerational cycle of malnutrition.²



47% of children in the region are stunted. The lowest prevalence is 6% in Costa Rica, the highest 48% in Guatemala