The Costs of Malnutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease. 
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth.
- The Latin America and Caribbean region is anticipated to lose a cumulative US$8 billion to chronic disease by 2015.
- The economic costs of undernutrition and overweight include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.

Where Does Honduras Stand?

- 10% of infants are born with a low birth weight.
- More than 50% of children 6–24 months are anemic.
- 29% of children under the age of five are stunted, and 8% of children under the age of five are underweight.
- There are regional disparities in child nutritional status: in 1/3 of the regions in Honduras, 50% of children are stunted, and children in rural areas are 2.5 times more at risk of growth faltering than those living in urban areas.
- There are large disparities in nutrition based on socioeconomic status: Children living in the poorest households are 8 times more likely to be stunted than children in the richest households. Among mothers with no education, more than half of children are stunted, and among mothers with only primary education, one-third of children are stunted.
- 46% of those aged 15 and above are overweight or obese.
- Rates of childhood overweight have doubled in five years.

As seen in Figure 1, Honduras has higher malnutrition rates than countries in the same region and income group. Countries with similar per capita incomes exhibit lower rates of child stunting, which demonstrate the ability to achieve better nutrition outcomes despite low income.

Scaling up core micronutrient nutrition interventions would cost only US$6 million per year. 
(See Technical Notes for more information)

Key Actions to Address Malnutrition:

- Reduce stunting through effective education and counseling regarding optimal infant and young child feeding, and regular growth monitoring and promotion of children.
- Reduce micronutrient deficiencies through access to high quality fortified complementary food after six months of age, supplementation, staple food fortification, and dietary diversification.
- Reduce disparities in the nutritional status between the poor and the rich through the adoption of policy and programs focusing on improving nutrition, education and income of low income families.
- Address the growing burden of overweight and obesity through policies that promote the adoption of a healthy lifestyle including healthy eating and increased physical activity.

The Double Burden of Undernutrition and Overweight

Though Honduras is currently on track to meet MDG 1c (halving 1990 rates of child underweight by 2015) it has seen a recent increase in obesity. This “double burden” is the result of various factors.
Solutions to Primary Causes of Undernutrition

HONDURAS

Poor Infant Feeding Practices
- 1 in 5 newborns do not receive breast milk within one hour of birth.1
- 70% of infants under six months are not exclusively breastfed.2
- 53% of children 4–5 months are bottle fed.16
- Almost 1/3 of infants are not fed appropriately with both breast milk and other foods during the important transition period to a mix of breast milk and solid foods between 6 and 9 months of age.2

Solution: Support women and their families to practice exclusive breastfeeding up to 6 months of age. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. After 6 months, support mothers to feed infants frequently with a diversified diet rich in nutrient dense complementary foods plus continued breastfeeding.

High Disease Burden
- Undernourished children have a higher risk of falling sick and greater severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important. Also promote adoption of healthy lifestyles including sound eating habits that allow maintenance of a healthy weight from birth to adulthood.

Limited Access to Nutritious Food
- 12% of households are food insecure.13
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- High rates of micronutrient deficiencies, particularly anemia, concurrent with obesity in the population, indicate that dietary quality is not optimal.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members, and households of all income levels.

References
11. PAHO, 2008, Malnutrition in Infants and Young Children in Latin America and the Caribbean: Achieving the Millennium Development Goals.

Progress in improving community infrastructure and development of sound public health systems has been slow, thwarting efforts to reduce undernutrition; while rapid urbanization and the adoption of diets high in refined carbohydrates, saturated fats and sugars, combined with a more sedentary lifestyle are commonly cited as the major contributors to the increase in overweight and chronic diseases.12

The combination of undernutrition and obesity does not bode well for health. Low-birthweight infants and stunted children may be at greater risk of chronic diseases such as diabetes and heart disease than children who start well-nourished.17 Chronic diseases are especially common in undernourished children who experience rapid weight gain after infancy.7 For women, obesity during pregnancy is associated with greater use of health care services and longer hospital stay,7 as well as reduced rates of breastfeeding.

Vitamin and Mineral Deficiencies Cause Hidden Hunger
Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being and are critical for child growth and mental development.

- Iron: Nearly one third of preschool aged children and pregnant women are anemic.13 Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.
- Vitamin A: 14% of preschool aged children are deficient in vitamin A.14

World Bank Nutrition-Related Activities in Honduras
The World Bank is currently supporting the US$20 million Nutrition and Social Protection Project with more than half of financing supporting the Community Based Nutrition Program. It aims to prevent chronic early childhood malnutrition by expanding coverage of a community-based program of growth promotion and basic health activities.

In 2010 the new government announced the implementation of a large-scale conditional cash transfer program that will give cash to families that make efforts to improve children’s school attendance and their use of the nutrition and preventive health care services. The program will cover about 600,000 families or 30% of the population, the equivalent of the extreme poverty rate. Similar programs in the region proved effective in improving the nutrition status of young children.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US$0.05–8.46 per person annually. Returns on investment are as high as 6–30 times the costs.15