



NUTRITION at a GLANCE

HONDURAS



Country Context

HDI ranking: 112th out of 182 countries¹

Life expectancy: 72 years²

Lifetime risk of maternal death: 1 in 93²

Under-five mortality rate: 31 per 1,000 live births²

Global ranking of stunting prevalence: 56th highest out of 136 countries²

Technical Notes

Stunting is low height for age.

Underweight is low weight for age.

Wasting is low weight for height.

Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006.

Low birth weight is a birth weight less than 2500g.

Overweight is a body mass index (kg/m²) of ≥ 25 ; **obesity** is a BMI of ≥ 30 .

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: www.worldbank.org/nutrition/profiles

The Costs of Malnutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- 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 2015.⁵
- 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.⁶

Where Does Honduras Stand?

- 10% of infants are born with a low birth weight².
- More than 50% of children 6–24 months are anemic.⁷
- 29% of children under the age of five are stunted, and 8% of children under the age of five are underweight.²
- 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.⁷
- 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 households⁷. 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.⁸
- 46% of those aged 15 and above are overweight or obese.⁹
- Rates of childhood overweight have doubled in five years.⁷

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:

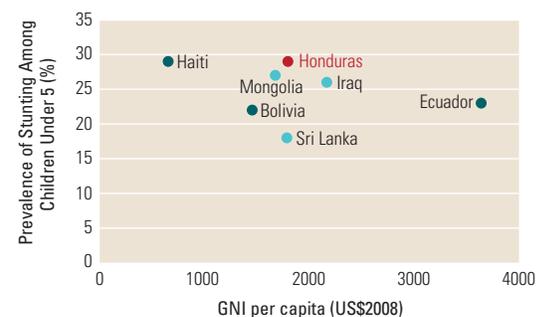
Reduce stunting through effective education and counseling regarding optimal infant and young child feeding, and regular growth monitoring and promotion of children.

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.

FIGURE 1 Honduras has Higher Rates of Stunting than its Neighbors and Income Peers



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition. GNI data were obtained from the World Bank's World Development Indicators.

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.¹¹ This “double burden” is the result of various factors.

Poor Infant Feeding Practices

- 1 in 5 newborns do not receive breast milk within one hour of birth.²
- 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.¹⁰
- 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

1. UNDP. 2009. *Human Development Report*.
2. UNICEF. 2009. *State of the World's Children*.
3. UNICEF and the Micronutrient Initiative. 2004. *Vitamin and Mineral Deficiency: a Global Progress Report*.
4. World Bank. 2009. *World Development Indicators (Database)*.
5. Abegunde D et al. 2007. *The Burden and Costs of Chronic Diseases in Low-Income and Middle-Income Countries*. The Lancet 370: 1929–38.
6. Horton S and Ross J. 2003. *The Economics of Iron Deficiency*. Food Policy 28:517–5.
7. Encuesta Nacional de Demografía y Salud (ENDESA) 2005–2006.
8. Lutter CK, Chaparro CM. 2008. Malnutrition in infants and young children in Latin America and the Caribbean: Achieving the Millennium Development Goals. PAHO.
9. WHO. 2009. *WHO Global InfoBase (Database)*.
10. FAO. 2009. *The State of Food Insecurity in the World: Economic Crises – Impacts and Lessons Learned*.
11. PAHO. 2008. *Malnutrition in Infants and Young Children in Latin America and the Caribbean: Achieving the Millennium Development Goals*.
12. Popkin BM, et al. 1996. *Stunting is Associated with Overweight in Children of Four Nations that are Undergoing the Nutrition Transition*. J Nutr 126:3009–16.
13. WHO. 2008. *Worldwide Prevalence of Anemia 1993–2005: WHO Global Database on Anemia*.
14. WHO. 2009. *Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005. WHO Global Database on Vitamin A Deficiency*.
15. Horton S, et al. 2009. *Scaling Up Nutrition: What will it Cost?*
16. Addendum to the 2006 Honduras DHS, Infant and Young Child Feeding (IYCF) Practices.
17. Victora CG et al. 2008. *Maternal and child undernutrition: consequences for adult health and human capital*. The Lancet 371: 340–57.

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 out 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

