Stunting is a largely irreversible outcome of inadequate nutrition & repeated bouts of infection during the first 1,000 days of a child’s life.

Stunting has long-term effects, including: Diminished cognitive and physical development, reduced productive capacity and poor health.

Stunted children have an increased risk of becoming overweight or obese later in life.

Young children who were stunted were 33% less likely to escape poverty as adults.

By 2025, reduce by 40% the number of children aged under 5 years who are stunted.

**WHY IT MATTERS**

**RECOMMENDED ACTIONS**

**SCALE UP PREVENTION**
- WHAT? Scale up coverage of stunting-prevention activities
- HOW? Improve the identification, measurement and understanding of stunting

**MATERNAL NUTRITION**
- WHAT? Improve the nutrition of women of reproductive age
- HOW? Enact policies and/or strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls

**SUPPORT BREASTFEEDING**
- WHAT? Support optimal breastfeeding practices
- HOW? Implement interventions for improved exclusive breastfeeding and complementary feeding practices

**COMMUNITY SUPPORT**
- WHAT? Provide community-based strategies to prevent infection-related causes of stunting
- HOW? Strengthen community-based interventions, including improved water, sanitation and hygiene

**SCOPE OF THE PROBLEM**

Globally, approximately 151 million children under the age of 5 years are stunted.

Sub-Saharan Africa and South Asia are home to three quarters of the world’s stunted children.

Asia
- 55% of stunted children are living in Asia

Africa
- 39% of stunted children are living in Africa

Updated October 2018