Good nutrition is essential for people to live healthy lives and reach their potential. Moreover, a nation of well-nourished people is far better equipped to develop its economy and meet its population’s needs. Studies show that better nutrition can not only improve people’s quality of life, but also increase individual lifetime earnings by up to 46 percent.\(^1\) Malnutrition also underlies nearly half of all preventable deaths among children under 5. The most critical time for human nutrition, often called the “1,000 Days,” is between pregnancy and age 2.

**STUNTING AND WASTING IN SOUTHERN ASIA AND THE PACIFIC ISLANDS**

- **GLOBAL RATES**
  - Wasting: 7.3%  
  - Stunting: 21.9%

- **South Asia**  
  - Stunting: 14.6%  
  - Wasting: 32.7%

- **Southeastern Asia**  
  - Stunting: 8.7%  
  - Wasting: 25%

- **Oceania**  
  - Stunting: 9.4%  
  - Wasting: 38.2%


**IMPORTANT NUTRITION CONCEPTS**

- **Stunting:** A measure of chronic malnutrition during the “1,000 Days.” Stunting means that not only are children far too short for their age, but they have suffered irreversible damage to their health and development—damage that will likely hinder their education and reduce their lifetime earnings.

- **Wasting:** A form of malnutrition where children weigh far too little for their height. Children who are wasted are suffering from acute, sometimes life-threatening malnutrition.

- **Overweight:** A form of malnutrition where children weigh too much for their height. Children who are overweight are at greater risk of chronic health problems that affect their quality of life and productivity as well as add to national healthcare costs.

- **Anemia:** A form of malnutrition sometimes caused by lack of iron in the diet. Anemia affects 500 million women worldwide and is responsible for one in every five maternal deaths. It also causes fatigue and impacts women’s ability to work, especially physically demanding work.

- **Exclusive Breastfeeding:** Feeding children only breast-milk for the first 6 months of life (no other food or water). Exclusive breastfeeding contributes to reducing the prevalence of stunting, wasting, and childhood overweight.

**Nutrition in Southern Asia and the Pacific**

- Asia and Africa are the two world regions with the greatest burden of all forms of malnutrition.\(^2\)

- Southern Asia and the Pacific islands, also called Oceania, have higher levels of childhood stunting and wasting than any other world region. Nearly 32 percent of children are stunted and more than 11 percent suffer from wasting. However, there has been progress: a decrease of 34 percent in the number of stunted children since 2000.\(^3\)

- Two of every five stunted children—about 57.9 million children—live in South Asia.\(^4\)

- South Asia has the world’s highest rate of wasting, an alarming 14.6 percent,\(^5\) twice the global average. This translates to more than 25 million children at increased risk of death from malnutrition.

- At the country level, Afghanistan, Marshall Islands, and Timor-Leste have the highest levels of stunting, with 40.9 percent, 34.8 percent, and 50.9 percent respectively. Samoa, Sri Lanka, and Thailand have the lowest levels, with 4.9 percent, 17.3 percent, and 10.5 percent, respectively.\(^6\) India has the highest level of childhood wasting at 20.8 percent,\(^7\) making it a public health emergency.

- Since 2012, Southern Asia and the Pacific islands have raised the rate of exclusive breastfeeding by about 6 percent. Sri Lanka has the highest national rate, 82 percent.\(^8\)
Anemia in women varies widely in the region: 53.9 percent of women in South Asia and 28.3 percent in Southeast Asia.

**Regional Actors**

- **Scaling Up Nutrition (SUN) Movement**: 12 countries in South Asia and Oceania have joined SUN, which brings together countries with a high burden of malnutrition, 61 at last count, that are committed to scaling up proven solutions. Local civil society, businesses, donor countries, and the United Nations also participate in SUN.

- **The Association of Southeast Asian Nations (ASEAN)** adopted a Declaration on Ending All Forms of Malnutrition in 2017. The national leaders who endorsed the Declaration committed to “increase public and multi-sectoral investments to improve nutrition and ensure healthy diets.”

**A Closer Look: Nepal**

Nepal’s economy is heavily based on agriculture, which is the occupation of 70 percent of the workforce. Just over 80 percent of the population lives in rural areas. Despite the focus on agriculture, malnutrition is common, with 36 percent of Nepali children suffering from stunting.

Malnutrition in Nepal is higher in rural areas, with stunting rates particularly high in remote areas, areas whose residents are largely people from disadvantaged groups, and the poorest neighborhoods. Malnutrition is also shaped by gender discrimination, with stunting rates 5 percent higher in girls than in boys.

The U.S. Agency for International Development (USAID)’s Feed the Future initiative is working to help rural residents improve their agricultural practices and markets. Since 2011, Feed the Future reports, the areas of Nepal where the program works have decreased poverty rates by 35 percent and the number of children receiving a minimum acceptable diet has increased by 24 percent.

Since many farms are very small—the average land holding is only 0.7 hectare, or less than 1¾ acres—USAID’s Seed and Fertilizer program and other efforts seek to equip farmers to produce more regardless of the amount of land they have. The USAID Suaahara II program is a five-year program working to reduce stunting by 2 percent each year by focusing on better nutrition during the “1,000 Days” and on women’s empowerment.

**U.S. Nutrition Funding to Southern Asia and the Pacific**

In 2017 (latest data available), the United States invested $26 million in basic nutrition in Southern Asia (but no funding in Oceania). This was about one-third of the decade’s peak funding level in 2013. In the region with the world’s highest rates of child malnutrition, increased U.S. support to build national and regional capacity to deliver a set of cost-effective, proven nutrition actions to every child at risk is essential to accelerate progress on global nutrition.

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**Endnotes**

3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
7. Ibid.
8. Ibid.
11. Ibid.
12. Nepal Demographic and Health Survey 2016
16. OECD Creditor Reporting System

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**STUNTING IN CHILDREN BY PROVINCE IN NEPAL**

Percentage of children under age 5 who are stunted

- Province 7: 36%
- Province 6: 55%
- Province 5: 39%
- Province 4: 29%
- Province 3: 29%
- Province 2: 37%
- Province 1: 33%

**STUNTING IN CHILDREN BY HOUSEHOLD WEALTH**

Percentage of children under age 5 who are stunted

- Lowest: 49%
- Second: 39%
- Middle: 36%
- Fourth: 32%
- Poorest: 17%

Source: Nepal Demographic and Health Survey 2016