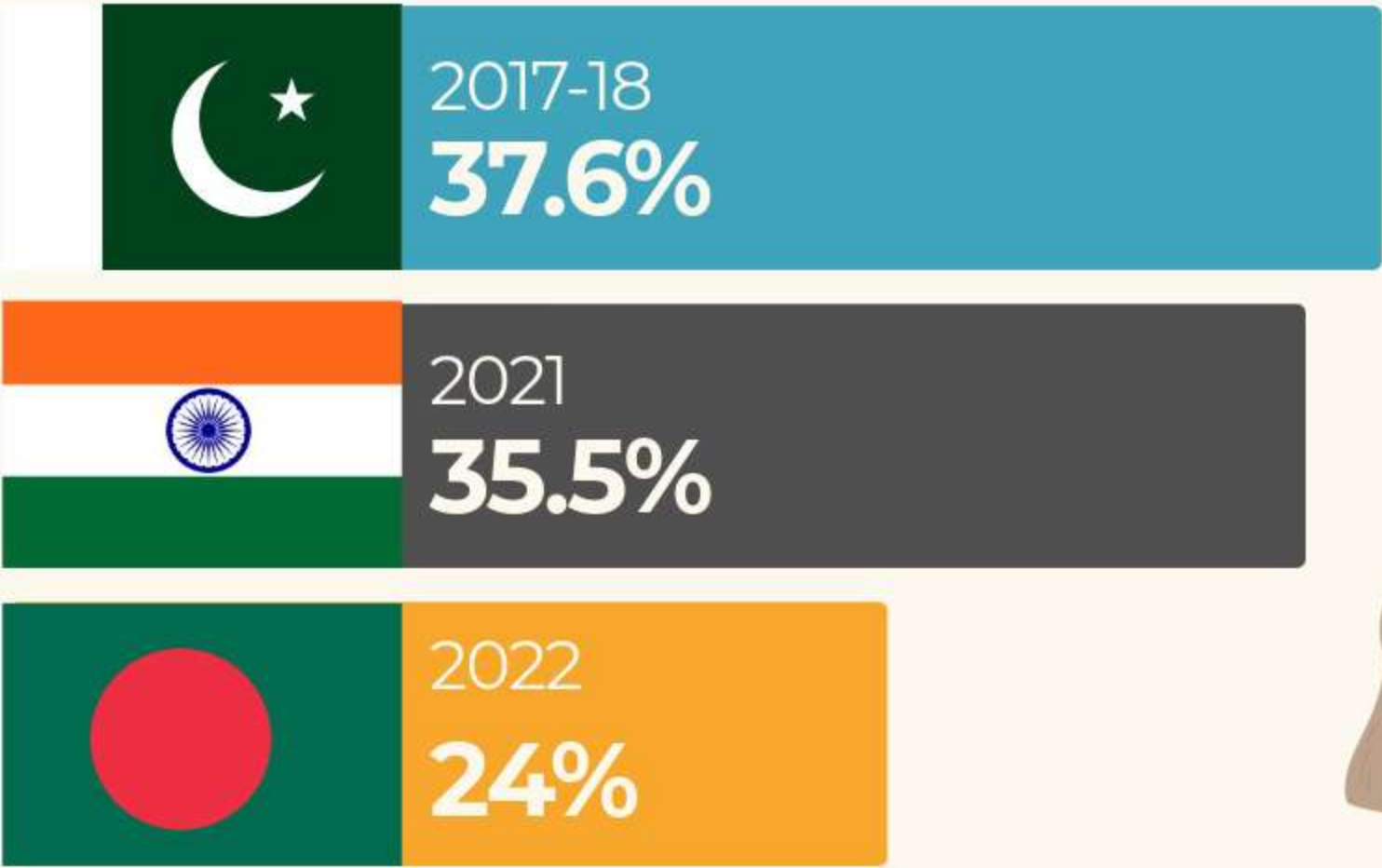


Big Data Analysis | Child Health

Bangladesh Has Nearly Halved Child Stunting in 15 Years. Pakistan and India Remain Stuck Around 36–38%.

Comparison of Child Stunting Rate between Pakistan, India and Bangladesh



Source: Gallup & Gilani Pakistan
(www.gallup-international.com;
www.gallup.com.pk www.gilanifoundation.com)





(Also emailed*/faxed separately)



PRESS RELEASE

Big Data Analysis Child Health

Bangladesh Has Nearly Halved Child Stunting in 15 Years. Pakistan and India Remain Stuck Around 36–38%.

(Islamabad), 13th July 2026

Child stunting—low height for age caused by chronic undernutrition—is one of the clearest indicators of long-term child health and human development.

Two decades ago, Bangladesh was worse off than Pakistan. In 2007, child stunting affected 43.0% of children under five in Bangladesh, compared with 41.5% in Pakistan.

Today, the picture is very different.

By 2022, Bangladesh had reduced child stunting to 24.0%, while Pakistan remained at 37.6% (2017–18) and India at 35.5% (2021). Despite different economic trajectories and policy approaches, Pakistan and India now report remarkably similar levels of child stunting.

Bangladesh's Progress Was Not Driven by Income Alone

Bangladesh's experience suggests that sustained reductions in child stunting require more than nutrition programmes alone.

Among the factors widely associated with its progress are:

- Near-universal secondary education for girls, improving maternal education and child care practices.
- Higher contraceptive use, helping reduce high-risk and closely spaced pregnancies.
- Large-scale community health workers, providing continuous nutrition counselling and maternal-child health support at the household level.

Pakistan and India Face the Next Challenge

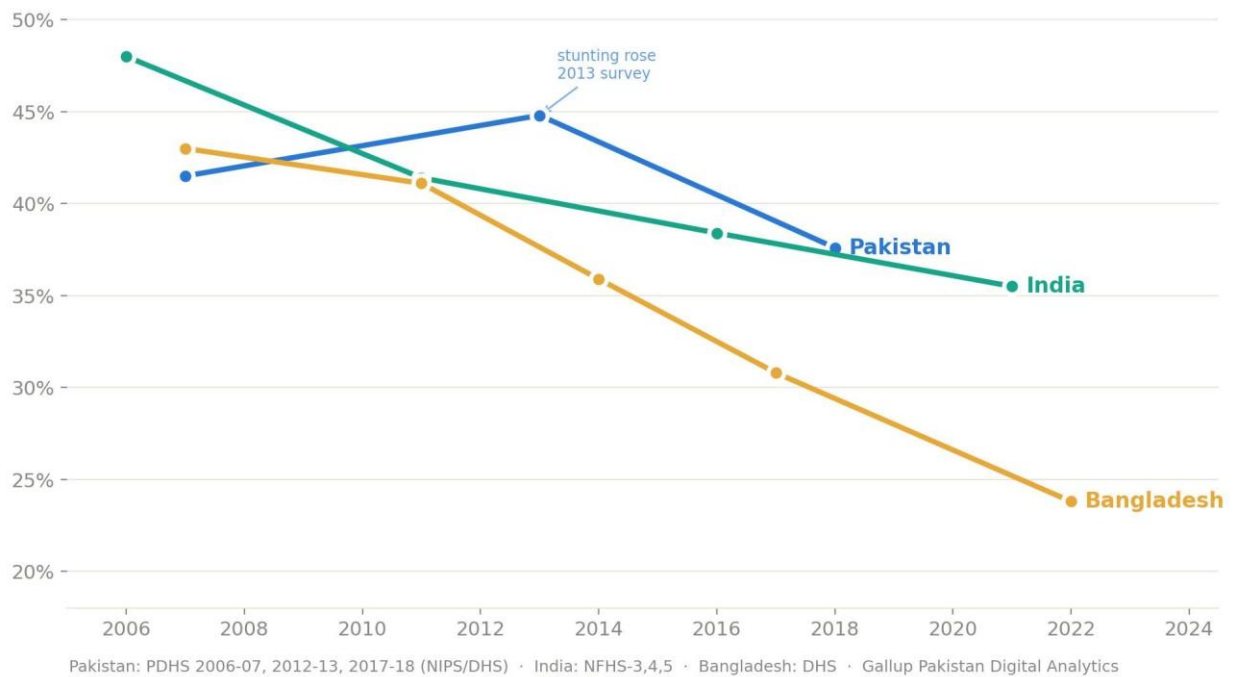
Pakistan and India have made substantial progress in expanding facility births, immunization, and basic maternal and child health services. However, further reductions in child stunting are likely to depend increasingly on broader investments in girls' education, family planning, maternal nutrition, and community-based health systems.

Bangladesh's experience demonstrates that improvements in child nutrition are closely linked to wider social investments made well before countries become high-income economies.

The lesson is clear: reducing child stunting requires tackling the underlying social determinants of nutrition—not nutrition interventions alone.

Rates of child stunting over time

All figures WHO 2006 Child Growth Standards · Children under age five · DHS surveys



Source: Gallup Pakistan Digital Analytics Atlas of Development; WHO 2006 Child Growth Standards; Pakistan (PDHS 2006–07, 2012–13, 2017–18), India (NFHS), Bangladesh (DHS).
(www.gallup-international.com; www.gallup.com.pk, www.gilanifoundation.com)

This analysis was conducted using the Gallup Pakistan Digital Analytics Atlas of Development, which compiles child stunting indicators based on the WHO 2006 Child Growth Standards. Data are drawn from Pakistan Demographic and Health Surveys (PDHS 2006–07, 2012–13, 2017–18), India's National Family Health Survey (NFHS), and the Bangladesh Demographic and Health Survey (DHS) to compare long-term trends in child stunting across South Asia.



Opinion Poll from Gallup Pakistan
The Pakistani Affiliate of Gallup
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Gilani Research Foundation is a not-for-profit public service project to provide social science research to students, academia, policymakers, and concerned citizens in Pakistan and across the globe.

Gilani Research Foundation is headed by Dr. Ijaz Shafi Gilani who pioneered the field of opinion polling in Pakistan and established Gallup Pakistan in 1980. Currently, Dr. Gilani, who holds a Ph.D. from the Massachusetts Institute of Technology (MIT) and has taught at leading universities in Pakistan and abroad, is Chairman of Gallup Pakistan.

If you have any further questions regarding this poll, please feel free to contact us.

*Best Regards,
Gallup Pakistan*

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2026



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