



CHILD MALNUTRITION IN BANGLADESH

NATIONAL NUTRITION OVERVIEW

- Despite great progress over the last **20** years, poor nutrition is still hurting Bangladesh, its children and its future
- Poor nutrition impacts on economic outcomes, on health, on education; improving nutrition can bring about positive change in the short and long term and is essential to Bangladesh's Vision **21**
- There are smart nutrition interventions, packages and policies, and the 7 research papers provide Bangladeshi contextualized analyses
- Bangladesh can own the problem and its solutions. Bangladesh can exercise control over its own budgets and policy priorities, and draw on international agendas
- Existing nutrition strategies need to spend the budget allocated, and more needs to be spent across all of government
- Substantive progress on nutrition policy can be made with strong leadership and coordination across government departments

CHILD MALNUTRITION OVERVIEW

- Although great progress has been made, child nutrition remains a challenge in Bangladesh
- Chronic malnutrition (stunting) and acute malnutrition (wasting) are responsible for more than **300,000** child deaths a year in Bangladesh
- Children in rural Bangladesh are more at risk of stunting than those in urban areas

While Bangladesh has made considerable progress in reducing the infant and child mortality rate, the country has not achieved the same level of success in addressing child nutrition which is viewed as a fundamental human right within the Constitution.

¹Stunting is defined as having height (or length) for age more than two standard deviations below the median of the World Health Organization Child Growth Standards

Under-nutrition of children remains among the main reasons for childhood illness and mortality in Bangladesh. An estimate conducted in 2011-2012 indicated that approximately **160,000** child deaths could have been avoided by reducing chronic malnutrition (stunting) while about **150,000** child deaths could have been averted by reducing acute malnutrition (wasting). As of 2015, approximately 6 million children are stunted in Bangladesh and roughly **2.4** million children under the age of 5 suffer from (wasting).¹

Children in rural Bangladesh are more at risk of experiencing stunting, at **38** percent, compared to **31** percent of children in urban areas. When broken down by administrative regions, stunting rates are highest in Sylhet (**50** percent) and lowest in Khulna (28 percent).

RESEARCH FINDINGS ON CHILD MALNUTRITION

NUTRITION DIRECT PACKAGE: COSTS AND BENEFITS OF PROVIDING NUTRITION SUPPLEMENTS TO PREGNANT MOTHERS AND CHILDREN TO REDUCE STUNTING IN BANGLADESH

- Direct nutritional interventions aimed at mothers, babies and small children in the first 1,000 days would yield improvements in physical and cognitive development
- More investment is needed
- Every Taka spent would generate a return to society of **18.8** Taka

Research by Jon Rose on nutritional packages for mothers and small children shows that a package of direct nutritional interventions aimed primarily at mothers, babies and small children in the first 1,000 days would yield an improvement in physical and cognitive development. This would result in better

median. Wasting denotes a low weight-for-height and indicates a severe process of weight loss. Wasting is often associated with acute starvation and/or severe disease. *WHO Child Growth Standards (WHO 1993).*



educational achievements for children as they grow up as well as better health, and increased earnings later, upon entering the labor market.

The nutritional package comprises nine direct interventions and primarily targets two stages, pregnancy and infancy/early childhood.

- During pregnancy, the main intervention is multiple micronutrient supplementations (including iron-folic acid supplementation). The other seven interventions are provided during infancy and early childhood:
- Exclusive breast-feeding education
- Complementary feeding education
- Provision of complementary foods
- Vitamin A supplementation (6-59 months old)
- Multiple micronutrients
- Management of severe acute malnutrition (SAM)
- Zinc supplementation

OBSTACLES

One obstacle for the implementation of nutritional packages is institutional capacity. Improving institutional capacity necessitates increased investment in staffing and budgets targeting nutrition within the relevant Ministries.

COMPLEMENTARY FEEDING PROMOTION: COSTS AND BENEFITS OF PROMOTING COMPLEMENTARY AND SUPPLEMENTARY FEEDING AMONG WOMEN AND CHILDREN FROM THE SOCIETAL PERSPECTIVE

- Poor nutrition in Bangladesh is a problem even among many wealthier families
- Poor nutrition among children and pregnant women and mothers leads to long-term health problems and poor cognitive development, as well as reduced earnings
- Every Taka spent would generate a return to society of **14.5** Taka

Research by Mahmud Khan and Rubina Shaheen focuses on providing information about and promoting the benefits of nutritious foods which

can be eaten alongside staple foods such as rice. The benefits include:

- Prevention of infant deaths
- Lowering of still births
- Improved health and wellbeing of pregnant women
- Lower morbidity among women and children
- Higher labor productivity of women
- Fewer children suffering from stunting resulting in higher income earning potential

OBSTACLES

Sufficient budgetary attention to nutrition remains an obstacle in Bangladesh. According to a recent study by Hawlader et al, providing effective nutrition services at scale for Bangladesh would cost **90-120** billion Taka for the period 2011-2021 (**9-12** Taka billion per year), resulting in a net benefit in terms of increased economic productivity that would exceed **700** billion Taka by 2021. In 2012-2013, the government spent **3.49** billion Taka on child nutrition – short of the **9-12** billion Taka proposed in the Hawlader study.

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