

Child Nutrition in BANGLADESH



icddr,b, in collaboration with The Daily Star, organised a roundtable titled "Child Nutrition in Bangladesh" on April 22, 2025. Below is a summary of the discussion.



Dr Tahmeed Ahmed,
Executive Director,
icddr,b
(Keynote Presentation)

Despite frequent discussions on climate change and development, we often overlook a pressing issue in Bangladesh and similar countries: nutrition. A recent visit to a wet kitchen market revealed soaring prices of protein staples such as tilapia, pangas fish, eggs, milk, and meat, highlighting concerns about childhood nutrition.

Stunting is a classic indicator of chronic undernutrition and is associated with increased vulnerability to infections such as diarrhoea and pneumonia, as well as a higher risk of mortality.

Stunted children also tend to respond poorly to oral vaccines, including those for cholera and rotavirus. Their brain development is also severely affected, leading to reduced cognitive ability and

productivity later in life. Achieving the Sustainable Development Goals (SDGs), particularly Goal 2—ending hunger and improving nutrition—requires addressing critical targets such as stunting, anaemia, low birth weight, breastfeeding, and wasting.

While Bangladesh's exclusive breastfeeding rate is around 55%, indicating some progress, many infants still miss out on the vital nutrition that breast milk provides. The goal is to increase this rate by 50% in the first six months, which demands further efforts.

Stunting among children under five declined from 41% to 24% between 2011 and 2022, yet one in four children remains stunted. The target is to reduce this by 40%, although current trends suggest Bangladesh is unlikely to meet this goal.

Underweight rates fell from 36% to 22%, and wasting from 16% to 8%, although wasting rose again to 11% by 2022. Some studies suggest it could be as high as 18%, nearing emergency

thresholds set by WHO. These statistics underscore the urgency of addressing childhood malnutrition in Bangladesh.

While medical training traditionally taught that malnutrition begins after breastfeeding ends (around six months), a 2023 Nature study analysing data from 52,000 children across multiple countries, including Bangladesh, showed that the highest rates of stunting occur between birth and three months.

The study also demonstrated a link between national health expenditure and stunting: where only 1-3% of the health budget is allocated to nutrition, stunting rates can reach 35%. A decade ago, Bangladesh allocated only about 1% of GDP and 9-10% of its health budget to nutrition. Current figures are unavailable.

To understand stunting better, icddr,b collaborated with researchers from seven countries. Our analysis showed that birth size was the strongest predictor: low birth weight doubles the risk of stunting.

Maternal height—reflecting long-term maternal nutrition—was another key factor. Compromised maternal nutrition contributes to a two- to threefold increased risk of child malnutrition.

These findings emphasise the vital importance of the first 1,000 days—from conception to two years—for preventing malnutrition. Malnutrition during this period increases the risk of cognitive impairment.

Water, sanitation, and hygiene (WASH) are also critical. In unsanitary environments, infants ingest harmful bacteria that colonise the small intestine, causing environmental enteric dysfunction (EED), which contributes to stunting and poor efficacy of oral vaccines.

Addressing childhood malnutrition requires a comprehensive, sustained approach. First, increasing budgetary allocation is essential; without it, efforts will remain ineffective. Strengthening grassroots community health workers, ensuring adolescent girls' health and nutrition, promoting dietary diversity, and providing weekly iron and folic acid supplements are also vital.

Initiatives like mothers' clubs can provide peer support on issues such as breastfeeding, complementary feeding, and maternal mental health—particularly important as maternal depression has been strongly linked to childhood malnutrition.

Dr Md Mehedi Hasan,
Assistant Director,
Institute of Public
Health Nutrition
(IPHN)

Exclusive breastfeeding from birth up to six months is crucial for child nutrition, as breast milk contains all the necessary nutrients. In Bangladesh, exclusive breastfeeding increased to 65% in 2017-18. The latest data from 2022 shows it declined to 53%.

Challenges arise as many new mothers are garment workers who, after two to three months, must switch to formula due to limited maternity leave. Misconceptions that breast milk is insufficient—fuelled by advertising and peer influence—also lower exclusive breastfeeding rates.

Improper formula preparation further worsens nutrition. To address this, every mother visiting gynaecologists at primary and tertiary hospitals should receive counselling, alongside widespread awareness campaigns. Functional breastfeeding corners in garment factories must also be ensured.

Prof Dr Chowdhury Ali Kawser,
Retired Professor
of Paediatrics,
B a n g a b a n d h u
Sheikh Mujib Medical
University (BSMMU)

Exclusive breastfeeding followed by complementary feeding are essential. Complementary feeding involves continuing breastfeeding while introducing additional foods, yet proper practices are often lacking.

One major gap is the insufficient use of oil. While vegetables and fruits are encouraged, the importance of adding enough oil for adequate caloric intake is often overlooked. Mothers may practise complementary feeding but add too little oil, leading to inadequate nutrition.

Another issue is feeding frequency. Often, complementary feeding unintentionally becomes replacement feeding, with mothers discontinuing breastfeeding after introducing solid foods. It is crucial to emphasise that breastfeeding must continue alongside complementary feeding for the practice to be effective.

Dr Fahmida Sharmin Joty,
Associate Professor,
Obstetrics and
Gynaecology,
Bangladesh Medical
College

Starting iron-folic acid supplementation for adolescent girls—similar to TT and MR vaccine campaigns—could significantly improve future maternal and child health. With high rates of underage marriage, strengthening girls' nutrition early would lead to healthier pregnancies and babies.

Current advocacy around multiple micronutrient supplementation

(MMN) highlights the need to begin interventions early to lower rates of low birth weight. Although 41% of the target population currently receives advice, many remain unmet.

Increasing the number of field workers and health assistants could help reduce stunting, preterm births, anaemia, and other related issues. Incorporating nutrition education into school and college curricula could create long-term change, promoting healthier mothers and babies for future generations.



Dr Farzana Rahman,
Deputy Director,
Bangladesh National
Nutrition Council
(BNNC)

BNNC is the highest authority for nutrition management, providing policy, technical, and administrative support across 22 ministries, with efforts underway to include more.

Childhood nutrition is a major focus in our national policies and BNNC is responsible for implementing these plans, especially during the first 1,000 days to prevent long-term malnutrition.

Recent initiatives include research in four coastal districts to develop child profile estimates and a costing model, surveying 934 mothers and caregivers. These tools will help expand interventions to other regions.



A.T.M. Saiful Islam,
Additional Secretary
(Public Health Wing),
Ministry of Health and
Family Welfare

Nutrition is fundamental to life and national development. A malnourished individual cannot contribute to growth or GDP, which is why the slogan "Enforce Nutrition for Growth" is significant.

Nutrition begins in the mother's womb, influencing brain development and lifelong health. Without proper prenatal care, achieving national nutrition goals is impossible. Nutrition is a multi-dimensional, multi-sectoral issue, requiring collaboration across ministries.

In Bangladesh, 22 ministries and many agencies are involved in improving nutrition. Farmers play a key role—nutrition is affected at every stage, from land selection and cultivation to food processing and storage, where nutritional value can either improve or decline.

Water, sanitation, and hygiene are deeply intertwined with nutrition. Poor hygiene contributes to illnesses like diarrhoea, which drain essential nutrients from children's bodies. Coordinated action between WASA

RECOMMENDATIONS

- » Increase national budget allocations for nutrition, prioritising SDG Goal 2 indicators—stunting, anaemia, low birth weight, breastfeeding, and wasting.
- » Promote exclusive breastfeeding for the first six months, and continue breastfeeding alongside complementary feeding thereafter.
- » Counsel mothers at every stage—from conception to post-delivery—on nutrition, breastfeeding techniques, and dietary practices.
- » Expand iron and folic acid supplementation for adolescent girls, similar to national vaccine campaigns, to improve future maternal and child health.
- » Integrate nutrition education into school and college curricula to encourage healthy dietary habits from an early age.
- » Establish and support mothers' clubs to provide peer guidance on breastfeeding, complementary feeding, and maternal mental health.
- » Strengthen field-level health workforces, especially in underserved areas, by increasing the number of trained community health workers and assistants.
- » Ensure the availability of functional breastfeeding corners in garment factories and other workplaces employing large numbers of women.
- » Improve food safety monitoring by decentralising the Food Safety Authority and addressing contamination from pesticides, hormones, and heavy metals.
- » Enforce the Breastmilk Substitutes Act more rigorously, and regulate marketing practices that discourage breastfeeding.
- » Address environmental health threats like plastic ingestion, lead poisoning, and pesticide exposure that compromise maternal and child nutrition.
- » Enhance multi-sectoral coordination between ministries (Health, Food, Women and Children Affairs, Local Government, etc.) for holistic nutrition programming.
- » Strengthen WASH (Water, Sanitation, and Hygiene) interventions, particularly in slums and camps, to prevent malnutrition caused by enteric infections.
- » Scale up Growth Monitoring and Promotion (GMP) sessions across health facilities and integrate overweight/obesity screening into routine services.
- » Reduce reliance on donor-funded nutrition programmes by incorporating nutrition into long-term national development and political economy strategies.
- » More grassroots-level community health workers are needed, who can assess children's nutritional status, provide counseling to mothers and family members, and take necessary actions to improve nutrition when needed.
- » The habit of washing hands with soap needs to be improved, as it helps prevent enteropathy, which is directly linked to child undernutrition.
- » Community-based management of severe malnutrition should be ensured.