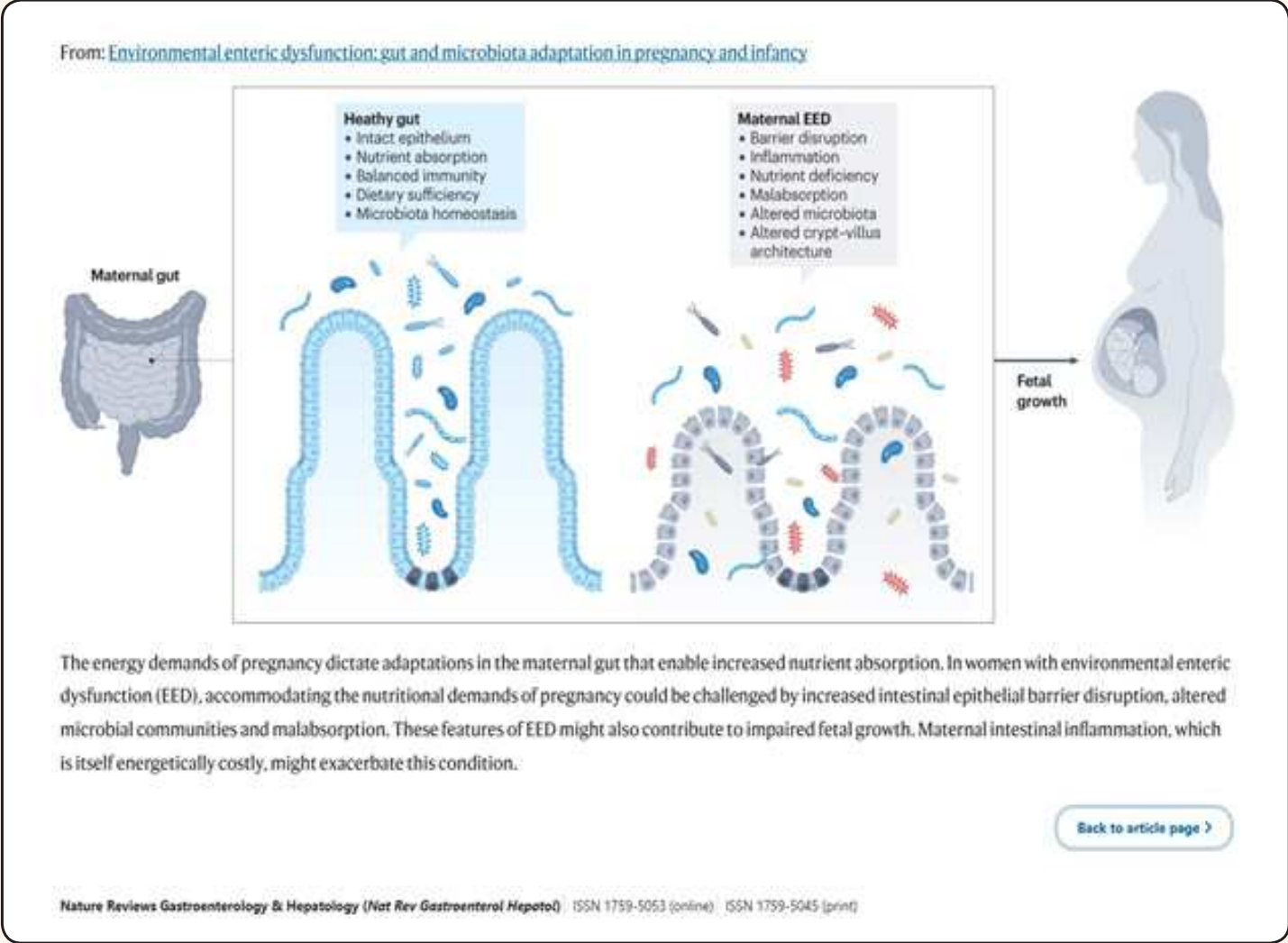


CHILD NUTRITION IN BANGLADESH

Nutrition is often overlooked in Bangladesh. A recent wet-kitchen visit reported soaring protein prices.



CURRENT MALNUTRITION BURDEN AT A GLANCE

(latest prevalence rates from BDHS 2022)

- Stunting: 24%, ↓ from 2014 (36%)
- Wasting: 11%, ↓ from 2014 (11%); but some suggest it to be 18%
- Underweight: 22%, ↓ from 2014 (33%)
- Severe acute malnutrition: ~2%

WHY NUTRITION MATTERS

- Impaired brain development
- Poor school performance
- Higher risk of death from infections
- Low adult productivity

FEEDING PRACTICES IN BANGLADESH

- GAINS**
- Exclusive breastfeeding rose to 53% in 2022 from 2007 (50%), but declined from 2017 (65%)
 - The goal is to increase this rate by 50% in the first six months
 - Complementary feeding is widely promoted
- GAPS**
- Low oil use in complementary feeding
 - Infrequent meals and food dilution
 - High reliance on formula
 - Minimum acceptable diet fell from 34% (2017-18) to 30% (2022)



GIRLS AND MATERNAL NUTRITION



Low birth weight doubles the risk of stunting, as evidenced by research in seven countries across South Asia, Africa and Latin America



South Asia—India, Pakistan, Bangladesh, Nepal and Afghanistan—reports the highest maternal and child malnutrition rates



Low adolescent nutrition = Low birth weight + Stunted child



Maternal undernutrition ↑ child stunting risk 2–3x

FIRST 1,000 DAYS = GOLDEN WINDOW

~80% of brain growth occurs

Highest vulnerability to stunting in the first 3 months, contradicting the belief that malnutrition begins after breastfeeding ends

Maternal height, birth weight, and early feeding determine outcomes

icddr,b is working in Mirpur, where, using MRI scans, the link between brain development and malnutrition is being investigated

SYSTEM GAPS

Budget affects nutrition

1-3% of health budget = ~35% stunting

3.5% budget = 20-25% stunting

BD spends 9-10% of the health budget on nutrition

WHAT WORKS: SOLUTIONS

A comprehensive, sustained approach is a must

Budget increase focusing on nutrition

Empowering grassroots community health workers

and the Ministry of Local Government is essential to overcome these pressing challenges.



Prof. Salahuddin Mahmud, Professor of Paediatric Gastroenterology, Bangladesh Shishu Hospital & Institute

I would like to present a commonly experienced scenario to illustrate child nutrition challenges in Bangladesh. Aizuddin's malnourished grandson, Karimuddin, was taken to Dhaka after local treatment failed. The mother, a teen garment worker, could not stay due to work.

Despite initial recovery, the child relapsed six months later due to poverty, maternal malnutrition, and a lack of family support. Though child nutrition corners exist locally, accessing them is difficult, with one nutrition worker responsible for 200 families.

Bangladesh has around 1.7 million moderate and 500,000 severe malnutrition cases. Without addressing poverty and family instability, children will continue to relapse. Exclusive breastfeeding for six months, followed by regular family meals, is vital.

Alarmingly, the rate of minimum acceptable diet has worsened, dropping from 31% in 2017 to 26% today. Similarly, the percentage of children meeting the minimum meal frequency has declined from 81% in 2017 to 61%. At the core, it is education and financial stability that make the most significant difference in addressing these issues.



Dr. Thaddaeus David May, Senior Director, Nutrition Research Division, icddr,b

It is crucial to highlight how children can remain happy, capable, and healthy with parental support, even in challenging conditions marked by low hygiene and inadequate nutrition. This

reality is, in many ways, encouraging. The progress made so far has been remarkable.

Encouragingly, Bangladesh has made notable strides in tackling child malnutrition. In 2014, moderate stunting affected 36% of children—just 2.5% of the global burden—while severe stunting stood at 12%, accounting for only 1% globally.

While a complete solution remains a distant goal, the most effective step we can take at this point is to focus seriously on preventing malnutrition.



Samina Israt, Programme Officer – Diet-related Risk Factors, World Health Organization

Addressing the triple burden of malnutrition—wasting, stunting, and micronutrient deficiencies—alongside emerging challenges such as obesity and non-communicable diseases (NCDs), is critical.

Rapid urbanisation and poor dietary habits are key contributors, particularly among children and adolescents. Two major concerns are the lack of proper family meals and the rising consumption of junk food.

Balanced family meals rich in vegetables and meat are vital for cognitive development, physical growth, and immunity. In contrast, junk food—high in salt, sugar, and trans fats—leads to obesity, diabetes, cardiovascular issues, and premature death.



Dr. Muhammad Habibur Rahman, Line Director, Community-Based Health Care (CBHC), Directorate General of Health Services (DGHS)

Despite efforts by over 20 ministries and many organisations working on nutrition, the BDHS report does not show significant improvement in overall health performance from 2009 to 2024.

Across Bangladesh, 14,350 community

clinics serve approximately 500,000 visitors daily, including over 100,000 children under five—constituting more than 20%. While we are committed to promoting health and nutrition, our facilities still offer only limited services.

The current three-month training period for service providers is inadequate to ensure quality care. To improve outreach and service delivery, we plan to expand our coverage to include all community clinics in the Sylhet and Chattogram divisions as a priority. Moreover, the work of the Food Safety Authority must be decentralised, particularly in light of findings of heavy metal contamination in food.



Prof. Dr. Anjuman Ara Sultana, Line Director, National Nutrition Services

To build a healthy nation, we must prioritise maternal and child nutrition, starting with adolescent girls at the SSC level. Since 2022, progress has stagnated, highlighting the need for increased budget allocations across all 64 districts.

Early child marriage, a major driver of poor maternal and child health, must be urgently addressed. Frequent childhood infections linked to underweight conditions reinforce the need for six months of exclusive breastfeeding.



Deepika Mehrish Sharma, Chief of Nutrition, UNICEF

The Rohingya crisis offers a stark example of the challenges in delivering health and nutrition services during humanitarian emergencies. Bangladesh faces a critical situation, with child wasting rates ranging from 11% to 18%, and conditions in the Rohingya camps are even more alarming.

Approximately 500,000 children under five reside in the camps, receiving basic health, nutrition, and education services.

Yet, between February 2024 and February 2025, severe wasting among these children rose by 27%, putting more lives at risk. Floods, diarrhoea, cholera outbreaks, and ration cuts have worsened their condition.

Addressing malnutrition requires a life-cycle approach that includes not only the health sector but also the private sector, policymakers, and ministries such as Public Health Engineering and Women and Children Affairs.



Dr. Rudaba Khondker, Country Director, Bangladesh, The Global Alliance for Improved Nutrition (GAIN)

As the proverb goes, “Give me a healthy mother, and I will give you a good and productive nation.” This vision can only be realised by delivering comprehensive health and nutrition services to adolescents.

I would like to emphasise the urgent need to address affordability—specifically focusing on dietary diversity, dietary quality, and access to safe food. We must remain vigilant about what young people are consuming.

There is also growing discussion around establishing adolescent clubs, ensuring greater multi-sectoral involvement, and addressing household expenditure patterns. Scaling up evidence-based research is essential.



Dr. Abu Jamil Faisal, President-Elect, Public Health Association of Bangladesh

I would like to highlight several critical issues that directly affect the health and well-being of mothers and children.

Plastic consumption has become a growing concern. A recent Italian study revealed that individuals in South Asia consume an average of 11 kilograms of plastic annually, containing eight harmful

components. This exposure poses serious long-term risks to children's health and development.

Lead poisoning and exposure to heavy metals demand urgent attention. The widespread use of pesticides and harmful agricultural chemicals has led to a rise in respiratory issues among children, compounding their existing vulnerabilities.

Addressing these environmental and health threats is essential to ensuring a safer, healthier future for our mothers and children.



Mahfuz Anam, Editor & Publisher, The Daily Star

We are honoured to be here with icddr,b, yet deeply saddened by how little we knew about the severe food and nutrition challenges faced by mothers and children—issues that lead to stunting and long-term harm. We are failing to nourish our children properly, and even when we do, food contamination remains a grave concern. As a society, we must do better.

The Daily Star is committed to publishing further investigative reports, following up on these critical issues, and using our editorial platform to bring them the attention they deserve. We stand firmly in support of this cause.



Tanjim Ferdous, In-Charge, NGOs & Foreign Missions, Business Development Section, The Daily Star & Moderator of the Session

Despite progress in health indicators, child nutrition in Bangladesh remains critical. The BDHS 2022 reports that 24% of children under five are stunted, 12% are wasted, and 22% are underweight, with around 370,000 suffering from severe acute malnutrition. Inequalities in nutrition, healthcare, and essential services persist—especially in slums and rural areas.