

Child and Maternal Nutrition in Bangladesh

KEY STATISTICS

Basic data (in %) (State of the World's Children 2007, Child and Maternal Nutrition Survey 2005)	
Chronic energy deficiency in mothers	32
Low birth weight	36
Child malnutrition (0-59 months)	
Stunting	40
Underweight	45
Wasting	13
Night blindness in children (18-59 months)	<1
Iodine deficiency in children (6-12 years)	34
Anaemia (6-59 months)	49
Exclusive breastfeeding (<6 months)	42

BACKGROUND

The prevalence of malnutrition in Bangladesh is amongst the highest in the world. Millions of children and women suffer from one or more forms of malnutrition, including: low birth weight (LBW), stunting, underweight, vitamin A deficiency, iodine deficiency disorders and anaemia. Malnutrition passes from one generation to the next because malnourished mothers give birth to infants who struggle to thrive or grow well. If they are girls, these children often become malnourished mothers themselves. Malnutrition contributes to about one half of all child deaths, often by weakening immunity. Survivors of malnutrition are left vulnerable to illness, stunted and intellectually impaired.

The Government of Bangladesh (GoB) is committed to fulfilling children's rights to nutrition through its ratification of the Convention on the Rights of the Child and the Millennium Development Goals, many of which are closely linked with nutrition. With the assistance of development partners, the GoB has made substantial investments in nutrition, including the National Nutrition Programme (NNP) which provides comprehensive nutrition services to children and women at a community level. As a result, the country has made significant progress in eliminating some forms of malnutrition, including vitamin A deficiency and iodine deficiency.

Bangladesh has made good progress in the past decade towards achieving Millennium Development Goal 1, the eradication of extreme poverty and hunger. Between 1996 and 2005, the prevalence of underweight children fell from 56 to 45 per cent, and stunting fell from 55 to 40 per cent.

ISSUES

Despite many achievements in the past decade, major improvements are still needed in order for all children to be free from malnutrition. The prevalence of LBW, underweight, stunting and anaemia in preschool children is "very high" or "serious" according to the World Health Organization's criteria. Gains in vitamin A deficiency and iodine deficiency will not be sustained if efforts are not continued.

Children and women become malnourished if they are unable to eat enough nutritious foods or if they become ill. While these two causes sound simple, they are the result of many factors at the household, community, national and international level which makes the elimination of malnutrition so challenging.

Two major issues that must be considered at every level of intervention are equity and access. Childhood malnutrition is rooted in part in the discrimination against, and disempowerment of, women. The unequal access to resources, particularly food and health care, and their inability to take household decisions make women less able to protect their own nutrition and health, and that of their children. Because these decisions frequently rest with the husband and other family members, these individuals must be specifically included in the target audience for advocacy and behaviour change communication on nutrition.

There are also inequities between socio-economic levels. The poorest children, women and households who need assistance most are often excluded from nutrition interventions, even if they are free, because they cannot afford the hidden costs associated with these services, such as taking time off work to access the services. Many of these poorest groups live in poorly serviced hard-to-reach areas in rural Bangladesh and in the urban slums.

Natural disasters compound malnutrition, which is often considered a "silent emergency" even in normal times. Localised disasters, such as cyclones or floods, hit Bangladesh every year. And about every 5 to 10 years there is a disaster that causes widespread damage, wiping out crops, houses, safe water sources, livelihoods and wreaking havoc on nutrition.

ACTION

UNICEF's work focuses on high impact interventions to improve nutrition across the entire



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lifecycle from infancy through childhood, adolescence, and the child-bearing years. These interventions are implemented in close partnerships with Government, UN agencies (WHO and WFP), development partners (USAID, CIDA), Micronutrient Initiative and NGOs.

Capitalizing on vitamin A's benefits

UNICEF and the Government of Bangladesh have

created the "National Vitamin A Plus Campaigns" to deliver vitamin A supplements to children aged 12-59 months twice a year. These campaigns reach 18 million children - or more than 85 per cent of ALL children - every time, and provide a platform for delivering other services, including deworming tablets, and messages on health and nutrition. Mothers also need vitamin A supplements after every birth and UNICEF has helped the government to develop special strategies to reach mothers with vitamin A in their homes, where 9 out of 10 deliveries take place.



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Grains of salt to reduce iodine deficiency disorders

A successful campaign to iodize all salt is reducing iodine deficiency in Bangladesh. Iodine deficiency causes intellectual impairment and lowers IQ by as much as 10 to 15 percentage points. UNICEF works with both the Government and the private sector to support salt iodization in the areas of: policy development, technology development, business practices, capacity building, monitoring and evaluation, advocacy and behaviour change communication. UNICEF has provided support for crucial amendments

to the Salt Law that will make it mandatory for the livestock, food and beverage industries to use only iodized salt. UNICEF has also helped introduce new low-cost technologies to improve the quality of iodized salt.

Addressing anaemia

In urban slum areas, UNICEF and the government have piloted a package of interventions to prevent anaemia in adolescent girls and pregnant and breastfeeding women. This has included screening for severe anaemia in pregnancy, providing iron-folate supplements and deworming tablets and counselling to improve dietary intake and compliance with iron-folate supplementation. As many of the adolescent girls do not have regular contact with health services, they are reached in the community through a network of adolescent girls groups. In the future, this model will be expanded to include preschool aged children and to other areas of the country, including the Chittagong Hill Tracts where the prevalence of anaemia is the highest in the country.

Changing behaviour for improved nutrition

Since 2003, UNICEF has provided technical assistance in advocacy and behaviour change communication to the government's National Nutrition Programme (NNP). UNICEF identified mechanisms to reach adolescent girls and boys, mothers, family members, community leaders and other stakeholders at the sub-national and national level with advocacy and communication interventions to support the alleviation of malnutrition. Innovative approaches have been used, including street theatre, peer-to-peer education among adolescents, and "future search conferences" among community groups and decision makers. Special attention has been given to improving the interpersonal communication skills of the NNP community health workers.

Responding to emergencies

UNICEF has recently taken the lead, among all UN agencies, for coordinating the nutrition response during emergencies. After the devastating monsoon floods in 2004, UNICEF with

the World Food Programme and local NGOs delivered nutritious food supplements to 425,000 vulnerable children and women in the most severely affected areas.

IMPACT

Achievements that are directly linked to UNICEF's support include the following:

- 30,000 child lives are saved by vitamin A supplementation each year. The prevalence of night blindness, a symptom of vitamin A deficiency, has been kept below the level that indicates a public health problem.
- 84 per cent of all edible salt in Bangladesh is now iodized, helping reduce the toll of iodine deficiency disorders. The prevalence of goitre in school children decreased from 50 per cent to 6 per cent in the last decade as a direct result of salt iodization.
- A community-based model for preventing anaemia in adolescent girls and women has been piloted, and will be expanded to other areas in urban and rural Bangladesh.
- 15 million young children are treated with a dose of deworming medicine twice a year, significantly reducing intestinal worm infections, an important cause of anaemia.
- Community Nutrition Promoters work in 24,000 community nutrition centres throughout one-quarter of the country providing information, advice and counselling to improve the nutritional status of children, adolescent girls and women.

The nutrition of millions of children has benefited from improvements in health services, particularly the achievements in immunization, which has helped to prevent infectious diseases that cause malnutrition.



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