

Working Together for Our Children, Our Future

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A Fact Sheet on Agriculture and Nutrition in Bangladesh

September 2013

Despite increased food production, the prevalence of malnutrition in Bangladesh remains one of the highest in the world. The malnutrition situation is exacerbated by a widespread food insecurity problem. Children, adolescent girls, and mothers are most at risk of malnutrition.

- Malnutrition in Bangladesh can take many forms, including chronic malnutrition (stunting, i.e., low height-for-age), acute malnutrition (wasting, i.e., low weight-for-height), iron deficiency anaemia, vitamin A deficiency, iodine deficiency, and low birth weight (less than 2.5 kg).
- Nearly half of children under 5 years of age and 3 out of every 10 women of childbearing age suffer from malnutrition, regardless of their family's assets.
- Malnutrition is the underlying cause of one-third of deaths in children under 5 years of age. Children who are malnourished are at greater risk of infections and chronic diseases.

A healthy and productive workforce in Bangladesh is needed to improve and sustain agricultural productivity.

- Iron deficiency anaemia and stunting result in reduced labour productivity, which hinders agricultural production and derails development progress.
- Malnutrition due to stunting, iron-deficiency anaemia, iodine deficiency, and low birth weight costs Bangladesh more than 7,000 Crore Taka (US\$1 billion) in lost productivity every year and even more in health care costs.
- A 2012 PROFILES estimates suggest that improving nutrition would result in significant gains in health outcomes and economic productivity. Over the next 10 years, reducing malnutrition would:
 - Save 230,000 infants' lives by reducing low birth weight
 - Save 160,000 children's lives by preventing stunting
 - Save 150,000 children's lives by preventing and treating wasting
 - Save more than 50,000 children's lives by decreasing vitamin A deficiency
 - Save more than 150,000 infants' and 6,000 mothers' lives by decreasing maternal anaemia



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How can improving nutrition benefit civil society organizations working in food security and agriculture?

- The agriculture and nutrition sectors are inter-dependent and synergistic. Improving nutrition would lead to increased productivity—including in the agriculture sector—resulting in economic productivity gains exceeding 70,000 Crore Taka (US\$10 billion) by 2021.
- The ultimate goal of improving food security in Bangladesh is to improve the nutritional status and well-being of the people, especially the country's children. Both the agriculture and nutrition sectors have a common goal—improved nutrition—and both sectors will benefit from achieving this goal.

Improving nutrition will depend not only on improving food security but also on improving diet diversity by increasing access and availability of nutrient-dense foods at the household level.

Civil society organizations working in agriculture can support improved nutrition in Bangladesh by:

- Working with the Ministry of Agriculture and Ministry of Food and Disaster Management to foster and promote strong political leadership and commitment to nutrition and strong coordination with other ministries, including the Ministry of Health and Family Welfare, the Ministry for Livestock and Fisheries, the Ministry of Education, and the Ministry of Planning and Finance.
- Supporting the adoption of a national plan of action for nutrition and the integration of nutrition in agriculture plans, policies, and programs.
- Advocating for allocating more resources to implementing proven household-level agricultural interventions that can improve household food security and nutrition.

Key Interventions to Improve Food Security and Diet Diversity

- Diversifying food production and making animal protein (e.g., dairy, eggs, meat, poultry, and fish) and micronutrient-rich foods (e.g., fruits and vegetables) more available.
- Intensifying nutrition and health behaviour change communication within agricultural interventions focusing on men and gatekeepers.
- Promoting adoption of high-yield crops.
- Promoting small livestock production, including small ruminants.
- Ensuring staple foods such as rice, wheat, and flour are affordable and prices remain stable, so that households can afford to buy protein-rich and nutrient-dense foods, such as dairy, eggs, fish, fruits, and vegetables.
- Working with the private sector to ensure food fortification and to maintain quality control.
- Promoting women's access to and control over productive resources, capital, and income generation.
- Promoting use of labour-saving technologies to enable women to manage competing priorities and their caring, reproductive, and productive roles.
- Promoting opportunities to train women in agro-processing that they can undertake within their households.
- Enforcing labour laws that provide a living wage for both men and women.
- Increasing wages for male and female agricultural workers and ensuring that men and women receive equal pay for equal work to increase families' ability to buy nutritious foods.
- Providing opportunities for diversification of household income.



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A Fact Sheet on Education and Nutrition in Bangladesh

September 2013

Malnutrition in children affects their ability to learn by delaying development and impairing cognitive function, contributing to poor school performance. Unfortunately, Bangladesh still has one of the highest prevalence rates of childhood malnutrition in the world.

- Malnutrition in Bangladesh can take many forms, including chronic malnutrition (stunting, i.e., low height-for-age), acute malnutrition (wasting, i.e., low weight-for-height), iron deficiency anaemia, vitamin A deficiency, iodine deficiency, and low birth weight (less than 2.5 kg).
- Nearly half of children under 5 year of age and 3 of every 10 women of childbearing age suffer from malnutrition, regardless of their family's assets.
- Malnutrition is the underlying cause of one-third of deaths in children under 5 years of age. Children who are malnourished are at greater risk of infections (diarrhoea and pneumonia) and chronic diseases (diabetes and heart disease).
- Nearly 400,000 Bangladeshi children under 5 years of age are suffering from the most severe form of malnutrition—severe acute malnutrition—which, by World Health Organization standards, is at the emergency level.
- Malnutrition impairs cognitive ability. Children with chronic malnutrition learn to sit, stand, and walk later; have poorer cognitive function; enrol in school later; perform worse in school; have more days out of school due to illness; and are more likely to drop out of school than well-nourished children.
- Malnourished children who are stunted and poor lose more than 4 years of schooling compared to their better-off peers.

How can improved nutrition benefit civil society organizations working in education?

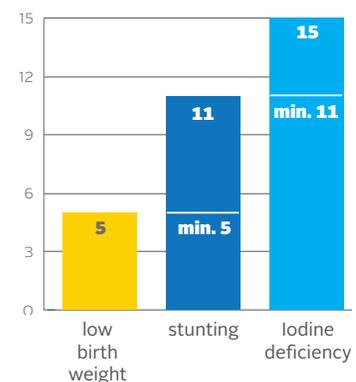
- As children's nutritional status improves, cognitive development improves and so does children's school performance, leading to higher educational attainment and improved earning capacity in adulthood. When parents are well educated, they are more likely to have well-nourished families.



Photo credit: Cassandra Mickish, CCP, courtesy of Photoshare

Malnutrition is *preventable and treatable*. The Copenhagen Consensus 2012 determined that nutrition is the *best investment* for countries—to improve health, schooling, and productivity.

IQ Points Lost to Malnutrition



Source: Grantham-McGregor et al. 1999.

■ During the next 10 years, investment in proven, effective, and high-quality nutrition interventions implemented at scale would improve child development, cognitive function, and school performance. Improved nutrition would:

- Improve cognitive development in children as a result of preventing stunting and treating iron-deficiency anaemia.
- Prevent permanent brain damage in about 2 million children and increase the average child's IQ by 13.5 points as a result of preventing iodine deficiency.
- Result in earlier school enrolment, children staying in school longer, completing more years of school, and better school performance.

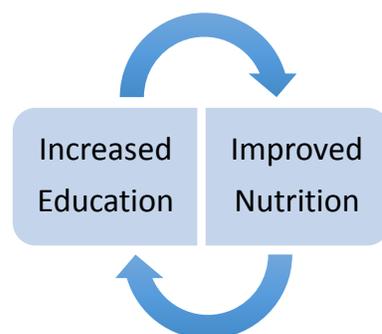
Improving nutrition will greatly improve education outcomes.

Civil society organizations working in education can support improved nutrition in Bangladesh by:

- Supporting and expanding secondary school education for girls and boys and promoting delayed marriage and first pregnancy.
- Supporting and expanding early childhood development programs to promote optimal cognitive development.
- Supporting nutrition early in life for children's cognitive development, so they have the best chance to do well in school.

People with higher levels of education have better health outcomes than those with less education. Some nutrition-related activities to improve learning and school performance include:

- Updating education sector policies and strategies that are relevant to nutrition
- Endorsing and operationalising the draft National School Health Policy
- Finalising and disseminating the School Feeding guidelines
- Supporting implementation of mandatory food fortification regulation by promoting use of fortified foods in schools
- Organising mass de-worming
- Supporting water and sanitation initiatives
- Educating children on positive health and nutrition practices



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Main data sources include Bangladesh Demographic and Health Survey 2007 and Bangladesh PROFILES and Nutrition Costing Technical Report.

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A Fact Sheet on Family Planning and Nutrition in Bangladesh

September 2013

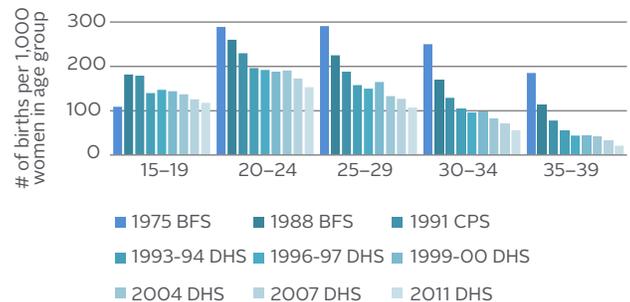
Family planning, nutrition, and health are synergistic.

- Family planning (FP) interventions, through adequate birth spacing, have been shown to decrease risk for low birth weight and stunting and to decrease infant and maternal mortality.
- As birth weights increase in a population, nutritional status improves and mortality decreases.
- As children's nutritional status improves, cognitive development improves and so does children's performance in school, leading to higher educational attainment and improved earning capacity in adulthood.
- Those who attain a higher level of education are more likely to use FP and often marry later and delay childbearing, thus continuing the cycle.

How can nutrition interventions benefit civil society organizations working in family planning?

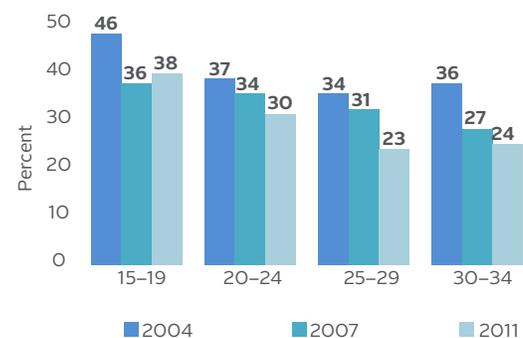
- In Bangladesh, nutrition counselling is an opportunity to discuss FP options with women of reproductive age. Although Bangladesh has had success in reducing the total fertility rate—from 6.3 births per woman in 1975 to 2.3 births per woman in 2011—this success has been among women over the age of 20. As illustrated in Figure 1, adolescents aged 15 to 19 in Bangladesh have consistently had high fertility rates during the past three decades and that rate is higher today than in 1975.
- At the same time, FP counselling with older mothers and women is also an opportunity to reach adolescent girls in their households by counselling older mothers and their family members on improving the nutritional status of their adolescent girls, delaying marriage and first pregnancy into the adult years. This alone will have a huge impact on improving young child nutrition and survival.
- The median age of marriage for girls is 15 years, despite the fact that the legal age of marriage in Bangladesh is 18. This has serious consequences because, relative to their older peers, adolescent girls are more likely to be malnourished (see Figure 2) and have a low birth weight baby who is more likely to become malnourished. The slow rate of improvement in the nutritional status of children is in part a result of the continued high fertility rate among adolescent girls.

Figure 1. Age-Specific Fertility Rate among 'Ever Married' Women (15–39 years)*



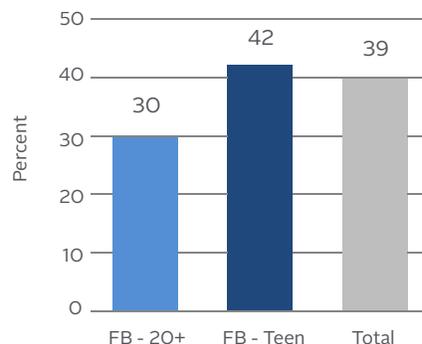
* 1975 and 1988 rates refer to the 5-year period preceding the survey; all other surveys refer to the 3-year period before the preceding survey.

Figure 2. Underweight by Age of 'Ever Married' Women (15–34 years)



- As shown in Figure 3, first-born children of mothers aged 15–19 are more malnourished than first-born children of older mothers. One barrier to reaching adolescents with FP messages is that access to young couples and newlyweds is still limited for FP providers because of cultural and religious norms. Therefore, using nutrition counselling to relay FP messages can have a critical impact.

Figure 3. Percent of First-Born (FB) Under-5 Children Classified as Stunted by Mother's Age at Birth (2007 DHS)



Improving nutrition is essential for the next wave of sustained improvement in family planning and health outcomes.

Civil society organizations working in FP can expand use of FP and support improved nutrition in Bangladesh by:

- Working on delaying the age of marriage and first pregnancy until after the adolescent years, because women who wait to have their first child after adolescence have improved nutritional status and better birth outcomes than adolescent mothers.
- Working in coordination with the National Nutrition Services to improve the nutritional status of adolescent girls, women of childbearing age, and pregnant and lactating women.
- Promoting smaller family size and adequate birth spacing (at least 2 years) to decrease the risk of low birth weight and to decrease infant and maternal mortality.



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A Call to Action for Media Gatekeepers on Nutrition in Bangladesh September 2013

Today in Bangladesh more than 40 percent of children under 5 years of age are malnourished. Compared to other health indicators for Bangladesh that have greatly improved, malnutrition in Bangladesh remains a persistent problem. Malnutrition in Bangladesh is an invisible problem. And despite continued investment by the Government of Bangladesh and donors since the early 1990s, the situation of malnutrition remains virtually unchanged. The widespread problem of malnutrition is a major barrier for Bangladesh to achieving 5 of the 8 Millennium Development Goals (MDGs).

Malnutrition in Bangladesh affects poor families disproportionately more than wealthy families; 54 percent of poor children are malnourished. But even among wealthy families, 26 percent of children under the age of five are malnourished. Children in Bangladesh are simply not getting the right quantity and quality of nutritious foods they need to grow. Yet there is a widely held perception that malnutrition only affects the poor—and not other segments of society. In Bangladesh, across wealth quintiles, all children are affected by malnutrition to varying degrees.

Why does this matter?

- Malnutrition in young children increases their risk of death—nearly half of all child deaths in Bangladesh today are attributable to malnutrition.
- Malnourished children are more likely to have repeated illnesses and infections, and managing this is a significant financial burden for poor families especially.
- Malnourished children have an increased risk of chronic diseases in adulthood (such as heart disease and diabetes).
- Malnourished children perform worse in school. Malnutrition in childhood impairs physical growth and cognitive development.
 - In young childhood, malnourished children learn to sit, stand, and walk later than their well-nourished peers.
 - Malnourished children enrol in school later, have more days out of school due to illness, perform worse in school, and complete fewer years of schooling.
 - Because of this, malnourished children become adults who earn less compared to their well-nourished and better-educated peers. Malnutrition undermines human capital.



Photo credit: Marsha McCoskrie, courtesy of Photoshare

The results of the PROFILES and nutrition costing study (2012) shows that over the next 10 years, with no additional investment or effort to prevent and treat malnutrition at the community level, the number of infant and child deaths would be nearly 1.5 million. In addition, the economic productivity losses for the country over this period of time would exceed 140,000 crore Taka.

But malnutrition is *preventable and treatable*. The children of Bangladesh can be free of all forms of malnutrition if we act now.

- There is a need to raise public awareness of malnutrition to increase the demand for quality nutrition services to be provided in communities.
- More importantly there is a need to increase accountability for nutrition in Bangladesh.
- Investing in expanding comprehensive quality nutrition services to communities across the country could change this reality and would significantly reduce the number of child deaths under the age of 5 and improve school performance of children, leading to a better quality of life for them.
- For real impact on nutrition in Bangladesh, it is essential that national coverage of quality nutrition services reach greater than 80 percent of the population, and cover all families in the bottom two wealth quintiles.
- Sustained intra- and inter-sectoral collaboration and coordination between the health directorates of the Ministry of Health and Family Welfare, other ministries, development partners, U.N. bodies, and international NGOs is a precondition for expanding and sustaining quality nutrition service delivery at the community level across the country.
- Over the next 10 years investing in nutrition and expanding access to quality nutrition services at the community level would reduce malnutrition and this would save the lives of more than 500,000 children under the age of 5 and would improve the school performance and quality of life of countless more.
- The economic productivity gains of such investment would also exceed 70,000 crore Taka.

How can you, as members of the media, help?

As media gatekeepers, you decide on what is news and what should be reported on. Reporting on the nutrition situation in Bangladesh is important and you can play a key role.

- Nutrition is an issue of personal interest to readers and viewers, and as such, reporting on nutrition can expand readership and viewership to reach new audiences.
- Media can raise public awareness of the importance of nutrition in Bangladesh. Every family looks to their children as their future, and every parent wants their child to have the best start in life. Report on nutrition services and products that are available, why families should access them, and how.
- Media plays an important role as a voice for the public, and in this role, media can hold government and non-government institutions accountable for improving the nutrition situation of Bangladesh, promoting good governance for nutrition. Forty percent of children under 5 are malnourished in Bangladesh, and yet there are no comprehensive nutrition services available throughout the country—it's time for us to ask "Why?"

- For a country such as Bangladesh, nutrition is a smart investment; for every \$1 spent on nutrition, there is a \$30 return in health and economic benefits.



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