Undernutrition is not just a problem of poverty. In the past 2 decades, Bangladesh has made considerable progress in development, sustaining high rates of economic growth and reducing poverty rates by 9% between 2000 and 2005 (from 49% to 40%). Also, as Figure 2 shows, children are undernourished in over one-quarter of even the richest households.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being, and are highly prevalent in Bangladesh, as indicated in Figure 3.

- **Vitamin A:** One-fifth of preschool aged children and one-quarter of pregnant women are deficient in vitamin A. Supplementation of young children and dietary diversification can eliminate this deficiency.
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 47%. Iron-folic acid supplementation of pregnant women and the provision of multiple micronutrient supplements to infants and young children are effective strategies to improve the iron status of these vulnerable subgroups.
- **Iodine:** While 84% of households consume iodized salt, over half a million infants remain unprotected from iodine deficiency disorders.
Risk Factors for Undernutrition in Bangladesh

- **Low Birthweight**: Low birthweight is a major factor in child malnutrition and mortality rates in Bangladesh. Approximately 40% of babies are born with a low birthweight and are more likely to continue to be malnourished during childhood.1

- **Sub-optimal Infant and Young Child Feeding Practices**: Fewer than half (43%) of all newborns receive breast milk within one hour of birth;2 and less than half (43%) of infants under six months are exclusively breastfed.2 Moreover, during the important transition period to a mix of breast milk and solid foods between six and nine months of age, one-quarter of infants are not fed appropriately with both breast milk and other foods.2

- **High Disease Burden**: Close to 1 in 5 child deaths are due to diarrhea.4 Undernutrition increases the risk of falling sick. Moreover, undernourished children who fall sick are much more likely to die from illness than well-nourished children.5

- **Poor Water and Sanitation**: Frequency of disease is dependent on many factors, but especially on safe water and sanitation. In Bangladesh, poor water and sanitation affects personal hygiene, latrine use, insufficient hand-washing, the inability to keep food clean, and unsafe refuse disposal. These all increase the burden of illness.6

- **Low Status of Women**: A central factor in malnutrition in Bangladesh is the status of women. Despite the rapid increase in educational attainment and entry into the workforce by women in the past twenty years, women in the country generally have less freedom to make decisions about what, how and when to feed their children—decisions that are dominated by mothers-in-law and husbands. Social norms about independent behaviors and social interactions also compromise the quality of child care.

- **Vulnerability to Natural Disasters**: Bangladesh is extremely vulnerable to climatic and physical environmental changes such as cyclones, floods, droughts, and river-bank erosions. Repeated frequency of these natural disasters in short intervals has direct implications on water-borne disease outbreaks and household food security of the general population.

- **Dietary Quality**: Caloric availability does not guarantee food security. Between 2000 and 2007, Bangladesh was largely self-sufficient in terms of production of rice. However, improvements in caloric availability have not translated into positive effects on maternal health and child nutrition. Low dietary diversity and lack of equitable distribution of food manifest as vitamin and mineral deficiencies, and maternal and child undernutrition.

### References

7. WHO. 2009. Global Database on Child Malnutrition (Database)

### World Bank Nutrition-Related Activities in Bangladesh

**Projects**: The Bank has been actively supporting GOB’s area-based community nutrition (ABCN) activities since 1995. The Bangladesh Integrated Nutrition Project (BINP, 1995–2002) was followed by the National Nutrition Project (2000–2006). Since 2007, the nutrition activities have been integrated and implemented through the GOB-led ongoing sector-wide program, Health, Nutrition and Population Sector Program (HNPSP, 2005–2011), co-financed by seven other Development Partners under the HNPSP pool funds. For nutrition, HNPSP supports the GOB to facilitate and supervise the implementation of ABCN interventions, as well as other vertical interventions such as vitamin A supplementation and deworming. Under the FY10–14 Country Assistance Strategy, the Bank will continue to integrate nutrition interventions in basic health services, while also seeking appropriate instruments to support a multisectoral approach to combating malnutrition.

**Analytic Work**: Several policy notes have been produced in past years examining Bangladesh’s progress towards meeting the health MDGs (and indicators related to nutrition); and evaluating the effectiveness of a multi-sectoral approach to nutrition.

**Addressing undernutrition is cost effective**: Costs of core micronutrient interventions are as low as US$0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.11