The Costs of Malnutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.2
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth.
- Myanmar is anticipated to lose a cumulative US$430 million to chronic disease by 2015.3
- The economic costs of undernutrition and overnutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.6

Where Does Myanmar Stand?

- 41% of children under the age of five are stunted, 30% are underweight, and 11% are wasted.2
- 40% of those aged 15 and above are overweight or obese.7
- Close to 1 in 7 infants are born with a low birth weight.2

As shown in Figure 1, although the overall prevalence of stunting and underweight has been decreasing over the past two decades, Myanmar will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.8

FIGURE 1 Myanmar’s Progress Toward MDG 1 is Insufficient

Source: WHO Global Database on Child Growth and Malnutrition (figures based on the NCHS/WHO reference population)

As seen in Figure 2, Myanmar performs worse than most of its East Asian neighbors including those with lower income. Myanmar also has higher stunting rates than other poorer nations.

FIGURE 2 Myanmar has Higher Rates of Stunting than its Neighbors and Income Peers

Source: Stunting rates were obtained from the WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank’s World Development Indicators.
Poor Infant Feeding Practices

- Only 15% of infants under six months are exclusively breastfed.1
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, one-third of infants are not fed appropriately with both breast milk and other foods.2

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections.

High Disease Burden

- 1 in 5 child deaths are due to diarrhea.8
- Undernourished children have an increased risk of falling sick and greater severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

References


The Double Burden of Undernutrition and Overweight

Myanmar has also seen a recent increase in adult obesity. Low-birth weight infants and stunted children may be at greater risk of chronic diseases such as diabetes and heart disease than children who start out well-nourished.15

This “double burden” is the result of various factors. Progress in improving community infrastructure and development of sound public health systems has been slow, thwarting efforts to reduce undernutrition; while the adoption of Western diets high in refined carbohydrates, saturated fats and sugars, as well as a more sedentary lifestyle are commonly cited as the major contributors to the increase in overweight and chronic diseases.16

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 pervasive in Myanmar, as indicated in Figure 3.

- Vitamin A: 37% of preschool aged children and 18% of pregnant women are deficient in vitamin A.11
- Iron: Current rates of anemia among preschool aged children and pregnant women are 63% and 50%, respectively.12 Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.

Access to Nutritious Food

- 17% of households are food insecure.9
- There are inequities in food access, with low availability of food in some parts of the delta (or for some groups), and in the dry zone (central Myanmar).
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

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.13

World Bank Nutrition-Related Activities in Myanmar

The World Bank is currently not involved in any nutrition-related program or activity in Myanmar.