

## **Undernutrition in Urban Areas of Bangladesh: Are We Doing Enough?**

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Adequate nutrition is a pre-requisite for attaining good health, quality of life and national productivity. Measures to support nutrition are far from optimum in developing countries including Bangladesh. Although there has been a reduction in child malnutrition in Bangladesh, the prevalence of underweight (weight-for-age  $<-2$  Z-score) among under-five children is still high at 41%. Maternal undernutrition, in terms of body mass index (BMI), shows a downward trend; however, one-third of the mothers are still undernourished with BMI (body mass index) less than 18.5 kg/m<sup>2</sup>. Micronutrient deficiencies are widespread; prevalence of anemia among young infants, adolescent girls and pregnant women is still at unacceptable levels. Despite successes in specific programs in Bangladesh like immunization coverage and vitamin A supplementation – many nutrition interventions are yet to be implemented at scale to reach the entire population.

Close to 37 million people which is 26% of the population of Bangladesh live in urban areas. In Dhaka city alone, 40% of the inhabitants live in slum settlements where poor housing and other living conditions preclude healthy living. This is reflected in the rates of malnutrition in urban slums which are much higher than the national average. In the slums, 56% of under-five children are stunted, 17% are wasted, and 46% are underweight. Severe acute malnutrition affects more than 6% of children aged 12-23 months. Malnutrition is also highly prevalent in non-slum urban areas. For example, one-third of children in such areas are stunted, including 16% who are severely stunted. Malnutrition among these children contributes to the high child mortality; those who survive have deficits in learning due to the adverse effects of malnutrition on brain development.

Although there has been a striking improvement in nutritional status since late 1980s up to 2000, the rate of reduction has slowed down after 2000 which warrants that the policy makers and program managers think through what needs to be done urgently to re-accelerate the progress in nutrition. This especially true for urban areas of Bangladesh which are burdened with higher rates of undernutrition. The entire health system has to be revitalized to overcome the constraints that exist at the levels of policy, governance, and service delivery. The primary health clinics in urban areas have to be substantially improved to deliver nutrition interventions with good quality. This requires increasing the coverage of the clinics, the quality of careprovider-patient interaction, and creating demand in the community. Coverage of basic nutrition interventions of known effectiveness, including exclusive breastfeeding, appropriate complementary feeding, management of acute malnutrition, micronutrient supplementation for infants and children, adolescent girls, pregnant and lactating women should be increased. Urban community health volunteers in the past played a significant role in promoting ORS and appropriate management of diarrhea in the community. Perhaps we should consider reviving this system of providing primary health care including family planning services at the doorsteps.