

Nutrition Transition in Bangladesh: Multisectoral Responsiveness of Health Systems and Innovative Measures to Mobilize Resources Are Required for Preventing This Epidemic in Making

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Abstract : Background: Nutrition transition in Bangladesh has progressed across various relevant socio-demographic contextual issues. For a developing country like Bangladesh, it is believed that, overnutrition is less prevalent than undernutrition. However, recent evidence suggests that a rapid shift is taking place where overweight is subduing underweight. With this rapid increase, for Bangladesh, it will be challenging to achieve the global agenda on halting overweight and obesity. Methods: A secondary analysis was performed from six successive national demographic and health surveys to get the trend on undernutrition and overnutrition for women from reproductive age. In addition, national relevant policy papers were reviewed to determine the countries readiness for whole of the systems approach to tackle this epidemic. Results: Over the last decade, the proportion of women with low body mass index (BMI<18.5), an indicator of undernutrition, has decreased markedly from 34% to 19%. However, the proportion of overweight women (BMI ≥25) increased alarmingly from 9% to 24% over the same period. If the WHO cutoff for public health action (BMI ≥23) is used, the proportion of overweight women has increased from 17% in 2004 to 39% in 2014. The increasing rate of obesity among women is a major challenge to obstetric practice for both women and fetuses. In the long term, overweight women are also at risk of future obesity, diabetes, hyperlipidemia, hypertension, and heart disease. These diseases have serious impact on health care systems. Costs associated with overweight and obesity involves direct and indirect costs. Direct costs include preventive, diagnostic, and treatment services related to obesity. Indirect costs relate to morbidity and mortality costs including productivity. Looking at the Bangladesh Health Facility Survey, it is found that the country is not prepared for providing nutrition-related health services, regarding prevention, screening, management and treatment. Therefore, if this nutrition transition is not addressed properly, Bangladesh will not be able to achieve the target of the NCD global monitoring framework of the WHO. Conclusion: Addressing this nutrition transition requires contending 'malnutrition in all its forms' and addressing it with integrated approaches. Whole of the systems action is required at all levels—starting from improving multi-sectoral coordination to scaling up nutrition-specific and nutrition-sensitive mainstreamed interventions keeping health system in mind.

Keywords : nutrition transition, Bangladesh, health system, undernutrition, overnutrition, obesity

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