

# UNNAYAN ONNESHAN

## POLICY BRIEF

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### **Achieving the MDGs Targets in Nutrition: Does Inequality Matter?**

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#### **Introduction**

The nutritional status of a population is a key indicator in terms of poverty, hunger, health, education and social inequality. In other words, good health, cognitive development and productivity cannot be achieved in the absence of good nutrition. The first seven Millennium Development Goals are directly or indirectly linked with health, nutrition, and population either as status indicators of health and nutrition or as determinants of health outcomes. The prevalence of malnutrition in Bangladesh is one of the highest in the world. Millions of children and women suffer from one or more forms of malnutrition including low birth weight, wasting, stunting, underweight etc. Today, malnutrition is not only affecting individuals but also its effects are passing from one generation to the next as malnourished mothers are giving births to infant who struggle to grow and thrive. The nutritional status of children and women are not equally distributed throughout the country. It varies largely in terms of different variables like age, sex, educational status, economic condition and locality. Furthermore, soaring price of essential food commodities can compel the people to reduce the quantity and quality of their food as well as change their consumption patterns. This is likely to have serious short and long-term nutritional impacts on women and children.

#### **NUTRITIONAL STATUS OF CHILDREN**

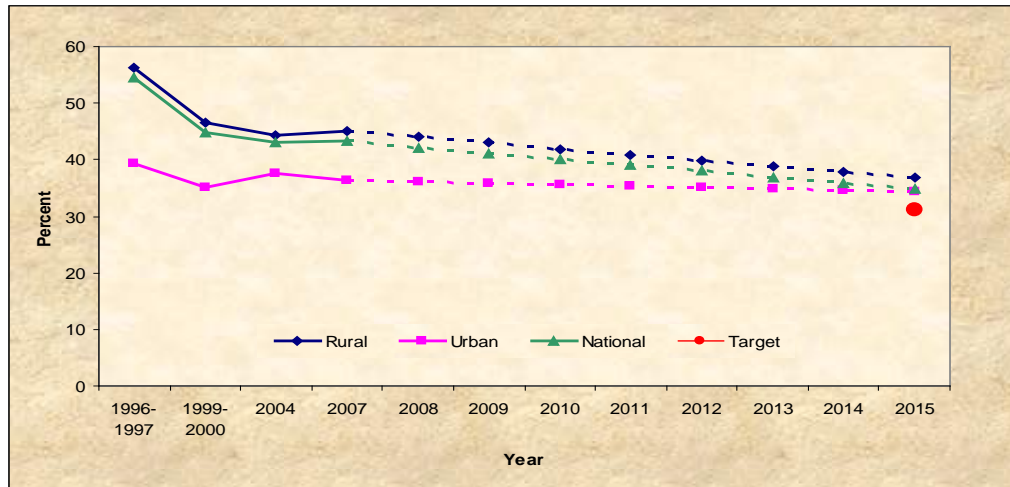
Three standard indices of physical growth that describe the nutritional status of children are:

- height-for-age (stunting)
- weight-for-height (wasting)
- weight-for-age (underweight)

#### **Stunting of the Children**

One of the targets of the Millennium Development Goals (MDGs) related to the nutritional status of children is to reduce the percentage of stunted children to 31 percent by the year 2015 for Bangladesh. This was 54.6 percent in 1996-1997 and reduced to 43.2 percent in 2007 with an annual average rate of reduction of 1.04 percent. However, it requires an annual rate of reduction of 1.24 percent to achieve the MDGs target, which indicates that Bangladesh might not achieve the target within the stipulated time limit. There would be a gap of about 4 percent by 2015. In rural and urban areas, the rate of reduction was 1.02 percent and 0.27 percent (1996-97 to 2007) respectively against the target of 1.33 percent and 0.44 per year to achieve the target of MDGs. The inequality in mother's education plays a role as improvement in mothers' education shows a lower percentage of stunted children. The stunting is positively co-related with wealth quintile. The rate of improvement in the lowest and middle-income quintiles is meager.

**Figure: Current Situation and Future Projection of the Stunted Children (< 5 years of age)**

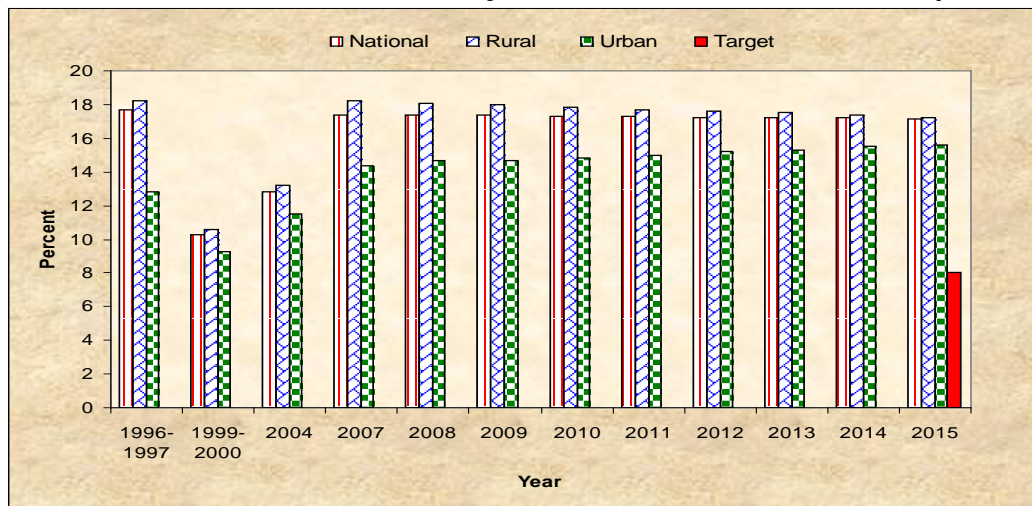


Source: Author's Calculation Based on 1996-97, 1999-2000, 2004 and 2007 BDHS Data

### Wasting of the Children

The percentage of the wasted children at the national level has decreased from 17.7 percent in 1996-1997 to 17.4 percent in 2007 with an annual average rate of reduction of 0.12 percent. The rate at which the percentage of the wasted children has reduced since 1996-1997, gives an indication that the target of the MDGs of achieving 8 percent by 2015 might not be possible. There exists an inequality in the percentage of the wasted children between rural and urban areas. The rate of reduction in the percentage of wasted children was very slow both for male (0.02 percent) and for female (0.03 percent) during the period 1996-1997 to 2007.

**Figure: Current Situation and Future Projection of the Wasted Children (< 5 years of age)**



Source: Author's Calculation Based on 1996-97, 1999-2000, 2004 and 2007 BDHS Data

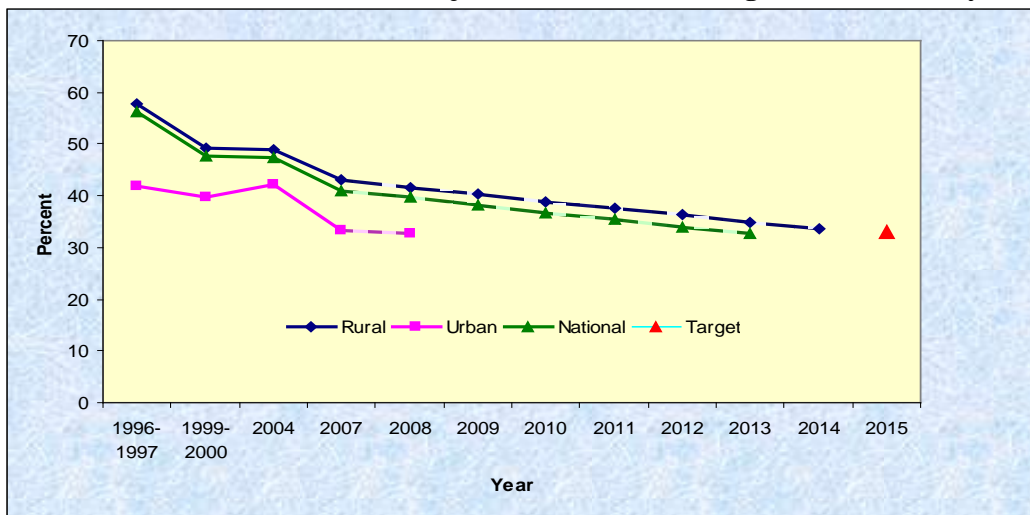
Children with lower birth order category might not achieve the target within the stipulated time. The mothers having education below secondary or no education have high percentage of the malnourished children (wasted). The percentage of the wasted children has increased during 1996-1997 to 2007 in all wealth quintile groups (lowest, middle and highest), indicating that the

targets of MDGs might not be achievable by 2015. This also suggests that the prevalence rate amongst the lowest quintile has continued to remain high compared to other quintiles.

### Underweight of the Children

Nutritional status related target of the MDGs is to reduce the percentage of the underweight children to 33 percent by 2015. The percentage of the underweight children in Bangladesh has decreased from 56.3 percent in 1996-1997 to 41 percent in 2007 with an annual average rate of decline of 1.39 percent. Under the business as usual scenario, Bangladesh might be able to achieve the target before 2015. In case of rural and urban areas, inequality in the percentage of underweight children is very high. Similar result is also found in case of sex, where the percentage of underweight female children is higher than their male counterparts are. Children with higher birth order are more likely to be malnourished according to underweight. With the improvement in the educational category of mothers, the percentage of underweight children can be reduced. The declining rate of the underweight children during the period 1996-1997 to 2007 indicates that all the divisions except Barisal and Rajshahi might be in the position to achieve the target of MDGs of 33 percent by 2015. The percentage of the malnourished (underweight) children decreases with the increase in wealth quintile.

**Figure: Current Situation and Future Projection of the Underweight Children (< 5 years of age)**



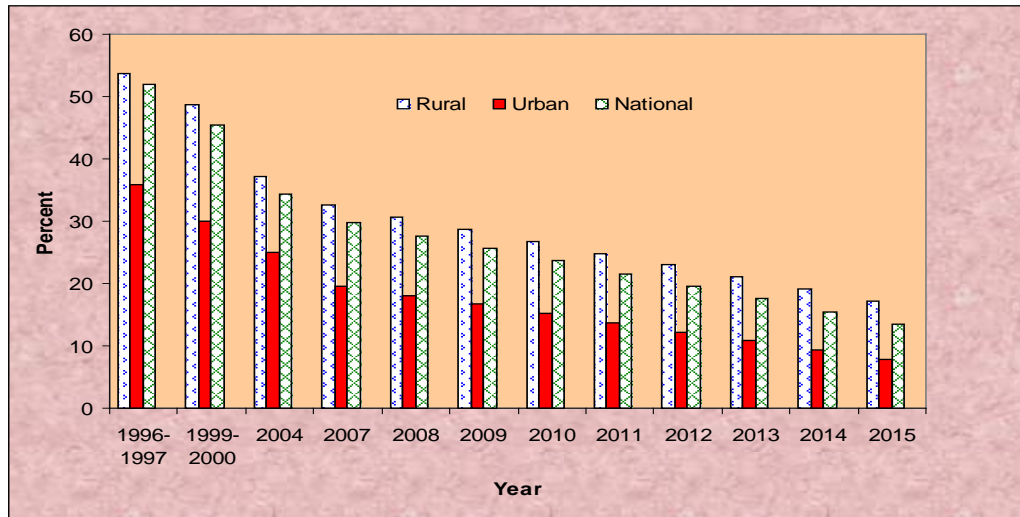
Source: Author's Calculation Based on 1996-97, 1999-2000, 2004 and 2007 BDHS Data

### NUTRITIONAL STATUS OF WOMEN

The nutritional status of children largely depends on the nutritional status of their mothers. It is commonly measured by Body Mass Index (BMI). It is defined as weight in kilograms divided by height in meters squared (kg/m<sup>2</sup>). A cutoff point of less than 18.5 is used to define thinness or acute under nutrition. The percentage of the women in Bangladesh who are thin or malnourished has decreased with an annual rate of 2.03 percent between 1996-97 and 2007. The rate of decline in the percentage of malnourished (BMI<18.5) women is well on track in terms of the MDGs target of less than 20 by 2015. The inequality in the percentage of malnourished women is significant, i.e. rural area might have more than double malnourished women than that of urban

areas has. The percentage of the malnourished women largely varies according to their educational status and the target might not be achieved, for those who have no education.

**Figure: Current Situation and Future Projection of the Nutritional Status (BMI<18.5) of Ever Married Women**

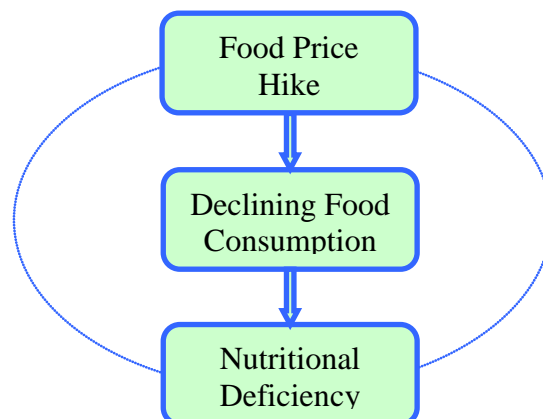


Source: Author’s Calculation Based on 1996-97, 1999-2000, 2004 and 2007 BDHS Data

## MARKET VOLATILITY AND NUTRITIONAL STATUS

The current price hike of essential commodities, particularly food has a major impact on food security and nutritional status. Price hikes for essential commodities forces the people (especially poor) to cut back on the quantity and quality of their food. The spikes in food prices may result in food insecurity and malnutrition, with adverse implications in both short and long terms. The retail price of rice has increased from Tk. 16 per kg in 2005 to Tk. 32 per kg in June 2011. These increased trends of price of rice and wheat have resulted in decreased consumption of (both rice and wheat) 442.21 grams in 2010 and 451.72 grams in 2005, showing a decrease of 9.51 (2.13 percent) grams per capita per day during this period (HIES, 2010). The declining trends of food consumption in turn represent a sober erosion of progress towards meeting many of the Millennium Development Goals (MDGs) including nutritional status of the children and women.

**Figure: Impact of Food Price Hike on Nutritional Status**



## WHY MALNUTRITION PERSISTS?

There are some initiatives taken by the government to address the problems of malnutrition, yet the improvement in nutritional status is not satisfactory due to several reasons.

### *Social Structure*

Women are largely affected by the social discrimination from the beginning of their life within the family. In a social structure of a patriarchal society like Bangladesh, women and girl child are deprived of improving their nutritional status. They are getting less diet than their male counterparts are and remain malnourished. The prevalent institutions such as norms, existing values and traditions have been prevailing from generation to generation, resulting in malnourished mothers giving birth to malnourished children.

### *Unavailability of Required Level of Food*

The successive governments, including the current one, have been always claiming enough reservation of food. The claim has come in to question because of the failing in ensuring required amount of food making, available to marginalised section of the society. The situation has been further aggravated due to lack of having effective public food distribution system, which has been undermined through structural adjustment programmes. The policy of leaving the market to determine the prices of food in some cases has resulted in predatory fixing of prices while the open market sales programme or the supply through safety net programmes remain limited. These market manipulations and the inadequacy of public food distribution system have a negative implication on the nutritional status.

### *Budgetary Allocation*

The proposed budgetary allocation of the government is lower than their committed amount in National Health Policy (NHP). The proposed budgetary allocation in health sector is Tk. 8,889 crore in the fiscal year 2011-12, that is 5.43 percent of the total budget. However, the government has committed to allocate 7-12 of the total budget in this sector for ensuring a healthy nation. This budgetary allocation for a population of 142.3 million is insufficient to cope up with the problem of malnutrition of children and women.

### *Lack of Physical Exercise*

Minimal scope for physical exercise also leads children to malnutrition. Moreover, lack of open spaces for games and sports have resulted the children to watch more television and play video games inside their homes. Even if these children may get a balanced diet in terms of nutrition but they might not grow physically and mentally in a proper way due to lack of enough sport facilities. This is one of the emerging barriers to the balanced growth of children.

## CONCLUSIONS

The study reveals that the socio-economic and demographic variables have a significant influence on nutritional status of children and women. This independent assessment, however, casts doubt about the prospect of achieving the MDGs in its totality in the country. The projections provided in this report indicate that the country is well on the track to achieve some of the targets of the MDGs related to nutritional status of children and women within the stipulated time, but many of the targets might remain far behind from the expected levels. It will

be difficult to reach the targets unless serious efforts are undertaken on the part of the government. Greater efforts should be made to increase the female participation in higher education. Balanced development should be undertaken both for the rural and urban areas. Policies should be targeted towards the poor. The government should address the issues of inequality on a priority basis and policymaking requires both theoretical knowledge and practical judgment for implementation. The government needs to be creative in renewing and revising strategies and approaches. Otherwise, the aims might slip away of achieving the targets of Millennium Development Goals.

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