INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
IFPRI

SOUTH ASIA NUTRITION KNOWLEDGE INITIATIVE

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Status of Nutrition in Bangladesh:

Trends in outcomes, determinants and coverage of interventions between 2018 and 2022

This *Country Nutrition Profile* describes the trends in nutrition outcomes, their determinants, and coverage of nutrition and health interventions during critical life stages for women and children in Bangladesh. The findings are based on the 2018 and 2022 data from Bangladesh's Demographic and Health Surveys. Bar graphs were used to visualize national trends, maps and color-coded dashboards illustrate division-level trends. The purpose of the profile is to be an easily interpretable reference for nutrition stakeholders in Bangladesh.

Photo Credit: G.M.B. Akash/Panos Pictures

Demographic profile, 2022[1]

1,039/1,000
Sex ratio at birth (males per 1000 females)

48,165,000
Number of women of reproductive age (15-49 years)

3,252,049
Total number of pregnant women

2,992,338
Number of live births

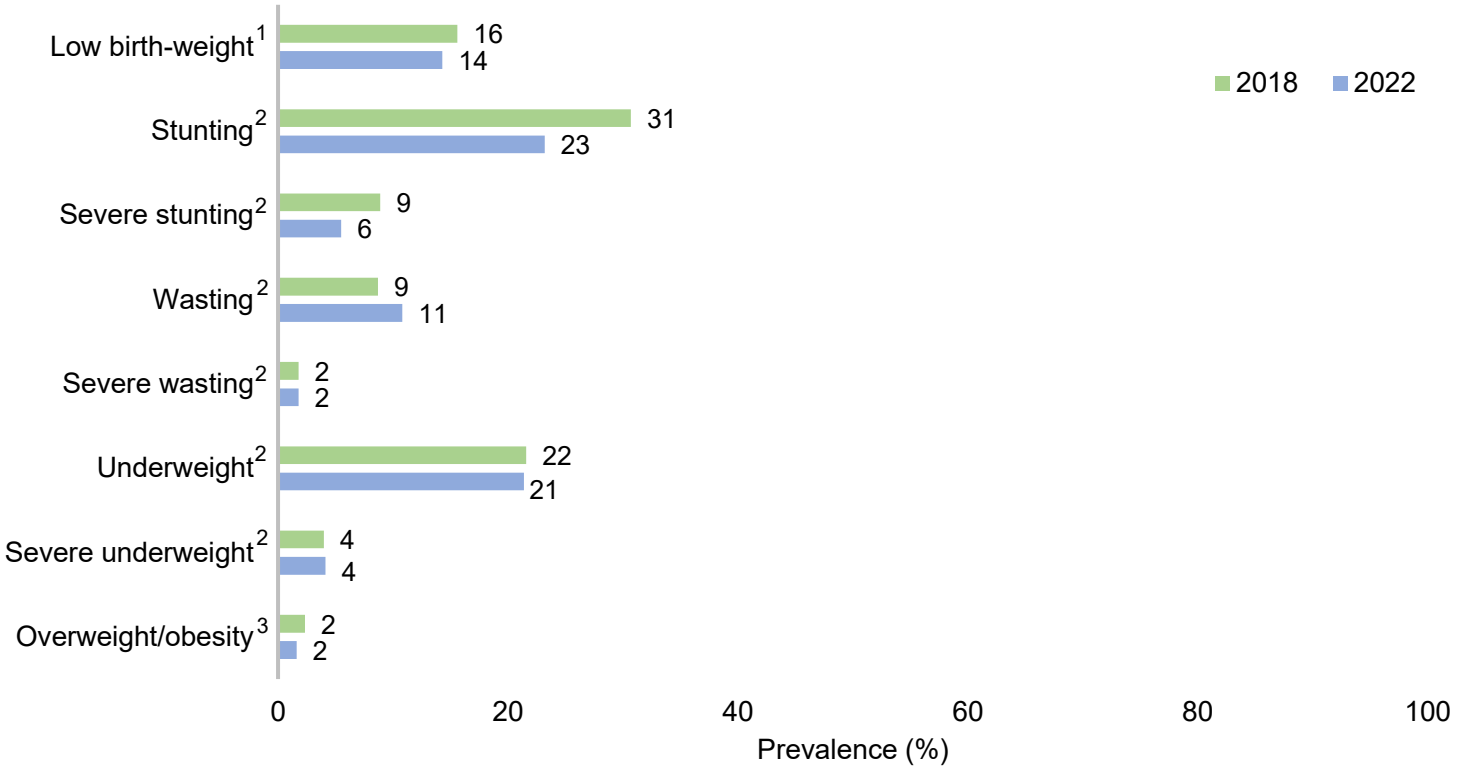
1,959,089
Number of institutional births

14,738,938
Total number of children under 5 years

Data source: [1]Number of women of reproductive age and live births in 2022 were estimated using the United Nation's World Population Prospect (WPP) 2022 database. Number of pregnancies and institutional deliveries were estimated using the WPP and birth indicators from the Bangladesh Demographic and Health Survey (BDHS), 2022. The number of children below 5 years was estimated using the WPP and mortality indicators from the BDHS 2018 and BDHS 2022.
Note: BDHS estimates are based on IFPRI's analysis of unit-level data.

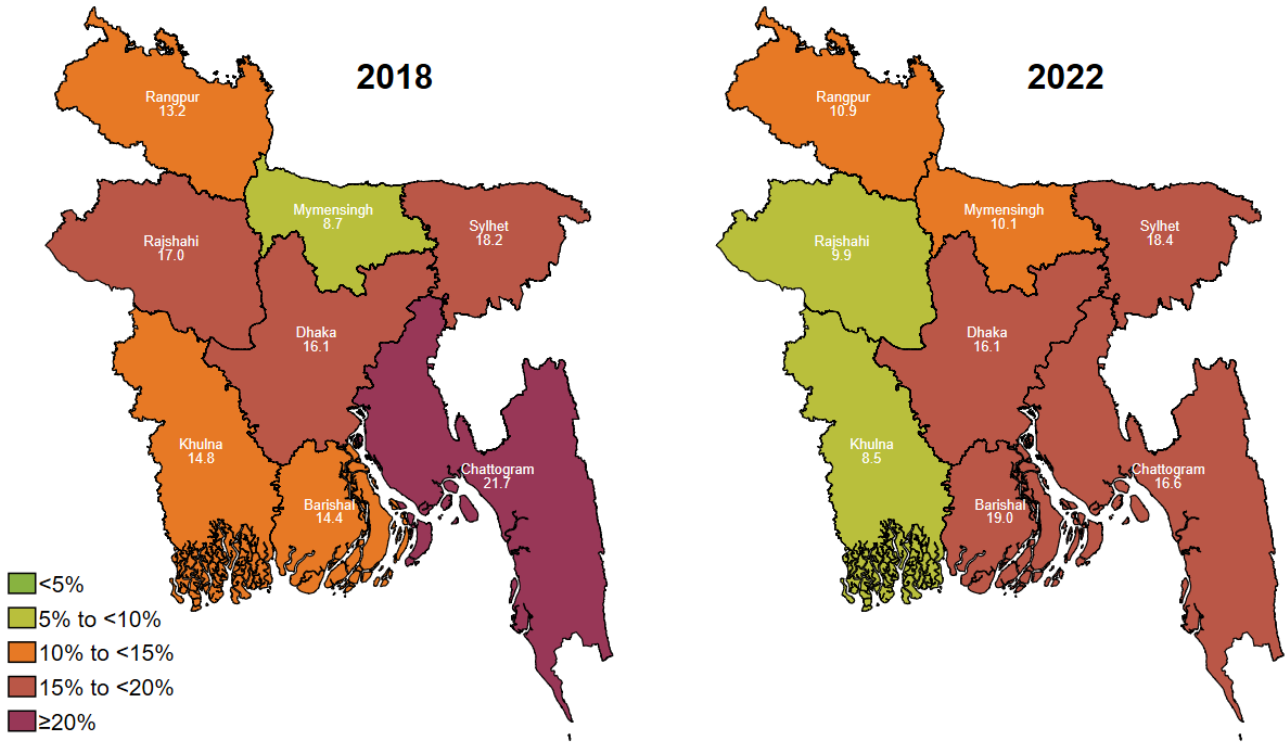
Figure 1. Trends in nutrition outcomes among children under 5 years, between 2018 and 2022

Between 2018 to 2022 stunting declined by 8 percentage points (pp), but wasting increased by 2 percentage pp.



Map 1. Change in low birth-weight (lbw) prevalence among children below 2 years between 2018 and 2022

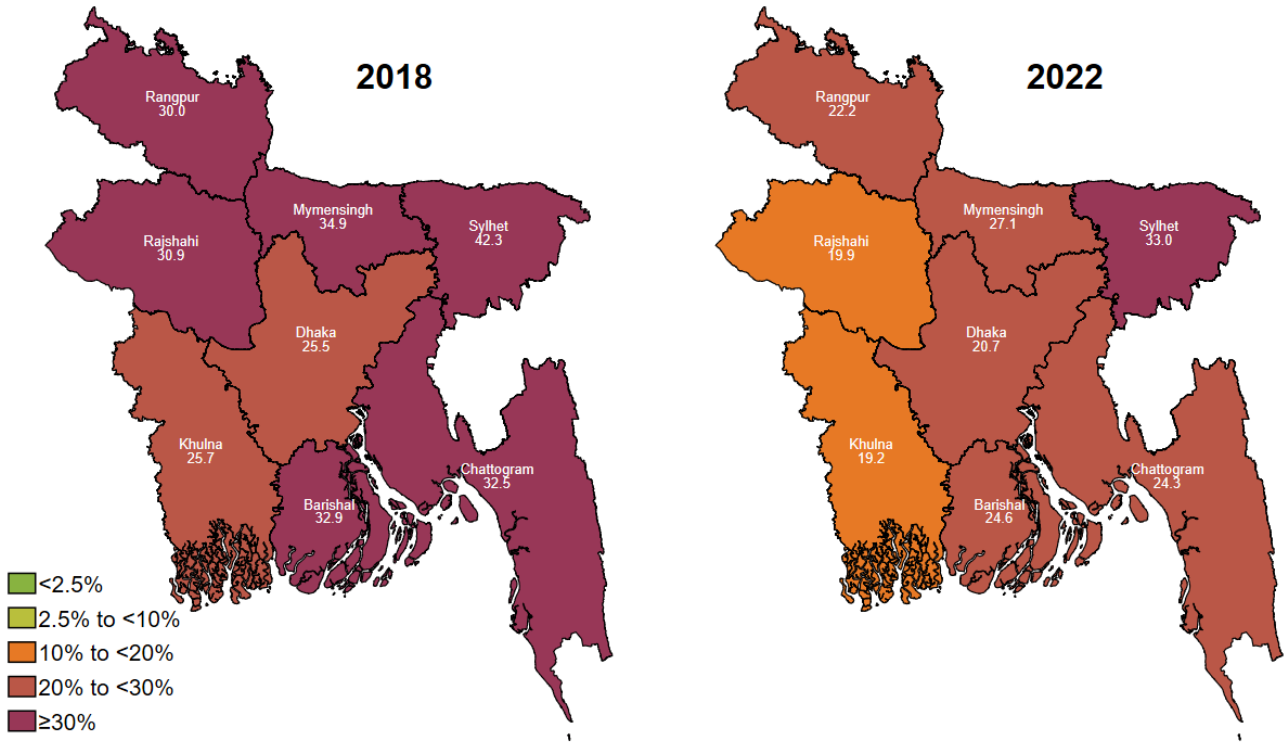
Changes to lbw prevalence was mixed across the country; it declined in four divisions, remained stable in two, and increased in the remaining two divisions. Highest decline in lbw in Rajshahi (7.1pp) followed by Khulna (6.3pp), Chattogram (5.1pp), and Rangpur (2.3pp).



Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.
Note: [1]Low birth-weight is estimated for 0-24 months, sample restricted to live births in the past 24 months to ensure comparability between BDHS 2018 and BDHS 2022 estimates. Birth weight data available for 46% of observations in BDHS 2018 and 66% in BDHS 2022. Low birth-weight prevalence cutoffs: <5%: Low; 5%-<10%: Medium; 10%-<15%: High; 15%-<20%: Very High; ≥20%: Severe (source: WHO website Low birthweight prevalence (%)).[2]Malnutrition for children under 5 years is estimated as per WHO child growth standards (2006): WHO child growth standards: length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: methods and development .[3]Overweight/obesity is estimated for children aged under 5 years as per WHO Child Growth Standards: Obesity and overweight .

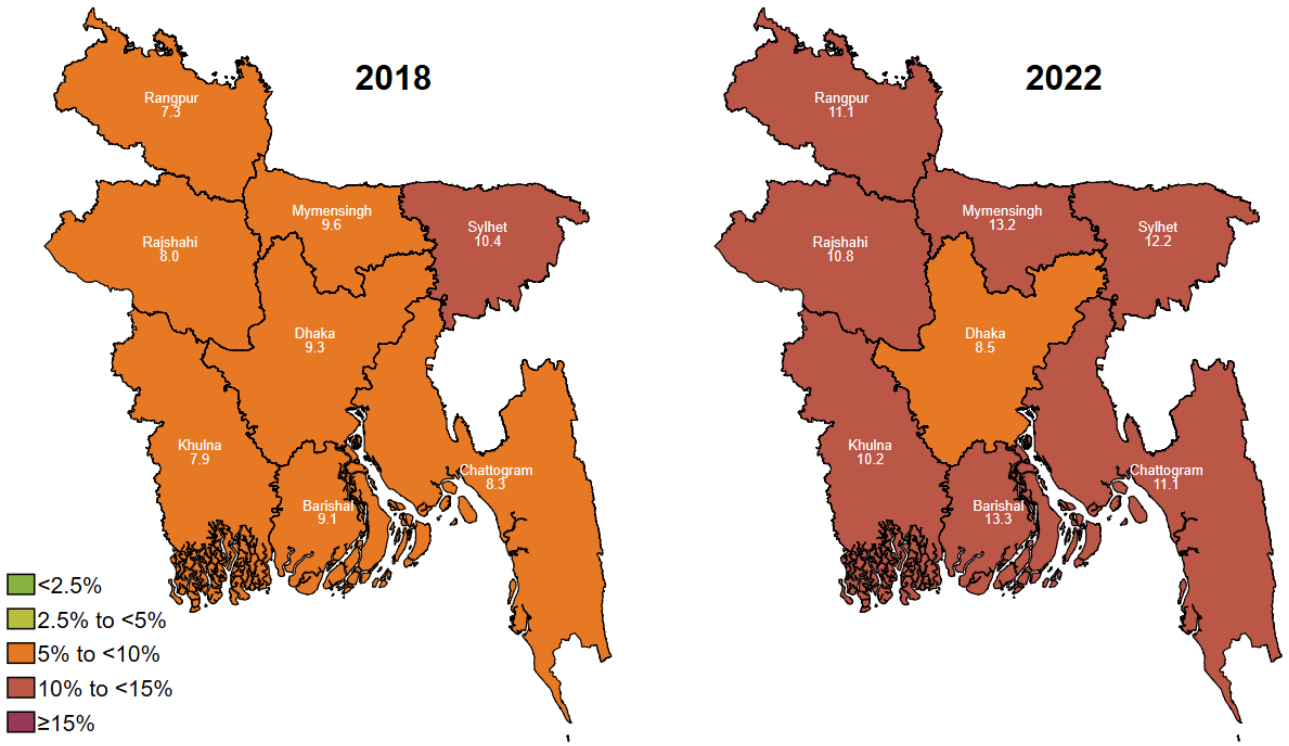
Map 2. Change in stunting prevalence among children below 5 years between 2018 and 2022

Stunting among children under 5 years declined in *all* divisions with the highest decline in Rajshahi (30.9% to 19.9%). *But,* in *6* of the 8 divisions, stunting prevalence is ≥20% and remains to be a public health concern[1].



Map 3. Change in wasting prevalence among children under 5 years by division, between 2018 and 2022

Wasting among children under 5 years *declined only* in Dhaka (9.3% to 8.5%), and increased in the other divisions. At prevalence rates of ≥10% in most of the country, wasting remains a public health concern.[1]

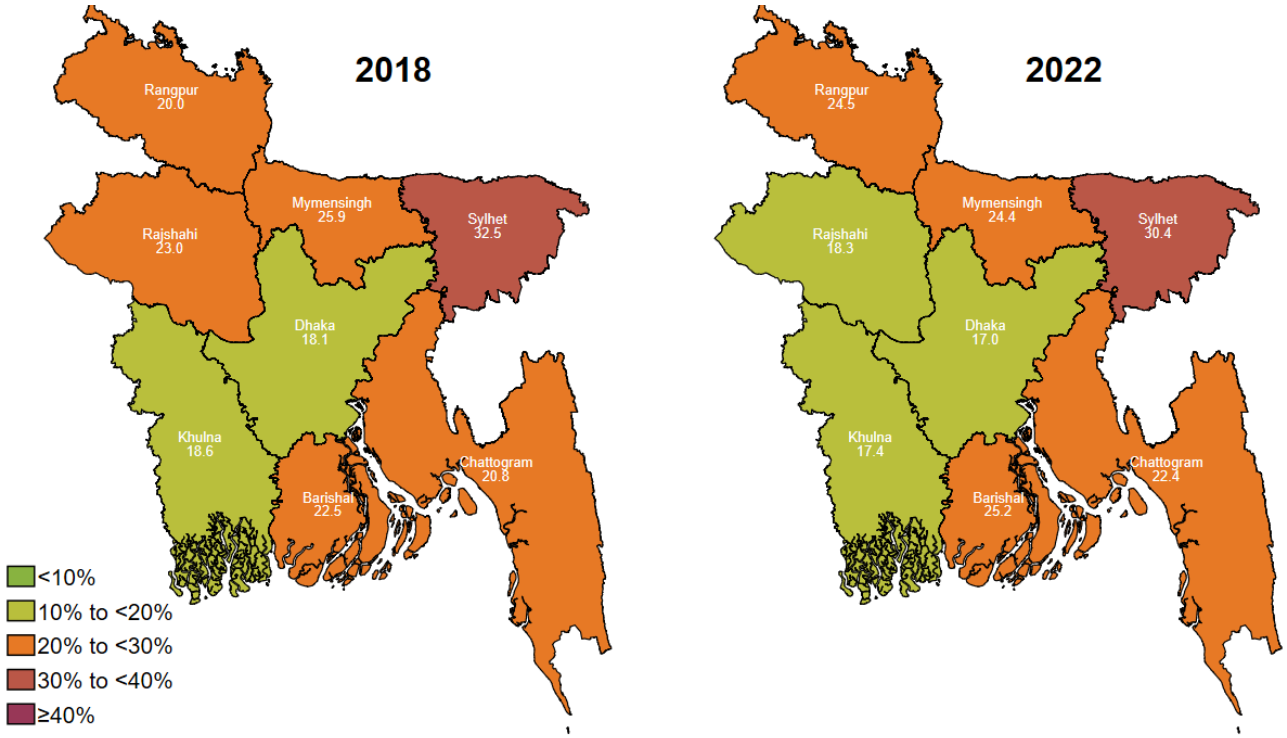


Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.

Note: [1]Stunting prevalence cutoffs: <2.5%: Very Low; 2.5%-<10%: Low; 10%-<20%: Medium; 20%-<30%: High; ≥30%: Very High. Stunting prevalence ≥20% is a public health concern. Wasting prevalence cutoffs: <2.5%: Very Low; 2.5%-<5%: Low; 5%-<10%: Medium; 10%-<15%: High; ≥15%: Very High. Wasting prevalence ≥10% is a public health concern. (Source: Malnutrition in children)

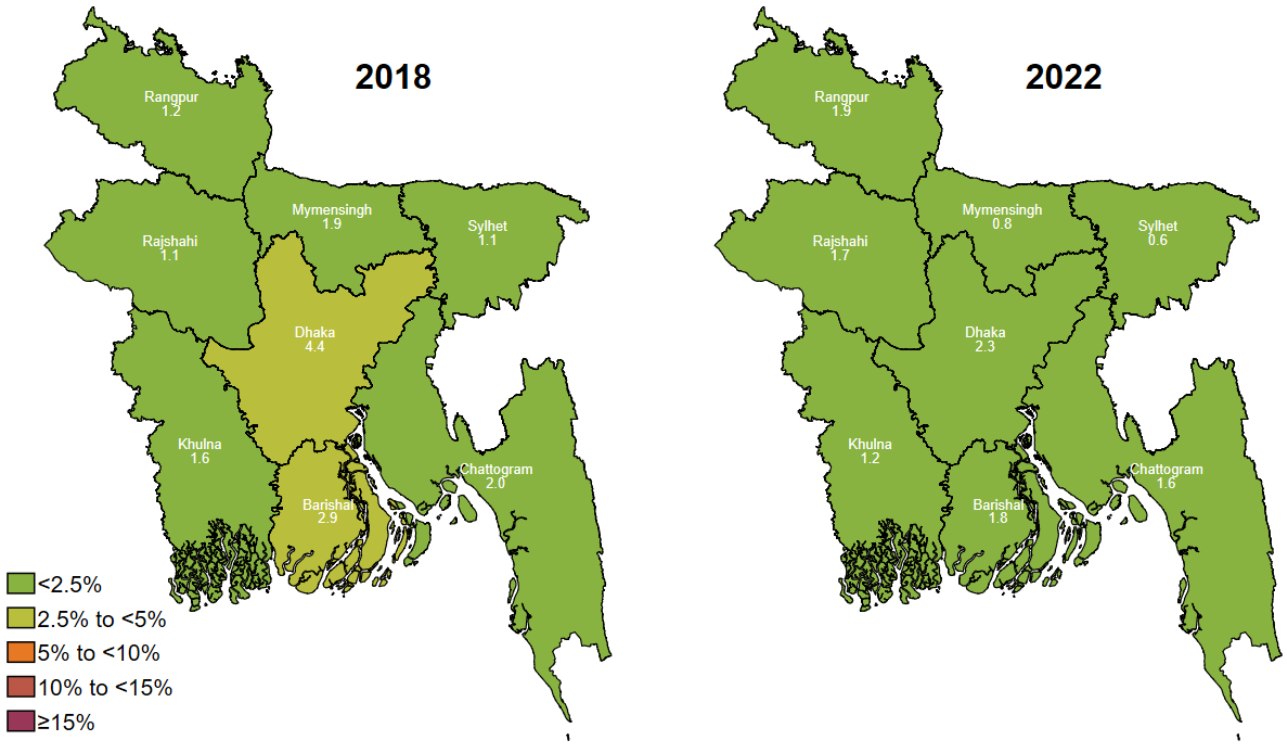
Map 4. Change in underweight prevalence among children below 5 years between 2018 and 2022

Underweight has improved in nearly all divisons, *except* in Rangpur, Barishal and Chattogram, where it increased slightly (~2–5pp). In *5* of the 8 divisions, underweight prevalence remained ≥20%.



Map 5. Change in overweight/obesity prevalence among children below 5 years between 2018 and 2022

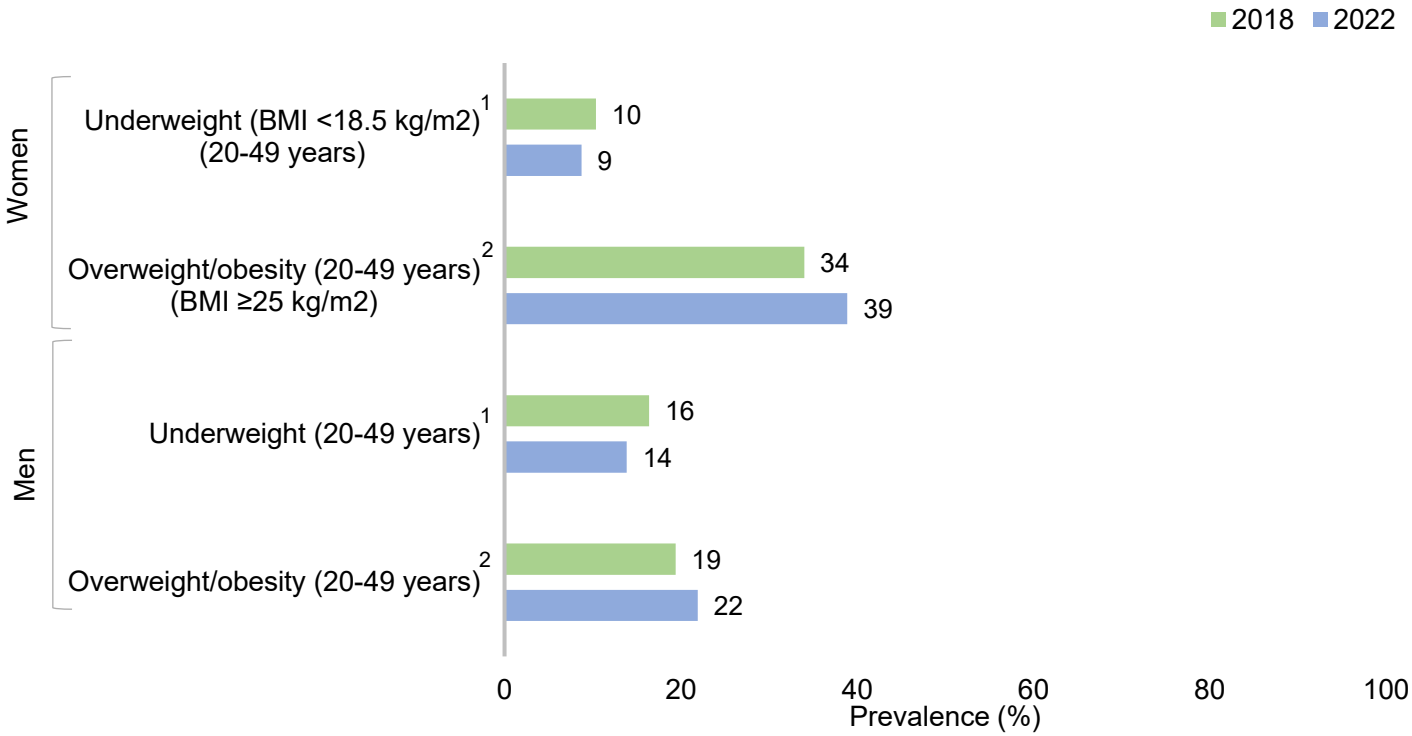
Overweight/obesity among children under 5 years remained below 5% in *all* divisions.



Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.
Note: Underweight prevalence cutoffs: <10%: Low; 10%-<20%: Medium; 20%-<30%: High; 30%-<40%: Very High; ≥40%: Severe. Overweight/obesity prevalence cutoffs: <2.5%: Very Low; 2.5%-<5%: Low; 5%-<10%: Medium; 10%-<15%: High; ≥15%: Very High. Overweight/obesity prevalence among children ≥10% is considered to be a public health concern. (Source: Malnutrition in children)

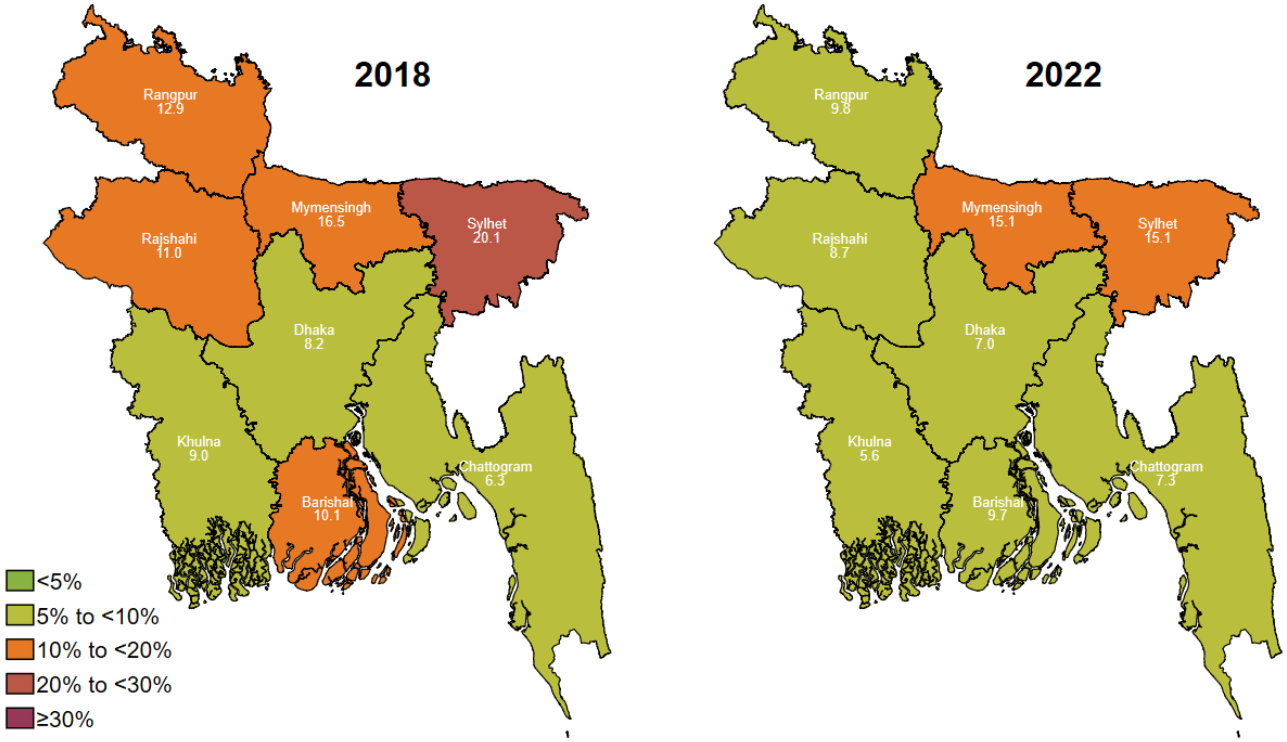
Figure 2. Trends in malnutrition outcomes among women and men between 2018 and 2022

Underweight prevlence was low and reduced slightly *but* overweight/obesity increased by 5pp among women and 3pp among men.



Map 6. Change in underweight prevalence among women aged 20-49 years between 2018 and 2022

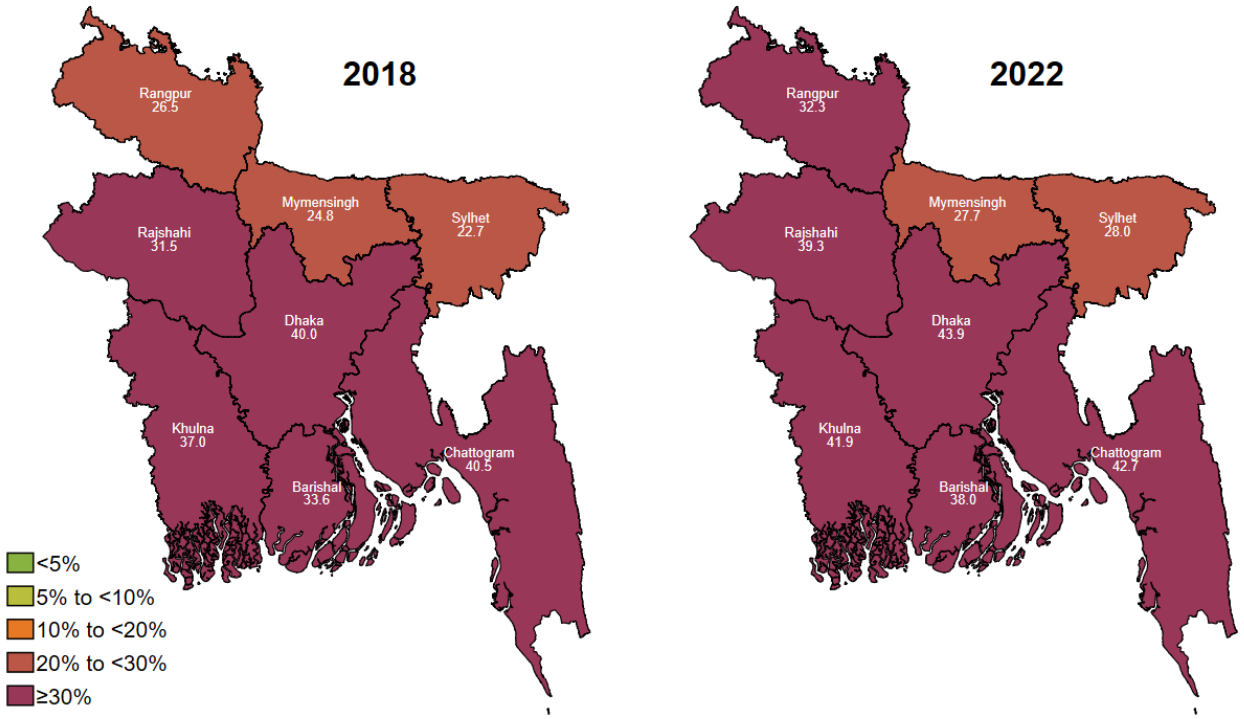
Underweight among women aged 20-49 years declined in nearly all divisions, with the highest decline in Sylhet (20.1% to 15.1%). In 2 of the 8 divisions, underweight prevalence is ≥10% and remains a public health concern[3].



Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.
Note: [1]Underweight is estimated for women and men aged 20-49y as per WHO recommendation ((source: WHO website Malnutrition in women).[2]Overweight/obesity is estimated for women and men aged 20-49y as per WHO Standards: Obesity and overweight. [3]Underweight prevalence cutoffs: <5%: Low; 5%-<10%: Medium; 10%-<20%: High; 20%-<30%: Very High; ≥30%: Severe. Underweight prevalence among women ≥10% is a public health concern (source: WHO website Malnutrition in women).

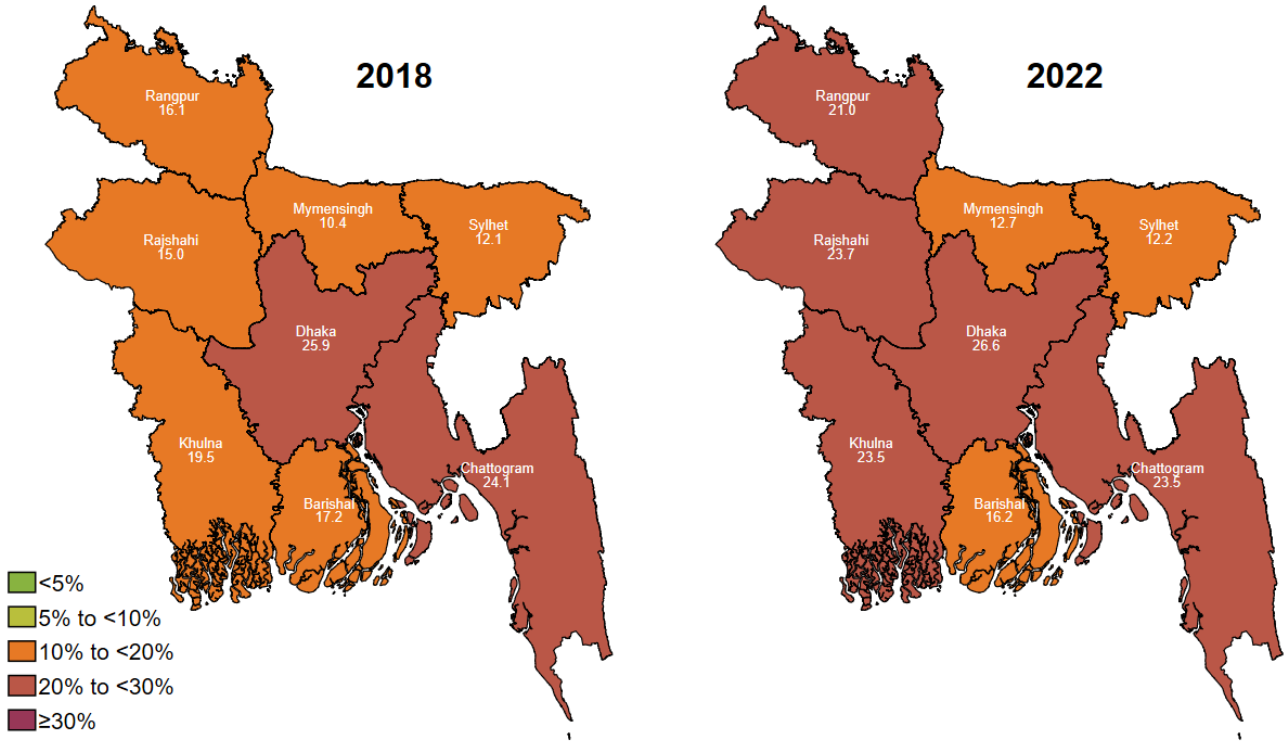
Map 7. Change in overweight/obesity prevalence among women aged 20-49 years between 2018 and 2022

Overweight/obesity increased across *all* divisions. More than a third of the women in most of the divisions are overweight/obese; Khulna, Chatoogram, and Dhaka have staggeringly high rates of overweight/obesity.



Map 8. Change in overweight/obesity prevalence among men aged 20-49 years between 2018 and 2022

Overweight/obesity among men increased in all divisions, *except* in Barishal and Chattogram. In *5* of the 8 divisions, overweight/obesity prevalence is >20%.



Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.

Figure 3. Trends in immediate determinants of maternal and child nutrition, between 2018 and 2022

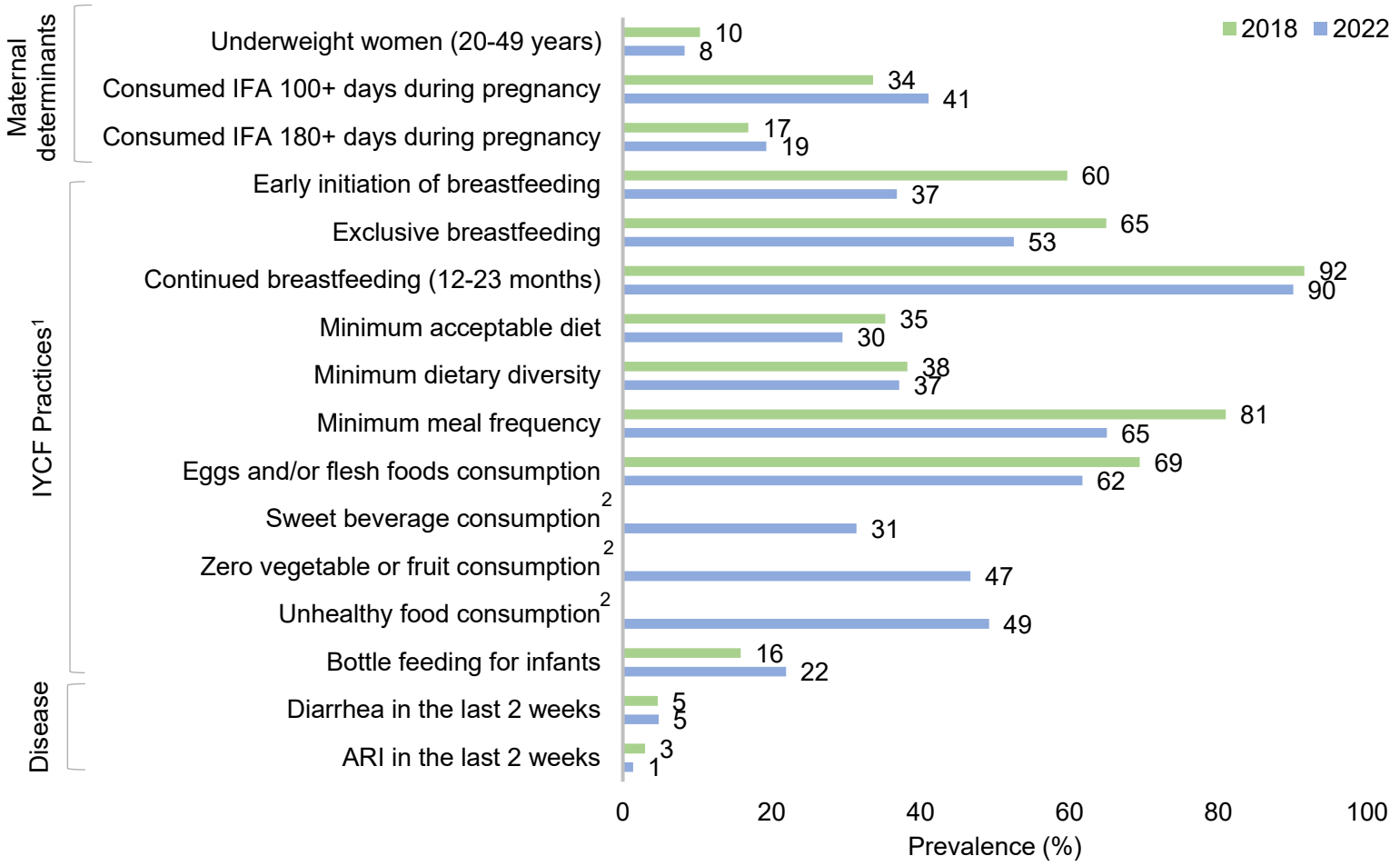


Table 1. Prevalence of immediate determinants of maternal and child nutrition, in 2022

Very poor	Poor	Moderate	Good	Very good	Not available

Category	Indicators	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
		%							
Maternal determinants	Underweight women (20-49y)	10	7	7	6	15	9	10	15
	Consumed IFA 100+ days during pregnancy	41	45	45	42	42	35	34	32
	Consumed IFA 180+ days during pregnancy	16	21	23	20	17	14	17	17
Infant and young child feeding practices	Early initiation of breastfeeding	49	65	46	51	38	59	59	55
	Exclusive breastfeeding	38	39	33	30	40	36	40	48
	Continued breastfeeding (12-23 months)	96	87	88	90	97	89	93	90
	Minimum acceptable diet	22	20	36	47	34	29	26	20
	Minimum dietary diversity	29	28	43	52	44	37	36	26
	Minimum meal frequency	55	51	72	82	66	69	72	58
	Eggs and/or flesh foods consumption	56	55	62	75	63	72	65	47
	Sweet beverage consumption	26	31	35	34	31	32	29	25
	Zero vegetable or fruit consumption	49	55	45	37	45	50	37	52
	Unhealthy food consumption	34	40	46	65	54	51	68	42
	Bottle feeding for infants	19	17	32	25	18	25	13	15
Disease	Diarrhea in the last 2 weeks	5	6	3	5	6	7	4	3
	ARI in the last 2 weeks	1	1	1	2	1	3	2	1

Abbreviations: IYCF – Infant and young child feeding; IFA – Iron and folic acid; ARI – Acute respiratory infection
Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.
Note: [1]IYCF practices is estimated as per WHO 2021 guidelines: https://iris.who.int/bitstream/handle/10665/340706/9789240018389-eng.pdf?sequence=1. [2]2018 estimates for sweet beverage consumption and zero vegetable or fruit consumption could not be constructed using child diet module in BDHS 2018.

Figure 4. Trends in underlying determinants of maternal and child nutrition, between 2018 and 2022

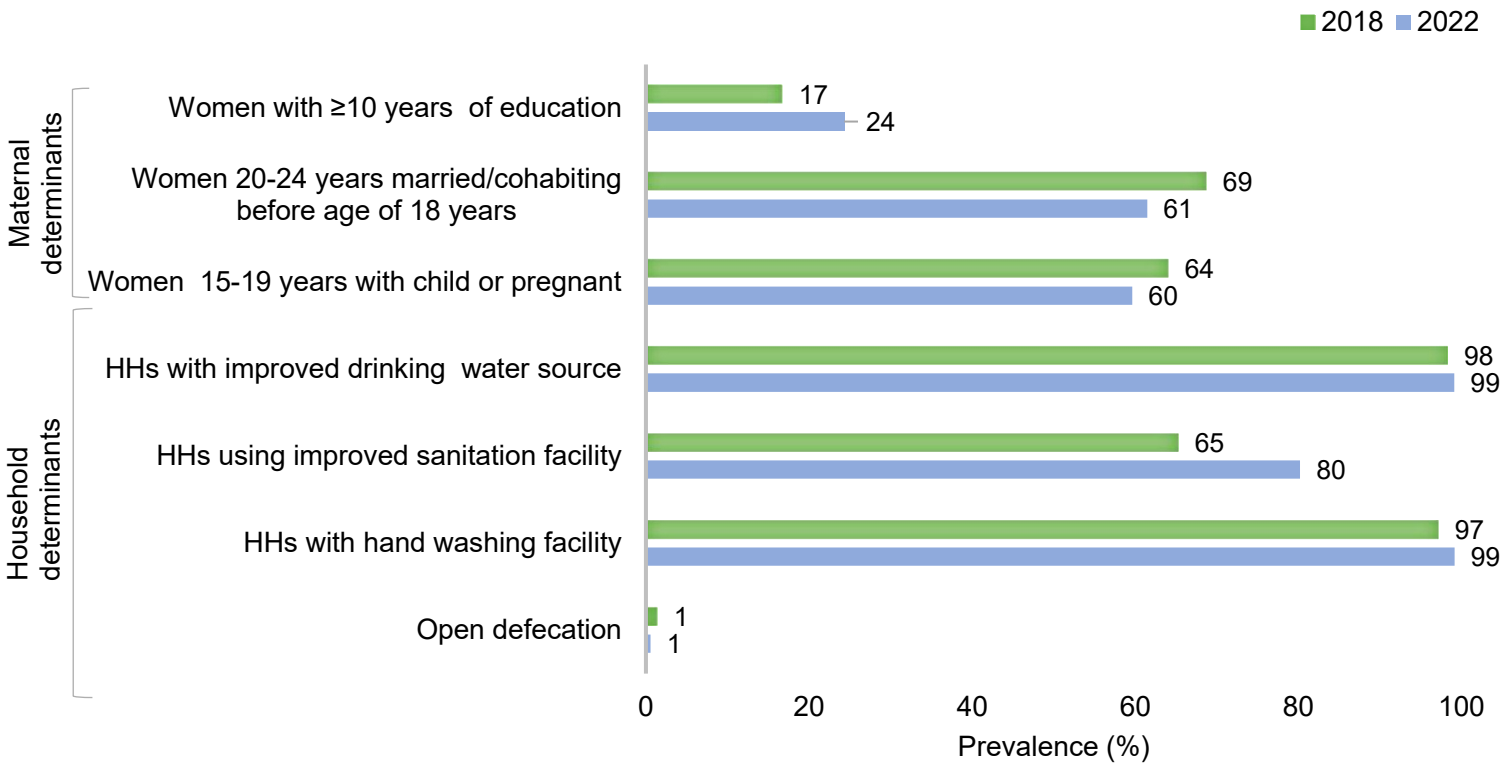


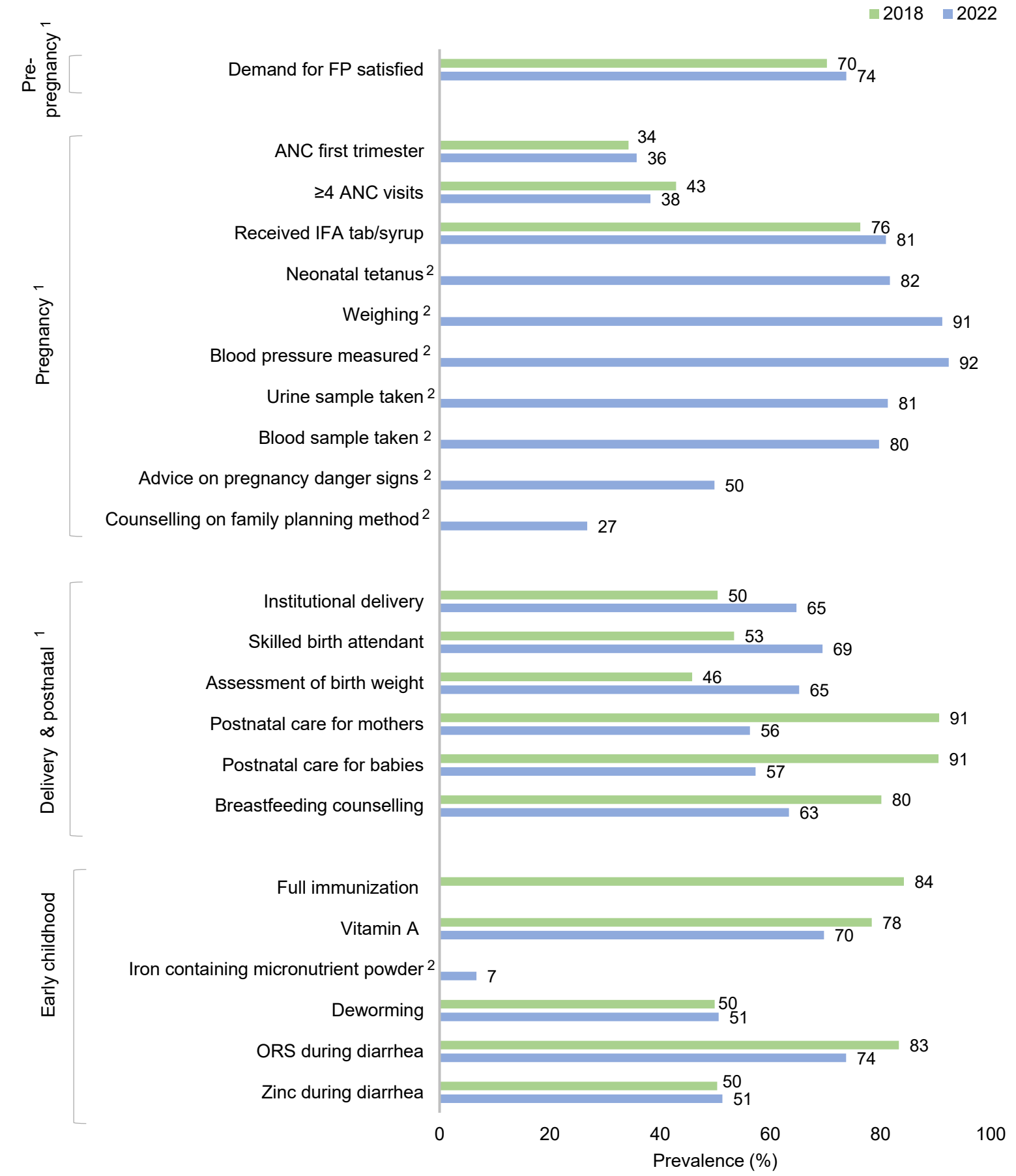
Table 2. Prevalence of underlying determinants of maternal and child nutrition, in 2022

Very poor	Poor	Moderate	Good	Very good	Not available

Category	Indicators	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
		%							
Maternal determinants	Women with ≥10 years of education	29	23	27	24	23	23	23	18
	Women 20-24 years married/ cohabiting before age of 18 years	64	53	64	66	57	75	66	39
Household determinants	HHs with improved drinking water source	99	99	100	97	100	100	100	96
	HHs using improved sanitation facility	77	82	86	83	68	82	74	71
	HHs with hand washing facility	99	98	99	100	99	100	100	99
	Open defecation	0	0	0	0	1	0	3	0
	HHs with electricity	98	93	100	99	99	99	99	98

Abbreviations: HHs – Households; NA – Not applicable
Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.

Figure 5. Trends in coverage of interventions during the first 1,000 days, between 2018 and 2022



Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.
Note: [1]Sample for pregnancy, delivery, and postnatal interventions is restricted to women aged 15-49 years with a live birth in the last 2 years preceding the survey to ensure comparability between BDHS 2018 and 2022 estimates. [2]2018 estimates for Neonatal tetanus, weighing, blood pressure measured, urine sample taken, blood sample taken, advice on pregnancy danger signs, conunselling on family planning method and iron containing micronutrient powder are excluded either because estimates are not available, or the 2018 and 2022 estimates are incomparable.

Table 3. Prevalence of intervention coverage, by division, in 2022

Very poor | Poor | Moderate | Good | Very good | Not available

Category	Indicators	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
		%							
Pre-pregnancy	Demand for FP satisfied	72	67	73	75	79	80	79	67
Pregnancy	ANC first trimester	31	33	46	35	34	33	26	36
	≥4 ANC visits	28	37	46	40	45	35	31	30
	Received IFA tab/syrup	78	84	84	78	78	80	83	70
	Neonatal tetanus	79	85	78	83	85	83	83	78
	Weighing	90	94	92	90	88	89	91	88
	Blood pressure measured	94	94	92	93	92	90	91	92
	Urine sample taken	85	82	85	79	82	78	76	82
	Blood sample taken	86	80	84	80	77	80	71	72
	Advice on pregnancy danger signs	55	49	51	51	53	46	47	48
	Counselling on family planning method	34	24	27	25	34	24	27	28
Delivery & postnatal	Institutional delivery	51	61	70	82	55	70	61	52
	Skilled birth attendant	60	66	75	86	58	72	66	59
	Assessment of birth weight	55	57	73	84	57	71	65	47
	Postnatal care for mothers	48	54	59	74	46	61	52	47
	Postnatal care for babies	47	56	60	75	46	61	54	47
	Breastfeeding counselling	53	65	63	69	66	68	58	57
Early childhood	Vitamin A	68	73	65	74	70	69	73	71
	Iron containing micronutrient powder	10	7	7	5	8	6	7	5
	Deworming	54	56	48	43	65	42	47	49
	ORS during diarrhea	80	76	86	88	75	59	48	70
	Zinc during diarrhea	51	56	58	44	53	46	47	46

Abbreviations: FP – Family planning; ANC – Antenatal care; IFA – Iron and folic acid; ORS – Oral rehydration solution
Data source: IFPRI estimates based on the analysis of unit-level data of BDHS 2018 and BDHS 2022.

Summary and key takeaways

Summary

Children

- Between 2018 and 2022, there were mixed improvements in undernutrition among children.
  - Stunting declined, but wasting and underweight did not.
  - Changes in undernutrition indicators varied across the divisions.
- Infant and young child feeding practices have been sub-optimal and they declined further.
  - Exclusive breastfeeding declined drastically from 65% to 53%.
  - Complementary feeding did not improve; *only* 37% of children had a diverse diet. Less than a third of the children received an age-appropriate acceptable diet.
  - *But* 31% of children consumed sweet beverages, and 49% of children ate sweet, salty, or deep-fried foods.
- Coverage of health and nutrition interventions during early childhood period was mixed.
  - Most children were vaccinated and received Vitamin A supplementation
  - <10% of children received iron supplements.

Women

- Among women, overweight/obesity is on an alarming rise, increasing from 34% to 39% between 2018 and 2022.
- <25% of women have at least 10 years of education.
- A majority of women (61%) were married before 18-years-of age.
- Coverage of interventions during pregnancy, delivery and postnatal period varied.
  - Coverage of at least 4 antenatal visits declined from 43% to 38%.
  - Receipt of IFA supplements was high (81%).
  - Only 65% of women had an institutional delivery; postnatal care for mothers and newborns, and breastfeeding counseling declined substantially.

Households

- Households using improved sanitation facilities improved remarkably from 65% to 80% and nearly all households had handwashing facilities and improved drinking water source.

Key takeaways

- There have been improvements in maternal and child nutrition in Bangladesh between 2018 and 2022, *but* undernutrition continues to be of public health concern (e.g., low-birth weight, child stunting, underweight, wasting, and maternal underweight). At the same time, the rising overweight/obesity rates among women is worrying, highlighting the need for identifying solutions that take into account multiple forms of malnutrition.
- Child diets require immediate attention; *particularly,* there is need to understand reasons for high consumption of unhealthy foods and to identify policy and programmatic actions to limit such consumption.
- Women's education in Bangladesh needs immediate attention. It is imperative to understand both demand-and supply-side factors contributing to low women's education, and to identify solutions to address them.
- Early marriage has slighly declined, *but* still a majority of girls are getting married below 18 years of age. This has implications for women's education, women's health and that of the future generation. Hence, efforts are required to identify solutions to delay age at marriage.
- Divisional level variability across outcomes and determinants is indicative of the need for context-specific solutions. A deeper understanding of the interplay between socio-ecological conditions and population health could support in identifying solutions for addressing division-specific challenges.

Indicator definitions

Indicator	Definition
Outcomes	
Children	
Low birth-weight	Percentage of live births in the last 24 months preceding the survey weighed at birth with weight reported as less than 2.5 kg.
Stunting	Percentage of children under 5 years whose height-for-age z-score (HAZ) or length-for-age z-score (LAZ) < -2 standard deviations (SD).
Severe stunting	Percentage of children under 5 years whose HAZ or LAZ < -3 SD.
Wasting	Percentage of children under 5 years whose weight-for-height z-score (WHZ) or weight-for-length z-score (WLZ) < -2 SD.
Severe wasting	Percentage of children under 5 years whose WHZ of WLZ < -3 SD.
Underweight	Percentage of children under 5 years whose weight-for-age z-score (WAZ) < -2 SD.
Severe underweight	Percentage of children under 5 years whose WAZ < -3 SD.
Overweight/obesity	Percentage of children under 5 years whose WHZ or WLZ >2 SD.
Women	
Underweight	Percentage of women aged 20-49 years whose body mass index (BMI) <18.5 kg/m^2.
Overweight/obesity	Percentage of women aged 20-49 years, who are not currently pregnant and did not give birth in the last two months preceding the survey, whose BMI is ≥25.0 kg/m^2.
Men	
Overweight/obesity	Percentage of men aged 20-49 years, whose BMI is ≥25.0 kg/m^2.
Immediate determinants	
Underweight (women)	Percentage of women 20-49 years whose BMI <18.5 kg/m2.
Consumed IFA 100+ days	Percentage of women aged 15-49 years who consumed iron folic acid (IFA) for 100 days or more during pregnancy for the most recent live birth in the 2 years preceding the survey.
Consumed IFA 180+ days	Percentage of women 15-49 years who consumed IFA for 180 days or more during pregnancy for the most recent live birth in the 2 years preceding the survey.
Early initiation of breastfeeding	Percentage of youngest children born in the last 2 years who started breastfeeding within an hour of birth.
Exclusive breastfeeding	Percentage of youngest children 0-5 months living with their mother who were fed exclusively with breastmilk the previous day.
Continued breastfeeding (12–23 months)	Percentage of youngest children 12-23 months who were fed breast milk during the previous day.
Minimum acceptable diet	Percentage of youngest children 6-23 months living with their mother who consumed a minimum acceptable diet during the previous day.
Minimum dietary diversity	Percentage of youngest children 6-23 months living with their mother who consumed foods and beverages from at least 5 out of 8 defined food groups during the previous day.
Minimum meal frequency	Percentage of youngest children 6-23 months living with their mother who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) at least the minimum number of times during the previous day.
Eggs and/or flesh food consumption	Percentage of youngest children 6-23 months living with their mother who consumed egg and/or flesh food during the previous day.
Sweet beverage consumption	Percentage of youngest children 6-23 months living with their mother who consumed a sweet beverage during the previous day.
Zero vegetable and fruit consumption	Percentage of youngest children 6-23 months living with their mother who did not consume any vegetables or fruits during the previous day.
Unhealthy food consumption	Percentage of youngest children 6-23 months living with their mother who consumed selected sentinel unhealthy foods during the previous day.
Bottle feeding for infants	Percentage of youngest children 0-23 months who were fed from a bottle with a nipple during the previous day.

Indicator	Definition
Diarrhea in the last 2 weeks	Percentage of children under 5 years who had diarrhea in the 2 weeks preceding the survey.
ARI in the last 2 weeks	Percentage of children under 5 years who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey.
Underlying determinants	
Women with ≥10 years of education	Percentage of women aged 15-49 years who have completed 10 or more years of education.
Women 20-24 years married/cohabiting before age of 18 years	Percentage of women aged 20-24 years who were married/started cohabiting before age 18 years.
HHs with improved drinking water source	Percentage of households using an improved drinking water source (piped into dwelling/piped into yard or plot, public tap/standpipe, piped to neighbor, tube well or bore hole, protected well, protected spring, rainwater, tanker trunk or cart with small tank, bottled water).
HHs using improved sanitation facility	Percentage of households using an improved sanitation facility (flushed to piped sewer system, septic tank, pit latrine or respondent is unaware where flushed to; pit latrine with ventilated improved pit or slab; composting toilet).
HHs with handwashing facility	Percentage of households for whom the place most often used for handwashing was observed.
Open defecation	Percentage of households using no sanitation facility-open defecation.
Households with electricity	Percentage of households with electricity.
Nutrition interventions	
Pre-conception and pregnancy	
Demand for FP satisfied	Percentage of women aged 15-49 years with a demand for family planning that is satisfied by modern method.
ANC first trimester	Percentage of women aged 15-49 years who received antenatal care (ANC) screening from a trained provider during the first trimester for the most recent live birth in the 2 years preceding the survey.
≥4 ANC visits	Percentage of women aged 15-49 years who received 4 or more ANC visits from a trained provider during the first trimester for the most recent live birth in the 2 years preceding the survey.
Received IFA tab/syrup	Percentage of women aged 15-49 years who took iron tablets or syrup during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Neonatal tetanus[1]	Percentage of women aged 15-49 years whose most recent live birth in the 2 years preceding the survey was protected against neonatal tetanus.
Weighing[1]	Percentage of women aged 15-49 years who were weighed during ANC by a healthcare provider during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Blood pressure measured[1]	Percentage of women aged 15-49 years who had their blood pressure measured during ANC by a healthcare provider during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Urine sample taken[1]	Percentage of women aged 15-49 years who had a urine sample taken during ANC by a healthcare provider during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Blood sample taken[1]	Percentage of women aged 15-49 years who had a blood sample taken during ANC by a healthcare provider during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Advice on pregnancy danger signs[1]	Percentage of women aged 15-49 years who were adviced on pregnancy danger signs during ANC by a healthcare provider during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Counsellng on family planning method[1]	Percentage of women aged 15-49 years who were counseled on family planning method during ANC by a healthcare provider during the pregnancy of their most recent live birth in the 2 years preceding the survey.
Delivery and postnatal	
Institutional delivery	Percentage of live births in the 2 years preceding the survey delivered in a health facility.
Skilled birth attendant	Percentage of live births in the 2 years preceding the survey delivered by a skilled provider.

Indicator	Definition
Assessment of birth weight	Percentage of live births in the 2 years preceding the survey who were weighed at birth.
Postnatal care for mothers	Percentage of women aged 15-49 years with a live birth in the 2 years preceding the survey who received a postnatal check during the first two days after giving birth.
Postnatal care for babies	Percentage of most recent live births in the 2 years preceding the survey with a postnatal check for the newborn during the first 2 days after giving birth.
Breastfeeding counselling	Percentage of women aged 15-49 years who received breastfeeding counselling from a healthcare provider during the first 2 days after birth for any live births in the 2 years preceding the survey.
Early childhood	
Full immunization[2]	Percentage of children aged 12-23 months who were fully vaccinated at any time before the survey according to either vaccination card or mother's report.
Vitamin A	Percentage of children aged 6-59 months who received vitamin A supplementation in the 6 months preceding the survey.
Iron containing micronutrient powder[1]	Percentage of children aged 6-23 months who were given iron containing multiple micronutrient powder (Baal Vita) in the 12 months preceding the survey.
Deworming	Percentage of children aged 12-59 months who were given medicine for intestinal worms in the 6 months preceding the survey.
ORS during diarrhea	Percentage of living children under 5 years with diarrhea who were given oral rehydration salts (ORS) or pre-packaged ORS fluids in the 2 weeks preceding the survey.
Zinc during diarrhea	Percentage of living children under 5 years with diarrhea who were given zinc in the 2 weeks preceding the survey.

Abbreviations: IYCF – Infant and young child feeding; WHO - World Health Organization

Note: [1]Indicator not available in BDHS 2018 tool or not comparable between BDHS 2018 and BDHS 2022. [2]Indicator not available in BDHS 2022 tool or not comparable between BDHS 2018 and BDHS 2022.

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