

Childhood stunting in Bangladesh – what worked well, what else do we need to do



Dr Tahmeed Ahmed

Executive Director
icddr,b

Professor, Public Health Nutrition
James P. Grant School of Public Health
BRAC University

Key elements of my talk

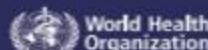
- The burden of childhood stunting
- An ecological analysis of stunting in Bangladesh
- WASH – an important area for reducing stunting
- An innovation for a life cycle approach to solve this problem

The burden of childhood stunting

Levels and trends in child malnutrition

UNICEF / WHO / World Bank Group
Joint Child Malnutrition Estimates

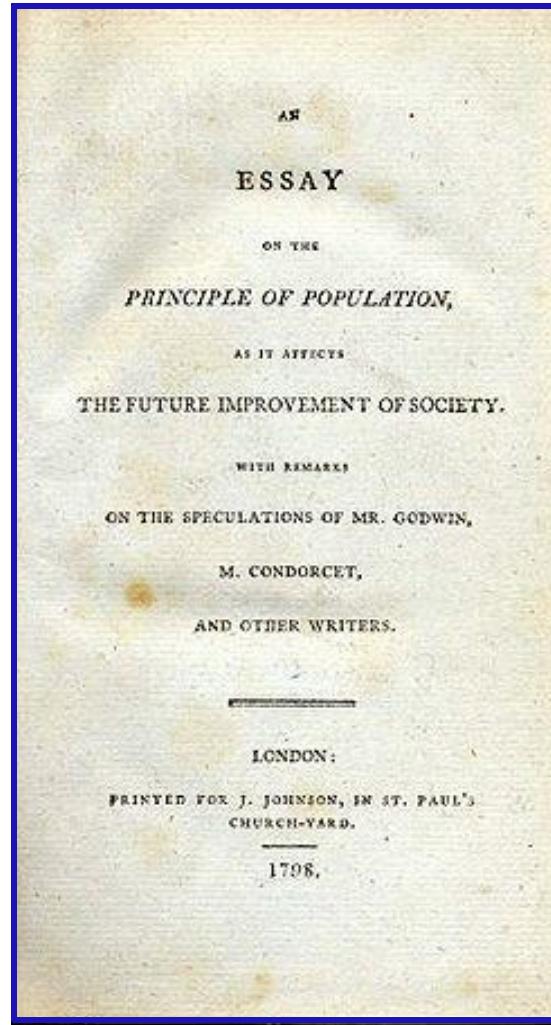
Key findings of the 2023 edition



The world produces so
much food, yet
malnutrition persists



Thomas Robert Malthus



*Population grows exponentially
while food production increases
linearly*

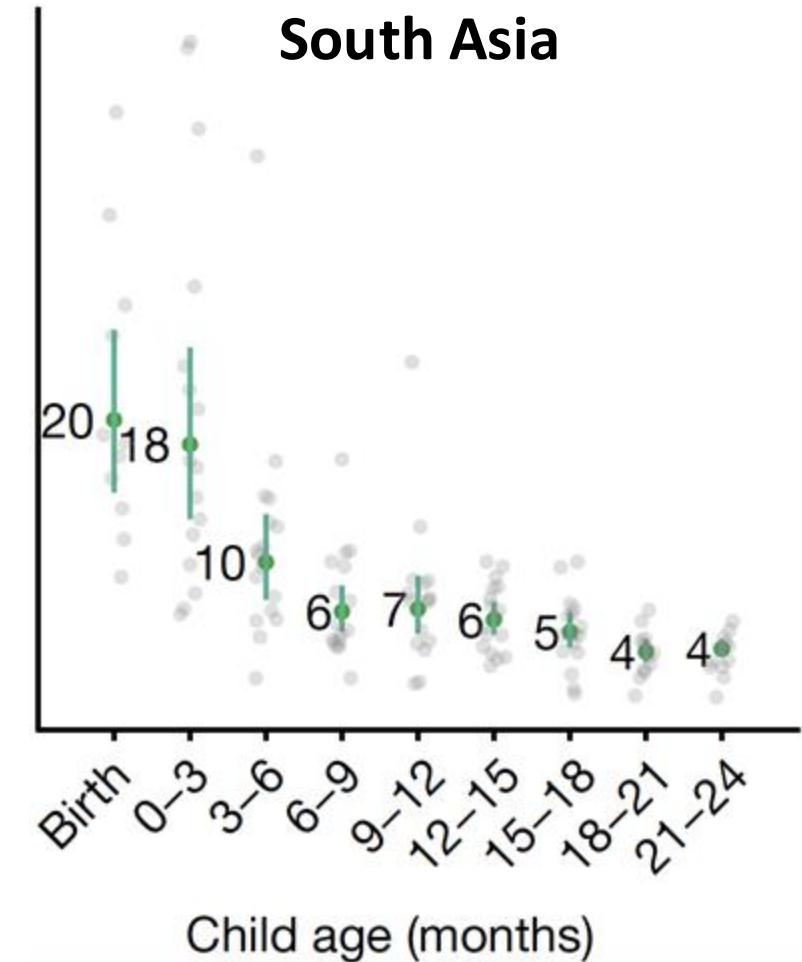
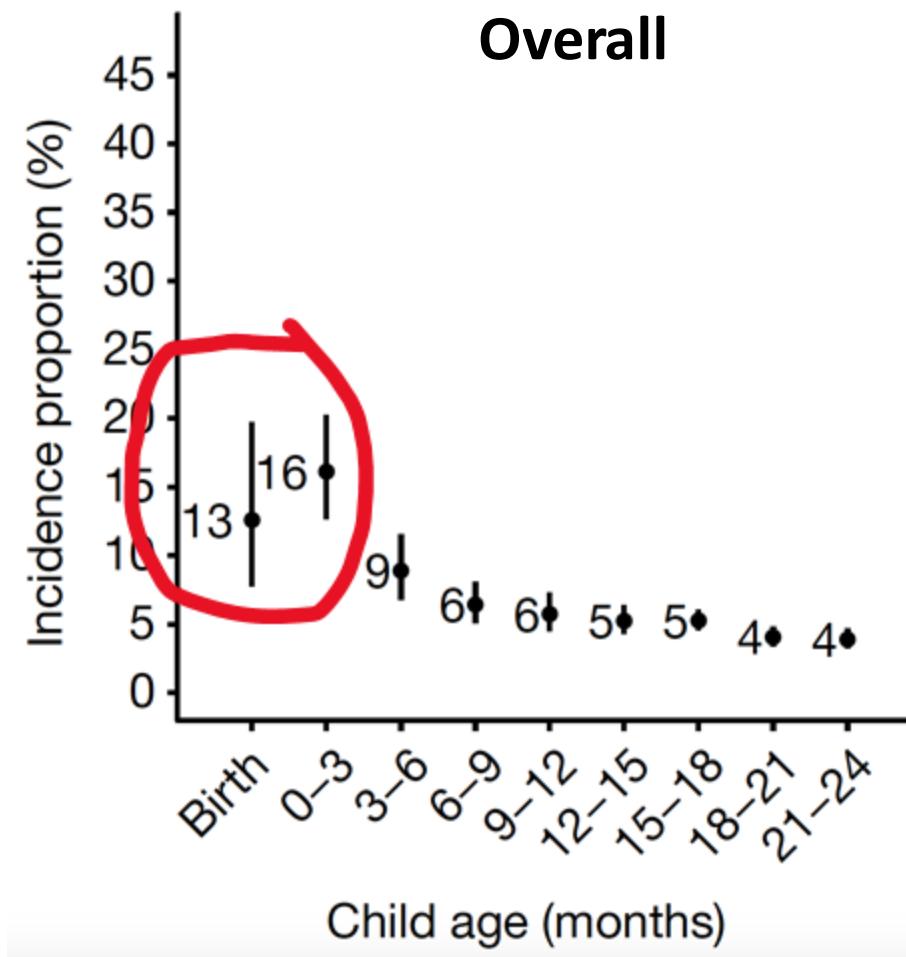


Amartya Sen
Nobel Prize in Economics 1998

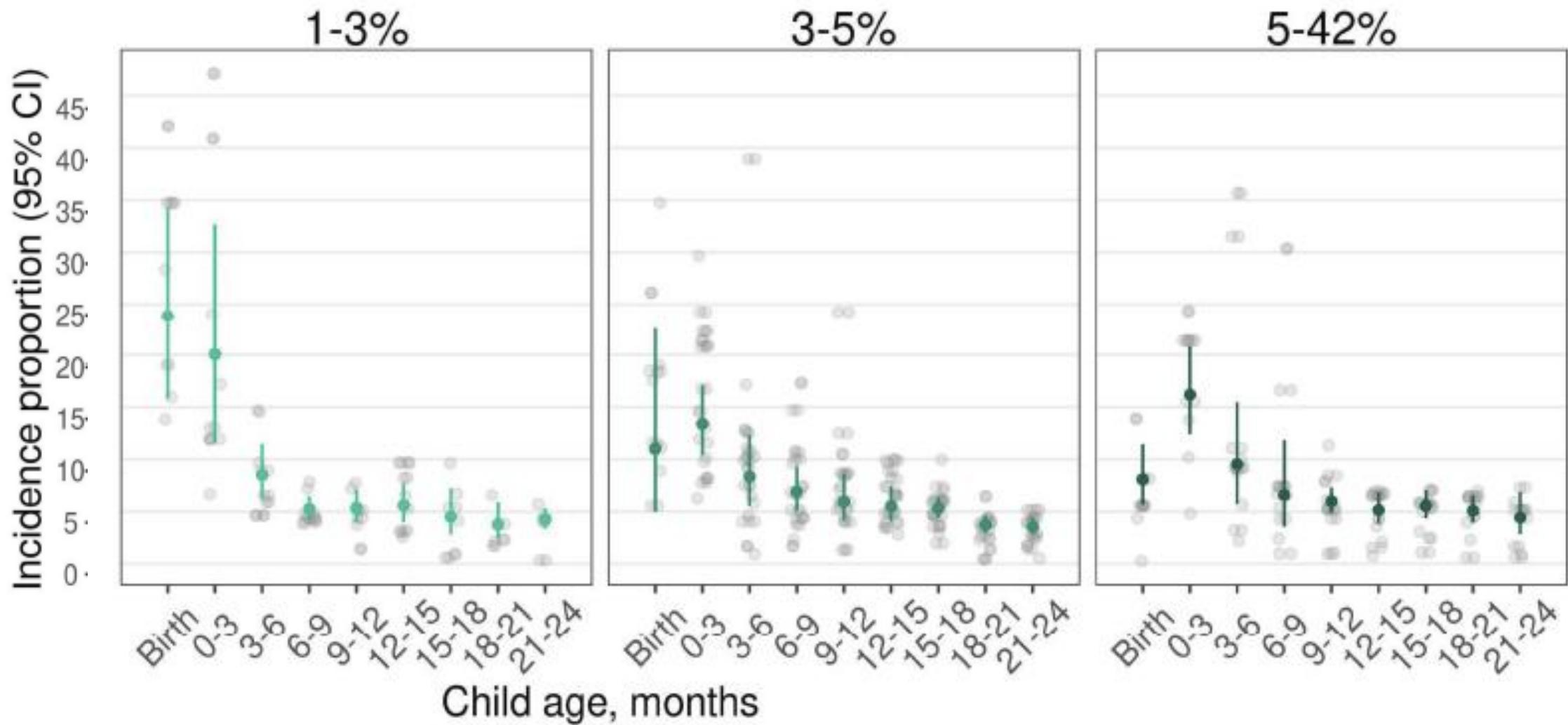
Famines are not primarily caused by a sudden drop in food supply, but by failures in "entitlement," which is people's ability to access food through legal means like production, trade, or state transfers

Stunting onset highest from birth to 3 months

32 longitudinal cohorts
14 LMICs South Asia
SSA, Latin America
52,000 children



Stunting associated with national health expenditure



A



Why are we worried?

Stunting increases the risk of death

Reduces educational and employment opportunities

B



It affects development of the brain

GRAY MATTER

WHITE MATTER

40%
OF THE BRAIN

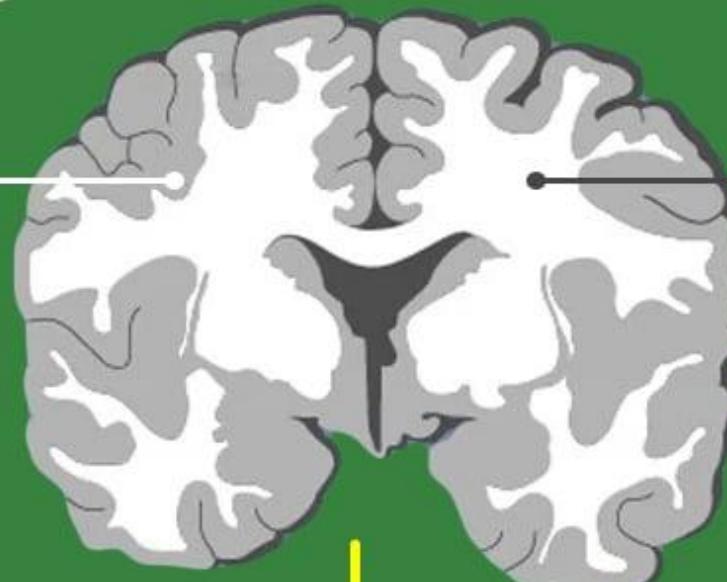
60%
OF THE BRAIN

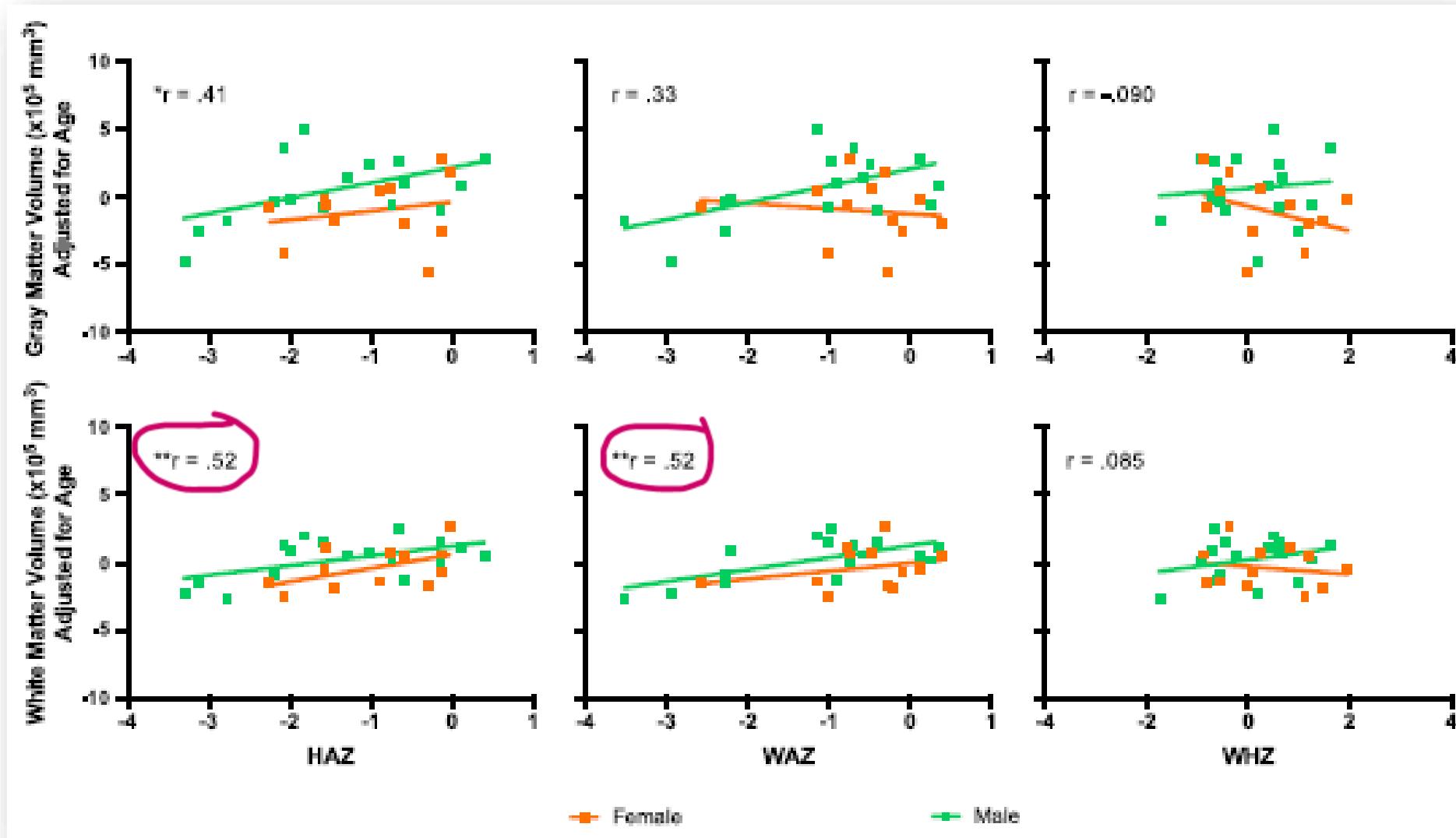


CONTAINS MOST OF THE BRAINS
NEURONAL CELL BODIES



MADE UP OF BUNDLES WHICH CONNECT
VARIOUS GRAY MATTER AREAS





White matter correlated with height-for-age Z score and WAZ

Ecological Analysis of Stunting in Bangladesh

Risk factors for Stunting in Bangladesh

Ecological Analysis

Ecological Approach

- Population level estimates rather than individual
- Unit of analysis was the survey years (1996 to 2022) instead of individuals
- Simple linear Regression with robust standard error

Data sources

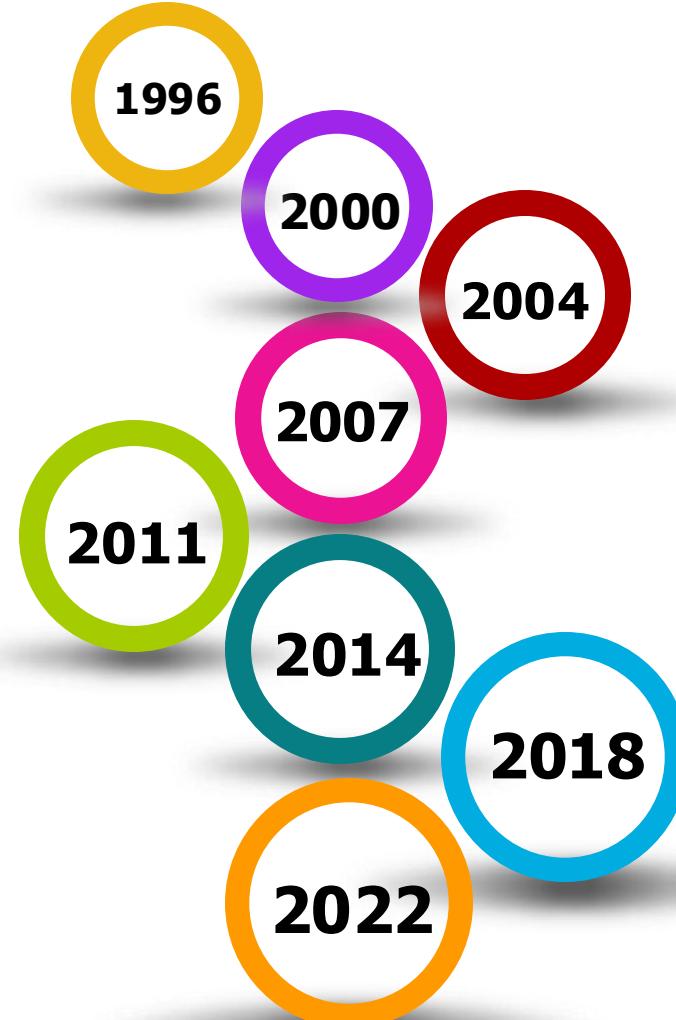
Bangladesh Demographic
and Health Survey

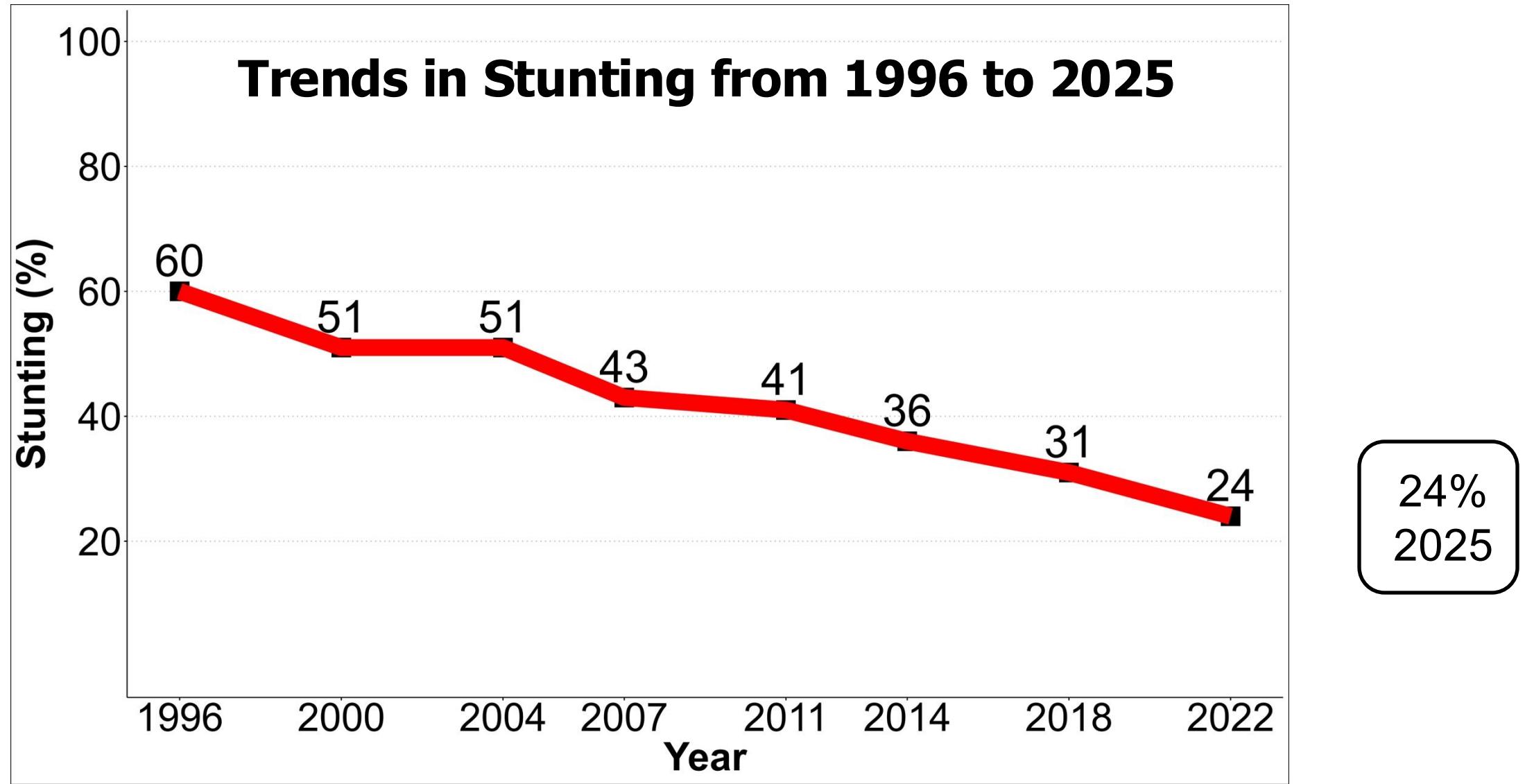
Bangladesh Bureau of
Statistics

Food Security and Nutrition
Surveillance Project

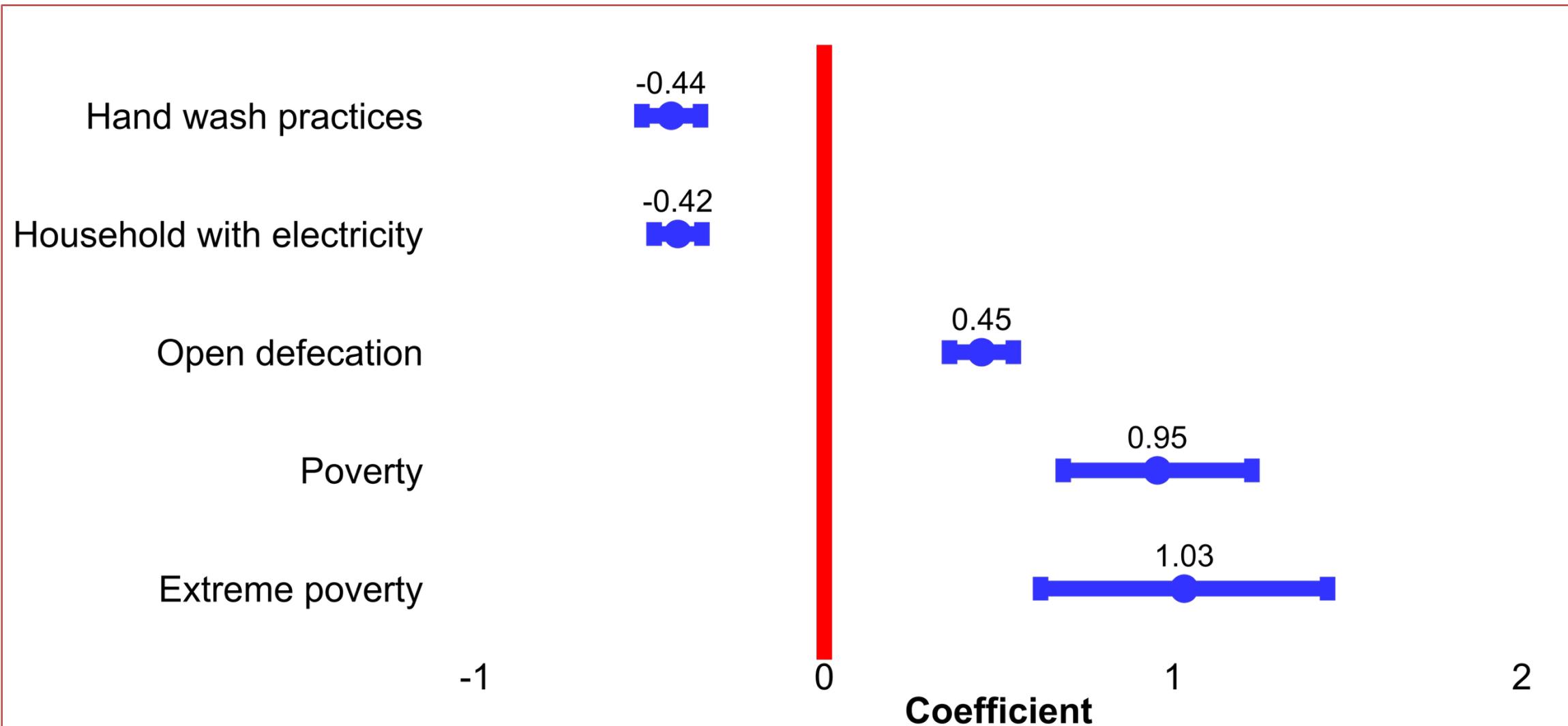
Ministry of Fisheries and
Livestock

World Bank

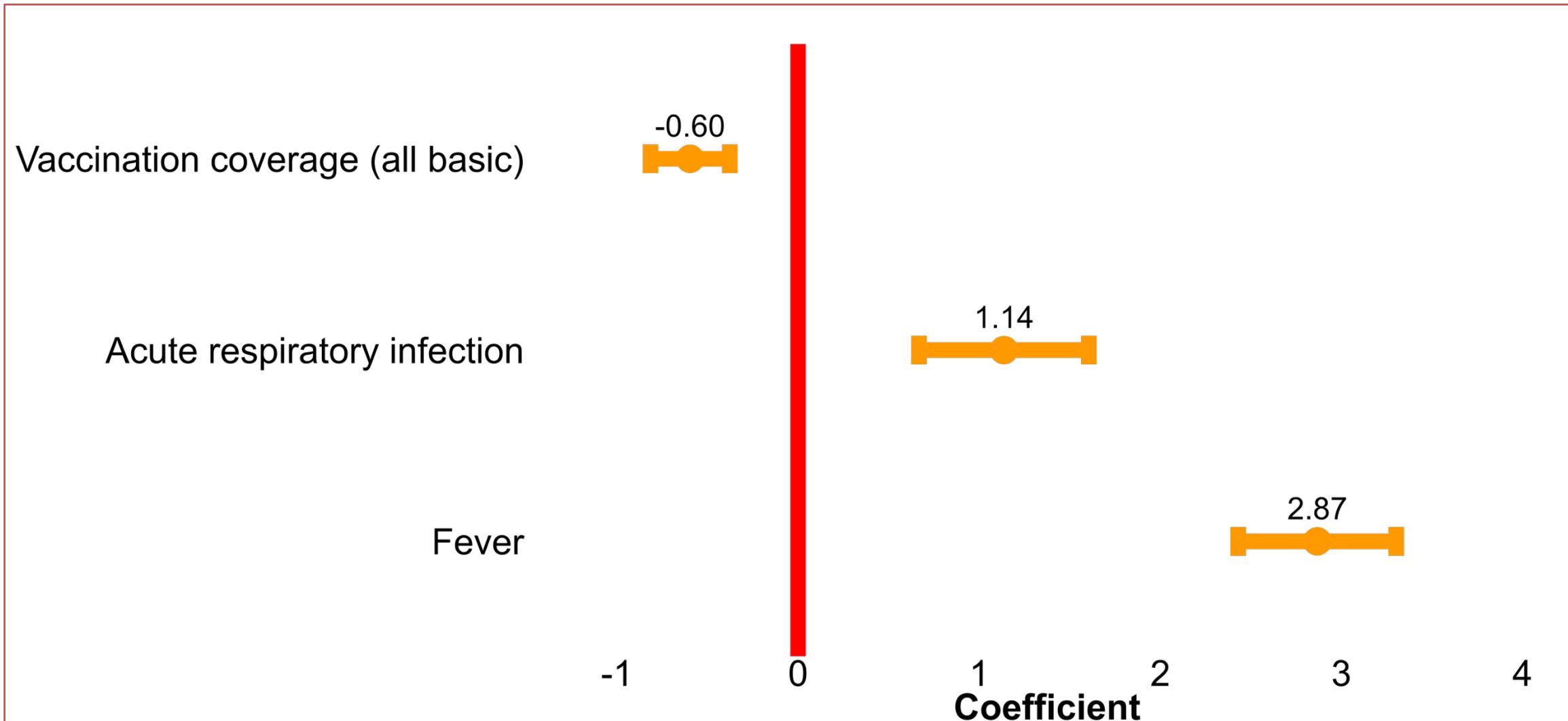




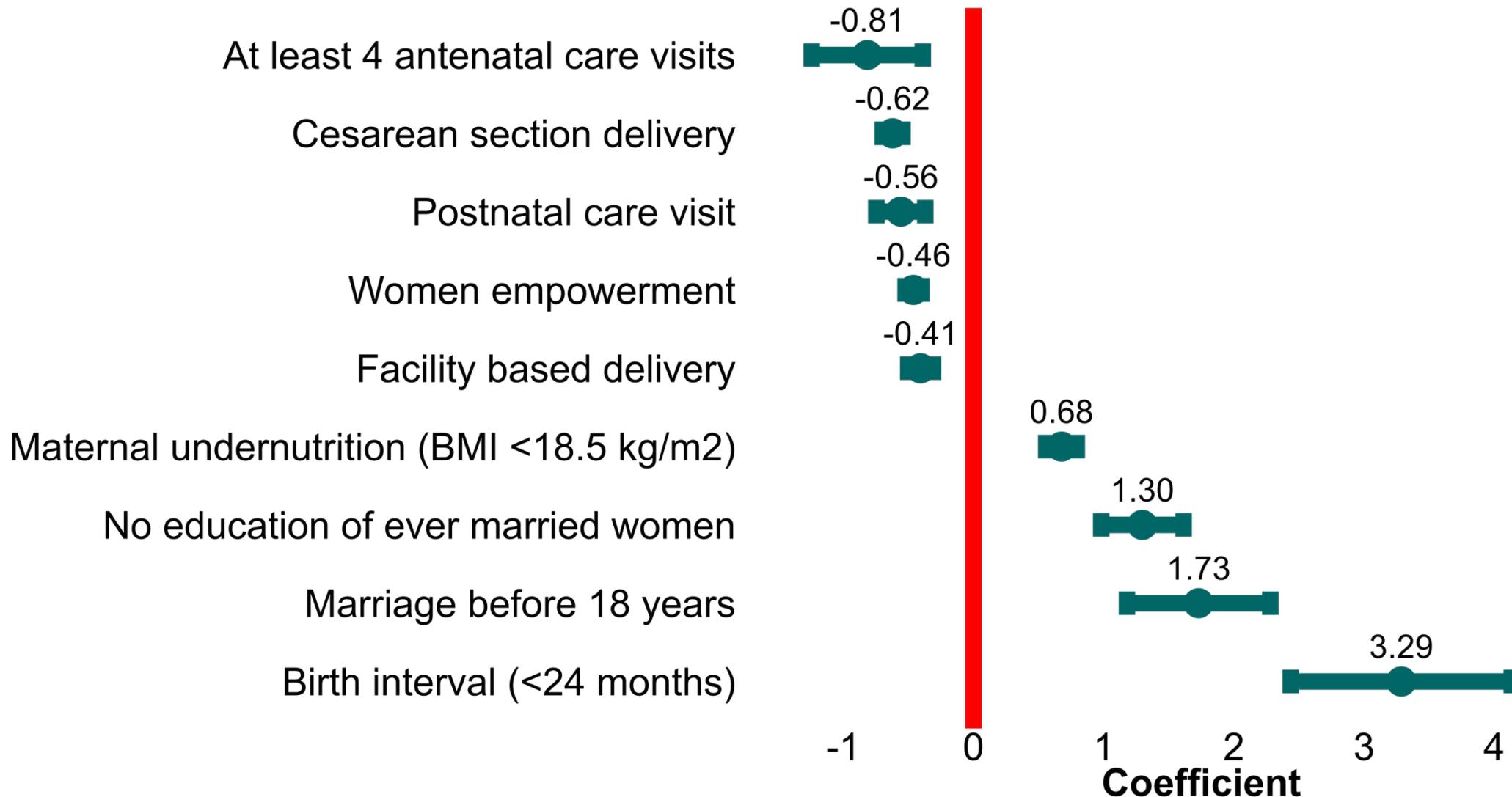
Socioeconomic, Household factors and Stunting



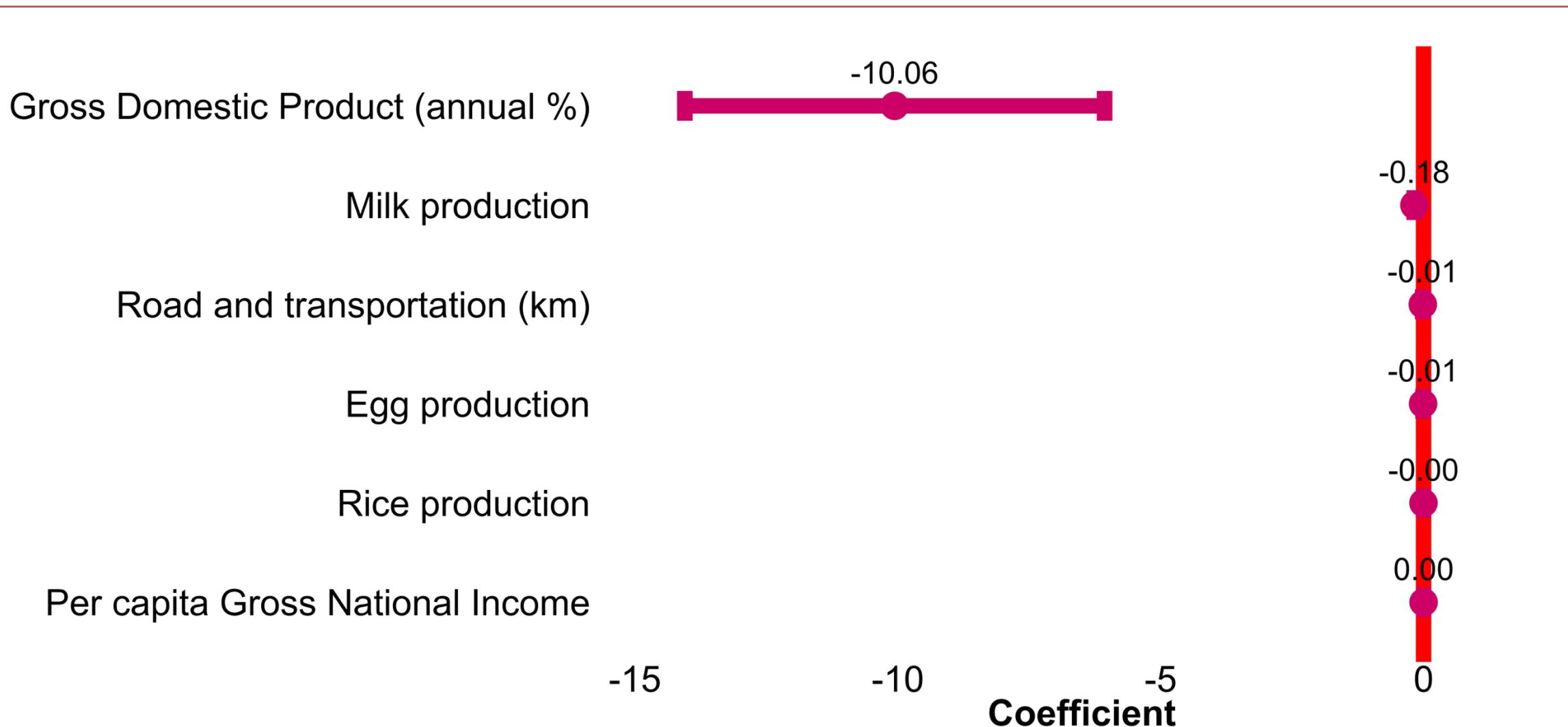
Morbidity and Stunting



Maternal factors and Stunting



National-level indicators





Poverty and food insecurity are still major drivers of stunting

Permission taken for use of the photograph for educational purpose only

Can Bangladesh achieve the Stunting target for SDG-2?

Stunting prevalence in baseline year 2012 **42%**

Average Annual Rate of Reduction **4.3%**

Government of Bangladesh SDG Tracker target prevalence for 2030
15.5%

Projected prevalence in 2030 **19.2%**

Projected prevalence in 2035 **15.4%**

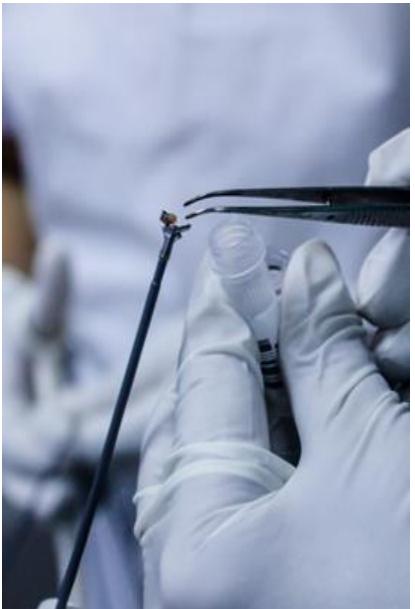
Water, Sanitation, Hygiene and Environmental Enteropathy

Intestinal permeability, mucosal injury, and growth faltering in Gambian infants

Peter Lunn, The Lancet 1991

**43% of linear growth faltering in children under-2
can be explained by small gut enteropathy**

Bangladesh Environmental Enteric Dysfunction (BEED) Study

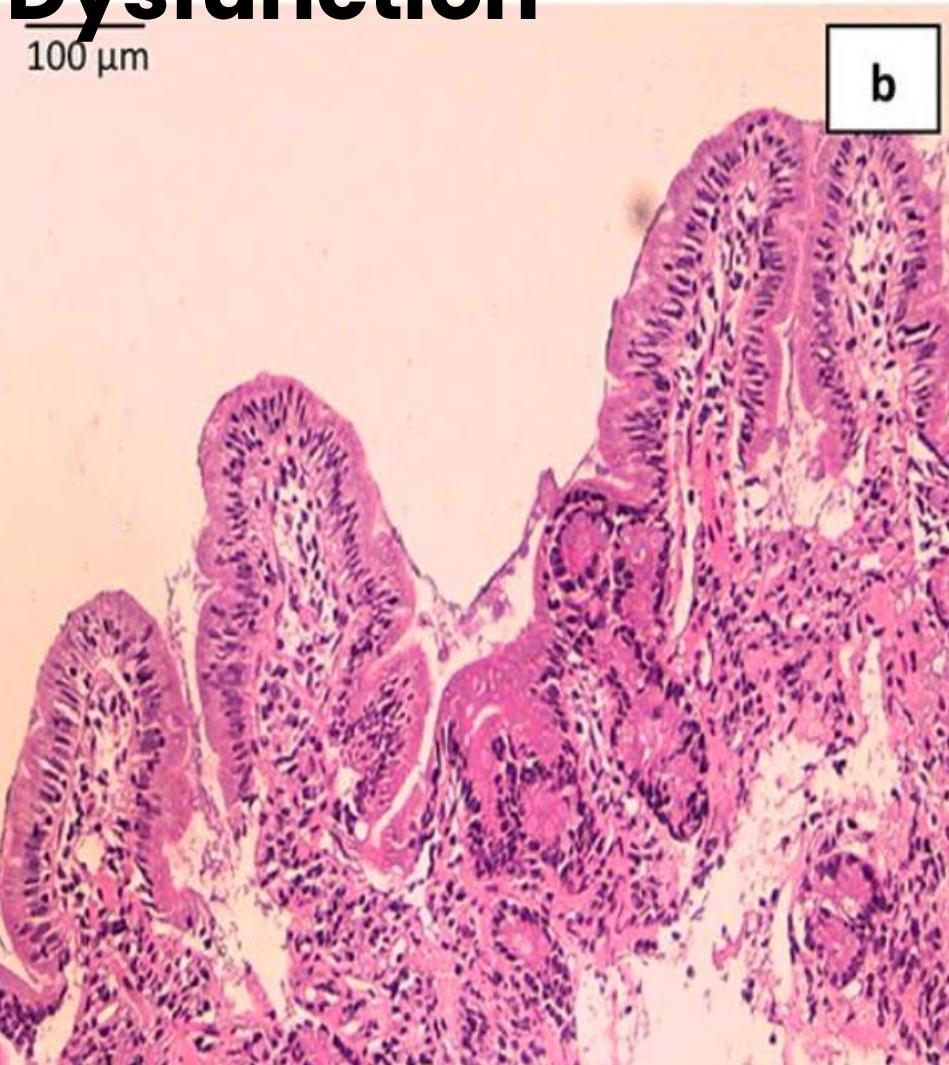


Gut dysbiosis causes Environmental Enteric Dysfunction



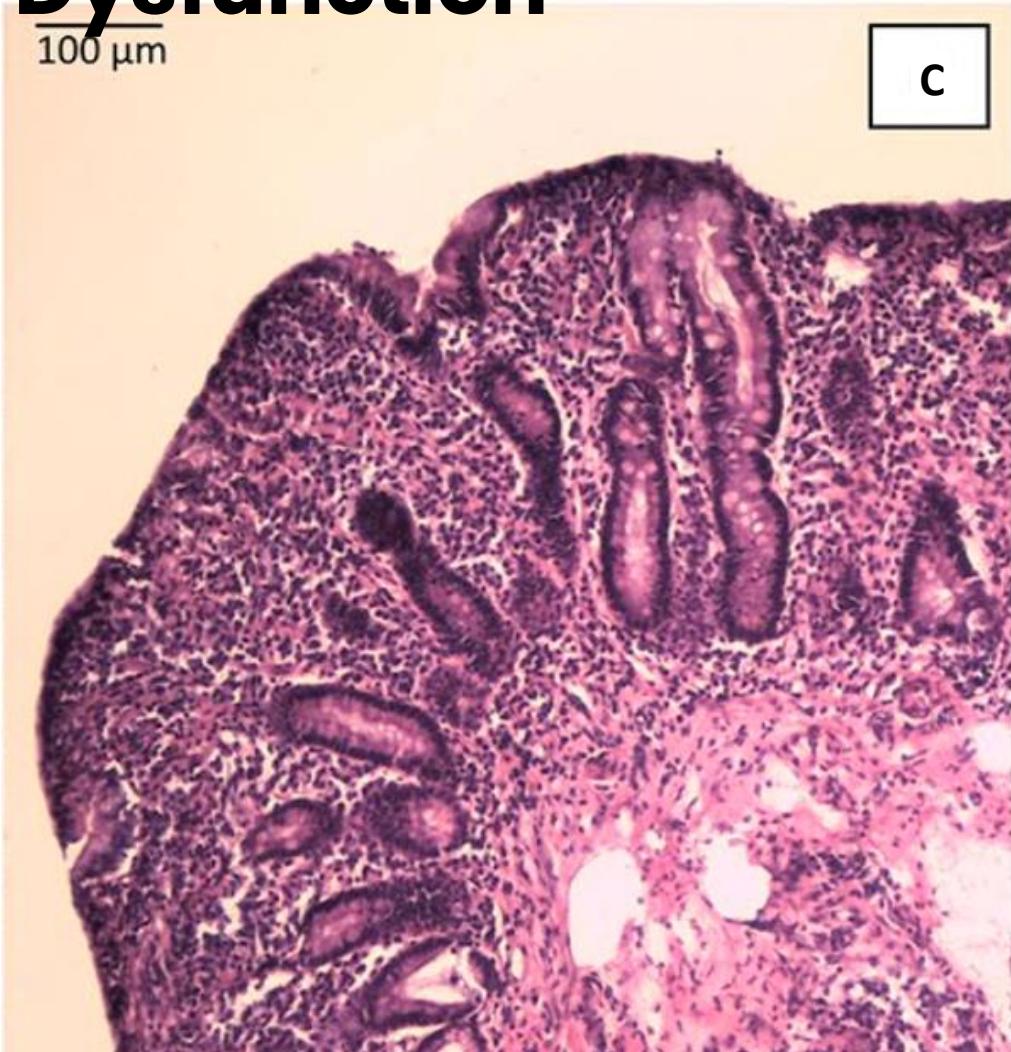
Normal villous architecture in the small intestine

Gut dysbiosis causes Environmental Enteric Dysfunction



Distorted architecture of villi
in the small intestine

Gut dysbiosis causes Environmental Enteric Dysfunction

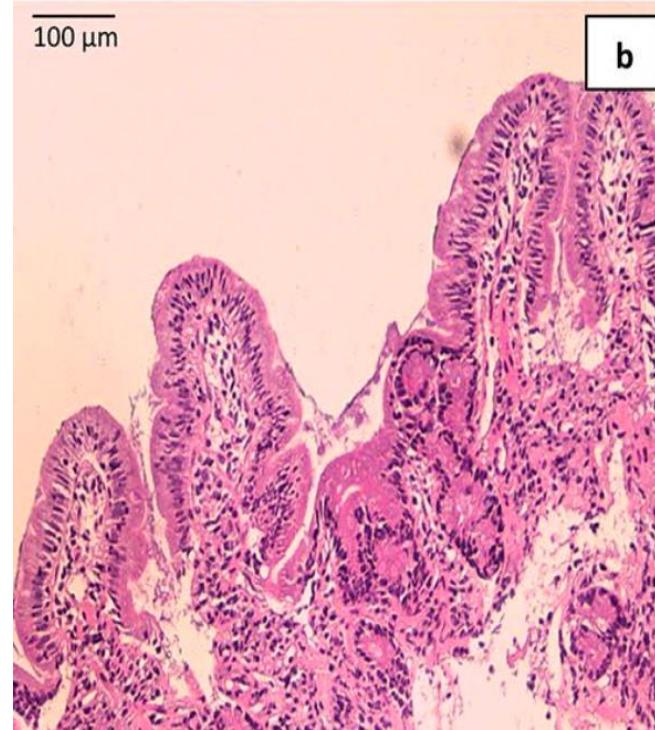


Complete distortion of the architecture of villi in the small intestine

Gut dysbiosis causes Environmental Enteric Dysfunction



Normal intestinal architecture



Distorted intestinal architecture

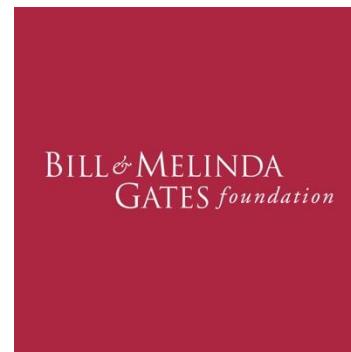


Completely distorted intestinal architecture

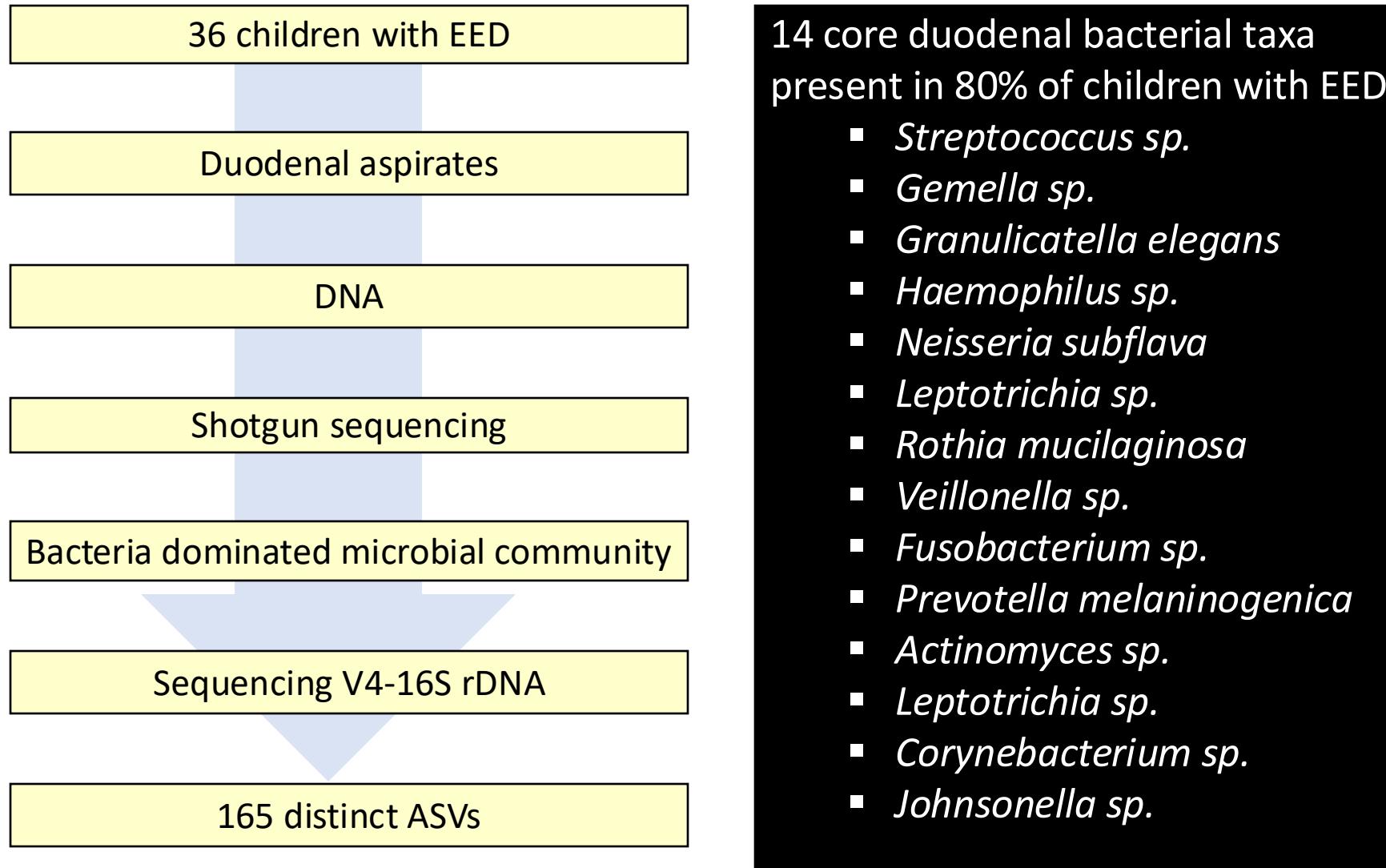
ORIGINAL ARTICLE

Duodenal Microbiota in Stunted Undernourished Children with Enteropathy

R.Y. Chen, V.L. Kung, S. Das, M.S. Hossain, M.C. Hibberd, J. Guruge, M. Mahfuz,
S.M.K.N. Begum, M.M. Rahman, S.M. Fahim, M.A. Gazi, R. Haque, S.A. Sarker,
R.N. Mazumder, B. Di Luccia, K. Ahsan, E. Kennedy, J. Santiago-Borges,
D.A. Rodionov, S.A. Leyn, A.L. Osterman, M.J. Barratt, T. Ahmed, and J.I. Gordon



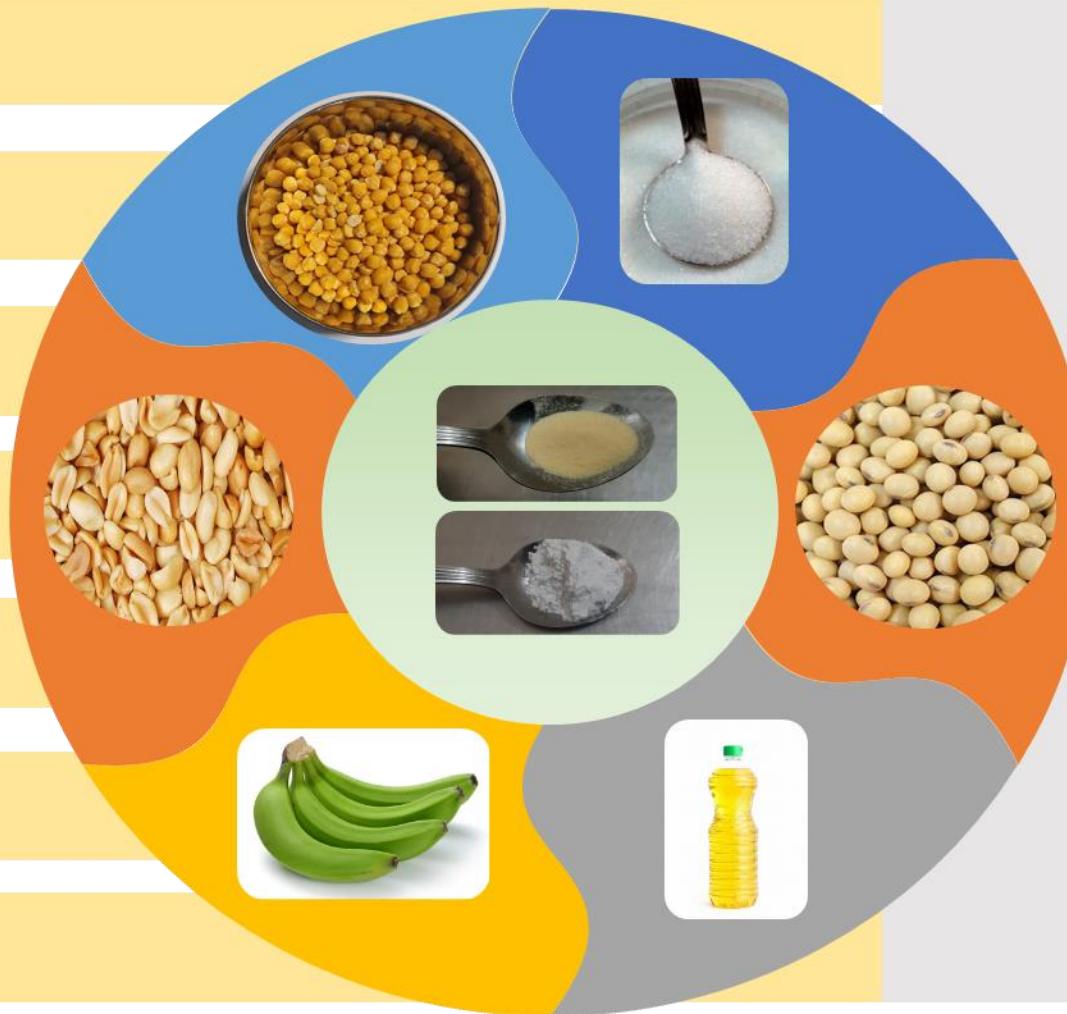
Children with Stunting & Enteropathy have 'bad bacteria' in their small gut



**What are the new innovations based
on what we know so far?**

Microbiota Directed Complementary Food

- Chickpea
- Soybean
- Peanut
- Green banana
- Soybean Oil
- Sugar
- Micronutrient



Mirpur, Dhaka



Malnourished
children between
12-18 months old
of either sex



The NEW ENGLAND JOURNAL of MEDICINE

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

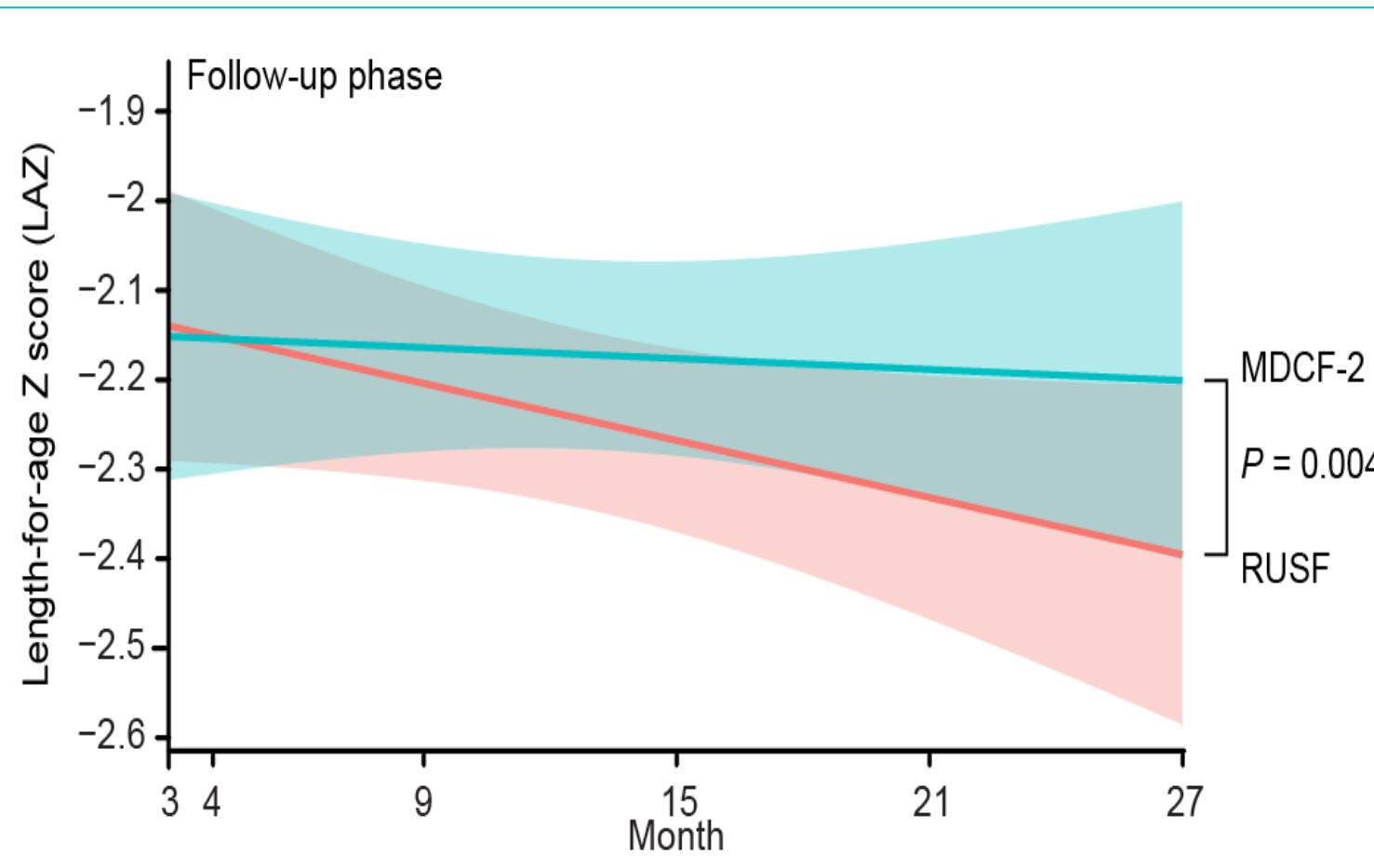
A Microbiota-Directed Food Intervention for Undernourished Children

Robert Y. Chen, B.S., Ishita Mostafa, B.D.S., M.P.H., Matthew C. Hibberd, Ph.D.,
Subhasish Das, M.B., B.S., M.P.H., Mustafa Mahfuz, M.B., B.S., M.P.H.,
Nurun N. Naila, M.B., B.S., M.P.H., M. Munirul Islam, M.B., B.S., Ph.D.,
Sayeeda Huq, M.B., B.S., M.P.H., M. Ashraful Alam, M.P.H.,
Mahabub U. Zaman, M.P.H., Arjun S. Raman, M.D., Ph.D.,
Daniel Webber, M.D., Ph.D., Cyrus Zhou, B.S., Vinaik Sundaresan, B.S.,
Kazi Ahsan, M.B., B.S., M.P.H., Martin F. Meier, B.S., Michael J. Barratt, Ph.D.,
Tahmeed Ahmed, M.B., B.S., Ph.D., and Jeffrey I. Gordon, M.D.

MDCF-2 was able to

- Repair immature microbiota
- Promote weight gain
- Increase plasma biomarkers related to bone formation, neurodevelopment, and immune function

MDCF-2 resulted in long term increase in linear growth



Children who had received MDCF-2 were significantly less stunted during follow-up than those who received RUSF (p=0.004)



Malnutrition

Gut reactions

A special diet made from cheap ingredients treats childhood malnutrition by encouraging the growth of the right intestinal bacteria

THE BEST treatment for childhood malnutrition might seem obvious: more, and more nutritious, food. And the standard approach is indeed just that. Over the years, formulae for ready-to-use supplementary food (RUSF)—bars and packets of paste intended for moderate cases and made from rice, lentils, sugar, soya oil and milk powder—and similar therapeutic food (RUTF), a nut-based treatment for more severe instances, have been developed. These work. But Tahmeed Ahmed, executive director of the awkwardly named icddr,b, a research institute in Dhaka, Bangladesh, and his team think they have come up with something better.

In collaboration with Jeffrey Gordon and his colleagues at Washington University in St Louis, Missouri, Dr Ahmed's team have produced a new mixture for the treatment of malnutrition. Besides providing nutrients, this formulation also enhances

gut health. That brings benefits to the malnourished which the conventional approach does not. Now, the World Health Organisation (WHO) is testing the result, dubbed MDCF-2, in Bangladesh, India, Malawi, Pakistan and Tanzania.

The bugs in the system

Until recently, little attention was paid to the role in digestion played by the trillions of microbes, known collectively as the microbiota or microbiome, which live in the human gut. That changed in 2013 when Dr

Also in this section

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- 65 Keeping track of trains
- 66 Protecting Earth from asteroids
- 66 A better way to recycle polyethylene

For many malnourished children in the future, MDF could make all the difference

Gordon compared the gut floras of pairs of twin children in Malawi. He did so assuming that, since they are born together and raised in the same households, twins' nutritional histories will be identical.

He nevertheless came across a number of cases in which one twin of a pair had a form of malnutrition called kwashiorkor while the other remained healthy. And when this happened, he also found that their microbiomes differed in systematic ways. On top of this he discovered that when the bugs in question were transplanted into laboratory mice which had been raised in a germ-free environment, those animals receiving transplants from a twin with kwashiorkor went on to develop the murine equivalent of that illness.

It thus looked likely that, while the underlying cause of kwashiorkor is unquestionably an insufficiency of nutrients, undernourished individuals who might otherwise remain free of its symptoms (a bloated belly, loss of muscle mass, stunted growth and brittle hair) may be tipped over the edge by an unbalanced microbiome.

In 2014, in a follow up to this work, Dr Ahmed, Dr Gordon and their respective teams compared the gut microbiomes of healthy children living in the slums of Dhaka with those of children being treated for forms of severe acute malnutrition

Summary

- Prevalence of stunting in Bangladesh has decreased significantly over the past two decades
- Annual gross domestic product, household access to electricity, improved WASH, facility-based deliveries, antenatal and postnatal visits associated with reduced stunting prevalence

Summary

- Poverty, poor WASH, ARI, fever, early marriage, less birth spacing, maternal illiteracy, maternal underweight associated with increased chance of stunting

What can and should be done?

Governance

Judicious spending

Have more grass-root community health workers

Care of adolescent girls: dietary diversity, weekly IFA, menstrual health

Multiple MN supplement during pregnancy

Mothers' club to talk about breastfeeding, complementary feeding

Hand hygiene

“Real” Growth Monitoring & Promotion

Food security for the vulnerable

Use of novel interventions such as the Microbiome-directed Food

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Thank you

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Republic of Bangladesh

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