

Double Burden of Malnutrition: Experience from Rural Area

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Bangladesh is an independent country situated in South Asia. Most of the people live in rural area. Half of the population is suffering from some type of malnutrition (under nutrition and over nutrition). It is well established that poverty is the root cause of all type of malnutrition. Poor people usually live in rural and urban slum area. Lack of nutritional knowledge is an important determinant of malnutrition. We usually know rural people both male and female are hard worker. Recently we visited some villages in northern part of Bangladesh, observed laziness, sedentary technology dependent life style and faulty food habit among people. They have no knowledge on nutrition though nutritional food sources are available there. For example milk is available there but they do not consume it. Green leafy vegetables are here and there but they ignore it. Plenty of fruits in the tree but intake of fruits are very low. As a result chronic energy deficiency as well as micronutrient deficiency (hidden hunger) is observed among women. On the other hand overweight and obesity was found simultaneously. In past we saw children played in the field randomly but now they watch cartoon in Television. Electricity and information technology has rapidly reached all over Bangladesh. In every tea stall/shop there is a Television and rural people pass their time sitting in tea stall hour by hour. Fast and junk food, snacks have also reached in rural area. As a result body weight is in increasing trend among villagers. This situation is alarming and coming as a threat because various co morbidities like diabetes, hypertension, cancer, arthritis is now common among villagers. Most of the women look anemic because of insufficient intake of animal protein resulting loss of earning capacity, learning capacity, productivity, increase tiredness and decrease immunity. Ultimately this problem is welcoming double burden for us. Evidence shows that malnutrition is the prime cause of all types of non-communicable diseases and prevalence of diabetes is increasing in rural area as like stroke. Early ageing and early degenerative changes are seen among adult rural people due to lack of Vitamin A, Vitamin E, Vitamin C and calcium rich food intake. Not only poverty but also scarcity of proper nutritional knowledge may be responsible for this vivid scenario. Rural area is the root of us and rural people is the foundation of our economy. Policy maker as well as funding agency should commence their step to prevent not only under nutrition or over nutrition separately but also both of the problems together. Along with increasing income generating capacity, effective nutrition education programme may be started to up liftment of nutritional status of rural people.

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