# Report card

## Bangladesh

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# Obesity prevalence

## Women, 2014

<table>
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<tr>
<th>Survey type:</th>
<th>Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>15-49</td>
</tr>
<tr>
<td>Sample size:</td>
<td>16478</td>
</tr>
<tr>
<td>Area covered:</td>
<td>National</td>
</tr>
</tbody>
</table>


**Notes:**
Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2014

Survey type: Self-reported
Age: 13-17
References: Global School-based Student Health Survey (GSHS), available at [https://www.cdc.gov/gshs/countries/index.htm](https://www.cdc.gov/gshs/countries/index.htm) (last accessed 28.04.20)
Notes: WHO cutoffs.
Cutoffs: WHO
% Adults living with obesity in Bangladesh 1995-2014

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Bangladesh 1995-2014

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 16478
Area covered: National

Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age

Women, 2014

Survey type: Measured
Sample size: 16478
Area covered: National

Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by region

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 16478
Area covered: National
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Boys, 2009

Survey type: Measured
Age: 6-15
Sample size: 10135
Area covered: National
Notes: Z score cut-offs used
Cutoffs: Other
Girls, 2009

Survey type: Measured
Age: 6-15
Sample size: 10135
Area covered: National
Notes: Z score cut-offs used
Cutoffs: Other
Overweight/obesity by socio-economic group

Women, 2014

Survey type: Measured
Age: 15-49
Sample size: 16478
Area covered: National


Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

References:
Women, 2016

Average daily frequency of carbonated soft drink consumption

Children, 2014-2015

Survey type: Measured
Age: 12-17

Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2008-2015

Survey type: Measured

Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2014-2015

<table>
<thead>
<tr>
<th>Country</th>
<th>Times per week</th>
</tr>
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<tbody>
<tr>
<td>Maldives</td>
<td>1</td>
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<td>Indonesia</td>
<td>1.5</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1.5</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2.5</td>
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<tr>
<td>Thailand</td>
<td>3</td>
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</tbody>
</table>

Age: 12-17

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Per-capita Whole Grains Intake (g/day)</th>
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<tr>
<td>Maldives</td>
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<td>India</td>
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<td>Bhutan</td>
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<td>Nepal</td>
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<tr>
<td>Bangladesh</td>
<td>70</td>
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</table>

Survey type: Measured
Age: 25+
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Incidence per 100,000

Bangladesh

Nepal

Sri Lanka

India

Bhutan

Timor-Leste

Myanmar

Maldives

Indonesia

Thailand

North Korea

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

<table>
<thead>
<tr>
<th>Age: 20+</th>
<th>0</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
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<tr>
<td>Nepal</td>
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<td>14</td>
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</table>


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
**Women, 2018**

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
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<tbody>
<tr>
<td>Maldives</td>
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<td>Timor-Leste</td>
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<td>Indonesia</td>
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<td>Sri Lanka</td>
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<tr>
<td>Myanmar</td>
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<tr>
<td>Bhutan</td>
<td>3</td>
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<tr>
<td>India</td>
<td>4</td>
</tr>
<tr>
<td>North Korea</td>
<td>4</td>
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<td>Thailand</td>
<td>7</td>
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<tr>
<td>Bangladesh</td>
<td>9</td>
</tr>
<tr>
<td>Nepal</td>
<td>10</td>
</tr>
</tbody>
</table>

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
**Women, 2018**

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP$$\geq$$140 OR DBP$$\geq$$90).
Women, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

References:
Global Health Observatory data repository, World Health Organisation, [http://apps.who.int/gho/data/node.main.A885](http://apps.who.int/gho/data/node.main.A885)

Definitions:
% Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014

References:

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: Lower Middle Income

Health systems summary

Healthcare in Bangladesh is pluralistic, delivered by 4 providers: the government, non-governmental organisations, the private sector and donor agencies. Although care in the public sector is technically available to all Bangladeshi citizens and highly subsidised by the government, the quality of care is considered to be poor, a consequence of insufficient funding and governance. As a result, the private sector (made up of formal, traditional services and informal, less traditional services) has thrived, benefitting for limited regulation. Private care in Bangladesh is expensive, and so unaffordable for much of the population. Out of pocket payments are estimated to make up 63.3% of total health expenditure, with government expenditure making up just 26%. Insurance (social or private) is uncommon in Bangladesh.

The Bangladeshi health system is challenged by an insufficient health workforce, its inadequate public system, the high number of informal providers in rural areas, lack of effective risk-pooling and low financial investment. At the same time, Bangladesh is experiencing the double burden of communicable and non-communicable diseases and great demographic changes.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining 'Obesity as a disease'?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining 'Obesity as a disease'?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

<table>
<thead>
<tr>
<th>Lack of political will, interest and action</th>
<th>Lack of training for healthcare professionals</th>
<th>Resistance to innovation</th>
<th>Poor health literacy and behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of evidence, monitoring and research</td>
<td></td>
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</tbody>
</table>

Summary of stakeholder feedback

Neither the government nor healthcare providers in Bangladesh are considered to act as if obesity is a disease. As obesity is not considered a disease by healthcare providers and patients, the stakeholder reported that people only enter the health system when they have a comorbidity related to obesity. Even then, they receive no treatment for their obesity unless they go private. This is because there is no funded obesity treatment within the public sector, leaving all obesity care to be provided by the private sector. There is said to be several private clinics and dietary care services available, but these are mostly situated in urban areas and so not accessible to those living in rural regions. When treatment is provided it is said to be as ‘beauty management’ rather than because obesity is a disease.

While there is an NCD strategy (that is accompanied by an implementation guide), it noted that there is no focus in it on obesity. There is also no obesity treatment guidelines or recommendations, or training for obesity specialists. This is despite recent research showing that obesity and its related diseases are increasing in Bangladesh. There is also a growing concern about childhood obesity.

Based on interviews/survey returns from 1 stakeholder

Last updated: June 2020