

**A world without hunger and malnutrition  
(Group B)**

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Hunger is a condition in which a person, for a sustained period, has not eaten sufficient food to meet basic nutritional needs, and malnutrition is a condition that results from eating a diet in which nutrients are either not enough or are too much such that the diet causes health problems.

In working towards reducing hunger in developing countries, one of the pillars focuses on increasing smallholders' income, and empowering women in agriculture and farmers' organizations with the aim of reducing rural poverty and improving well-being. For the uninformed, the cause of world hunger might seem to be quite obvious, because the concept of hunger is ostensibly simple; being hungry means a lack of food, so world hunger must be caused either by a lack of food on a global scale or overpopulation. Put another way, the easy answer to the question of world hunger is to suggest that there is either too little food or too many people, but in reality, neither of these scenarios prove to be the case. Instead, research has shown that human beings produce more than enough food for the global population, and that world hunger stems not from a lack of food overall, but rather an inequitable distribution of wealth, which precludes certain populations from being able to purchase the food they need, or else prompts localized overpopulation due to insufficient family planning and local resources. Thus, poverty is ultimately the cause of world hunger, but to understand why one must investigate the nexus between capitalism, poverty, global trade, and world hunger, because it is far from being the product of hard limits regarding the amount of food or size of the population. A number of developed countries are taking action mainly on this pillar. The Zero Hunger Challenge is not only a problem for the developing countries but also involves developed countries as they play a huge role on food waste. More than 800 million people around the world are hungry and do not have access to nutritious food.

The second pillar refers to enabling all people to access the food they need at all times through nutrition-sensitive agriculture and food systems, marketing, and decent and productive employment.

The third pillar is directed at ensuring that all farmers, agribusinesses, cooperatives, governments, unions and civil societies establish standards for sustainability; verifying their observance and being accountable for them; encouraging and rewarding universal adoption of sustainable and climate-resilient agriculture practices.

The fourth pillar focuses on increasing smallholder productivity and income to reduce rural poverty and improving well-being through encouraging decent work, and increasing smallholders.

Finally, the fifth pillar addresses the issue of minimizing food losses during storage and transport, and waste of food by retailers and consumers; empowering consumer choice through appropriate labeling; commitments by producers, retailers and consumers within alienations.

It begins with each global citizen thinking and acting appropriately to save and not lose or waste any food between its production and consumption process. Just imagine if each person was to consume the minimum average amount of food reasonably without wasting any small percentage, everyone would benefit from the world food production. We need to empower one another to have 100 percent food sustainable systems, and moreover educate each other on the importance of obtaining a nutritious and

balanced diet to prevent stunted growth of children.

Here are some of the reasons of lack of food and malnutrition:

Floods, storms, rains, droughts, heat and other extreme weather can cause communities a lot of destruction and wipe away farms. Some of these communities never recover fully again and begin to face many years of hardship.

Conflicts, civil wars, tension among tribes, and religious and political factions often cause people to abandon their homes and jobs out of fear. People often find themselves cut off from the rest of the world because they are trying to flee. In some conflicts, fighters may also seize and control farms, and sources of food and water in an attempt to get people to comply with their terms. Sometimes water bodies are polluted and water wells are poisoned as punishment to communities that they perceive to be enemies. Young men and even children who do some economic activities are forced into fighting and the result is a massive drop in food production and economic growth. Sometimes food aid is seized and directed to fighters and their families, leaving the really needy people to suffer.

Poor families and farmers often lack the funds to acquire high yield seeds, equipment, and the infrastructure to produce more. They are forced to produce just what their physical strength will allow, just to have a little to live on. They usually use a lot of family labour and children end up working on the farms, instead of going to school. As these children turn adults, they are also handicapped with knowledge and ways of producing more to secure their future. The poverty cycle continues.

Young adults who are able to migrate to nearby towns and cities end up in slums or run-down communities, as they cannot afford the high living standards in the cities. Their low education level also makes them unsuitable for many good paying city jobs. Many of them end up doing drugs, robbery, and other crimes to make a living.

Countries with lots of hunger tend to do poorly with the economy. This is because adults and young adults do not have the right frame of mind to work. They are constantly ill, and work input and interest are very low. Fewer hands on farms also mean that there is not enough produce from the farming villages into the towns for consumption and further export. People live from hand to mouth with little to invest in the wider economy. Additionally, governments are forced to spend more on food aid and care, rather than investing in schools, infrastructure, and healthcare.

Five million children die every year from malnutrition. Approximately one in eight people suffered from chronic undernutrition from 2010-2013<sup>1</sup>. In Bangladesh, over half of the children under five years old are malnourished and are prone to its devastating side-effects<sup>2</sup>. Throughout history and in today's society, malnutrition is one of the biggest causes of death annually, but Medical Teams International is working hard to reverse that trend. Malnutrition affects people of all ages, but children suffer the most.

Rates of malnutrition in Bangladesh are one of the high ranking in the world. According to BDHS 2014, nationally, 36% children under five years old are suffering from stunting, 33% underweight and 14% wasting respectively<sup>3</sup>. Although all administrative divisions were affected by child malnutrition, there

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<sup>1</sup> 2013 World Hunger and Poverty Facts and Statistics by World Hunger Education Service

<sup>2</sup> NEED TO KNOW - The silent epidemic of malnutrition

<sup>3</sup> Bangladesh Demographic Health Survey, 2014

were important differences in the prevalence of the three anthropometric indicators. According to FSNSP 2015<sup>4</sup>, the prevalence of underweight among the children aged under five ranged from 24% in Khulna to 41% in Sylhet which also showed the highest prevalence of stunting (45%) and Rajshahi showed highest prevalence of wasting (16%). Despite the high levels, rates of stunting have declined steadily over the past 10 years.

Bangladeshi children also suffer from high rates of micronutrient deficiencies, particularly vitamin A, iron, iodine and zinc deficiency. Bangladesh should be commended for making significant progress in reducing vitamin A deficiency (VAD) among preschool children over the past 15 years; however, consumption of vitamin A rich foods is still low, suggesting that the underlying causes of VAD require further attention and support. Anemia is also highly prevalent among children in Bangladesh and few programs have been initiated to improve their iron status.

Malnutrition among women is also high in Bangladesh. Less than one fourth of women has been suffering from chronic energy deficiency. As observed for children, there were important differences in the prevalence of women malnutrition among administrative divisions. The prevalence of women with a BMI<18.5 kg/m<sup>2</sup> ranged from 11% in Khulna to 29% in Sylhet<sup>4</sup>. Clinical VAD is common among women of reproductive age and during pregnancy. Sub-clinical VAD and anemia are also highly prevalent among pregnant and lactating women. Programs in Bangladesh also need to begin to incorporate components for adolescents and school-age children who will also benefit from improvements in nutrition<sup>5</sup>.

Significant progress has been made in cereal production in Bangladesh over the past decades. However, the rapid population growth and resulting high and growing food requirements pose a difficult challenge given the limited availability of cultivable land in Bangladesh. Re-occurring disasters further complicate the stability of food production. Recently the government of Bangladesh and interested organizations have started to encourage non-cereal food production and consumption along with food self-sufficiency. Greater attention is being given to supportive policies for agriculture input, research on non-cereal crops, and commercial and homestead promotion of poultry and fruits/vegetables. There is a clear need to diversify food sources both in terms of land/environmental sustainability, and development of the rural economy and increased consumption to achieve improvements in the nutritional status of the people of Bangladesh.

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<sup>4</sup> Food Security and Nutritional Surveillance Project (FSNSP) 2015

<sup>5</sup> Eminence 2014, <http://www.eminence-bd.org/index.php/about-us/who-we-are/6-who-we-are/our-expertise/47-nutrition>

