

# Current situation and needs of adolescent nutrition services in hard-to-reach areas of Bangladesh

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## Abstract

This study examined the situation of existing adolescent nutrition services and needs of the service providers and recipients in hard-to-reach areas of Bangladesh. This cross-sectional study has used a mixed method approach where quantitative data were collected by face-to-face interviews and focus group discussions (FGDs), key informant interviews (KIIs) and observations were conducted to assess the needs as qualitative component. Adolescent nutrition services and interventions are mostly directed to girls' leaving the adolescent boys bereft of the advantages of interventions. 71% of adolescent girls sought nutrition services from government health facilities whereas no boys were found receiving any nutrition services from any kind of facilities. Nutrient supplementation coverage was found higher in the coastal areas though utilization of behaviour change communication (BCC) materials while counseling was nil at all. The ceaseless demands for regular supply of nutrients, logistics and increasing skilled manpower at the field level were strongly uttered by both healthcare providers and recipients. Community nutrition clubs and improving school based nutrition services can play significant role in this regard

## Background

- Nutrition is very crucial during adolescence as the human body undergoes both physical and psychological transition.
- Knowing the situation of nutrition services along with the prevailing needs is important to fight against malnutrition of Bangladesh, especially in the hard-to-reach areas.

## Methods

- **Study design:** Cross-sectional study design where both quantitative and qualitative approaches were applied.
- **Study period:** February to September, 2018
- **Study site:** 15 upazilas spreading over 12 districts of hard-to-reach areas: haor, char (alluvial lands), islands, hilly and coastal areas.
- **Data collection methods:**
  - Situation analysis was largely dependent on quantitative data collection by face-to-face interviews from 293 adolescents and observations in 29 govt. health facilities.
  - Qualitative methods like FGDs, KIIs were applied for appraise the needs assessment.

“A combined community and school-based approach along with adequate supply of nutrient supplementation can ensure better nutrition services to the vulnerable adolescents from hard-to-reach areas of Bangladesh”

## Situation analysis of nutrition services

### Access to health facilities

- Adolescent health corners were found in only 14% observed govt. health facilities.
- No adolescent boys were found seeking nutrition services.

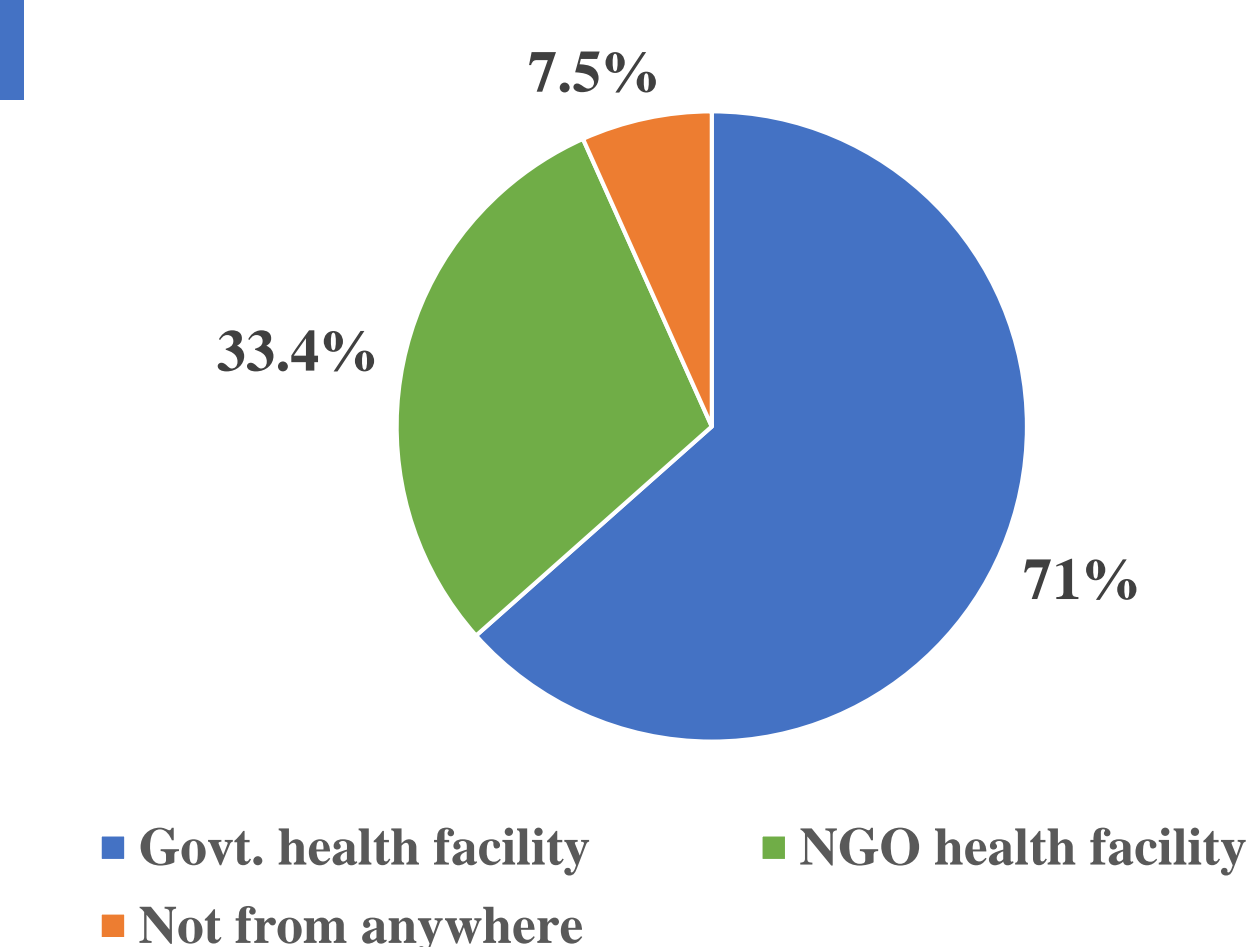


Fig 1: Adolescent girls' nutrition service receiving pattern

### Nutrient Supplementation

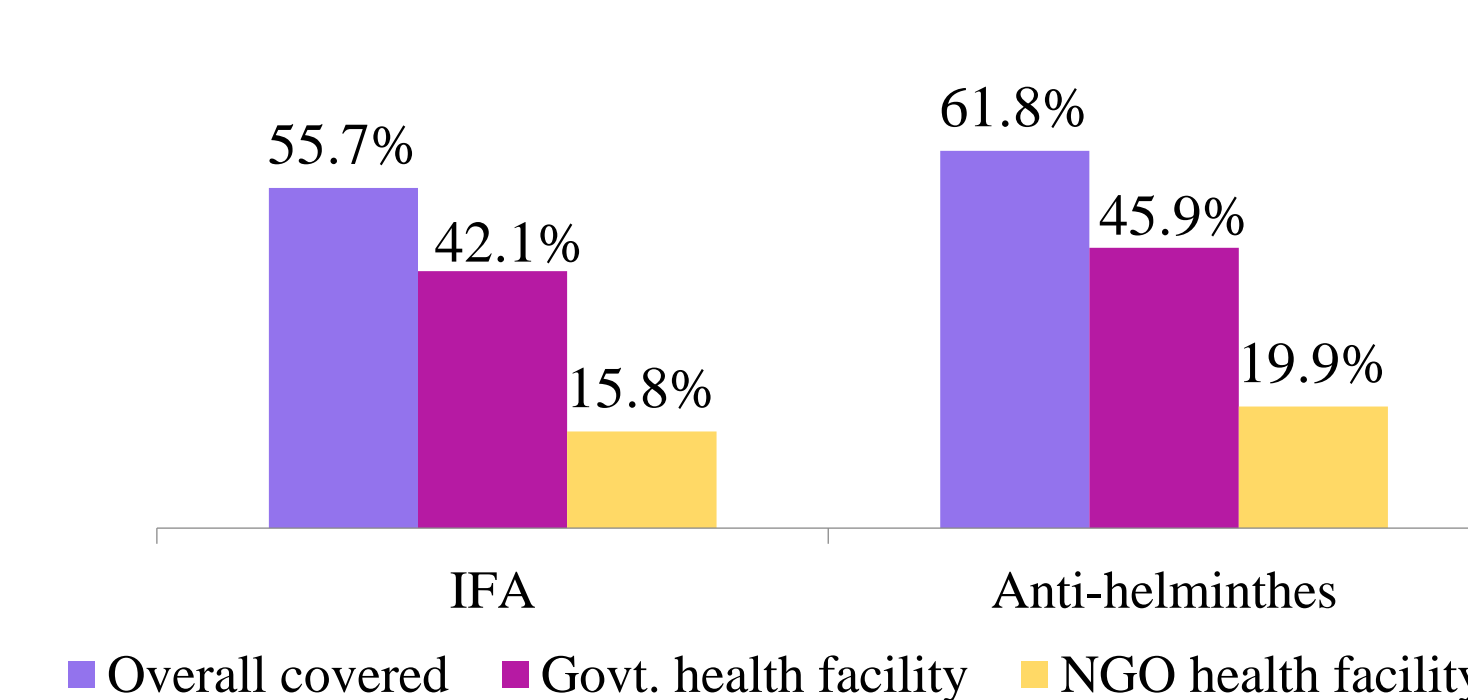


Fig 2: Adolescent girls' nutrient supplementation seeking pattern from different facilities (n=229)

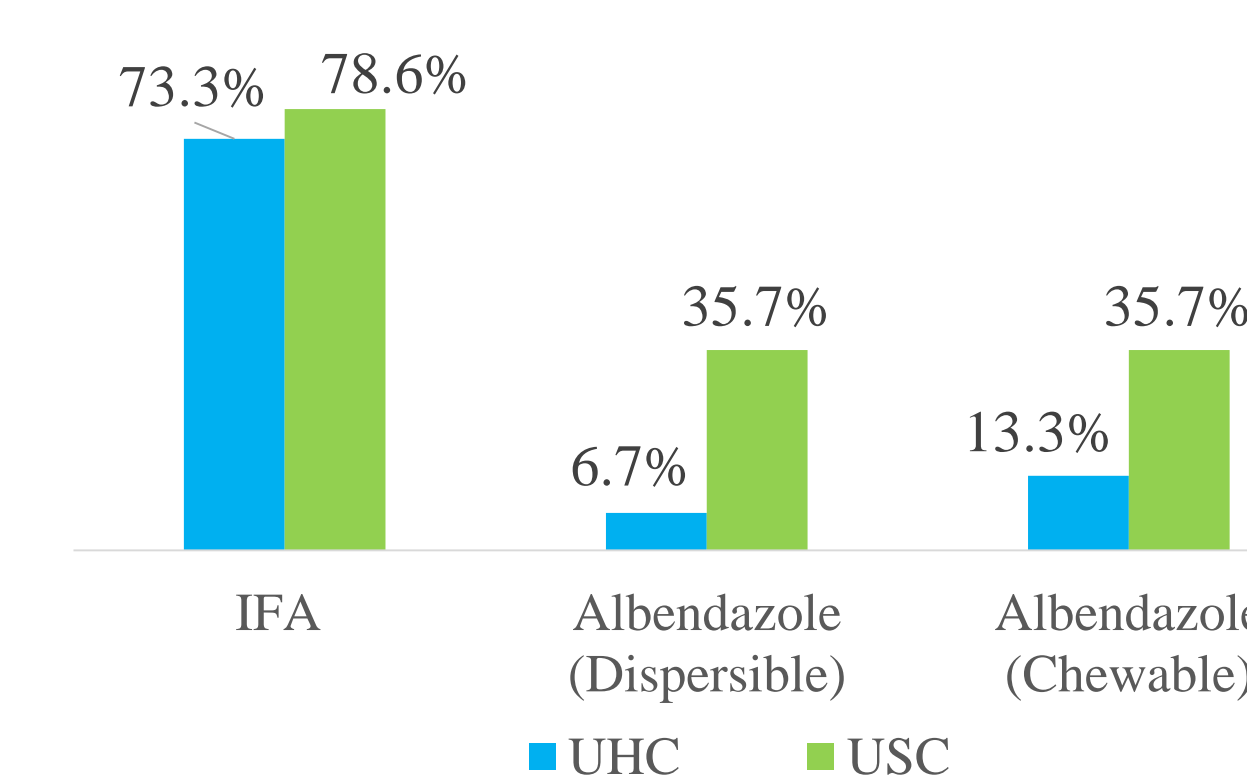


Fig 3: IFA and Albendazole supplementation from govt. health facilities as observed (n=29)

Nutrient supplements	Char (%) (n=6)	Coastal (%) (n=6)	Haor (%) (n=6)	Hilly area (%) (n=6)	Island (%) (n=5)
IFA	66.7	66.7	16.7	16.7	40.0
Albendazole - Dispersible	0	33.3	16.7	20.0	20.0
Albendazole- Chewable	0	33.3	16.7	60.0	40.0

Table 1: Nutrient supplementation to adolescent across different areas as observed

### Facility based counseling services

No BCC materials were seen to be utilized while counseling across the study areas during observation.

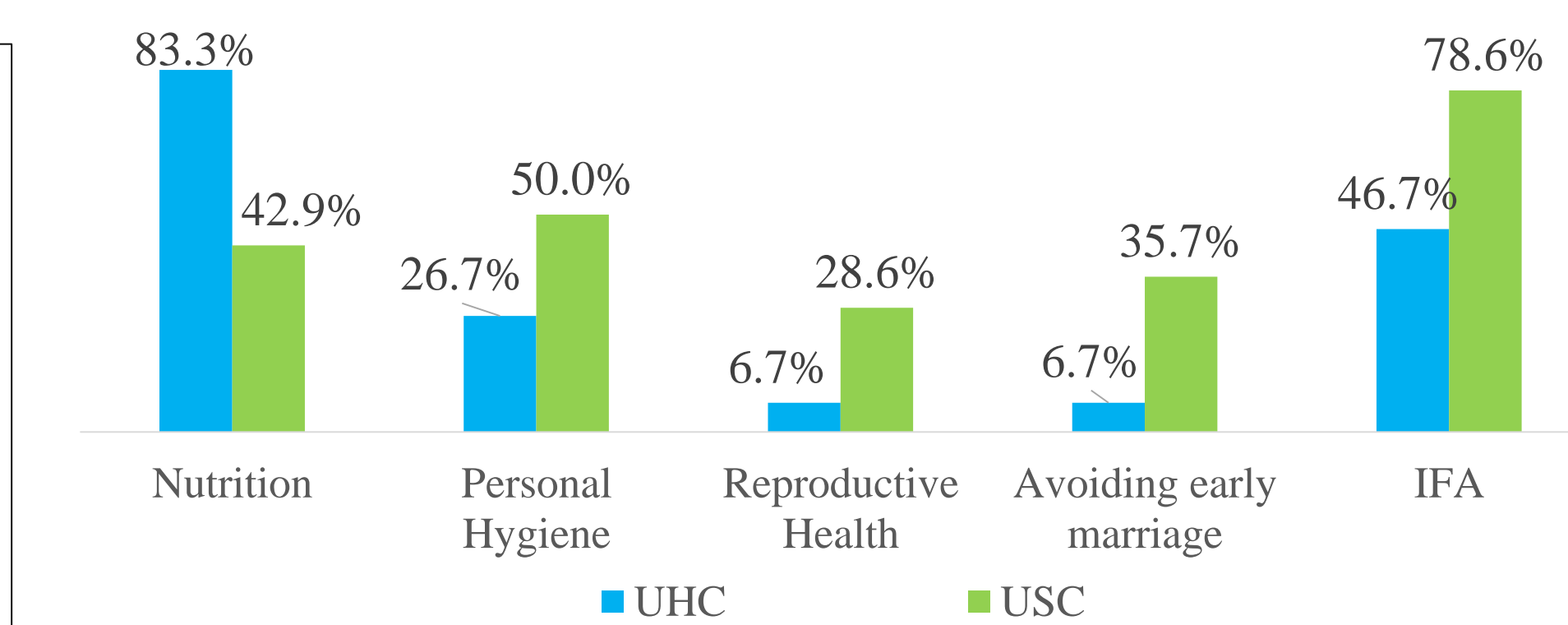


Fig 4: Counseling services to adolescent girls across govt. health facilities as observed (n=29)

Counseling/advice on	Char (%) (n=6)	Coastal (%) (n=6)	Haor (%) (n=6)	Hilly (%) (n=6)	Island (%) (n=5)
Nutrition	66.7	66.7	16.7	16.7	40.0
Personal Hygiene	33.3	66.7	16.7	33.3	60.0
Reproductive Health	33.3	33.3	16.7	0	0
Avoiding early marriage	33.3	33.3	16.7	16.7	0
IFA	66.7	66.7	66.7	50.0	80.0

Table 2: Counseling services to adolescent girls across different areas as observed

## Needs assessment of nutrition services

- Adequate and uninterrupted supply of logistics and nutrients to the health facilities.
- Increased coverage of domiciliary nutrition services.
- Establishing adolescent corners in the health facilities where unavailable and also improve functionality of the existing ones.
- Recruitment of female health workers to ensure better communication with adolescent girls.
- Regular training sessions for frontline health workers to develop their competency and performance.

## Conclusion

Community clubs, improving school-based adolescent nutrition services, regular supply of logistics and nutrients along with increasing training sessions for healthcare providers can augment ensuring better nutrition services for adolescent boys and girls.