Mini Review

1

Dietary practice among mainstream bengali population and ethnic communities in bangladesh

Md Monoarul Haque*

Assistant Professor, Department of Public Health, Farest International University, Bangladesh

*Author for correspondence: Email: monoarmunna@yahoo.com

Received date: May 15, 2020 Accepted date: May 18, 2020

Copyright: © 2020 Haque MM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Haque MM. Dietary practice among mainstream bengali population and ethnic communities in bangladesh. Arch Nutr Food Sci 2020; 1(1):5-7.

Abstract

Bandarban is a district in South-Eastern Bangladesh, and a part of the Chittagong Division. It is one of the three districts that make up the Chittagong Hill Tracts. Bandarban is not only the remotest district of the country, but also is the least populated district where ethnic and Bengali people live concurrently. Number of ethnic groups live in the district besides the Bengalis who settling there gradually. Life of these ethnic people is extremely different in terms of cultural variation. Usually ethnic women do hard work both in family, field and market. Ethnic groups are self-dependent because they produce their own food, made their own cloths and try to avoid complex life though each tribe has its own distinctive features. These salient features make them unique area of study. Many of setbacks cannot be well-perceived due-to short of necessary and sufficient information.

Introduction

Bangladesh has a number of ethnic minor group population and they lead their life in great ethnic diverse fashion [1]. They constitute about 1% of total population [1]. They are distributed in scattered way all over the hilly, riverine and dense forest region of the country [1]. There are 45 different ethnic groups in Bangladesh with a total population of more than 12 lakh [1]. Ethnic people are distinct from Bengali people by their ethnic origin, culture, feeding practice, literacy rate and profession . As these are very important determinants for nutrition, it is expected that there is an obvious difference in the nutritional status of 3 to 5 years children of Marma, Tripura, Tanchyanga, Bawm, Chakma ethnic group from that of Bengali children. Haque and Zannath [1] describes that ethnic people are suffering from malnutrition due to faulty food habit and various myth exists among them.

Critical review

Food and Agricultural Organization [2] said that increasing income level and urbanization are impacting a rapid alteration in food pattern in Bangladesh. Bengali people usually prefer to consume cereals. Most of the energy comes from carbohydrate (82.5%) followed by 10% from protein, 5% from fat, 2% from mineral and only 1% from fibrous food [2]. But WHO proposed and recommended that there must be 55-65% carbohydrate, 10-20% protein, 15-25% fat and 5% mineral sources for maintaining a balanced composition between different energy sources. Historical trend is showing a decrease on the dependency on grain or carbohydrate consumption [3], but no such study has ever been initiated in Bangladesh which estimated the net amount of food requirement in future that also matches with the balance in dietary requirement. Although rich people generally have more capacity to buy healthy foods [3], but in Bangladesh the variation of energy consumption for different income groups is also very less in terms of different dietary composition [3]. In a word, Bangladeshis indifferent to income profile, principally dependent on grains or more specifically on rice [3]. Too much carbohydrate intake among different income group of Bangladeshis people results suffering from different grades of malnutrition [3]. But what should be the overall ideal requirement of grains and other foods for the Bangladeshis, at present and in future, has never been estimated.

Bangladesh is expecting an additional population burden of more than 58 million by 2050 with respect to the present time [3]. National statistics (BBS, 2001) showing the composition of dietary

energy composition for the Bangladeshis revealed that around 80% of the total food energy is contributed from major carbohydrate sources. With the increase in the population burden, food demand will increase and at the same time consumptive water use (CWU) by crop will also increase [3]. This research develops a portfolio of balanced dietary intake for the Bangladeshis and thereby enumerates the total food demand till 2050. We come to know that total food demand for rice in 2050 may rise by 56% from the base case and other dominant cereals like maize and wheat may be increased by more than twice in 2050 [5]. At the same time, it assesses the impact of water demand in terms of CWU for major crops [5]. World Food Programme [6] finds following results:

- 1. Around 67 percent of the people are engaged in light and below light activity this is also reflected in the labor force survey figures which show that around 65 percent of the population are not economically active (housewives and students).
- 2. Bangladeshis are on the average energy deficient. Children below 10 years of age (both boys and girls) and men age 46.10 years are more deficient in energy than women .
- 3. Individuals involved in more than vigorous activity are more deficient in energy. Those who are involved in light activity are on average surplus in energy intake while the others who are involved in moderate to vigorous activity are deficient in energy [6].
- 4. Diets are mostly cereal-based and on average 74-76 percent of the total calorie intake is still derived from cereals. Animal food contribution to total calorie is very low. Average calorie intake was found to be low at 1894 kcal derived from 684 gm of food consumed [7]. This compares with estimated requirements based on PAL and desired body weights at just under 2200 kcal [7].

The ethnic groups have totally submitted themselves to the forest setting since ages [8]. Everyday millions of the poor, the ethnic groups and forest dwellers are earning their livelihood from the forest [9]. The ethnic communities could subsist for thousands of years with reasonable standard of health and abode mainly because forests provided them food etc [8]. Forests provide tribal a number of foods in the form of edible fruits, roots, tubers, leaves etc (Population Bulletin, 2007).

The ethnic people of Bangladesh collect bamboo shoots from the natural forests and have been using them as one of the major food items during rainy season (FAO, 1996). These young shoots, locally known as 'bans koral' of Melocannabaccifera and Bambusatulda are cooked as vegetables [10]. In some cases, only one of the parts is used, in others more than one part is edible and, in some cases, the whole plant is used. Wild leaves litter fresh or dry, frequently accompany staple grain dishes (FAO, 1996). Apart from herbs, many woody perennials are also consumed as greens. Many plants possess acidic leaves, which are either used or taken in form of salad and chutney. The young leaves of Albiziaprocera and wild mango are used as vegetables [11] as young shoots of bamboo and cane (golakaga) by the ethnic people of CHT, Bangladesh. They take young shoots of Daemonoropsjenkinsianus and Calamus tenuis as vegetables [10]. Mushrooms are consumed by the ethnic peoples of CHT's as food (FAO, 1996). Several variations of edible fungus like Lentinus, Shizophyllim and Jew's Ear grow on decaying wood (FAO, 1996), mushrooms like Leoiota, Volvariella Volvacea and Pleurotus are used as food, which are all, collected in the rainy season from the wild.

Forest provides food in lean season and during emergency periods (UNSC, 2010). Menon observed that approximately 150 species of wild plants consumed in India, Malaysia and Thailand have been identified as a source of emergency food by the FAO. The inflorescence of wild banana and the white soft core within the leaf sheaths are used as vegetables by the ethnic minorities of CHT's, Bangladesh [11]. Banana core cooked with rice is used in days of food scarcity and when chopped with bran it makes an excellent fodder for pigs and cattle [11]. The Mahua plant has also been of special significance as food during the years of scanty rainfall (UNDP, 1997). Bamboo seeds especial Bambusaaurundinacea are collected and eaten cooked like rice especially during the famine times as scarcity foods (UNSC, 2010). During seeding time, the bamboo seeds are also powdered and cakes prepare for eating by ethnic inhabitants of CHT's [11]. In the villages, south of Bamako, the capital of Mali where rainfall often limits agricultural productivity (UNSC, 2010), non-timber forest product (NTFPs) are extremely important as food supplement and food accounts for 54% of the total products. Among the edible products leaves for sauces, fruits for sauces, nuts for oil or butter and seeds for condiments are the most important and 90% of the NTFPs are collected from the natural forests (UNSC, 2010).

Ethnic people depends on traditional system of cultivation i.e. jhum cultivation or shifting cultivation especially in Chittagong Hill Tracts. Most of the ethnic people in India convey their own geographically isolated and distinct life style as like in our country [12]. Evidence supports inadequate and insufficient food habits, traditional sociocultural belief and biological activities, may lead to a large segment of child under-nutrition [12-14].

Chakrabarty & Bharati [15] revealed that children from forest regions had the highest prevalence of under-nutrition followed by rural and urban counterparts, 33.87%, 24.62% and 20.16%, respectively. This is an important finding for policy maker. It would be better if we carry out a research considering our context because of scanty information on ethnic children live in deep dense forest hilly area.

Bangladesh Demographic and Health Survey (BDHS) 2014 [16] showed national figures for stunting (36%) and underweight (33%) but separate findings on specific tribe was absent. Bisai et al. found that overall prevalence of thinness, normal weight and overweight in India were 67.2%, 31.9%, and 0.8 %, respectively. On the basis of this findings they suggested to initiate effective public health policies to combat the child malnutrition not only in India but also adjoining countries.

United Nations Development Programme (UNDP) and Helen Keller International [17] showed that prevalence of underweight among under-5 children was over 30%, and more than 7% of these children exhibited signs of severe malnutrition in Chittagong Hill Tracts. They also predict that if this livelihood and food insecurity continue or worsen with seasonal fluctuations, moderately undernourished children and mothers can fall into categories of more severe malnutrition. But no inferential statistics were used which results concrete association between variables was absent.

References

 Haque MM, Zannath MM. Child Nutrition and Ethnicity-Need Large Scale Research and Drawing Attention of Donor Agency. EC

- Nutrition. 2016;3(4):670.
- Food and Nutrition Research Institute. Updating of the Nutritional Status of Filipino Children and Select Population Groups: Facts and Figures. FNRI. Manila, Philippines 2005.
- Mukherjee N, Choudhury GA, Khan MF, Islam AK. Implication of changing consumption pattern on food security and water resources in Bangladesh. InProceedings of the 3rd International Conference on Water and Flood Management (ICWFM 2011) 2011 Jan 8 (pp. 8-10).
- Source Book. (2005). Health, Nutrition and Population sector, MOHFW, GOB.
- World Food Programme. (2017). www.wfp.org/content/ etermination-food.
- 6. Bangladesh Demographic and Health Survey 2014
- Prabhakar SJ, Gangadhar MR. Nutritional status of Jenukuruba tribal children in Mysore district, Karnataka. The Anthropologist. 2009 Apr 1;11(2):83-8.
- Ham RJ. The signs and symptoms of poor nutritional status. Primary Care. 1994 Mar;21(1):33-54.
- Frongillo Jr EA. Symposium: causes and etiology of stunting. J Nutr. 1999;129(2S Suppl):S529-30.
- Chakma T, Rao PV, Meshram PK, Singh SB. Health and nutrition profile of tribals of Madhya Pradesh and Chhattisgarh. InProceeding of National Symposium on Tribal Health 2006.

- 11. WHO Global Database, and HFA Country Reports. (1997). Nutritional Status in Selected Asian Countries.
- 12. Balgir RS, Kerketta AS, Murmu B, Dash BP. Clinical assessment of health and nutritional status of Gond children in Kalahandi district of Orissa. Indian J Nutri Dietet. 2002;39:31-7.
- Rao KM, Balakrishna N, Laxmaiah A, Venkaiah K, Brahmam GN. Diet and nutritional status of adolescent tribal population in nine states of India. Asia Pacific journal of clinical nutrition. 2006 Mar 1:15(1):64.
- 14. Banik SD. Health and nutritional status of three adult male populations of Eastern India: an anthropometric appraisal. Italian journal of public health. 2009;6(4).
- 15. Chakrabarty S, Bharati P. Nutritional status among the Shabar tribal children living in urban, rural and forest habitats of Orissa, India. Italian Journal of public health. 2010;7(3).
- 16. Bangladesh Demographic and Health Survey 2014
- 17. United Nations Development Programme (UNDP) Bangladesh & Helen Keller International/Bangladesh. (2008, September 30). Recommended Responses to the Rodent Crisis in the Chittagong Hill Tracts: Evidence from the Food and Nutrition Survey.