Ethnicity and Nutrition Demand Empirical Research

There are scattered distribution of ethnic people in Bangladesh; some live in plain land and greater portion reside in hilly area. Traditionally they like to lead diverse life style which makes them important area of study. Cultural beliefs, dependency on forest, indigenous cooking practice are determinants of their nutritional profile. They constitute about 1% of total population and there are 45 different tribal groups in Bangladesh with a total population of more than 12 lakh. But in UK non-white minority ethnic groups made up 7.9% of the UK’s population [1]. Evidence suggests that some minority ethnic groups are more likely to experience poorer health outcomes compared with the mainstream population [1]. These include higher rates of cardiovascular disease (CVD), type 2 diabetes and obesity. Another study was done in Khagrachari district and showed that the prevalence of diabetes in the tribal population was higher than that of the nontribal population of Bangladesh [2]. It is known that most of the non-communicable diseases (NCDs) start due to malnutrition. Ethnicity wise nutrition oriented study is required. Number of factors influence dietary habits of minority ethnic groups and if large scale research can be done to identify equity based need of these minor group so that appropriate health education programme can be commenced. Unfortunately, to date, there have been few tailored, well-designed and evaluated nutritional interventions in the UK targeting minority ethnic population groups and same scenario exists in our country. Malnutrition is 36% of all children under the age of five being underweight, 41% having stunted growth and 16% having wasted. (Bangladesh Demographic Health Survey 2011)

References
