OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	National Level Nutrition Dialogue with Faith Leaders
DIALOGUE DATE	Monday, 4 August 2025 09:00 GMT +06:00
CONVENED BY	Mridul Toju, National Coordinator-Strategy, Innovation, Faith & Development, World Vision Bangladesh Event announced on behalf of the Convenor by: Ratnesh K Basak. Manager-Sponsorship, WV Bangladesh Feedback published on behalf of Convenor by: Ratnesh Basak . Concept development, participant selection, schedule development, theme selection and workshop methodology development and review.
EVENT LANGUAGE	Bangla
HOST LOCATION	Dhaka, Bangladesh
GEOGRAPHIC SCOPE	The event was held at the National Level at the Shanta Western Tower(Level 14), 186, Bir Uttam Mir Shawkat Sarak, Tejgaon, Dhaka.
AFFILIATIONS	This event is part of engaging faith leaders to address hunger and promoting health and nutrition of children as a commitment of collaborating with Global Catholic Church and their Jubilee Celebrating to be consummated in the month of October 2025. The local Catholic Church, the National Council of Churches in Bangladesh, The Nacional Christian Fellowship of Bangladesh, Islamic Foundation and various FBOs and NGOs would be engaged in this event.
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/59943/

The outcomes from Nutrition Dialogues will contribute to developing and identifying the most urgent and powerful ways to improve nutrition for all, with a focus on women and children and young people. Each Dialogue contributes in four distinct ways:

- Published as publicly available PDFs on the Nutrition Dialogues Portal
- Available as public data on the Nutrition Dialogues Portal "Explore Feedback" page
- Available publicly within a .xls file alongside all Feedback Form data for advanced analysis
- Synthesised into reports that cover which nutrition challenges are faced, what actions are urgently needed and how should these be taken forward – particular, in advance of the Nutrition for Growth Summit in Paris, March 2025.

SECTION ONE: PARTICIPATION

TOTAL NUMBER OF PARTICIPANTS

1

PARTICIPATION BY AGE RANGE

16	0-11	18	12-18	0	19-29
22	30-49	21	50-74	0	75+

PARTICIPATION BY GENDER

33	Female	44	Male	0	Other/Prefer not to say

NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

16	Children, Youth Groups and Students	3	Civil Society Organisations (including consumer groups and environmental organisations)
0	Educators and Teachers	44	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
2	Healthcare Professionals	1	Indigenous Peoples
0	Information and Technology Providers	0	Large Business and Food Retailers
0	Marketing and Advertising Experts	0	National/Federal Government Officials and Representatives
0	News and Media (e.g. Journalists)	9	Parents and Caregivers
0	Science and Academia	0	Small/Medium Enterprises
2	Sub-National/Local Government Officials and Representatives	0	United Nations
0	Women's Groups	0	Other (please state)

OTHER STAKEHOLDER GROUPS

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

A mixed faith group of 77 people (44 Male, 33 Female; 4 boys and 12 girls, 44 faith leaders) gathered to discuss and strengthen the role of faith leaders in raising nutritional outcomes in the country. There has been active participation of partners such as the National Council of Churches in Bangladesh, the National Christian Fellowship of Bangladesh, the Catholic Bishops Conference of Bangladesh, the Islamic Foundation, the Bangladesh Imam Association and Good Neighbor Bangladesh.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

Md. Meerzaan Rahman of World Vision Bangladesh pointed at the achievements of the country in achieving Millennium Development Goals (MDG), particularly in child mortality. This is however countered by scary levels of malnutrition. Recent statistics indicate that 24 percent of children are stunted, 8 percent wasted and 43 percent anaemic. The mothers are also not spared as most of the women of reproductive age are anemic (40). Geographical inequalities in healthcare, ignorance and financial strains are the primary challenges. The religious leaders confirmed that life was sacred and Rev. Martha Das of the National Christian Fellowship of Bangladesh had stated that it is our spiritual and moral responsibility to take care of mothers and children. According to Usman Gonee of Bangladesh Imam Association, this religious obligation is usually hindered by the negative cultural practices. These consist of concealing pregnancies to thwart the evil eye, postponing vital treatment and limiting a mother food intake due to a fear of a birthing that is painful. Other harmful myths are that colostrum (the first milk) should be discarded since it is impure and vaccines should be rejected on wrong assumptions that they are infertile. Mr. Zubayer Ahmed Al-Azhari of the Islamic Foundation concentrated on the peculiar weaknesses of adolescents. He gave the case of inadequate counseling, and resulting in dangerous habits such as drugs, and malnutrition due to unhealthy street food that predisposes them to further illnesses. Child marriage and the urge to have early pregnancy and a great taboo on reproductive health education are the major societal barriers. Dr. Rawshan Jahan Akhter Alo, who is the Director of the Institute of Public Health Nutrition, shared that the Govt. of bangladesh is deal with these issues on a multi-sectoral basis, and adopted a National Nutrition Policy. Some of the major programs are the Mother and Child Benefit Program, and Community Clinics etc.

NUTRITION SITUATION PRESENTATION

https://nutritiondialogues.org/wp-content/uploads/2025/09/5-Papers-Presented-for-Pannel-Discussion.pdf

DISCUSSION

After the panel discussion, there has been open discussions and sharing of various groups. The following questions led the open discussions: 1. What are the spiritual and other reasons of poor childcare and feeding habits in Bangladesh? 2. What can religion leaders and faith-based organizations do to enhance the practice of feeding and caring of children? 3. What are the barriers to religious leaders and faith-based organizations being agents of change to reduce the malnutrition and care practices in Bangladesh? 4. How could religious leaders and faith-based organizations collaborate towards the betterment of health and general wellbeing of children in Bangladesh? 5. As a representative of religious leaders, what do you recommend the overall and sustainable development of health and well-being in Bangladesh? Also, the participants raised questions, how the Govt. of Bangladesh can improve health care services, reduce cost of health care, ensure medical personal at remote villages.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

The dialogue identified a multi-faceted and multi-layered set of issues that hinder the wellbeing of mothers and children in Bangladesh. One of the main groups of challenges is linked to the ingrained socio-cultural and spiritual beliefs. Some of the negative traditional practices, like throwing away of the first milk of a mother (colostrum), have a direct negative impact on child nutrition. Such practices are aggravated by fatalistic religious beliefs in which poverty and ill health are perceived as a curse of God. The controlling factor is poverty, which inhibits access of the families to various nutritious foods to a great extent. This financial crisis makes families turn towards more traditional and often unsanitary sources of care rather than seeking the services of a professional. This issue is aggravated by gender inequality; the childcare is practically the responsibility of women, and they are not always free. Moreover, cultural practices put the meals of the male adults first, and the women and children are at a disadvantage. Poor literacy by females is also associated with the lack of knowledge as poor knowledge of infant feeding practices is a cross-cutting issue.
The faith leaders themselves acknowledge that they are not very familiar with the modern science of nutrition and this is the obstacle in leading their communities. Some of the barriers are the wrong interpretation and use of scripture to oppose health guidelines and practices; resource limitation, poor infrastructure in the disaster-prone regions and social stigma or opposition among the community members. Religious leadership by the men is normally structured in a way that the needs of the women and children are ignored. Household beliefs and system-level obstacles are all these complex issues that pose a daunting challenge to enhancing health and nutrition outcomes in Bangladesh.

URGENT ACTIONS

There has been call to the religious leaders to play a sacred and influential role in enhancing the mother and child health in Bangladesh and all agreed to following action points:
1. Advance Proper Health Information.
Based on platforms that religious leaders can use to disseminate accurate health information include sermons during Jumu-ah, Waz Mahfils, puja and church services. Key areas of focus include:

Antenatal Care: Preach that there is deep worship (Ibadat) in taking care of a pregnant woman rather than just being a social affair. Engaging male/husbands and motivating them to take their wives at least have four health check-ups during pregnancy, as well as they are fed and rest properly.

Child Nutrition: Promote the concept of breastfeeding during the two years strongly. Emphasize the most important role of exclusive breastfeeding during the initial six months and introduction of complementary foods.
Hygiene and Cleanliness: Encourage the importance of hygiene behavior by citing the religious doctrine that cleanliness is a component of faith. Train the communities to understand the essence of first washing hands before and after taking meals and after visiting the toilet.

Vaccination: Persuade parents to make sure their children have timely life-saving vaccination and refer to it as a type of preventive care rather than a treatment.

2. Get rid of Detrimental Superstitions
Take an active role in dispelling the fearful superstitions about pregnancy and childcare. This involves the opposition of such practices as refusing expectant mothers nutritious food or only depending on faith healing(Jharphuk), rather than taking sick children to the medical care.

3. Develop Family and Social Responsibility.
Encourage to enhance more sense of responsibility among male members of the family especially the husbands to take care of the health and nutrition of his wife and children.

AREAS OF DIVERGENCE

Perceptions on the maternal and child health in Bangladesh mostly vary along the cultural lines rather than the rigid religious dogmas though religion is widely used to explain the practice.

An example of child marriage is the practice that exists within different communities, usually motivated by socio-economic factors, even though the contemporary understanding of the subject in the Islamic, Christian, and Hindu faiths rejects the act since it requires one to reach maturity before getting married. Noted that age maturity is diverse among various faith groups. Child marriage is highly found among the Muslims and Hindus.

Feminine modesty as a cultural norm, which is built by means of such practices as Islamic parda or Hindu ghunghat, is highly divergent. They contribute to a general aversion to seeing male doctors, and want to see home child deliveries, which is high-risky, even though all religions value life. Although Christianity and modesty are also tied, institutional care has no barriers for Christian community. Health seeking behaviors more found among the Christians.

Equally, the cross-cutting cultural issue is harmful food culture, like the limitation of healthy food that pregnant women consume through superstition. The practice is in total opposite of the main tenets of Islam, Hinduism, and Christianity, which require nurturing and preserving life since conception.

OVERALL SUMMARY

The dialogue with faith leaders in Bangladesh on August 4, 2025, underscored that poor maternal and child nutrition is a complex issue stemming from a confluence of spiritual beliefs, cultural traditions, and socio-economic realities. The findings from this crucial conversation outline both the deep-seated challenges and a comprehensive action plan for how religious communities can foster positive, sustainable change.

The Root Causes of Malnutrition-The challenges identified are multifaceted and deeply ingrained in the community fabric. Harmful cultural traditions, such as the practice of discarding a mother's nutrient-rich first milk (colostrum), directly undermine infant health. These practices are often reinforced by fatalistic spiritual beliefs that view poverty and illness as God's will, which discourages families from proactively seeking healthcare.

These issues are exacerbated by poverty, which limits access to nutritious food, and profound gender inequality. Women not only bear the primary burden of childcare with little autonomy, but cultural norms also often prioritize food distribution to male adults, leaving mothers and children vulnerable. A general lack of knowledge about modern nutrition and hygiene, frequently linked to low female literacy, remains a major obstacle. Furthermore, faith leaders themselves face barriers, including their own limited knowledge of nutrition science, a lack of resources for their programs, and potential conflicts with conservative religious interpretations.

An Action Plan for Faith Leaders
In response to these challenges, the religious leaders committed to a series of influential actions designed to integrate health education into their spiritual guidance.

1. Advancing Proper Health Information
Leaders agreed to use their trusted platforms—including Jumu'ah sermons, Waz Mahfils, and church services—to disseminate accurate health information.
• Antenatal Care: They will teach that caring for a pregnant woman is a profound act of worship (Ibadat). They will actively encourage husbands to ensure their wives receive at least four health check-ups during pregnancy, along with proper nutrition and rest.
• Child Nutrition: Citing religious texts like the Holy Qur'an, they will promote exclusive breastfeeding for the first six months and continued breastfeeding for two years.
• Hygiene: They will promote handwashing by using the powerful religious principle that "cleanliness is part of faith".
• Vaccination: Leaders will encourage parents to get their children vaccinated, framing it as a life-saving preventive measure that does not conflict with religious principles.

2. Eradicating Detrimental Superstitions-A key role for leaders is to actively dispel dangerous superstitions, such as denying nutritious food to expectant mothers or relying solely on faith healing (
Jharphuk) instead of seeking medical care for sick children.

3. Developing Family and Social Responsibility-Finally, the leaders pledged to enhance the sense of responsibility among male family members, especially husbands, emphasizing their primary duty to care for the health and nutrition of their wives and children. Through these concerted efforts, faith leaders aim to bridge the gap between faith and health, helping to build a stronger, healthier nation.

World Vision Bangladesh has been working with faith leaders and churches to combat malnutrition, hunger, child marriage and child labor in Bangladesh. In this endeavor, we are implementing faith based models such as Channels of Hope for Child Protection, Maternal Newborn Child Heath and Gender. These model based programs and interventions equips faith leaders, FBOs and Churches with both spiritual and technical knowledge and capacity to address the issues of malnutrition, health hazards, child marriage including various types of violence against children. Word Vision is partnering with the Catholic Church of Bangladesh and evangelical and ecumenical network of Churches in Bangladesh such as the National Christian Fellowship of Bangladesh, and the National Council of Churches in Bangladesh. World Vision Bangladesh also collaborate with other faith based organization such as Islamic Foundation, the Govt. wing of the Ministry for Religious Affairs of the Govt. of People's Republic of Bangladesh. There are 192 faith groups or the committee of faith leaders with 7640 faith leaders as members, who are mobilizing and promoting nutrition care among the parents, caregivers and children in the community.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

A strategy was taken to make the meaningful engagement of the chief guest, special guest and the participants. Expert and specialized staff was delegated to meet, discuss and brief on the goal and objective of the dialogue. Convenient date and time of chief guest was sought for the event. Written and formal invitations were sent to all the guest and participants. The guest speakers were honored for their time and contribution with a token of love and the participants from various distant locations were supported with travel conveniences to make their travel easy and timely. All faith groups are shown respect with scripture reading and opening prayer by their own community leaders. The men, women, children, and leaders from various faith groups and organizations were selected from various locations of Dhaka City proportionately. The opportunity to participate to the event was made open for all faith community people.

METHOD AND SETTING

The dialogue event was organized in a formal setting, at the conference hall of World Vision Bangladesh's national office. The participatory method was applied to facilitate the dialogue. There has been welcoming, objective sharing, expectation sharing of the participants, introduction, scripture reading and prayer, plenary session, open discussion , group works with guided questions and sharing. The participants from various groups were given equal opportunity to share their concerns.

ADVICE FOR OTHER CONVENORS

Engaging high Govt. Officials is dialogue require long time and very well preparation. Also there is need to select highly knowledgeable religious leaders as speaker, who have experience of working on heath and nutrition issues, to motivate the faith leaders and participants. Conducting dialogue require at least one full day(5-7 hours) to make the group work and sharing effective. To manage time of the faith leaders during dialogue, it is important to inform them beforehand.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

May I express especial my heartfelt thanks and gratitude to Desmond Lim and F&D Global Leaders for their financial and technical support to host this dialogue in Bangladesh. I also wish to give thanks to our Sr. Director for Operations, Chandan Z Gomes, for his support and guidance to organize the event successfully. I also express thanks to Md. Mezanur Rahman, Sr. Manager, Health and Nutrition Technical Program, for his technical support that made the event successful.

ATTACHMENTS

- **Report of National Level Nutrition Dialogue with Faith Leaders in Bangladesh**
  https://nutritiondialogues.org/wp-content/uploads/2025/09/Final-Report-on-the-National-Level-Nutrition-Dialogue-of-Faith-Leaders_WV-Bangladesh.docx