



Review Article

Nutritional Inequality and Societal Development: Structural Barriers to Food Accessibility in Bangladesh

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Email: b220404046@soc.jnu.ac.bd**Article History****Received:** March 7, 2026**Accepted:** June 10, 2026**Published:** July 4, 2026**Citation**Naim, H.R. (2026). Nutritional Inequality and Societal Development: Structural Barriers to Food Accessibility in Bangladesh. *International Social Research Nexus (ISRN)*, 2(2), 1-9.
<https://doi.org/10.63539/isrn.2026013>**Copyright**© 2026 The Author (s). Published by Scholar Cave. This is an open access article distributed under the terms of the [Creative Commons Attribution 4.0 International License](#).**Abstract**

Access to nutritious food is essential for human development; however, significant inequalities persist in many developing countries. This study examines how disparities in access to nutrient-dense food hinder societal development in Bangladesh. Drawing on the Social Determinants of Health framework and Structural Violence theory, the study looks at how economic, social, and environmental disparities restrict access to nutrient-dense foods among disadvantaged populations based on a qualitative analytical approach supported by descriptive statistical evidence derived from secondary data sources such as the World Bank, World Health Organization, United Nations Development Program, and food security assessments. The findings indicate that many low-income households cannot afford the average daily cost of a nutritious diet in Bangladesh, which is almost 223 BDT per person, reducing the purchasing ability of nearly 41.3% of the population. Nutritional disparity is exacerbated by structural variables such as poverty, gender inequality, rural-urban differences, climate vulnerability, and educational gaps. These conditions lead to malnutrition, long-term productivity losses, and decreased human capital formation. The study argues that unequal access to nutrient-dense foods poses a structural obstacle to inclusive socioeconomic growth as well as a public health concern. Addressing nutritional inequality through integrated policies in food systems, social protection, and poverty reduction is essential for sustainable societal progress in Bangladesh.

Keywords

Malnutrition, Structural Inequality, Bangladesh, Nutritional Poverty, Food Affordability.

1. Introduction

Having access to wholesome food is crucial for long-term societal growth, learning capacity, and work efficiency in addition to immune system protection and health maintenance. To prevent disease, eating a balanced diet is crucial for promoting optimal health (Neufeld et al., 2023).

A large proportion of the global population is affected by overweight and obesity (WHO, 2025). This global trend highlights that malnutrition is no longer limited to undernutrition but increasingly includes over nutrition, creating a growing “double burden of malnutrition” worldwide. Bangladesh reflects this same dual burden, despite the country’s advances in food production, approximately 24 percent of women are overweight and 19% are underweight (Turjo & Rahman, 2024), indicating a complex nutritional transition shaped by structural inequality in food access and diet quality. The nation has made impressive strides in agricultural output and economic growth over the past few decades, including

consistent GDP growth, notable gains in rice production, the eradication of poverty, and improvements in important social indicators. Bangladesh is frequently acknowledged as a South Asian development success story, according to the World Bank and national development reports. Balanced consumption of both food and nutrients is a crucial factor in determining survival, health. Anemia is widespread in Bangladesh, affecting 44% of children under five and 37% of women of reproductive age. Deficits in other micronutrients are also common, such as zinc 57% in women, 44% in children, vitamin B-12 22% in women, and vitamin A 21% in children (Ahmed et al., 2022). ILO reports stated 57% of Bangladesh's employment remains in a vulnerable category due to informal contracts (Sultana et al., 2023).

Food insecurity and nutritional inequality remain major challenges in Bangladesh, despite the country's advances in food production. In Bangladesh, approximately 24 percent of women are overweight and 19% are underweight (Turjo & Rahman, 2024). The proportion of children reported as being smaller than average or very small at birth varies across divisions in Bangladesh. The prevalence is highest in Sylhet (19%), followed by Dhaka (16%) and Chattogram (16%), while Khulna reports the lowest rate (11%). Small birth size is commonly used as a proxy indicator of low birth weight and reflects maternal nutritional status, prenatal healthcare access, and maternal health conditions during pregnancy (BDHS, 2022). In contrast, food insecurity assessments indicate that severe food insecurity is more concentrated in the northwest, central-southwestern, and coastal regions of Bangladesh (Tariqujjaman et al., 2023; IPC, 2025). These findings are not necessarily contradictory because birth size and food insecurity measure different dimensions of nutritional vulnerability. While food insecurity primarily reflects household access to sufficient food, birth size is also influenced by maternal nutrition, dietary diversity, healthcare utilization, sanitation conditions, and cultural practices during pregnancy. Consequently, the high prevalence of small birth size in Sylhet suggests that maternal and healthcare-related disadvantages may persist even where food insecurity is not the highest, highlighting the multidimensional nature of nutritional inequality in Bangladesh.

However, access to nutrient-dense foods in Bangladesh remains restricted by structural issues such as poverty, gender inequality, regional disparities, climate risk, and educational inequalities. In light of this, the study's research question is: How does Bangladesh's societal development get hampered by disparities in access to wholesome foods?

The idea of unequal access to nutrient-dense food has been extensively explored in international academic circles. In the early 1990s, the phrase "food desert" was allegedly first used in Scotland. The UK Department of Health later used it in a report published in 1995. Food deserts, especially those in mostly low-income neighborhoods, are defined by the US Department of Agriculture as places with limited access to reasonably priced and nutrient-dense foods (Shostak, 2023). Food access is acknowledged as a human right in addition to being a development concern. The United Nations recognized the right to food as a basic human right in 1948. States are required by Article 11 of the International Covenant on Economic, Social, and Cultural Rights to guarantee that everyone has access to enough wholesome food that is safe and sufficient to prevent hunger (D'Odorico et al., 2019). Children who are malnourished are less likely to interact with their surroundings, exhibit poorer psychomotor development and fine motor skills, score poorly on cognitive tests, and exhibit lower activity levels. As a result, they are unable to acquire skills at typical rates; these developmental setbacks frequently have long-lasting effects that impact future productivity and educational performance. (Haddad et al., 2002; Billah et al., 2026); cereals—in particular, rice—have dominated daily intake, accounting for almost two-thirds of the average diet (Islam, 2012). Small servings of vegetables, a few pulses, and the odd fish are usually served with meals. Food insecurity is higher in the northwest, central-southwestern, and coastal districts of Bangladesh than in other districts. (Tariqujjaman et al., 2023). As a result, households frequently replace nutrient-dense foods like fruits, milk, fish, and nuts with less expensive carbohydrate-based items, which results in dietary deficits and nutritional imbalances. Nutritional disparities are made worse by structural injustices, such as poverty and income inequality, which limit households' capacity to buy a variety of meals and hinder the development of human capital (World Bank, 2025). In addition to limiting purchasing power, poverty perpetuates dietary monotony and long-term micronutrient deficits that sustain intergenerational inequity; rural people are impacted by spatial differences, which limit their access to markets and make them more susceptible to climate shocks. (Ali Reza, 2024; Tanjim et al., 2023); gender inequality increases nutritional deficiencies by limiting women's economic empowerment and ability to make food allocation decisions. (UN Bangladesh, 2024; Moushumi et al., 2024). Women are viewed as the ideal of sacrifice in all socio-economic levels, whereas the low-income group has the strongest adherence due to food scarcity and inequity (Coleman et al., 2023).

The effects of malnutrition can also be passed on to future generations, because undernourished mothers give birth to babies who struggle to grow and flourish (Hasan et al., 2020; Sharmin et al., 2025), and educational disparity has an

indirect impact on nutrition by limiting access to higher-paying jobs and lowering understanding of healthy diets (World Bank, 2025).

While existing studies establish a clear connection between malnutrition and developmental outcomes, they frequently ignore how institutional injustices affect access to nutritious meals in Bangladesh. As a result, there is still a great deal to learn about the structural connection between societal development and dietary inequality in Bangladesh.

2. Methodology

2.1. Research Design

This study investigates how unequal access to nutrient-dense food impacts societal development in Bangladesh using a qualitative analytical research design supported by secondary quantitative data. The portion sizes used in the daily food basket were developed to approximate the nutritional requirements of an average adult based on commonly accepted dietary energy needs of approximately 2,100–2,300 kilocalories per person per day. The quantities were adapted from the FAO dietary diversity guidelines while also reflecting typical food consumption patterns in Bangladesh reported by the BDHS (2022) and Islam et al. (2023). To enhance the nutritional validity of the food basket, the selection and portion sizes were further reviewed through consultation with a nutrition specialist. The selected portions were intended to provide a balanced combination of carbohydrates, proteins, fats, vitamins, and minerals through cereals, pulses, animal-source foods, fruits, vegetables, dairy products, and nuts.

The study combines knowledge from the Social Determinants of Health and Structural Violence Theory to comprehend how structural disparities affect long-term development outcomes and food accessibility.

Food costs, income distribution, geographic inequalities, climatic susceptibility, gender inequality, and educational disparities are among the economic, social, and environmental issues that are examined in this study as they relate to nutritional disparity. The study assesses how structural disparities impede inclusive social growth and limit access to nutrient-dense food by connecting these variables with development indicators and nutrition outcomes.

2.2. Data Sources

In order to determine dietary costs, the study mainly uses secondary data gathered from respectable national and international agencies, supplemented by a few price observations from local markets. World Bank, World Health Organization, United Nations Development Program, Integrated Food Security Phase Classification (IPC). Bangladesh Demographic and Health Survey Report (BDHS) Published works and scholarly journal papers about nutrition disparity and food accessibility National and international statistics on Bangladesh's socioeconomic circumstances and climate susceptibility.

2.3. Analytical Framework

The study is guided by two complementary theoretical frameworks: social determinants of health and structural violence. The Social Determinants of Health framework describes how socioeconomic factors such as income, education, and living environment influence nutritional outcomes and overall well-being. In contrast, Structural Violence theory is used to investigate how systemic inequalities, such as poverty, gender inequality, and geographic marginalization, limit access to important resources like nutrient-dense food. By combining these theories, the study examines how structural restrictions contribute to unequal food access, resulting in negative health effects and eventually impeding long-term societal development.

2.4. Data Analysis Method

Descriptive and comparative analyses are used in the study to understand the information gathered. Several indicators were examined, including: The daily cost of a healthy diet in Bangladesh is used to determine food affordability. Based on both national and international poverty lines, income and poverty levels Geographic disparity, contrasting the rates of poverty in rural versus urban areas Climate vulnerability: analyzing how often disasters impact food systems Indicators of gender disparity, such as differences in employment and health Evaluating poverty rates across educational lev-

els and educational inequality To find trends in dietary disparity and how they affect development outcomes, these indicators are displayed using tables, charts, and descriptive statistics.

2.5. Limitations of the Study

There are various restrictions on this study. First, the study is based on secondary data, which might not accurately reflect local changes in food accessibility or geographical differences. Second, household-level food habits may be overlooked by the study's primary focus on macro-level socioeconomic factors. Lastly, primary survey data that would offer more in-depth understanding of individual food consumption patterns is not included in the analysis. Despite these disadvantages, a comprehensive understanding of the structural causes of nutritional disparity in Bangladesh is provided by the utilization of several reliable datasets and theoretical frameworks.

3. Results and Discussion

The results show that access to healthy meals in Bangladesh is severely restricted by structural disparities. Many households are unable to maintain a balanced diet due to a variety of factors, including high food costs, poverty, geographic disparities, gender inequality, climatic risk, and educational gaps.

3.1. High Cost of a Healthy Diet and Affordability Barriers

One of the biggest financial obstacles to accessing wholesome food in Bangladesh is the high expense of a healthy diet. The cost of nutrient-dense foods including fish, meat, milk, fruits, and vegetables has risen more quickly than the wages of many households, notwithstanding the nation's recent decades of consistent economic expansion. Because of this, low-income households frequently choose less expensive staple foods like rice over more varied and nutrient-dense options. A sizable section of the populace cannot afford a diet that satisfies suggested nutritional requirements. This disparity in affordability restricts the development of human capital and exacerbates social inequality, which eventually impedes the advancement of society as a whole.

The average retail costs of frequently eaten food items in Bangladesh were used to estimate the cost of a healthy daily diet. Foods including cereals, protein sources, fruits, vegetables, dairy products, and nuts were chosen to represent important dietary groups.

Table 1: The Approximate Daily Cost Per Person in Bangladesh of a Basic, Nutrient-Dense Diet

Food List	Quantity
Rice	0.5kg
Dal lentils	0.2kg
Various seasonal vegetables	0.3kg
Little fish	0.15kg
Chicken (or alternative protein source)	0.15kg
Two eggs	2 pieces
A banana	1 piece
One seasonal fruit (papaya, orange, or guava)	0.25kg
Milk	0.25kg
Nuts	0.05kg

Total Approximate Cost per Person: 223 BDT (approximately 2 USD) Estimated Average Household (4 members): 892 BDT (approximately 8 USD) (BDHS, 2022; Islam et al., 2023).

A balanced diet in Bangladesh must include a variety of food groups, such as nuts, dairy products, fruits, vegetables, cereals, and protein sources. According to an analysis of the local food market. The projected daily cost of a balanced diet per person is roughly 223 Bangladeshi Taka (BDT) based on the price data gathered. The diet consists of 0.5 kg of rice, 0.2 kg of lentils, 0.3 kg of seasonal vegetables, 0.15 kg of tiny fish, 0.15 kg of chicken or another protein substitute, two eggs, one banana, 0.25 kg of seasonal fruit, 0.25 kg of milk, and a modest amount of nuts (0.05 kg). The daily expense of sustaining such a diet increases to about 892 BDT for an average household of four people. This estimate reveals a significant affordability issue for Bangladeshi low-income households. For many low-income households spending around 900 BDT a day on food alone is unrealistic given that a sizable section of the population lives near or below the poverty line.

3.2. Poverty, Income Inequality, and Nutritional Inequalities

Table 2: Poverty Rates at Various Income Levels in Bangladesh

Poverty Line	Number of Poor (Thousands)	Rate (%)
National Poverty Line	30,884.7	18.7%
International Poverty Line (\$3.00/day)	10,009.1	5.9%
Lower Middle Income Class Poverty Line (\$4.20/day)	34,652.3	20.5%
Upper Middle Income Class Poverty Line (\$8.30/day)	121,103.6	71.5%
Multidimensional Poverty Measure		7.4%

Source : (World Bank, 2025)

Access to wholesome food in Bangladesh is significantly influenced by poverty and wealth disparity. About 30.8 million people, or 18.7% of the population, live below the national poverty level, according to the World Bank (2025). According to international poverty standards, 20.5% of people live below the lower-middle-income poverty threshold of \$4.20 per day, while 5.9% of people live below the \$3.00 per day poverty line. In addition, a startling 71.5% of people continue to live below the \$8.30 per day upper-middle-class poverty criterion.

These numbers show that a sizable section of the population has little purchasing power, which severely limits their access to a variety of nutrient-dense meals. Families with low household incomes typically place more emphasis on quantity than nutritional quality, consuming less fruit, dairy products, and meals high in protein while largely depending on low-cost staples like rice. At the same time, 41.3% cannot afford a diet (Islam et al., 2023); this financial limitation raises the risk of malnutrition and reduces labor productivity, human capital formation, and long-term economic development.

3.3. Geographic Disparities, Food Security and Climate Vulnerability in Food Accessibility

Table 3: Comparison of Poverty Rates in Rural and Urban Areas

Region	Percentage
Urban Population	16.1%
Rural population	22.4%

Table 4: Climate-Related Risks on Food Security

Disaster Type	Share of Total Disaster-Related Damages (%)
Floods	43%
Storms/Cyclones	34%
Extreme Temperature Events	16%
Earthquakes	3%
Epidemics	2%
Droughts	1%
Large Migrations	1%
Total	100%

Source: (Ali Reza, 2024)

In Bangladesh, geographic differences have an additional impact on nutritional results. According to World Bank data from 2025, poverty rates are still greater in rural areas (22.4%) than in urban areas (16.1%). Food availability and cost are generally restricted in rural places due to limited access to markets, transportation infrastructure, and employment prospects. Furthermore, rural agricultural productivity is extremely susceptible to shocks from the environment. Because of this, rural communities often experience seasonal food shortages and price fluctuations. Compared to their urban counterparts, rural households are more vulnerable to food instability and nutritional deficiencies due to these structural disparities.

Another significant obstacle to regular access to wholesome food is climate-related calamities. Extreme weather routinely disrupts food production and supply networks in Bangladesh, one of the world's most climate-vulnerable na-

tions. Floods account for 43% of disaster-related damages, followed by storms (34%) and extreme temperature occurrences (16%), although they happen less regularly, other risks including earthquakes (3%), epidemics (2%), droughts (1%), and large migrations (1%) nevertheless increase susceptibility according to Ali Reza (2024). The devastation caused by flash floods can be attributed to a number of factors, including excess rainfall in the hilly areas upstream and the runoff that follows, river sedimentation, unplanned road and water management infrastructure, deforestation, hill cuts, landslides, inadequate drainage, and the impact of climate variability and change (Tanjim et al., 2023).

Research from multiple countries shows that climate stress significantly worsens child malnutrition (Mahbub et al., 2025). In Bangladesh, these risks are particularly severe due to its high exposure to floods, cyclones, and river erosion. Climate-related shocks frequently disrupt agricultural production, reduce food availability, and increase market prices, disproportionately affecting low-income households who lack coping capacity. As a result, climate vulnerability intensifies existing nutritional inequalities and contributes directly to seasonal food insecurity and child malnutrition in Bangladesh.

3.4. Gender Inequality and Nutritional Outcomes

Table 5: Measures of Gender Inequality in Bangladesh

Indicators	Female Population %	Male Population %
Population	50.51%	49.49%
Labor force participation	42.7%	80%
Formal Employment	3.4%	21.6%
Mobile phone users	58.8%	86.7%

Source: (UN Bangladesh, 2024)

The findings show notable differences between genders in Bangladesh's social possibilities, economic involvement, and resource availability. Despite representing up roughly 50.5% of the population, women's labor force participation is still far lower than men's. Compared to over 80% of males, women make up around 42.7% of the labor force, and only 3.4% of women work in formal jobs, compared to 21.6% of men. Furthermore, a large number of women lack access to financial resources; only 58.8% of women own mobile phones, compared to 86.7% of males, and almost 65% of women do not have bank accounts. These differences draw attention to enduring structural gaps in economic empowerment. Additionally, women bear a disproportionate share of unpaid caring and household duties. When it comes to household chores and family caring, women typically devote 7.3 times as much time to unpaid care work than males. Women's access to school, paid work, and financial independence is limited by this unequal distribution of labor. Because of this, women frequently have little influence over household financial decisions, such as the distribution and acquisition of healthy meals.

Household nutritional outcomes can be directly impacted by these disparities. Women may have less access to a variety of nutrient-dense meals due to limited economic empowerment and decision-making authority, especially in low-income households where food resources are already limited. Women and girls may be more vulnerable to dietary deficits and associated health issues in such situations. According to recent estimates, women in developing nations account for about two-thirds of the world's obese population, and this percentage is predicted to rise over time. Adverse obstetric and neonatal outcomes, such as gestational diabetes, pre-eclampsia, eclampsia, pulmonary embolism, infant mortality, preterm birth, low birth weight, and an increased risk of early mortality, are more common in malnourished mothers (Moushumi et al., 2024).

Overall, the results point to gender disparity as a significant structural factor influencing nutritional outcomes and food accessibility. Household food distribution patterns and wider nutritional inequities in Bangladesh can be influenced by unequal access to economic resources, social opportunities, and decision-making power.

3.5. Nutrition Awareness and Educational Inequality

Table 6: Poverty Rates at Different Educational Levels

Educational Inequality	Percentage
Without education (16+)	26.8
Primary education (16+)	22.7
Secondary education (16+)	14.6
Tertiary/post-secondary education (16+)	6.2

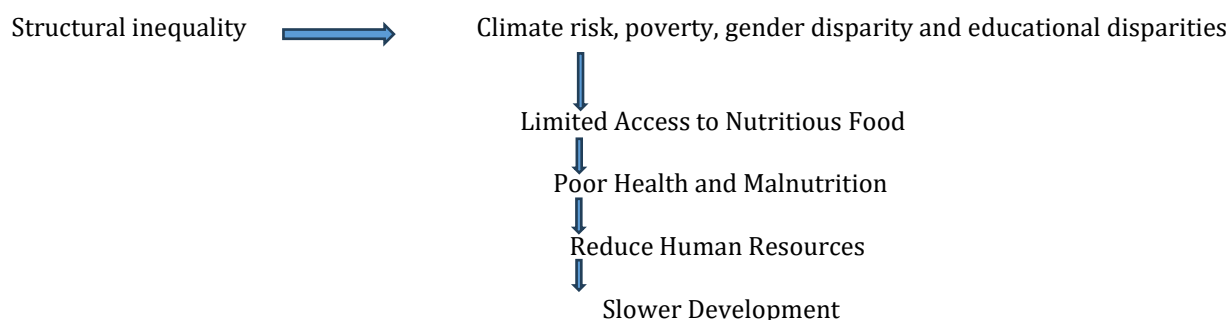
At least one school-aged child is not enrolled in school	6.7
No adult has completed primary education	9.5

Source: (World Bank, 2025)

Another significant factor influencing food habits and nutritional accessibility is educational achievement. Research shows that people with less education have much greater rates of poverty. For instance, among people 16 years of age and older, the prevalence of poverty is 26.8% among those without education, 22.7% among those with primary education, 14.6% among those with secondary education, and just 6.2% among those with higher education (World Bank, 2025). A lower level of education frequently results in fewer job prospects and lower household income, both of which have an impact on the capacity to buy wholesome foods. Additionally, education is essential for increasing understanding of healthy eating habits, food preparation, and balanced diets. Thus, dietary differences among various socioeconomic classes are both directly and indirectly caused by educational disparity.

3.6. Theoretical Implications for Societal Growth

Nutritional inequality in Bangladesh can be interpreted through the Structural Violence Theory and the Social Determinants of Health framework. According to structural violence theory, vulnerable groups' access to basic resources, such as nutritious meals, is routinely restricted by institutional structures like poverty, gender inequality, geographic marginalisation, and educational gaps. Rather than being the product of personal decisions, these structural impediments are ingrained in larger social and economic institutions. The Social Determinants of Health approach, on the other hand, emphasises how socioeconomic factors including living conditions, education, and income influence health outcomes. The results of this study show that unequal access to nutrient-dense foods leads to malnutrition, decreased productivity, and weaker human capital accumulation, all of which ultimately impede Bangladesh's long-term social development.



Overall, the findings show that a number of structural factors, such as food affordability limitations, poverty, geographic differences, gender inequality, climatic vulnerability, and educational gaps, influence nutritional inequality in Bangladesh. Together, these institutional obstacles restrict low-income households' access to nutrient-dense foods. As a result, nutritional deficiency continues to exist despite national gains in agricultural output and economic expansion, which ultimately hinders the development of human capital and long-term societal advancement.

4. Recommendations

The results of this study show that focused and comprehensive policy measures are needed to reduce nutritional disparity in Bangladesh. First, it's critical to make nutrient-dense meals more affordable. Low-income households can be guaranteed access to vital nutrient-rich foods like fish, eggs, fruits, and dairy products through government measures including targeted food subsidies, price monitoring, and bolstering public food distribution programs.

Second, disadvantaged people's food insecurity can be directly addressed by bolstering social protection services. Increasing school feeding programs, nutrition-sensitive safety nets, and cash transfer programs would help boost food intake, especially for low-income families and children.

Third, policies should prioritize investing in local markets, rural infrastructure, and diverse agricultural production in order to lessen the differences in food access between rural and urban areas. In order to safeguard food systems against floods, hurricanes, and other environmental shocks that routinely interrupt Bangladesh's food supply, it is also essential to support climate-resilient agriculture.

Lastly, encouraging women's empowerment and nutrition education can enhance long-term health outcomes and household dietary choices. Reducing nutritional inequities and promoting sustainable societal development can be achieved by boosting women's employment, expanding educational possibilities, and educating the public about balanced diets.

5. Conclusion

This study demonstrates that unequal access to nutrient-dense foods continues to be a significant structural obstacle to inclusive societal development in Bangladesh. The advantages of significant advancements in economic growth and agricultural productivity are not shared equally by the populace. The analysis shows that low-income households' access to a variety of nutrient-dense foods is severely limited by the high expense of a balanced diet—roughly 223 BDT per person per day—as well as ongoing poverty and income disparity. As a result, a lot of families consume less protein, fruits, dairy, and other foods high in micronutrients, which results in long-term nutritional inadequacies.

The results also show that a number of structural factors, such as gender disparity, educational inequalities, rural-urban differences, and climatic vulnerability, influence nutritional inequality. Climate-related disasters often interrupt food supply networks and agricultural productivity, while poverty rates are higher and rural populations have less access to markets. Gender inequality also restricts women's economic empowerment and household decision-making authority, which can have an impact on nutritional quality and food distribution. These issues are made worse by educational inequality, which limits economic options and lowers knowledge of healthy eating habits.

Whether analyzed from the viewpoints of the Social Determinants of Health and Structural Violence Theory, these trends show that dietary disparity is not just the result of individual action but rather is intricately linked to larger socioeconomic structures. Long-term effects include child malnutrition, poor cognitive development, lower educational achievement, and decreased work productivity are caused by limited availability to nutrient-dense meals. These results impede the development of human capital and ultimately limit Bangladesh's overall development potential.

Overall, the study concludes that obtaining sustainable and inclusive societal development in Bangladesh requires increasing equitable access to nutrient-dense diets. Reforms to the food system, poverty alleviation tactics, social protection initiatives, climate-resilient farming methods, and investments in gender equality and education are all necessary to address this issue. Bangladesh can improve human capital, improve public health, and guarantee that economic growth results in wider social advancement by addressing the structural causes of dietary disparity.

Declarations

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Conflict of Interest

The author declares that there is no conflict of interest for the publication of this paper.

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