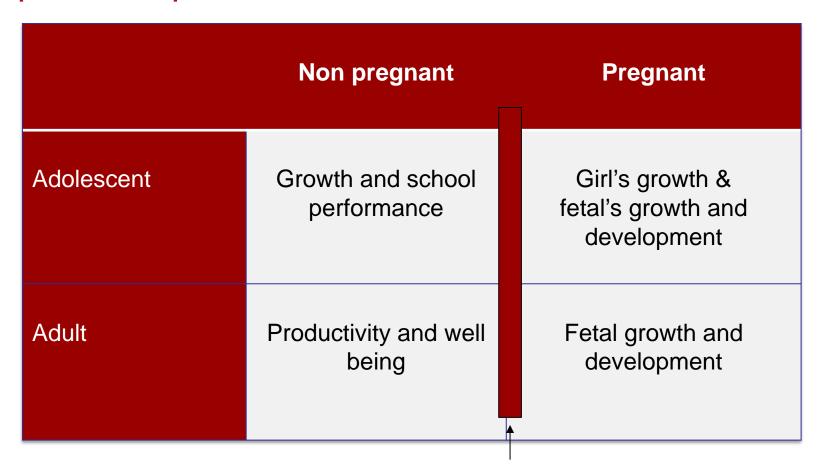


Nutritional Status of Adolescent Girls, guidelines and practices to address malnutrition: Global Picture

Luz Maria De-Regil, DSc, MSc 7-Sep-2016

Before starting: Adolescent nutrition ≠ preconceptional nutrition

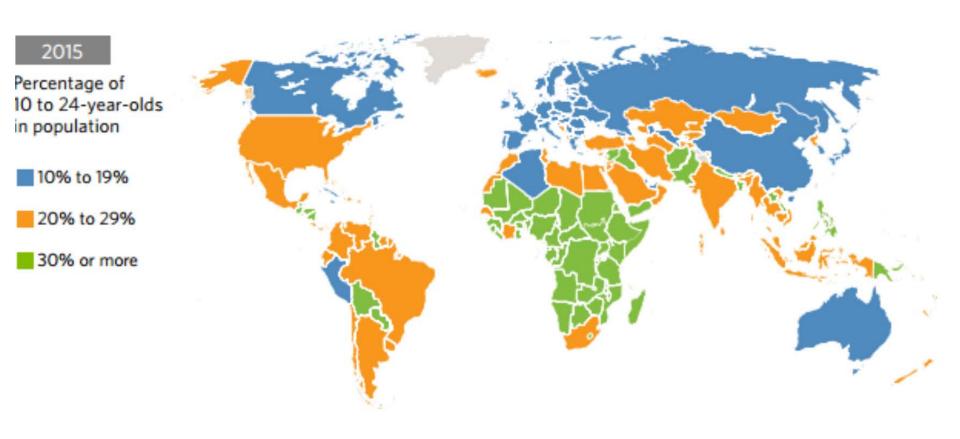


Preconceptional (interpregnancy) nutrition





Adolescents today – 1.8 billion!



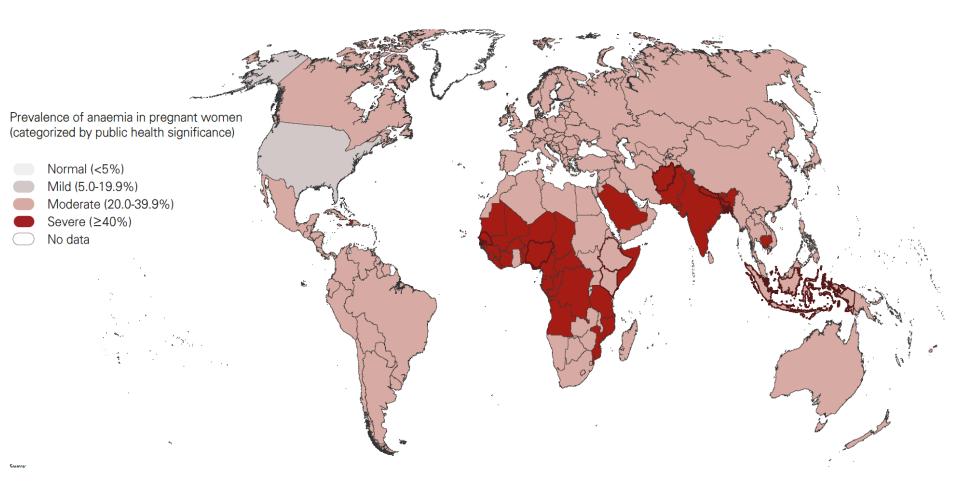
Around a half are women 3 out of 4 live in LMIC

UNFPA, 2014





Women today - anaemia



Stevens, et al, 2013



Anemia in Adolescent Girls & Women

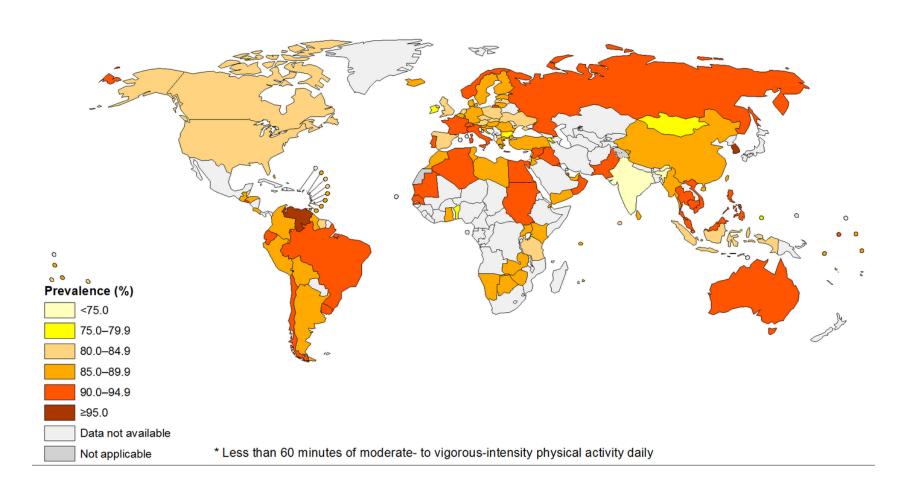
- 21 countries assessed by UNICEF, > 1 in 3 girls are anaemic ^a
- 4 of 8 African countries reviewed >40% anemia in 12-14 years of age
- In India 55.8% of adolescents aged 15–19 years are reported to be anaemic
- Higher needs for micronutrients: Iron, vitamin D, calcium & Zinc
- Low dietary availability of iron
- Parasitic infections add to iron deficiency burden

(aUNICEF, 2012, bWoodruff and Duffield, 2000)





Insufficient physical activity: 81%



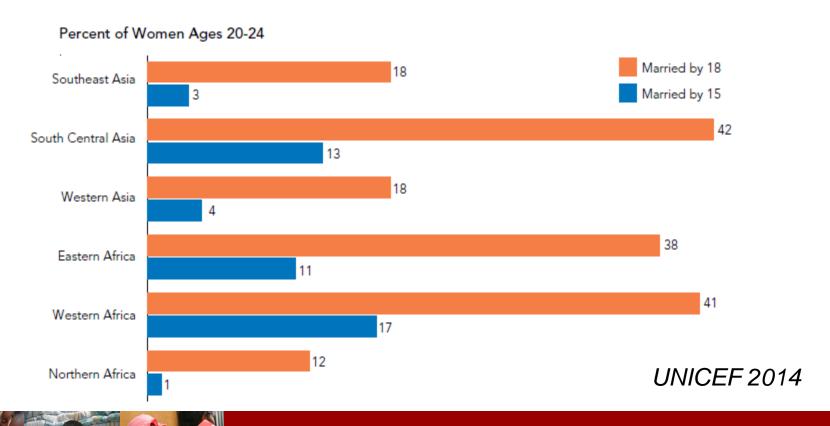
Children and youth aged 5–17 should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily.





Nutritional status is linked to age of first pregnancy and number of pregnancies

- Adolescent pregnancies: 17-20 M
- 95% occur in low- and middle-income countries





Adolescent nutrition is not in countries' agenda yet

	Intervention	N. S.	NIA SURB		(S)	Rus	10.	They have	TOWN EDEW	BOAN	a. Sierr
	IFA supplementation	×		×			×	×	×	×	
	Nutrition and health counselling	×	×	×	×	×		×	×	×	
	Provision of nutrient-rich food		×	×			×	×	×	×	
	Deworming			×					×	×	
	lodised salt access			×						×	
	Education for obesity prevention		×								
	Adolescent-friendly reproductive health services	×		×	×				×		×
	Promotion of hygiene practices to households with adolescents								×	×	
	Promotion of girls' education			×						×	×
	Nutrition education in schools			×	×		×	×	×	×	
	Promotion of economic empowerment and income generation			×							
_	Cash transfers for households with adolescents								×		

Of the SUN countries for which plans were available (22), just fewer than half (10) included any detail on adolescent nutrition.

Save the children 2015

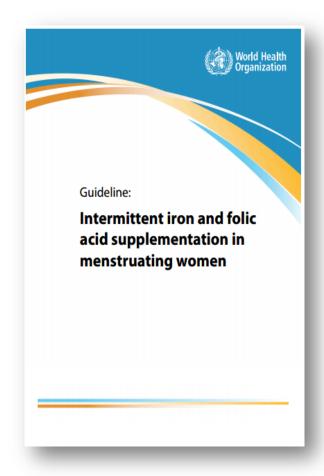


Intermittent Iron and Folic Acid Supplementation

WHO Recommendation

Intermittent iron and folic acid supplementation is recommended as a public health intervention in menstruating women living in settings where anaemia is highly prevalent, to improve their haemoglobin concentrations and iron status and reduce the risk of anaemia

Complement with deworming



http://apps.who.int/iris/bitstream/10665/44649/1/9 789241502023_eng.pdf





Approaches for iron supplementation

Characteristic	Daily (2016)	Intermittent (2011)
Frequency	Daily	One, twice or
		three times a day on
		non-consecutive days
Dose	30-60 mg/d	60 mg per week
Duration	3 months/year	3 months/semester
Cost	Low	Very low
Adverse effects	Frequent	Less frequent
Adherence	Low	High
Efficacy	High	High
Delivery system	Clinical-based	Schools/Community-based





Delivery platforms and channels:

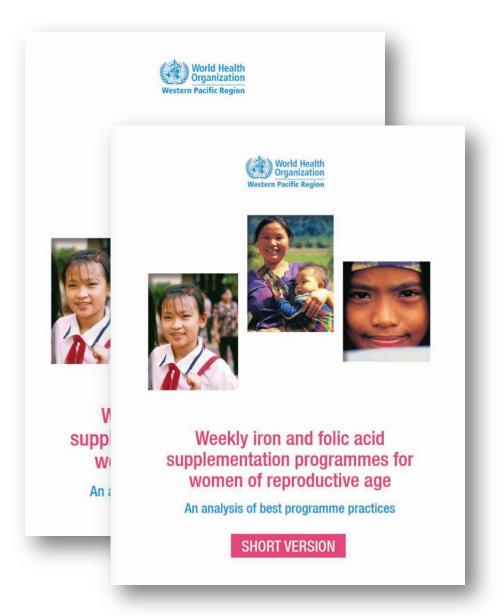
For weekly IFA supplements

- Schools: teachers are key for distribution, monitoring encouragement and counseling
- health sector: do not assume that adolescents access the services
- women's & community organizations, including faith based, can help reach girls outside school
- Peer to peer outreach
- Workplace settings:

For messages

 peers, teachers, radio, SMS and text messages, TV, local markets/billboards, faith based leaders, workplace





Best practices

- 1. Assess anemia burden
- 2. Anaemia control strategies
- 3. Advocacy and policies
- 4. Strategy for accessing IFA supplements
- 5. Composition, presentation and supply of IFA supplements
- 6. Procurement and delivery of IFA supplements
- 7. BCI
- 8. Capacity development
- 9. Monitoring
- 10. Evaluation

WHO 2011





Generating Demand for Weekly IFA to reduce Anemia

- Need engagement from government (health, education, industry) and potential partners (workplaces & schools, communities)
- Products and Programs need to appeal to adolescents
- Reach adolescents where they already spend their time
- Distinct strategies for different segments of adolescents (in school, out of school, married, unmarried)
- Appeal to their motivations –short term benefits, social norms, aspirations, strength, autonomy
- Willingness and ability to pay for IFA more challenging for lower SES girls in this group, free distribution more appealing





Engagement of medical associations

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The International Federation of Gynecology and Obstetrics (FIGO) recommendations on adolescent, preconception, and maternal nutrition: "Think Nutrition First"#

Mark A. Hanson^a, Anne Bardsley^b, Luz Maria De-Regil^c, Sophie E. Moore^d, Emily Oken^c, Lucilla Poston^f, Ronald C. Ma^g, Fionnuala M. McAuliffe^h, Ken Maletaⁱ, Chittaranjan N. Purandare^j, Chittaranjan S. Yajnikk, Hamid Rushwani, Jessica L. Morrisi*

- * Institute of Developmental Sciences, University of Southampton; and NIHR Natrition Biomedical Research Centre, University Hospital Southampton; Southampton, UK * Liggins Institute, University of Auckland, Auckland, New Zealand

- **Microsumirent Initiative, Orlawa, Camaridg.

 **Microsumirent Initiative, Orlawa, Camaridg. UK

 **Microsumirent Initiative, Orlawa, Camaridg. UK

 **Operations of Physician Medicine, Harvard Medical School and Harvard Pilgrim Health Care Institute; and Department of Nutrition, Harvard TH Chan School of Public Health;

 **Department of Physician Medicine, Harvard Medical School and Harvard Pilgrim Health Care Institute; and Department of Nutrition, Harvard TH Chan School of Public Health; Boston, MA, USA King's College Landon, Landon, UK

 *Department of Medicine and Therapeutics, The Chinese University of Hong Kong; and the Hong Kong Institute of Diabetes and Obesity, The Chinese University of Hong Kong.
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 AUCS School of Medicine and Medical Science, University College Dublin, National Maternity Hospital, Dublin, Ireland
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- *Indian College of Obstetricians and Gynaecologists, Mumbai, India *International Federation of Gynecology and Obstetrics, Landon, UR

In addition to the authors, the following people provided important contributions during the creation of the document: Carlos Blanco, Carlos Echeverry, Torvid Kiserud, Gwyneth Lewis, Francisco Mardones, Susan Morton, Sian Robinson, Michael Ross, and Gerard Visser. In addition to the FIGO Executive Board, all relevant FIGO Committees and Working Groups contributed to and supported the document.

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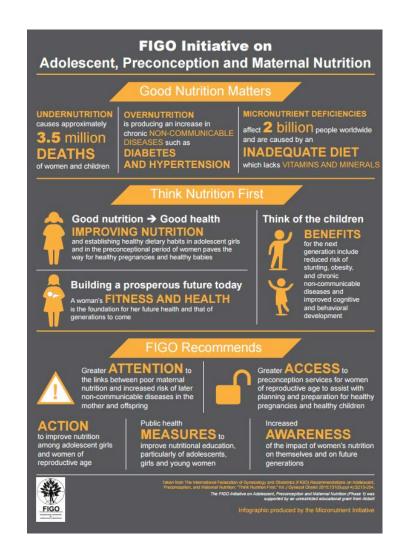
Conflict of interest

The authors have no conflicts of interest to declare



A mother brings her child for a check-up at a clinic in Kenya

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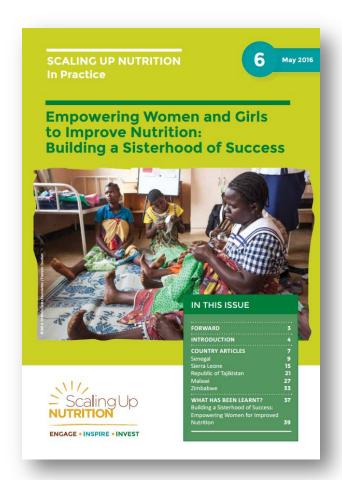




^{*} This document was endorsed by the FIGO Executive Board at its annual meeting held on May 30-31, 2015, in Melbourne, Australia

FIGO House, Suite 3, Waterloo Court, 10 Theed Street, London, SE1 8ST, UK.

Girls and women need to be empowered



- Higher levels of gender discrimination are associated with higher levels of both acute and chronic undernutrition.
- Gender and nutrition are not stand-alone issues with some experts considering women to be the nexus of the agriculture, health and nutrition sectors
- Improvements in women's education are associated with positive impacts on their nutritional status and that of their families.

SUN Movement 2016





Enabling environment for adolescent nutrition

- Stronger political commitment:
 - International Conference of Nutrition 2
 - Global nutrition targets: anaemia in WRA and low birth weight
 - Sustainable development goals
 - Global Strategy for Women's, Children's, and Adolescents' Health.
- Scaling Up Nutrition
- Progress monitoring: Global Nutrition Report 2014



Recommendations for policies that cover the adolescent nutrition

- Strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls and continuing through pregnancy and lactation.
- Ensure universal access to and use of insecticide-treated nets
- Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.
- Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life.
- Reduce consumption of sugars sweetened beverages
- Implement policies and practices, including labour reforms, as appropriate, to promote protection of working mothers.



Thank you!



