Adolescent Girls and Women’s Nutrition: Moving the Agenda Forward

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By the end of this session, participants will:

- Know the **landscape of nutrition issues** that adolescent girls and women of reproductive age (WRA) face
- Understand the **importance of increasing nutrition programming** for adolescent girls and WRA
- Be able to **identify at least two strategies** for improving nutritional status of adolescent girls and WRA
Nutrition of adolescents girls and WRA: current context
Adolescent girls and WRA represent ~30% of the population in the MSN-GLEE countries.
They are malnourished

Current percent of women underweight, overweight, and obese (most recent DHS)
As the percent of underweight women decreases, increases in overweight and obese women present a new challenge.

Prevalence of underweight, overweight and obese women in Africa, 1980 to 2008
Source: Black et al., 2013
THINK YOUR COUNTRY DOESN’T HAVE A NUTRITION PROBLEM? THINK AGAIN.

Countries are making some headway on reducing undernutrition, but it’s far too slow. And overweight and obesity are getting worse, not better. For more GNR data, visit globalnutritionreport.org/the-data/.

CHILD STUNTING

2 BILLION people don’t get enough VITAMINS AND MINERALS
795 MILLION people don’t get enough CALORIES
161 MILLION children are chronically UNDERNOURISHED

WE HAVE A BIG PROBLEM WITH UNDERNUTRITION

WE HAVE A BIG PROBLEM WITH OVERWEIGHT & OBESITY

1.9 BILLION adults are OVERWEIGHT or OBESE
1 in 12 adults has TYPE 2 DIABETES
42 MILLION children are OVERWEIGHT

Sources: Global Nutrition Report 2015. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Food Policy Research Institute (IFPRI).
They are anemic and progress has been slow

Global prevalence of anemia

- **Pregnant women**
  - 1995: 43%
  - 2011: 48%

- **Non-pregnant women**
  - 1995: 33%
  - 2011: 29%

Anemia: < 110 g/L for children and pregnant women; 120 g/L for women

Source: Stevens et al., 2013
Progress varies across regions

Anemia: < 110 g/L for children and pregnant women; 120 g/L for women
Source: Stevens et al., 2013
They have micronutrient deficiencies

<table>
<thead>
<tr>
<th>Region</th>
<th>Vitamin A deficiency among pregnant women(^1)</th>
<th>Insufficient iodine intake in general population(^2)</th>
<th>Inadequate zinc intake in general population(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Night blindness (%)</td>
<td>Serum retinol &lt; 0.70 umol/L (%)</td>
<td>Urinary iodine concentration &lt; 100 ug/L (%)</td>
</tr>
<tr>
<td>Globe</td>
<td>7.8</td>
<td>15.3</td>
<td>28.5</td>
</tr>
<tr>
<td>Africa</td>
<td>9.4</td>
<td>14.3</td>
<td>40.0</td>
</tr>
<tr>
<td>LAC</td>
<td>4.4</td>
<td>2.0</td>
<td>13.7</td>
</tr>
<tr>
<td>Asia</td>
<td>7.8</td>
<td>18.4</td>
<td>31.6</td>
</tr>
<tr>
<td>Europe</td>
<td>2.9</td>
<td>2.2</td>
<td>44.2</td>
</tr>
</tbody>
</table>

\(^1\)reported in WHO (2009) and in Black et al (2013)

\(^2\)reported in Andersson et al (2012) and in Black et al (2013)

\(^3\)reported in Wessells and Brown, 2012; see also Wessells et al., 2012

EAR = estimated average requirement
They don’t eat well

Healthy food intake is below recommended levels

While unhealthy food intake exceeds recommended thresholds.

Estimated intakes of selected “healthy” and “unhealthy” foods by region among women 20-29 years. See SSA for data on Sub-Saharan Africa.

Horizontal lines represent the mean of the theoretical minimal risk exposure distribution.

Source: Imamura et al., 2015
Why focus on adolescent girls and WRA?
Their nutritional status affects others.
Their nutrition affects others

Maternal anemia

Pre-eclampsia and eclampsia

Maternal hemorrhage

Preterm birth

Gestational diabetes

IUGR

LBW, VLBW

Birth Defects

Adapted from Wu G et al, 2012
Maternal obesity increases the risk of gestational diabetes, preeclampsia, hemorrhage, and neonatal and infant mortality (Black et al., 2013)

Birthweight is associated with weight prior to conception and pregnancy weight gain (Young et al., under review)
✓ Early age at first pregnancy increases risk of anemia, LBW, VLBW, preterm birth, early term birth, neonatal mortality (Matorell, 2015)

✓ Short interpregnancy interval increases risk of preterm birth, early preterm birth, LBW, stillbirth, and neonatal mortality (Matorell, 2015)
In 8 MSN-GLEE countries, one in four women have given birth before age 18.
Percent of women giving birth before age 18 by country

- Burkina Faso
- DRC
- Ghana
- Guinea
- Liberia
- Mali
- Niger
- Nigeria
- Senegal
- Sierra Leone

Prevalence of women 20-24 year-olds giving birth before age 18 (Source: DHS)
Nutrition through the life cycle: causal links

- Fetal & infant malnutrition
  - Reduced capacity for care
  - Inappropriate feeding practices
  - Frequent infections
  - Inappropriate food, care, health, and WASH
  - Inadequate fetal nutrition
  - Inappropriate food, care, health, and WASH
  - Reduced intellectual potential & reduced school performance
  - Inadequate catch up growth
  - Reduced capacity for care
  - Inappropriate food, care, health, and WASH
  - Inadequate catch up growth
  - Reduced intellectual potential & reduced school performance

- Child malnutrition
  - Obesity, abdominal obesity, diabetes, cardiovascular disease
  - Inappropriate food, care, health, and WASH
  - Inappropriate food, care, health, and WASH
  - Reduced intellectual potential & reduced school performance
  - Inappropriate food, care, health, and WASH
  - Rapid growth
  - Reduced intellectual potential & reduced school performance
  - Inappropriate food, care, health, and WASH

- Adolescent malnutrition
  - Inappropriate food, care, health, and WASH
  - Reduced intellectual potential & reduced school performance

- Adult malnutrition
  - Pregnancy low weight gain
  - Inappropriate food, care, health, and WASH
  - Reduced intellectual potential & reduced school performance

- Elderly malnutrition
  - Inappropriate food, care, health, and WASH
  - Reduced capacity for care

Source: Every Woman Every Child (EWEC) Technical Content Workstream Working Group on Nutrition (22/03/2015) Nutrition and women’s, children’s and adolescents’ health
Targeting girls and women only when they are pregnant is too late to break the intergenerational cycle of malnutrition.
The nutrition of adolescent girls and women is important for the quality of their own lives and wellbeing.
What has been done?
Interest in adolescent girls and women’s nutrition is gaining momentum

“The Lancet”

Maternal and Child Nutrition

Executive Summary of The Lancet Maternal and Child Nutrition Series

“Nutrition is crucial to both individual and national development. The evidence in this Series furthers the evidence base that good nutrition is a fundamental driver of a wide range of developmental goals. The post-2015 sustainable development agenda must put addressing all forms of malnutrition at the top of its goals.”
Interest in adolescent girls and women’s nutrition is gaining momentum
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March 16-17, 2015

FANTA, PAHO/WHO
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BUILDING A BETTER FUTURE: Supporting Future Generations through Improved Nutritional Health of Girls & Young Women

International Summit on the Nutrition of Girls & Young Women
Portland, Oregon, USA
May 2015
What has been done

Following a survey of institutions, a review of peer reviewed journal articles, and a review of organization/donor websites,

54 nutrition-specific programs were identified that sought to improve nutrition (practices or status) of adolescent girls and/or WRA in LMIC (2004 to 2014)
What has been done

Programs for adolescents & WRA

9 programs for adolescent girls
46 programs for WRA

44 long-term or completed programs

15 of these provided data on effectiveness of the approach on nutrition outcomes

* The term “adolescent girl” was not always defined or was defined differently in the literature. The authors recognize overlap between these categories.
What has been done

# programs by delivery platform, strategy, or activity

- Capacity building of local organizations / gov
- Nutrition education / promotion
- Policy / Strategy / Protocol development
- Capacity building of service workers
- Distribution of micronutrients, food, or cash
- Mass media
Direct interventions included:
- Nutrition and health counselling / behavior change communication (8 countries)
- Iron folic acid supplementation (6)
- Provision of nutrient-rich food (6)

Indirect interventions included:
- Nutrition education in schools (6)
- Adolescent-friendly reproductive health services for boys and girls (5)

What has been done
Review of SUN Nat’l Nutrition Action Plans
Conducted by Save the Children (2014)

Reviewed 22 country plans (all available)
10 included detail on adolescent health
What has been done

IFA supplementation

% of women who took 90+ IFA tablets among women with a child born in the last 5 years

- Burkina Faso
- DRC
- Ghana
- Guinea
- Liberia
- Mali
- Niger
- Nigeria
- Senegal
- Sierra Leone
What can be done?
What can be done?

Improved nutritional status

Dietary intake

Health status (disease)

Food security

Practices

Access to quality health services and WASH

Immediate causes

Underlying causes

Determinants of change

Demand

Ability to act (skills and efficacy, agency, and control of resources)

Motivation, attitudes, convictions, perception, and beliefs

Social norms and role models

Enabling systems and policies

Availability of health services and food

Quality of health services and food

Supply

Dietary intake: Food security, Practices

Access to quality health services and WASH

Immediate causes: Dietary intake, Health status (disease)

Underlying causes:

Food security

Practices

Access to quality health services and WASH

Determinants of change:

Awareness, knowledge, and understanding

Ability to act (skills and efficacy, agency, and control of resources)

Motivation, attitudes, convictions, perception, and beliefs

Social norms and role models

Enabling systems and policies

Availability of health services and food

Quality of health services and food

Target populations:

Individuals

Families, partners, and peers

Community leaders and service providers

Government, business, NGO, and faith leaders

Delivery strategies:

Community/social mobilization (campaigns, community events)

Behavior change communication (IPC, small media, and mass media)

Policies & Systems Strengthening (including resources, leadership, and commitment)
What can we do? Group Work

- Break into groups – school-aged girls, adolescent girls, and WRA)
- Discuss each of the following questions:
  - What is unique about addressing the nutritional needs of this population?
  - What programs or types of interventions might be effective in improving the nutrition of this population?
  - How can we integrate greater focus on these populations into existing programs or interventions in the countries where you work?
- Be prepared to share your recommendations for improving nutrition of these populations.
For more information, please visit:

spring-nutrition.org/adolescent-and-womens-nutrition