



Technical meeting on the diet and eating practices of adolescent girls and women of reproductive age

March 16-17, 2015

Pan American Health Organization, 525 23rd Street, NW, Room 1017
Washington DC 20037

Background

The 2013 Lancet Series on Maternal and Child Nutrition provided new evidence on the importance of the nutrition of women at the time of conception and during pregnancy, not only to ensure optimal fetal growth and development but also for the health of the mother¹. The series also identified adolescent girls as a key priority and highlighted the importance of a life course approach, placing them together with women of reproductive age and mothers at the center of nutrition interventions².

The series provides new global estimates showing that fetal growth restriction, resulting from poor in utero nutrition, including anemia and micronutrient deficiencies, is the cause of more than 800,000 neonatal deaths and 20% of stunting in children less than 5 years of age³. Iron and calcium deficiencies, the two most important nutritional causes of maternal mortality, contribute to 23% and 19% of maternal deaths respectively⁴. The series also shows that undernutrition during pregnancy, affecting fetal growth and the first 2 years of life, is a major risk factor for subsequent obesity and non-communicable diseases in adulthood⁵. Maternal overweight and obesity, an increasing global problem, are associated with maternal morbidity, preterm birth, and increased infant mortality. In addition, overweight and obese women face increased risk for poor breastfeeding outcomes⁶.

Recognizing the need to invest in nutrition, the USAID Multi-Sectoral Nutrition Strategy 2014-2025, aims to reduce chronic malnutrition by 20% over five years⁷. The Strategy emphasizes that adequate nutritional status during pregnancy and lactation is fundamental to maternal and child health and survival⁸. The Strategy commits to “working across priorities to ensure that safe and nutritious foods are accessible, healthy dietary practices are followed, and the prevention and treatment of infectious diseases are prioritized”⁹. Additionally, the Strategy stresses the importance of reducing malnutrition

¹ Black et al., Maternal and child undernutrition and overweight in low-income and middle-income countries. Lancet, June 2013.

[http://dx.doi.org/10.1016/S0140-6736\(13\)60937-X](http://dx.doi.org/10.1016/S0140-6736(13)60937-X)

² Bhutta et al., Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?. Lancet, June 2013. [http://dx.doi.org/10.1016/S0140-6736\(13\)60996-4](http://dx.doi.org/10.1016/S0140-6736(13)60996-4).

³ Black et al., Maternal and child undernutrition and overweight in low-income and middle-income countries. Lancet, June 2013.

[http://dx.doi.org/10.1016/S0140-6736\(13\)60937-X](http://dx.doi.org/10.1016/S0140-6736(13)60937-X)

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ USAID, Multi-Sectoral Nutrition Strategy 2014-2025. May 2014. <http://www.usaid.gov/nutrition-strategy>

⁸ Ibid.

⁹ Ibid.

among women of reproductive age and young children, with a focus on the first 1,000 days¹⁰.

Despite the recognized importance of adolescent girls', women's and maternal nutrition for their health and that of their children, this group is virtually neglected in nutrition programming with the exception of provision of iron and folic acid supplements during pregnancy. Over 15 years ago, the development of a set of guiding principles for complementary feeding of the breastfed child¹¹ and guiding principles for feeding non-breastfed children 6-24 months of age¹² helped to set the stage for improved young child nutrition programming. The development of a set of recommendations for key diet and eating practices for adolescent girls, women of reproductive age and mothers is also likely to be useful to rapidly expand nutrition programming for this target group.

As part of a multi-step process, the Pan American Health Organization (PAHO)/WHO, the United States Agency for International Development (USAID), and the two USAID global nutrition projects - Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) and the Food and Nutrition Technical Assistance III Project (FANTA) are convening a technical meeting. This meeting is envisioned as the first step in a process to create guidance around diet and eating practices to strengthen policies and programs to improve the nutrition of adolescent girls and women of reproductive age. As background, SPRING has commissioned two discussion papers. The first, entitled *Adolescent Girls', Women's and Maternal Nutrition in Low and Middle Income Countries: Current Context and Scientific Basis for Moving Forward*, identifies key issues and practices regarding the scientific evidence. The second, entitled *Programmatic Responses to Meet the Nutritional Needs of Adolescent Girls, Pregnant and Lactating Women, and Other Women of Reproductive Age in Low- and Middle-Income Countries*, summarizes recent and current programmatic experiences. These papers will be shared with participants prior to the meeting, as the basis for discussion.

Objectives of the Meeting

- Review insights and lessons learned from the two discussion papers around adolescent girls', women's and maternal nutrition
- Identify characteristics and issues related to key diet and eating practices for strengthening policies and programs
- Propose next steps in the development of a set of recommendations for key diet and eating practices

Expected results

The expected results of the meeting will include a summary of characteristics and issues related to key diet and eating practices for strengthening policies and programs, and next steps for the development of recommendations.

¹⁰ Ibid.

¹¹ PAHO/WHO. Guiding Principles for Complementary Feeding of the Breastfed Child. Washington DC: Pan American Health Organization, World Health Organization, 2003. http://www.paho.org/hq/index.php?option=com_content&view=article&id=5666&Itemid=4069&lang=en.

¹² WHO. Guiding Principles for Feeding Non-Breastfed Children 6-24 Months of Age. Geneva: World Health Organization, 2005. http://www.who.int/maternal_child_adolescent/documents/9241593431/en/