



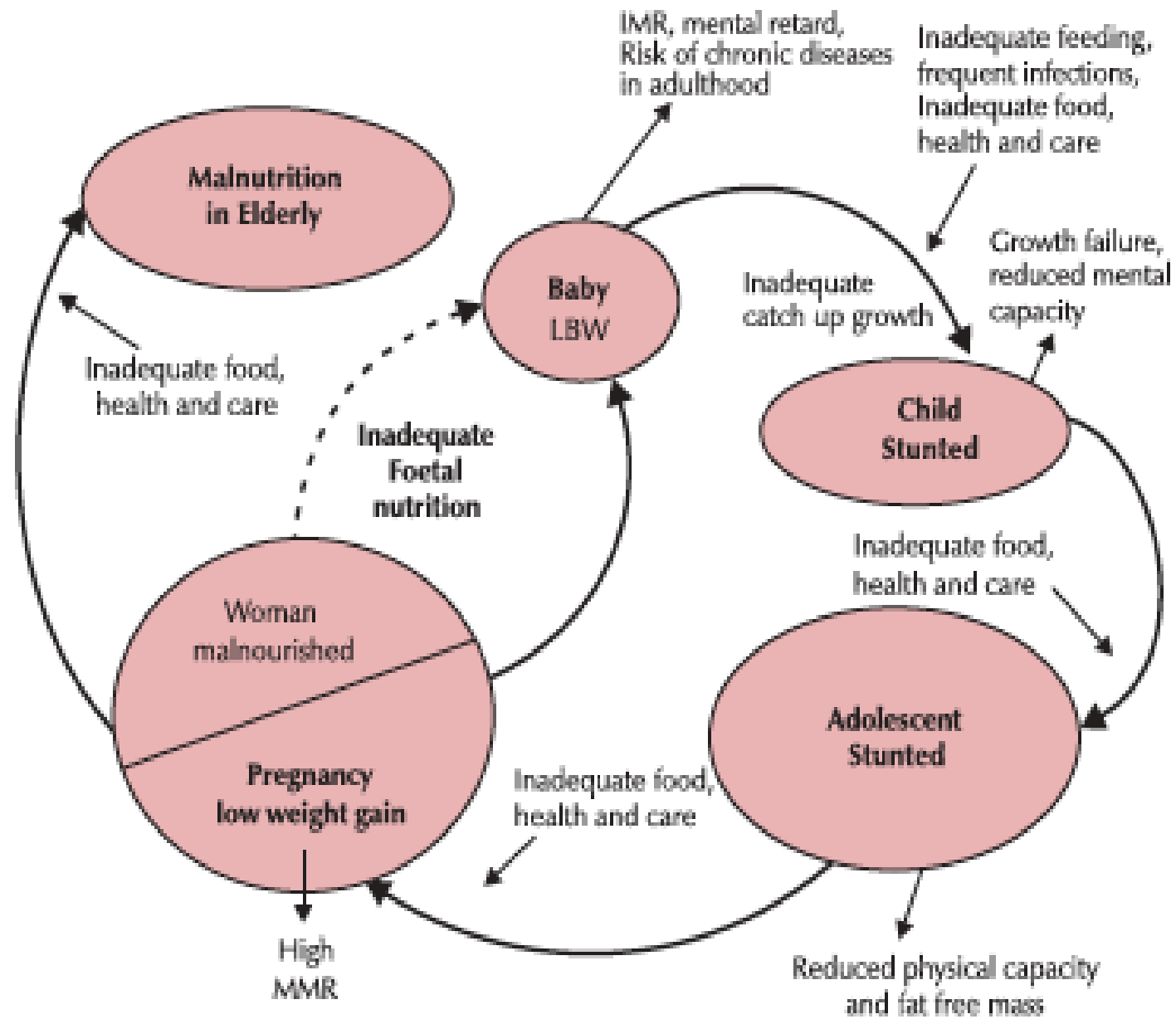
Young Women's Health in Tanzania

Why adolescents and young people's nutrition matter in Tanzania

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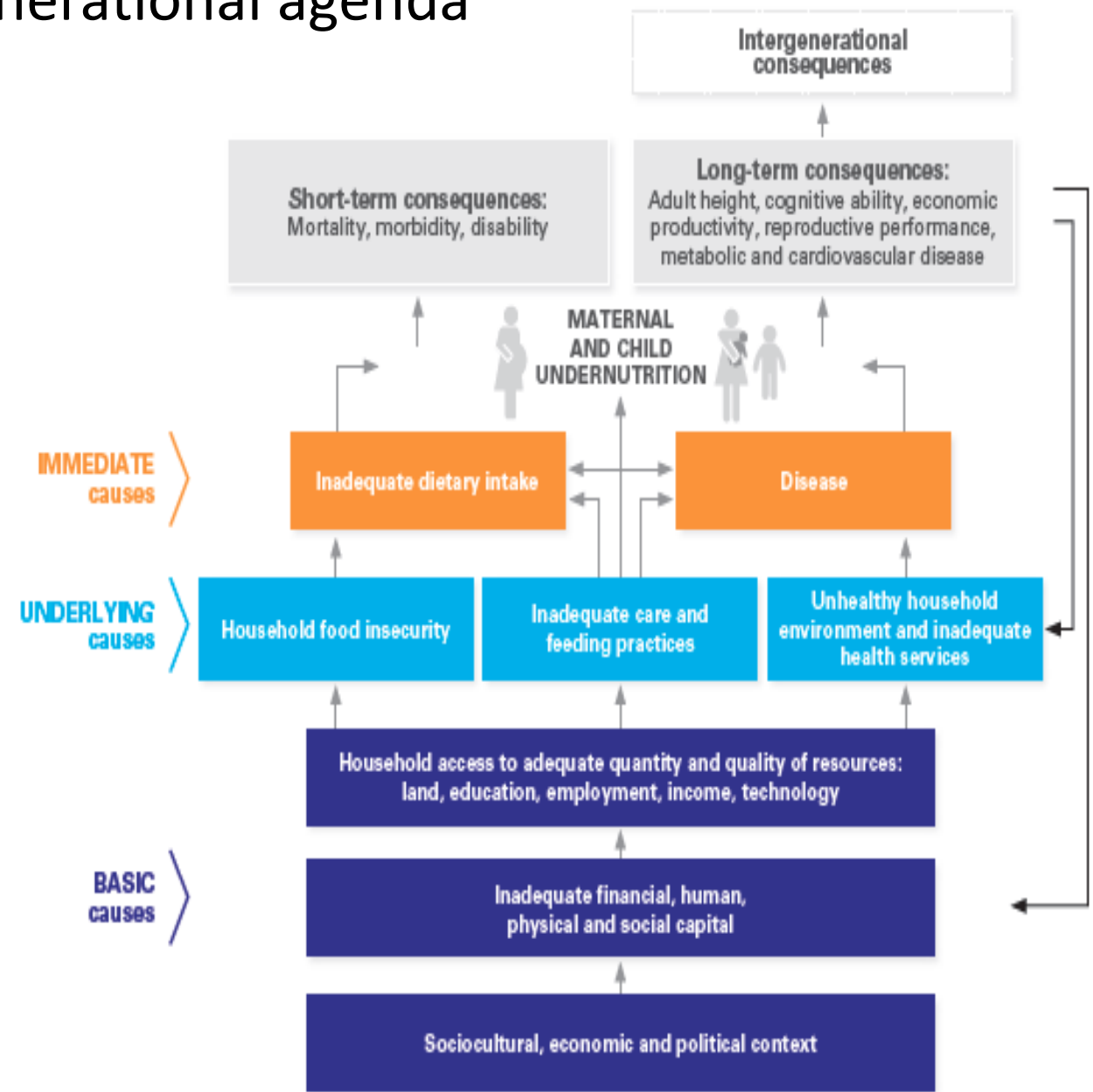
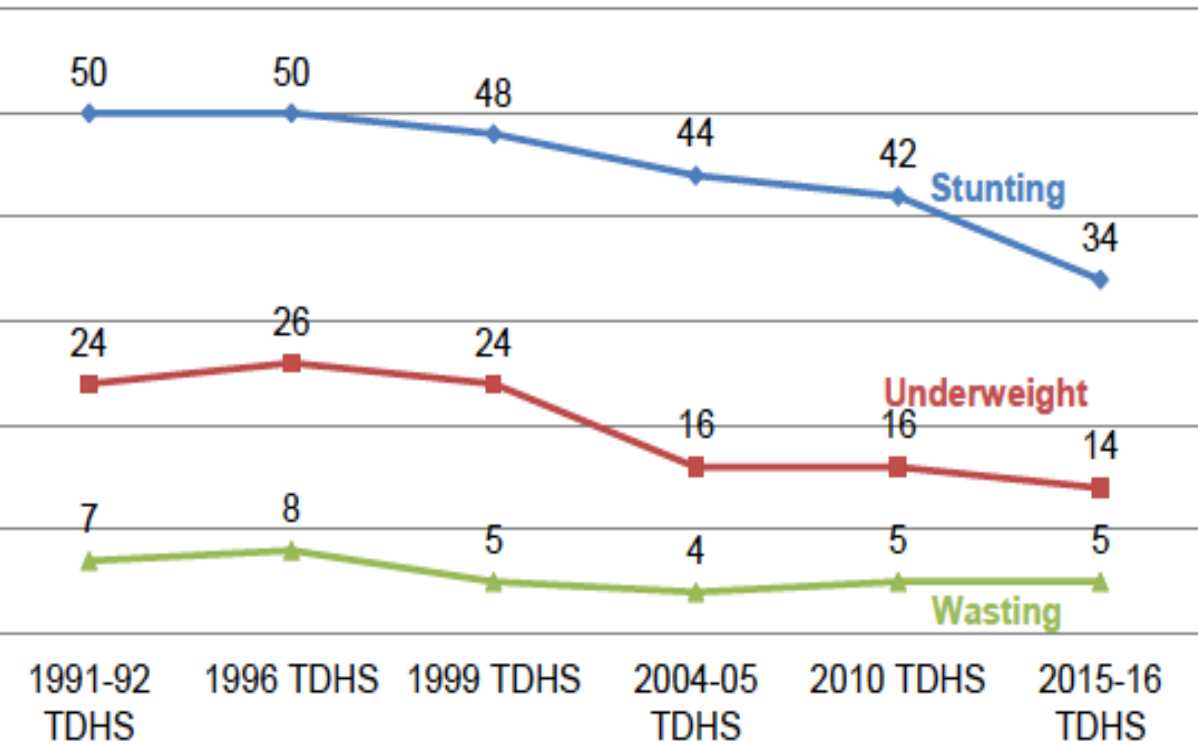
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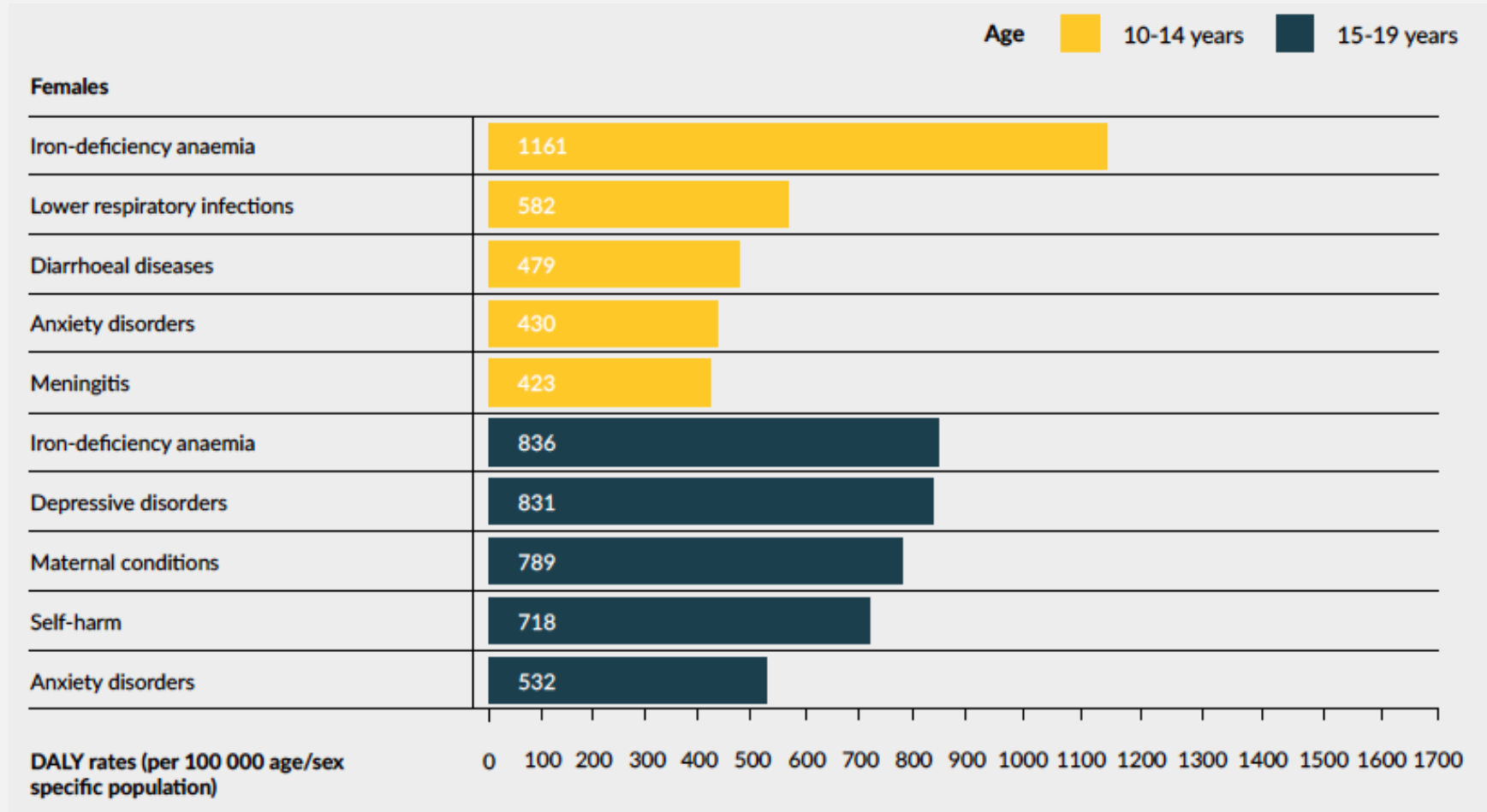


Undernutrition is an Intergenerational agenda





Disability Adjusted Life Years Lost (DALYs)- Adolescent girls



Source- Global Accelerated Action for the Health of Adolescents

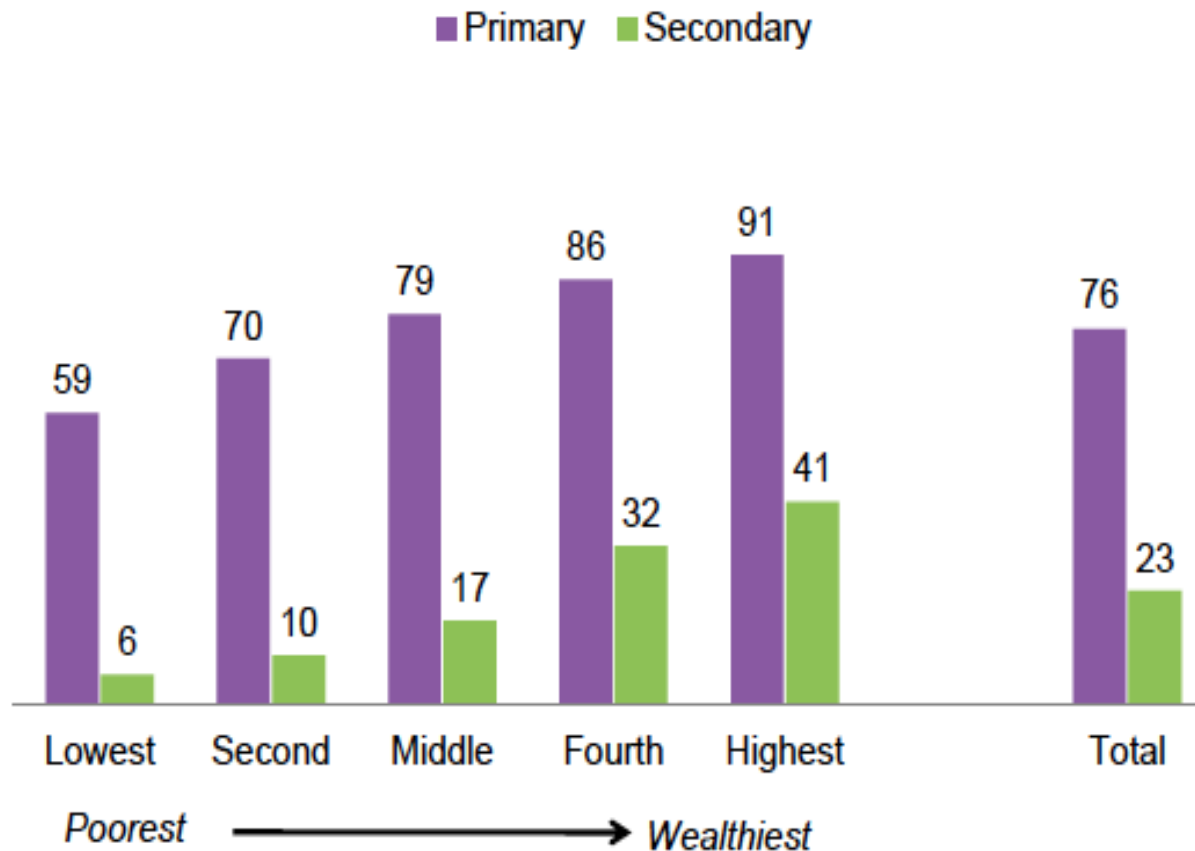
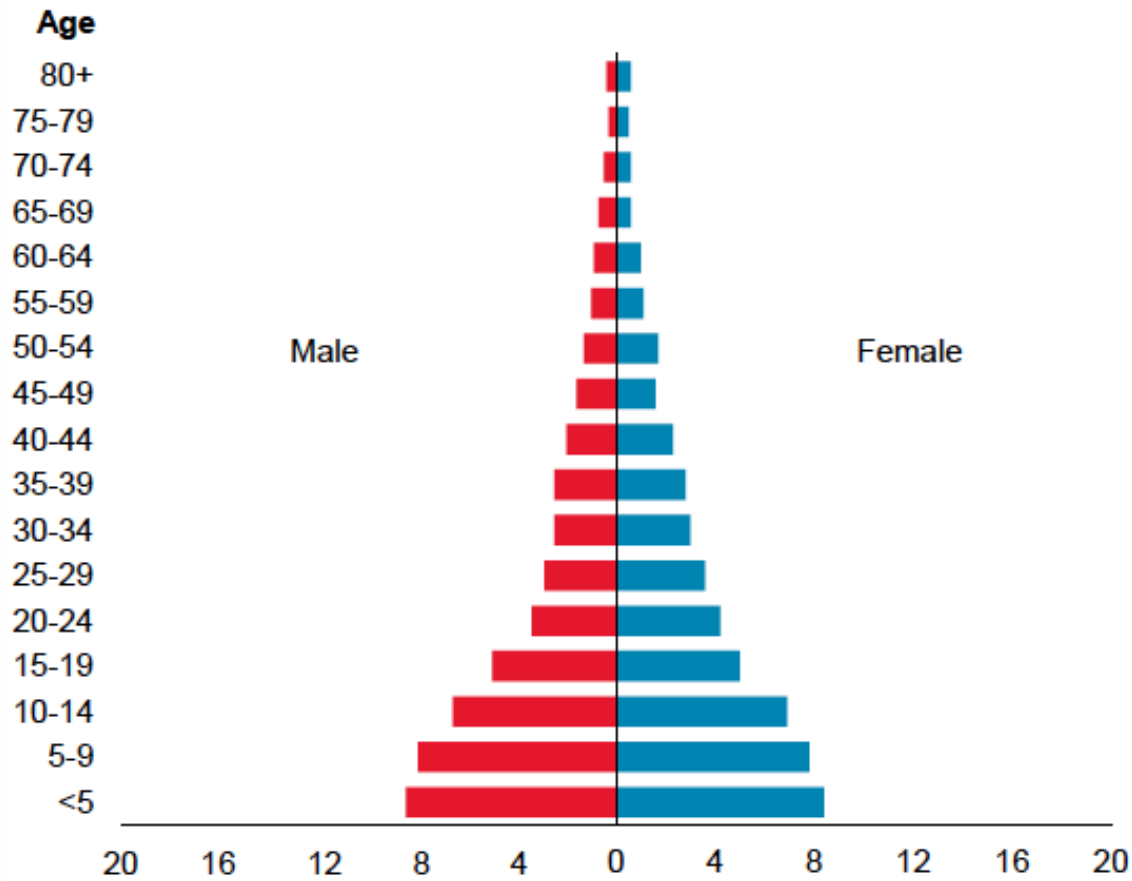


Adolescence—nutritionally critical period

- **Changes in height:** 15-20% of adult height
- **Changes in weight:** 25-50% of final adult ideal weight
- **Changes in body composition and skeletal mass**
 - The dramatic increase in physical growth and development puts greater pressure on the need for nutrients.
 - growing adolescents have increased nutrient requirements during pregnancy and illness
 - adolescence can be the second opportunity to catch up growth



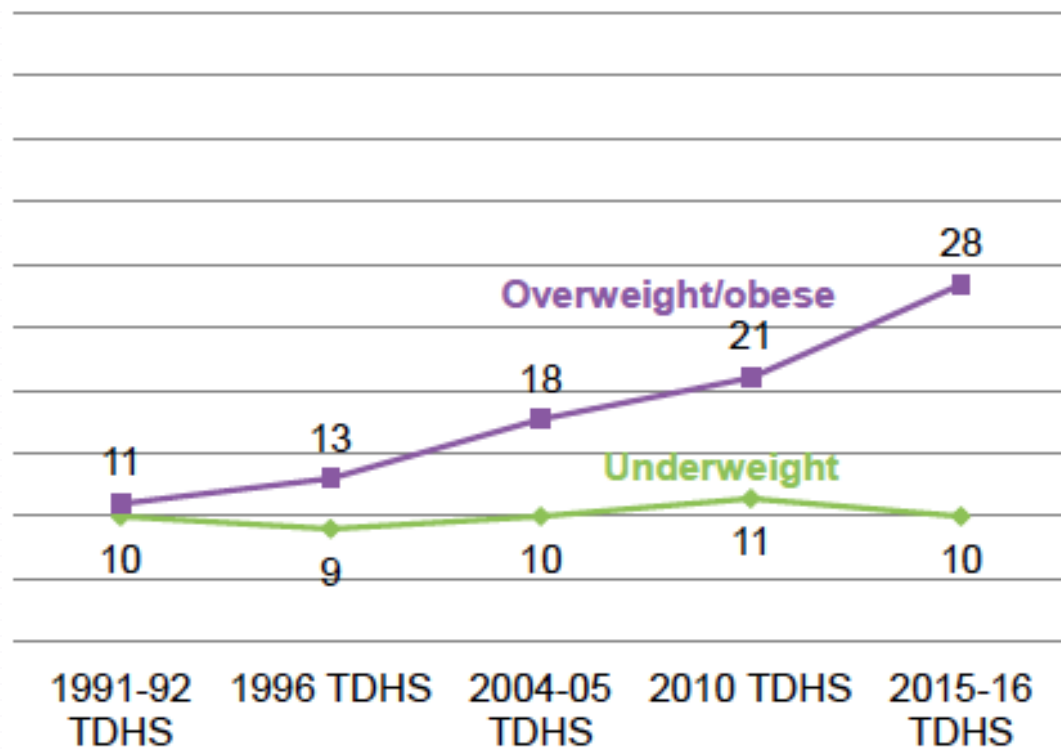
Why does it matter?





Double burden with intergenerational effect

Percentage of women age 15-49

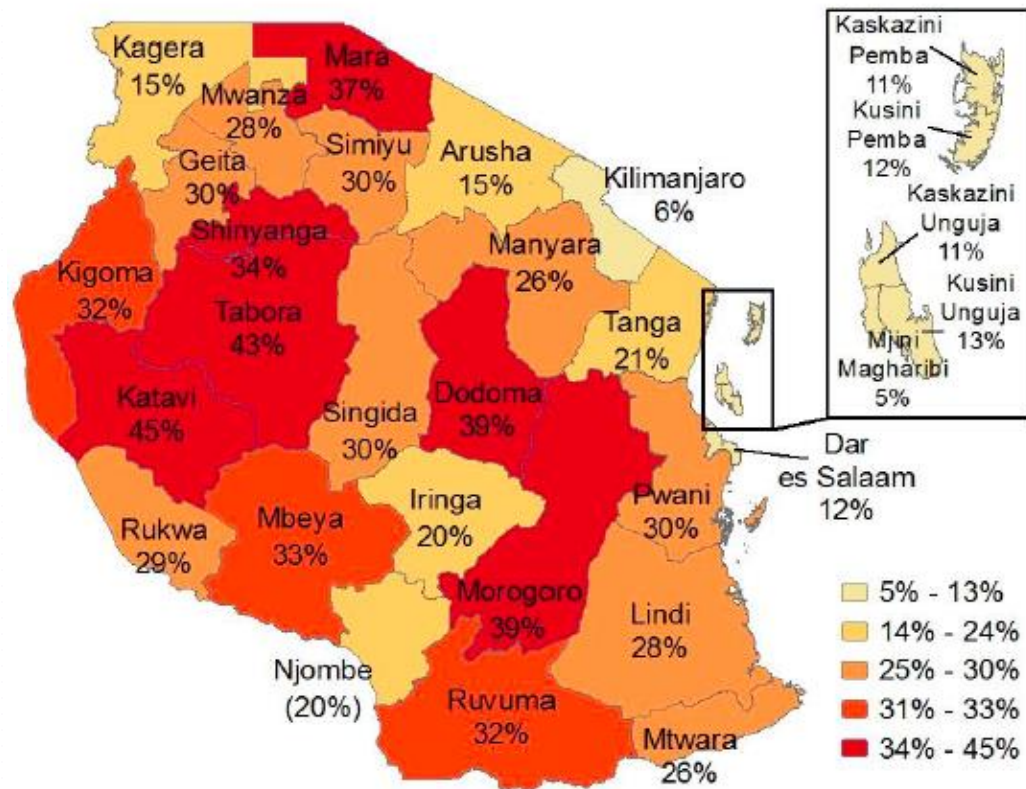


- Adolescents 15-19 are more likely to be thin (18%) than those in other age groups.
- Malnutrition among adolescents follows the socio-demographic disadvantages
- For overweight or obesity:
 - urban (42%) vs. rural (21%)
 - Educated (34%) vs. Uneducated (21%).
 - Wealth Q1 (12%) vs Q5 (47%)



A threat resulting and ending with vulnerability

Percentage of women age 15-19 who have begun childbearing



- Teenager pregnancy challenge increasing
 - 26% in 2004-05 (TDHS 2005)
 - 23% in 2010 (TDHS 2012)
 - 27% in 2015-16 (TDHS 2016)
- Linked with socio-demographic disadvantages
 - Poverty
 - Food insecurity
 - Poor feeding practices and access to care
 - School drop outs and a complete cycle of poverty
 - Intergenerational consequences



Anemia

- Overall, 45% of women age 15-49 in Tanzania are anemic—TDHS 2016
 - Magnitudes are higher among adolescents and young girls
 - The burden is higher (57%) among pregnant women vs. both breastfeeding mothers (46%) and women who are neither pregnant nor breastfeeding (43%)
- Regional variations:
 - Women in Zanzibar are more likely to be anemic than women in Tanzania Mainland (60% versus 44%)
 - By region, anemia prevalence varies from a low of 25% in Mbeya to a high of 72% in Kaskazini Pemba
- Nutritional anemia is preventable—
 - Challenged with know-do gap



What can be done

- Global Accelerated Action for the Health of Adolescents (AA-HA!)
- Interventions are known—scaling up is a challenge
 - Implementation science is a key

Areas of focus

1. Identifying pertinent risk factors—and available local resources
2. Focusing on population wide interventions—IFS, WASH, ME
3. Strengthening policies and guidance
4. Ensuring M&E and Data availability pertinent to adolescent and young girls health
5. Building on existing interventions and local innovations



Interventions to promote adolescent's development

- **Structural and organizational**
 1. Adolescent-friendly health services
 2. Health-promoting schools incl health education
 3. Comprehensive school nutrition services
 4. School hygiene interventions
 5. E-health and M-health interventions for health education and adolescents involvement in their own care
 6. Adolescents participation initiatives
- **Community and interpersonal**
 1. Mass interventions—IFS, Fortification, Mass education, Advocacy
 2. Parenting or caregivers interventions



Thank you
