

PROMOTING GIRLS' NUTRITION IN EARLY ADOLESCENCE

a last window of opportunity!



Public Disclosure Authorized

Why does adolescent nutrition matter?



Adolescence is the second most crucial period of a child's life in terms of physical growth and cognitive development.



It is also a last opportunity to reverse growth faltering experienced during childhood.



In Bangladesh, good health and nutrition during this period is key to breaking the inter-generational cycle of undernutrition, and ensuring later adult health and productivity.

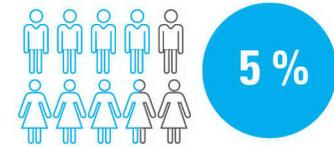
How are adolescent girls doing?*



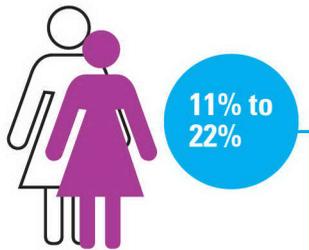
In Bangladesh, one-fourth of adolescent girls (15-19 years) fail to achieve their optimal growth, as assessed by optimal height for age or stunting.



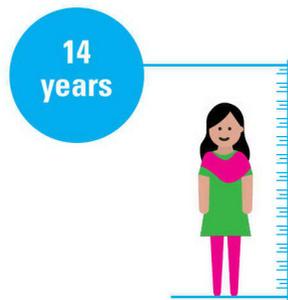
Adolescents living in rural areas are more likely to suffer from stunting and thinness compared to those in urban areas.



Girls are 5 percentage points more likely to be stunted than boys over the adolescent period

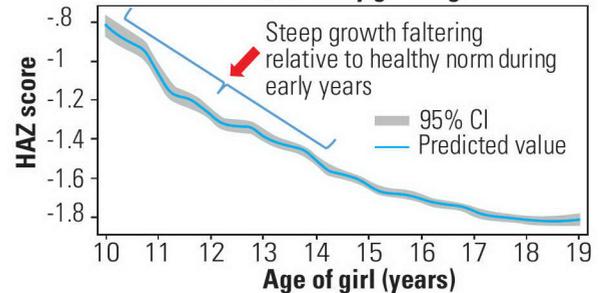


Over the early adolescence period, rates of stunting double from ~11% to ~22% percent.

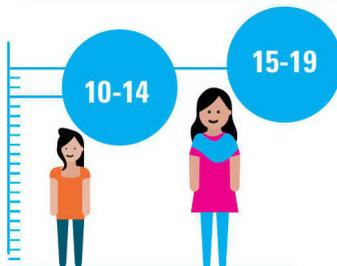


Girls' height increases until age 14, but well below the healthy norm.

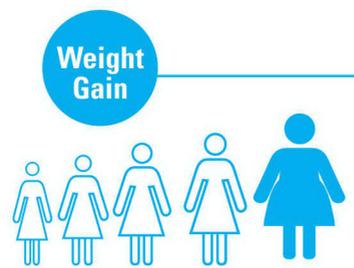
Adolescent Growth Dynamics (HAZ score) HAZ scores by girls' age



As this graph shows, there is a steep decline in height for age compared to a healthy norm during the early adolescent period. This begins to level off around age 15 years.

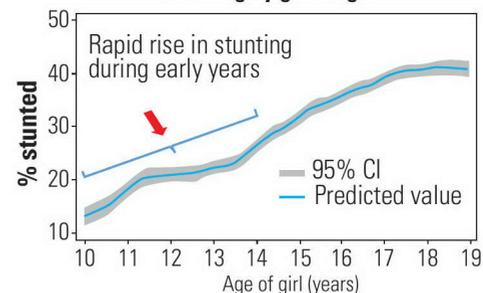


Growth faltering relative to the healthy norm is much greater in the early adolescent period (age 10-14) compared to late adolescence (15-19).



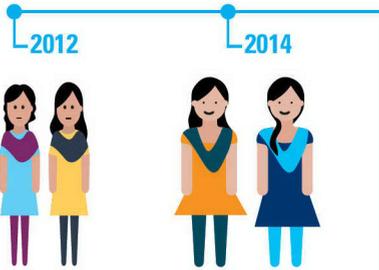
Girls continue to gain weight through the later adolescent period leading to a possible risk of overweight and obesity in adulthood.

Stunting by girls' age



This graph shows steep gradient in the rate of stunting in the early adolescent period. The slope is less steep in the later adolescent period but rates of stunting are very high

What are the trends in adolescent malnutrition?



Undernutrition declined in early (10-14 years) and late adolescent (15-19 years) age groups comparing 2012 and 2014



Overnutrition, or overweight and obesity increased among older adolescents from 2012 to 2014



Changes in the prevalence of undernutrition and overnutrition from 2012 to 2014 varied substantially by division and between rural and urban areas.

Changes nutritional status (2012-2014)

Division	Early adolescents (10-14 years)		Late adolescents (15-19 years)	
	Undernutrition	Overweight	Undernutrition	Overweight
Rajshahi	Decreased	No change	Decreased	Increased
Khulna	No change	No change	Decreased	No change
Barisal	No change	Increased	No change	Decreased
Dhaka	Decreased	No change	Decreased	Increased
Sylhet	No change	No change	No change	No change
Chittagong	No change	Increased	Increased	Increased
Rangpur	No change	No change	Decreased	Increased
Rural	Decreased	Increased	Decreased	Increased
Urban	Decreased	Inconsistent	Decreased	Increased



Why?



Almost one-third of adolescents are already mothers or pregnant with their first child



Household food security is associated with the linear growth of adolescent girls.



Throughout the adolescence period, girls from the poorest households experience the highest rate of stunting.



Maternal education is consistently associated with stunting in both early and late adolescent age groups.



The quality or diet is poor. Dietary inadequacy (eating 4 or less number of food groups) increased among both early and late adolescent periods from 2012 to 2014



Adolescents, especially girls living in urban areas increases the risk of overweight in both early and late adolescent periods.



Overweight or obesity are associated with adolescents spending more than 4 hours every day on sedentary activities such as watching television, computer games and not having access to sports and physical activity.

Key actions and Policy recommendations

Adolescence is a window of opportunity for lifelong health and well-being. It is a time to build on early investments, and offer a second chance for those who have not fared well in early childhood.

- Focus on the early adolescent period when nutritional needs are greatest!
- Adequate nutrient intake during the early adolescent period is foundational to achieving full developmental potential, and optimizing later adult health and productivity.
- Use schools as platform. Healthy school meals, physical education and sports hold promise as most children between 10-13 are still in school
- Use social media and adolescent clubs to promote better dietary habits and physical activity
- Educate young people about sexual and reproductive health and prevent child marriage and early pregnancy

To sustain Bangladesh's positive trajectory in health and economic development, now is the time to invest in the nutritional entitlements of the country's almost 36 million adolescents.



*An analysis of pooled nationally representative data on over 18,000 girls aged 10-19 over the period 2011-14 taken from the Food Security Nutritional Surveillance Project (FSNSP), HKI and JPGSPH/BRAC University

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