

# NUTRITION

## EAST AFRICA



Girls have higher nutritional needs than boys during their adolescent growth spurt and the onset of menstruation, and are more likely to suffer from nutritional deficiencies. In some settings, girls' diets are affected by cultural traditions favouring men and boys and exacerbated by poverty. Early marriage and pregnancy – when adolescent girls' bodies are still growing and changing – leads to a vicious cycle of undernutrition in the next generation. Girls who are married young experience higher rates of anaemia and malnutrition than those who marry later in life.

## NATURE OF THE PROBLEM FOR GIRLS



### LEARN

Micronutrient deficiencies, especially iron deficiency and anemia, slows growth and increase fatigue, leading to lower performance in school.



### EARN

Research shows that being underweight hinders productivity. Iron deficiency and anaemia reduces work capacity and makes girls more susceptible to infection, increasing absenteeism.



### STAY SAFE

Adolescent girls are particularly vulnerable to malnutrition because they have increased demand for iron during menstruation. Pregnant girls who are malnourished are more likely to experience obstructed labour and other complications. Children of malnourished women are more likely to face cognitive impairments, short stature, and a higher risk of disease.

## DEPTH: WHAT IMPACT CAN A SOLUTION BRING?



Improving girls' nutrition can improve potential school performance and work productivity by increasing energy, concentration and cognitive abilities.



Improving nutrition can improve a variety of health outcomes for girls, including improved physical and cognitive growth, better maternal health and birth outcomes, and can help break the cycle of intergenerational malnutrition.



## FOCUS: WHICH GIRLS WOULD BENEFIT THE MOST?

All girls across the socio-economic and urban-rural spectrum would benefit from nutrition interventions. However the causes of malnutrition are complex and interrelated, including a combination of lack of access to nutritious foods, knowledge barriers, disease, inadequate care, poor sanitation, or inter-generational causes due to poor nutrition in pregnancy. Private-sector driven solutions have the potential to improve knowledge and make nutrition an aspiration among girls through marketing strategies and through markets, but are likely to mainly reach girls in families who purchase food in markets – mainly in urban and peri-urban areas.

## SCALE: HOW MANY GIRLS CAN BE REACHED?

Girls age 15-19	Stunted <sup>1</sup>	Below normal BMI	Anemic
<b>KENYA</b> 	Not available <sup>2</sup>	16.6%	Not available
<b>ETHIOPIA</b> 	5.6%	36.1%	13.4%
<b>RWANDA</b> 	4.7%	10.9%	8.8%
<b>TANZANIA</b> 	5.4%	17.6%	42.2%
<b>UGANDA</b> 	1.9%	14.3%	18.9%

1. Stunting: Permanently low height for age, reflecting chronic undernutrition during critical periods of growth.
2. Kenya: Disaggregate data on stunting for girls age 15-19 not available. Overall stunting is estimated to be 35.3% and anemia prevalence among pregnant women is 55.1%.

## SPRING PARTICIPANTS WORKING IN NUTRITION

