

Nutrition in adolescence – Issues and Challenges for the Health Sector

Issues in Adolescent Health and Development



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Contents

1.	INTRODUCTION	1
1.1	Adolescents: Who are they?	1
1.2	Increasing focus on adolescent health and well-being	2
1.3	Objectives and content of the paper	4
2.	ADOLESCENCE PROVIDES A WINDOW OF OPPORTUNITY FOR NUTRITION	7
2.1	Adolescence is a timely period for the adoption and consolidation of sound dietary habits	7
2.2	Improving adolescents' nutrition behaviours is an investment in adult health	7
2.3	There is potential for correcting nutritional inadequacies and perhaps even for catch-up growth	8
2.4	Nutrition intervention in adolescent girls may contribute to breaking the vicious cycle of intergenerational malnutrition, poverty and chronic disease	9
2.5	Reaching households and communities through adolescents	10
3.	ADOLESCENCE IS A PERIOD OF NUTRITIONAL VULNERABILITY	11
3.1	Conceptual framework for the analysis of nutritional problems in adolescence	11
3.2	Nutritional problems in adolescence	13
3.2.1	Undernutrition, stunting and consequences in adolescence	14
3.2.1.1	Overview on malnutrition in adolescence	14
3.2.1.2	Malnutrition delays physical growth and maturation	16
3.2.1.3	Stunting and delayed maturation compound risk of adolescent pregnancy	16
3.2.1.4	Malnutrition reduces work capacity	16
3.2.2	Iron deficiency anaemia and other widespread micronutrient deficiencies	17
3.2.2.1	Iron deficiency and anaemia	17
3.2.2.2	Vitamin A deficiency	20
3.2.2.3	Iodine deficiency disorders	20
3.2.2.4	Micronutrient deficiencies and bone disease	20
3.2.3	Obesity and other nutrition-related chronic diseases	22
3.2.3.1	Obesity	22
3.2.3.2	Cardiovascular disease risks	24
3.2.3.3	Nutrition, gout and gallstones	25
3.2.3.4	Nutrition and cancer	26
3.2.4	Tooth decay, a nutrition-related problem in adolescence	27
3.3	Early pregnancy, a well-documented factor of health and nutritional risk in adolescent girls	27
3.3.1	Maternal mortality and morbidity	28
3.3.2	Low birth weight and prematurity	29
3.3.3	Lactational performance	29
3.3.4	Socioeconomic consequences and correlates	30
3.4	Lifestyle and eating patterns, major threats to adolescents' nutritional status	31
3.4.1	Typical eating patterns and intakes of adolescents	31
3.4.2	Commercial, cultural and psychosocial influences on eating patterns	32

3.4.3	Body image, obesity, dieting and eating disturbances	33
3.4.3.1	The concept of body image	34
3.4.3.2	Body image and dieting practices	34
3.4.3.3	Eating disorders and disturbances	35
3.4.4	Interrelationships of eating and other health-related lifestyle factors	35
3.4.5	Socioeconomic factors and risk of inadequate diets	37
3.4.5.1	Gender inequality	37
3.4.5.2	Poverty and lack of access to food (food insecurity)	37
4	STRATEGIES AND APPROACHES TO IMPROVE ADOLESCENTS' NUTRITION	39
4.1	General strategies and intervention models	39
4.1.1	Integration of health, nutrition and development of adolescents	39
4.1.2	Participation, but confidential health services, crucial in adolescents	40
4.1.3	Life skills, health promotion and other intervention models for adolescents	41
4.2	Programmatic approaches targeting adolescents.....	43
4.2.1	School-based programmes	43
4.2.1.1	Overview of policies and programmes	43
4.2.1.2	Examples of effective school-based nutrition programmes	45
4.2.2	Child-to-child, youth groups, and other community-based programmes	48
4.3	Overall strategy for nutrition intervention in adolescence	49
4.4	Nutrition promotion, as part of health promotion	51
4.5	Prevention and management of nutritional disorders and risk conditions.....	53
4.5.1	Nutritional assessment based on anthropometry and inquiry: Specific issues in adolescence	53
4.5.1.1	Nutritional anthropometry	54
4.5.1.2	Dietary inquiry	56
4.5.2	Control of iron and other micronutrient deficiencies in adolescents	57
4.5.2.1	Iron deficiency and anaemia	57
4.5.2.2	Iodine deficiency	58
4.5.2.3	Vitamin A deficiency	59
4.5.2.4	Other micronutrient inadequacies	60
4.5.2.5	Some comments on micronutrient strategies	60
4.5.3	Nutrition integration in antenatal (and postnatal) care for adolescents	61
4.5.3.1	Is antenatal care nutritionally effective?	62
4.5.3.2	Screening for risk factors	63
4.5.3.3	Initial anthropometric assessment and weight-gain monitoring	63
4.5.3.4	Nutrition intervention	64
4.5.4	Prevention and management of obesity	67
4.5.5	Prevention of eating disturbances	69
4.5.6	Management of severe malnutrition in adolescents, particularly in emergency situations	72
4.6	Case management of nutritional problems in health care	73
4.6.1	Adolescents with diabetes mellitus	73
4.6.2	Adolescents with HIV/AIDS	75
4.6.3	Food allergies and intolerances	78
4.6.3.1	Food allergies	78
4.6.3.2	Celiac disease	79
4.6.3.3	Lactose intolerance	79
4.6.3.4	Other: hyperlipidemia; sickle cell anaemia	80
4.7	Synthesis: good practices for health-care providers to attend to the nutrition needs of adolescents	80

5	CONCLUSIONS AND RECOMMENDATIONS	83
5.1	Adolescents are vulnerable and deserve special attention in nutrition	83
5.2	Need for inclusive strategies and specific policies for adolescent nutrition at country level	89
5.3	Evidence-based strategic orientations	89
5.3.1	Caveat on 'evidence-based' decision-making and planning	89
5.3.2	Primary focus on nutrition promotion, the key role of schools, and the importance of dietary guidelines	90
5.3.3	Adolescent girls as a priority target group, before the first pregnancy	91
5.3.4	More of an integrated and food-based approach to micronutrient malnutrition	92
5.3.5	The importance of preventing obesity (and eating disturbances)	93
5.4	Research needs	94
5.4.1	On eating behaviours and determinants in adolescents:	94
5.4.2	On nutritional status	94
5.4.3	On effectiveness of interventions	95
5.5	Recommendations to WHO for priority action and research	95
5.5.1	Technical support	95
5.5.2	Research priorities	96
	REFERENCES	100
	FIGURES	
1.	Conceptual framework of nutritional problems and causal factors in adolescence	12
2.	Overall strategy for nutrition intervention in adolescence	50
3.	A model of eating and weight-related behaviour	70
	CHARTS	
1.	Nutrition of adolescents: Good practices for health care providers	81
2.	Nutrition intervention: Dealing with adolescents	84
	APPENDICES:	
I	Nutritional status of adolescents in developing countries	97
II.	Selected percentiles of waist circumferences by race, sex, and age	99

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Preface

The overall purpose of this document is to present the factors and current thinking which underlie WHO's recommendations for the prevention of nutritional disorders in adolescents, and for their early detection, diagnosis and appropriate management. Following a brief **Introduction (PART 1)** to the particular features of adolescence and to the opportunities it provides, the three specific objectives of the document are dealt with as follows:

- **PART 2** – to identify the key nutritional problems that affect adolescents, the main risk factors, and their interaction with other health problems and life events
- **PART 3** – to identify and discuss existing recommendations, strategies and programmes on the prevention and control of these conditions
- **PART 4** – to propose a number of more specific actions for the health sector to address the nutrition-related needs of adolescents in the light of scientific evidence and lessons learned, while insisting on the importance of intersectoral approaches to nutrition in consideration of the multifactorial etiology of nutrition problems.

The focus throughout this document is on adolescents in developing countries, and this means addressing nutritional problems that are common to high, middle, and low-income groups, as well as those that are spreading throughout the world as a result of globalization. Although much of the research into the various factors of nutritional risk in adolescents has been carried out in high-income countries, many of the findings are also of relevance to middle and low-income settings.

Nevertheless, because of the very wide differences which exist between (and even within) all countries, the generalizing of problems or solutions is often meaningless. Although developed and developing country categories are used for the sake of simplicity, this dichotomy is becoming more and more irrelevant with respect to nutritional problems or other issues. The current document therefore deals where possible with adolescent nutritional issues in the context of the relevant setting.

Public health nutrition is given more emphasis than clinical nutrition since promotion and prevention are deemed more critical to adolescent nutritional health than individual case management, and because the recommendations are primarily intended for health-care providers and not for clinical nutritionists or dietitians. This paper does not therefore discuss in detail the nutritional requirements and dietary allowances of adolescents, nor does it delve into specific clinical conditions requiring therapeutic diets. It is felt that these aspects are beyond the scope of the present work. Furthermore, as it is becoming increasingly difficult to exhaustively cover all nutritional disorders, deficiencies, and risks in a single work, consideration has been focused upon a number of higher priority areas.

Adolescents are tomorrow's adult population, and their health and well-being are crucial. Yet, interest in the health of adolescents is relatively recent, and a focus on nutrition is even more recent, with the exception of adolescent pregnancy. This discussion paper intends to make evidence-based recommendations to help improve the contribution made by health-care providers to the nutritional health of adolescents, particularly in developing countries.

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