BEHAVIOUR CHANGE FOR HEALTHY CHOICES AMONG ADOLESCENTS

Dr. Anjali Bhardwaj
Regional Manager, Adolescent and Women’s Health and Nutrition – Asia
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OUTLINE

• Introduction and adolescent context
• Anaemia in adolescents: Key issues
• Factors influencing adolescent nutrition
• Strategy for addressing adolescent nutrition and developing successful behavior change programs
• Examples of Behaviour Change Programs
• Lessons learnt
A SNAPSHOT OF NUTRITION INTERNATIONAL

VISION
A world where everyone, everywhere is free from malnutrition and able to reach their full potential

PURPOSE
To transform the lives of vulnerable people, especially women, adolescent girls and children, by improving their nutritional status

MISSION
To be a global leader in finding and scaling solutions to malnutrition through COVERAGE, LEVERAGE and INFLUENCE

- Delivering proven nutrition interventions to those who need them most.
- A global organization, in more than 60 countries, primarily in Asia and Africa
- Cutting-edge nutrition research, critical policy formulation, and integration of nutrition into broader development programs.

Headquarters, Ottawa, Canada
Core Countries
ADOLESCENTS AROUND THE WORLD

- There are 1.2 billion adolescents in the world today, about 16% of the global population.
- More than 90% of adolescents in are LMICs.
- Period marked by physical growth: weight and height gain.
- Ages 15–19 have the greatest total energy requirement compared to any age group (~2,420 kcal/day)
Iron-deficiency Anaemia is the Number One Cause of DALYs Lost for All Adolescent Girls’ Age Groups, & Adolescent Boys Aged 10-14 Years.

Fig: Estimated top five causes of adolescent disability-adjusted life years (DALYs) lost by sex and age, 2015

Source: Global Accelerated Action for the Health of Adolescents (AA-HAI), WHO, 2017
High anaemia rates in LMICs despite decades-long supplementation programs

- **Food insecurity & insufficient food consumption**
  - 50% adolescent girls in LMICs do not eat 3 meals a day
  - Urban poor eat less, and most unhealthy foods

- **Unhealthy food behavior & poor diets**
  - Skipping breakfast, unhealthy snacking
  - High fast-food consumption
  - Not enough fruits & vegetables

- **Lack of information & access**
  - Sources of heme iron
  - Fortified foods
  - Importance of vitamin C and iron absorption process

- **Nutrition education & counselling**
  - Nutrition information and education not prioritized, esp. for adolescents.
FACTORS LINKED TO ADOLESCENT NUTRITION

Access
- Public Health & Nutrition System
- COVID-19
- School System
- Role of private sector
- Political context
- Diversity & vulnerable groups

Gendered Barriers
- Inspirations
- Aspirations
- Motivation
- Agency over nutrition and food choices
- Family &/or Peer influence
- Data gaps
KEY STRATEGIES FOR ADOLESCENT NUTRITION

- Build and implement evidence-based strategies
- Multipronged and multisectoral programming
- School, and community-based interventions
- Enhance awareness about healthy eating, physical activity
- Inclusion of iron-rich & fortified foods in school & community feeding
- Leverage social safety net programs
- Scale-up & integration with WASH programs
Inclusion of gender empowerment interventions

Adolescent friendly communication

Role models, influencers and champions

Nutrition Counselling

Continuous communication

Different approach for different audience

KEY COMPONENTS OF BEHAVIOUR CHANGE STRATEGY

- Engage and provide information
- Translate information into action
- Get adolescents to care about their health and diet
- Change sporadic actions to regular habits
NUTRITION INTERNATIONAL’S
BEHAVIOUR CHANGE INTERVENTIONS
INCREASE GIRLS’ KNOWLEDGE AND AWARENESS ON NUTRITION THROUGH ENGAGING NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE CONTENT.

INCREASE GIRLS’ AGENCY & PROMOTE GENDER EQUALITY BY DELIVERING NUTRITION-INTEGRATED CONTENT.

INCREASE ENGAGEMENT WITH ADOLESCENT GIRLS ON NUTRITION-RELATED ISSUES.

*In partnership with Girl Effect
GIRL POWERED NUTRITION, WAGGGS*

Co-created by girls for girls

Increase girls’ knowledge of nutrition so they can make healthy choices

Girl guides influence their communities to make nutrition a priority

Program reached Philippines, Tanzania, Madagascar and Sri Lanka

172k+ girls reached by the girl guides

*World Association of Girl Guides and Girl Scouts
BEHAVIOUR CHANGE INTERVENTIONS TO IMPROVE ADOLESCENT NUTRITION IN INDIA

- Increasing visibility and information about fortified foods
- Use of interactive behaviour change materials
- Nutrition counselling
**LESSONS LEARNED**

**COLLABORATIONS**
Particularly crucial to build bridges between health, education, and WASH

**NO ONE LEFT BEHIND**
School, community, & health facility-based interventions

**GENDER BARRIERS**
Understanding & addressing barriers, Engage men and boys in nutrition interventions

**LONG TERM FOCUS**
Diet diversity & food fortification, effective long-term strategies

**BENEFICIARY ENGAGEMENT**
Participation by adolescents in planning, execution and monitoring

**FLEXIBILITY**
Diverse settings require different interventions
REFERENCES AND FURTHER READING

- Healthy Eating During Adolescence. hopkinsmedicine.org/health/wellness-and-prevention/healthy-eating-during-adolescence
- Nutrition International’s Adolescent Nutrition and Anaemia online course. nutritionintl.org/ado-course/
- Nutrition International’ BCI Toolkit nutritionintl.org/resources/behaviour-change-intervention-toolkit
Thank You