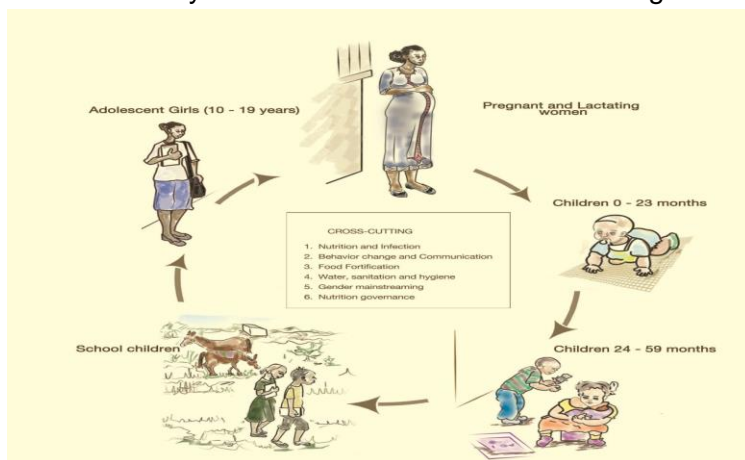


# ADOLESCENT NUTRITION SERVICES

To promote optimal feeding and care practices, the MoH established the National Nutrition Programme II (NNP II) (CSA & ICF 2016:190).

The MoH established the National Guideline on Adolescent, Maternal, Infant, and Young Child Nutrition (AMIYCN) in 2016 (CSA & ICF 2016:190). Adolescence, like the first thousand days, provides a second window of opportunity for growth and prevention of intergenerational malnutrition. Protein, iron, and other micronutrients are required to support adolescent growth and meet the body's increased demand for iron during menstruation. The most common form of



malnutrition among Ethiopian adolescent girls, (30%) had iron deficiency anemia (FMoH 2017b: 9).

Figure 7.8.1 Intergenerational malnutrition

## Adolescent nutrition energy requirements

Adolescent energy needs are influenced by

activity level, basal metabolic rate (BMR), and increased needs to support pubertal growth and development. The amount of lean body mass is proportional to the basal metabolic rate (FMoH 2017b: 186). The amount of protein required for maintenance of existing lean body mass and accrual of additional lean body mass during the adolescent growth spurt influences the protein needs of adolescents (FMoH 2017b: 186).

## **Adolescent nutrition food pyramid**

The food pyramid tells us how much of each group of food should be eaten. The energy giving foods are the ones that need to be eaten the most, then the fruit and vegetables to help build immunity and provide micro-nutrients and then protein and animal source food to facilitate growth and provide micro-nutrients. Finally, fats oil and sugars should be eaten in smaller amounts (FMoH 2017b: 187).

A food pyramid is a graphical representation of the recommended number of servings from each of the basic food groups to consume each day (FMoH 2017b: 187) (see Figure 6.2).

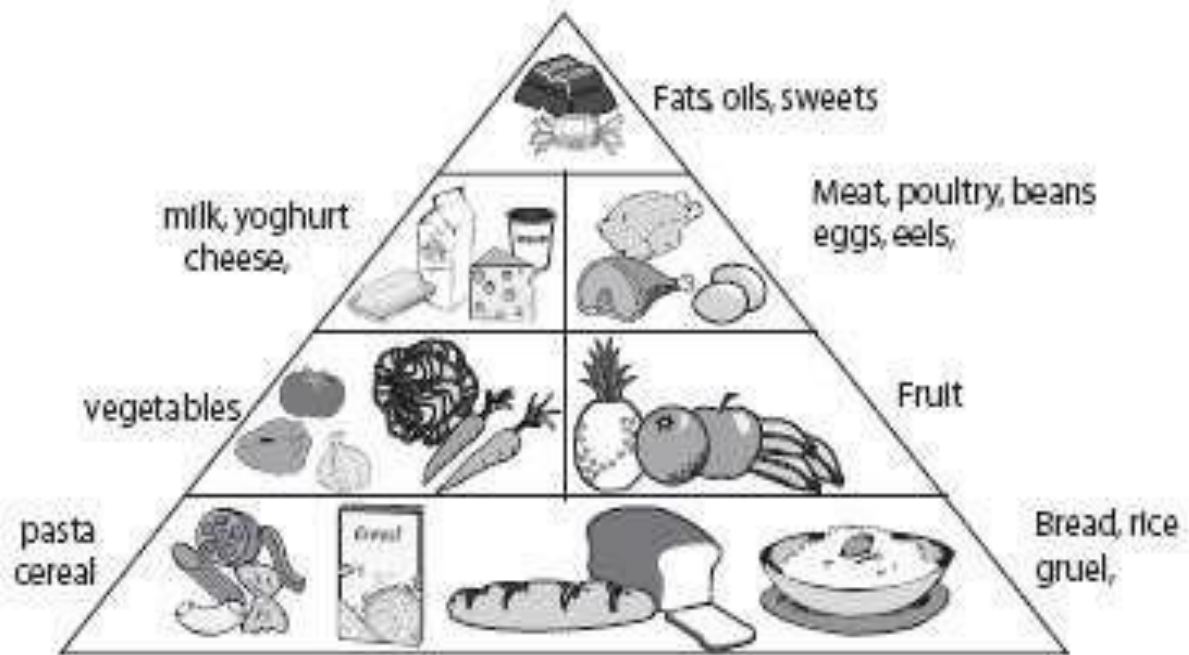


Figure 7.8.2 Food pyramid

Source: FMOH (2017b: 187)

## **Micronutrient deficiencies**

Low hemoglobin levels in the blood indicate iron deficiency anemia.

Adolescent girls are especially vulnerable to iron deficiency because their bodies require more iron since blood loss occurs during menstruation

(FMoH 2017b: 189).

## **Nutrition intervention for adolescent girls**

The primary goals of nutrition intervention are to promote normal physical and emotional development, as well as to prevent nutrient deficiencies and excesses. Adolescence provides a

window of opportunity for nutrition intervention. An integrated service approach should be considered to make the interventions effective and sustainable. Comprehensive and integrated programs directed at multiple-risk behaviours are more likely to be successful than separated short-term interventions (FMoH 2017b: 192).

## **Nutrition assessment and counseling**

Nutrition assessment is a tool used to identify those adolescents who are at risk of under/over-weight/obese; micronutrient deficiency and to assess related risk factors. The screening for adequacy of dietary intake and nutritional status of adolescents and youth should be conducted periodically and as

required (FMoH 2017b: 192).

**Table 6.1 BMI for age cutoff, WHO 2000 growth reference 5-19 years**

BMI (kg/m)	Classification
≥ 95th percentile	Obesity
85th to < 95th percentile	Overweight
15th to < 85th percentile	Healthy Weight
< 15th percentile	Underweight/ Thinness

Source: FMoH (2017b: 193)

**BMI = Weight**

**in Kg/height in**

**mt**

**Steps for calculating and interpreting BMI-for-age (FMoH 2017b:193):**

- Step 1: Take precise weight and height measurements.
- Step 2: Choose an appropriate growth

chart (based on the age and gender of the child being weighed and measured).

- Step 3: Make a record of the data.
- Step 4: Determine your BMI
- Step 5: Make a measurement chart.
- Step 6: Analyse the data that has been plotted.



# **Promotion of healthy eating and physical activity**

## **Healthy eating**

- Eat food from all of the food groups each day to meet the nutritional requirements.
- Eat a variety of nutrient-dense foods, including fruits and vegetables, while limiting other foods such as sweets and fats (according to the food pyramid).
- Have regular meals and healthy snacks.
- Get at least 30 minutes of physical

activity every day.

## **Physical activity**

To promote health, psychological well-being, and healthy body weight, engaging in regular physical activity and reducing sedentary activities are recommended (FMoH 2017b: 197).

To reduce the risk of chronic disease in adulthood, adolescents and youth should engage in at least 30 minutes of moderate-intensity physical activity at work or at home on most days of the week, in addition to usual activity. Physical activity of higher intensity or

duration will provide greater health benefits for the majority of people. To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood, engaging in 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake is ideal.