



CALL TO ACTION

**Addressing adolescent malnutrition
for a triple dividend of benefits**

11.6% of adolescents are thin or wasted, and 10.7% are overweight or obese. Additionally, 21.9% of women of reproductive age are anaemic and notably 4% of pregnant women are anaemic.

The reference to malnutrition covers three broad groups of conditions: undernutrition, which includes wasting, stunting and being underweight; micronutrient-related malnutrition, which includes a lack or excess of important vitamins and minerals; and overnutrition, comprising of overweight and obesity. Globally, more than 1 billion adolescent girls and women suffer from malnutrition.

Between 2000 and 2022 there was no change in the prevalence of underweight adolescent girls (8 per cent). The prevalence of anaemia continues to remain high at 30 per cent while 69 per cent of women and adolescent girls suffer from micronutrient deficiencies.¹

Malnutrition during adolescence has dire consequences for people in later stages of life. Malnutrition also delays growth which can significantly increase the risk of complications during adolescent pregnancy. It also reduces school and work performance, reducing the chance of teenagers becoming independent and productive. Iron deficiency and anaemia in girls has significant risks with regards to pregnancy outcomes (low birth weight, still birth, premature births, and maternal deaths); while obesity increases the chances of getting chronic diseases in later adult life, such as diabetes, cardiovascular diseases, and hypertension.



The Kenya National Adolescent Survey 2019/2020 revealed that nationally, 11.6 per cent of adolescents were thin or wasted, and 10.7 per cent were overweight or obese.² Iron deficiency is the top contributor of lost disability-adjusted life years (a measure of overall disease burden, expressed as the total years lost due to ill-health, disability, or early death to compare the health impacts of diseases and prioritize healthcare interventions) in adolescent girls and is ranked as the leading factor for morbidity and mortality within this demographic globally.³ According to the Kenya National Micronutrient Survey, 21.9 per cent of women of reproductive age are anaemic and notably 41 per cent of pregnant women are anaemic.⁴ Anaemia is linked to reduced cognitive development, academic and productive potential, decreased wellbeing and elevated morbidity and mortality. This is evidence of a double burden of malnutrition (underweight and overweight). Disparities are, however, evident in the counties. A study conducted in 2019 in Samburu County, where 26 per cent of the population is made up of adolescents aged 10-19 years, showed that adolescents are exposed to multiple risk factors including food and nutrition insecurity owing to frequent droughts, and limited livelihood options, that together have a negative impact on nutritional well-being. Malnutrition levels in Samburu were high with undernutrition at 34 per cent while 6 per cent of adolescents are overweight.⁵

Adolescents in Kenya make up 24 per cent of the population.⁶ They are exposed to various vulnerabilities including early and unintended pregnancies, inadequate dietary intake, female genital mutilation (FGM), child marriage, sexual and gender-based violence (SGBV), and sexually transmitted infections (STIs) including HIV and AIDS among others.

The importance of adolescent nutrition cannot be over emphasized for the optimal development and success of Kenya's economy.

¹ United Nations Children's Fund (UNICEF). Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women.

UNICEF Child Nutrition Report Series 2022. New York, 2023. Pages 13-20. Available at <https://www.unicef.org/reports/undernourished-overlooked-nutrition-crisis>.

² Ministry of Health Kenya, Division of Adolescent and School Health. The Kenya Adolescent Health Survey 2019/2020 Report. Nairobi, 2022.

³ World Health Organization (WHO). Guideline: implementing effective actions for improving adolescent nutrition. Geneva, 2018. Available at <https://www.who.int/publications/item/9789241513708>

⁴ Ministry of Health Kenya Medical Research Institute (KEMRI) Kenya Bureau of statistics (KNBS) et al. Kenya National Micronutrient Survey (KNMS). Nairobi, 2011.

⁵ Kenya Ministry of Health, Kantar and United Nations Children's Fund (UNICEF). Samburu Adolescent Health Survey. Nairobi, 2019.

⁶ Kenya National Bureau of Statistics (KNBS). 2019 Kenya Population and Housing Census. Nairobi, 2019.

Page.49. <https://www.knbs.or.ke/?wpdmpromo=2019-kenya-population-and-housing-census-volume-i-population-by-county-and-sub-county>

This population is a key demographic asset as they represent the next generation that will shape the future of Kenyan society and economy and investing in them now can yield significant returns later. Investing in their nutrition, health, well-being, skills development, and employment will accelerate dividends for the nation.

Key issues for Kenya

According to the 2022 Kenya Demographic Health Survey (KDHS) 18 per cent of adolescent women and girls, and 43 per cent of adolescent men and boys, are underweight. Thirteen per cent of adolescent girls are either overweight (11 per cent) or obese (2 per cent) while only 3 per cent of the boys are overweight/obese.⁷ The KDHS revealed that the teenage pregnancy rate in Kenya stands at 15 per cent with Samburu and West Pokot counties registering high teenage pregnancy rates at 50 per cent and 36 per cent respectively.

18%

According to the 2022 Kenya Demographic Health Survey (KDHS) 18 per cent of adolescent women and girls, and 43 per cent of adolescent men and boys, are underweight.

15%

The 2022 KDHS revealed that the teenage pregnancy rate in Kenya stands at 15 per cent.



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The cost of inaction

Improving nutritional outcomes remains a key factor when it comes to investment in human capital. The burden of malnutrition, with 18 per cent of adolescent women and girls, and 43 per cent of adolescent men and boys, being underweight, will have long term economic and social impacts if not addressed. In particular, the slow progress in addressing the prevalence of iron deficiency anaemia is contributing to significant loss of disability-adjusted life-years in adolescents.

Return on Investment

Estimates suggest that economic returns of US\$5-10 for every dollar invested in adolescent health and education are common, with well above US\$10 returned for every dollar for some interventions focused on adolescent wellbeing⁸. Strategic investment in adolescent health and nutrition now will ultimately result in a triple dividend of benefits for adolescents including enhancement of their present wellbeing and their better health and productivity in the future.

What has been done?

The Kenya government's Health ministry's Division of Adolescent and School Health undertook the first National Adolescent Health Study in 2019/2020.⁹ The development of the Adolescent Health Policy, advocacy strategy, and monitoring and evaluation framework is ongoing and coincides with the adoption of the World Health Organization's (WHO) Health Promoting School's framework.

⁷KNBS. Kenya Demographic and Health Survey 2022. KNBS, Nairobi, 2022.

⁸Sheehan, Peter et al. 2017. Building the Foundations for Sustainable Development: A Case for Global Investment in the Capabilities of Adolescents." The Lancet 390(10104): 1792-1806. Available at [http://dx.doi.org/10.1016/S0140-6736\(17\)30872-3](http://dx.doi.org/10.1016/S0140-6736(17)30872-3)

⁹Ministry of Health Kenya, Division of Adolescent and School Health. The Kenya Adolescent Health Survey 2019/2020 Report. Nairobi, 2022.

The KDHS has also provided data on key adolescent nutrition indicators, which are useful for planning, policy formulation and monitoring of programming decisions.

In 2020-2022, UNICEF supported the development and implementation of an evidence-based, Adolescent Integrated Nutrition Project in Samburu County, benefiting 21,000 vulnerable adolescents through schools, health facilities and community outreaches to address immediate and underlying causes of malnutrition, focusing on diet diversification, supporting income-generating activities, enhancing household food practices, and promoting behavior change communication. Additionally, UNICEF continues to advocate for policies regulating the marketing of unhealthy foods, food labeling, and fiscal measures to protect children and promote healthier dietary choices.



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- Scaling up of the Adolescent Integrated Nutrition Project as piloted in the Samburu model to other counties – reaching vulnerable adolescents through multiple platforms (schools, health facilities and the community).
- Customise and distribute the adolescent-friendly social behavior change package on nutrition across various settings using the model. This includes enhancing nutrition education in school curricula and promoting healthy dietary practices among adolescents.
- Scaling-up of the weekly iron and folic acid supplementation (as piloted in Kitui, Busia and Nakuru counties) including micronutrient supplementation and deworming for adolescents.
- Engaging adolescents and youth in nutrition resilience actions and promotion of healthy food environments in both urban and rural settings.
- Research on climate change and food related ecosystem focusing on adolescent nutrition to enhance evidence-based nutritional policies and adolescent responsive programme interventions is critical.

UNICEF is committed to action

UNICEF is committed to advocating to improve nutritional outcomes for adolescents which will enhance their well-being, foster personal growth and enable substantial contributions to Kenya's economy and society, benefiting both current and future generations.



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FOR MORE INFORMATION, CONTACT:

Ismael Teta, Chief of Nutrition, ingnieteta@unicef.org or
Shaheen Nilofer, Representative, snilofer@unicef.org