

Undernourished and overlooked

A Global Nutrition Crisis in
Adolescent Girls and Women

Executive Summary



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EXECUTIVE SUMMARY

There has been important progress for the rights of adolescent girls and women in recent decades, yet millions still struggle to access the nutritious diets, essential nutrition services and nutrition and care practices they need to prevent malnutrition.

Undernutrition, micronutrient deficiencies and anaemia amplify gender inequalities by lowering learning potential, wages and life opportunities for adolescent girls and women, weakening their immunity to infections, and increasing their risk of life-threatening complications during pregnancy and childbirth.

Poor maternal nutrition can also have debilitating and even lethal consequences for infants and young children. Maternal undernutrition, micronutrient deficiencies and anaemia increase the risk of stillbirth, newborn death and preterm delivery and impair foetal development, with lifelong consequences for children's nutrition, growth, learning and future earning capacity.



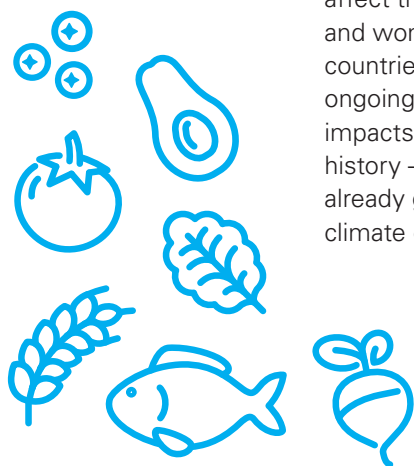
OUR RESEARCH

THE CASE FOR PRIORITIZING ADOLESCENT GIRLS' AND WOMEN'S NUTRITION NOW

This global report examines the current status, trends and inequities in the nutritional status of adolescent girls and women of reproductive age (15–49 years), and the barriers they face in accessing nutritious diets, utilizing essential nutrition services and benefiting from positive nutrition and care practices.

Our analysis focuses on undernutrition, micronutrient deficiencies and anaemia because these forms of malnutrition affect the most vulnerable adolescent girls and women in low- and middle-income countries, especially in the context of the ongoing global food and nutrition crisis. The impacts of this crisis – the largest in modern history – are falling hardest on countries already grappling with poverty, conflict and climate change.

We analysed data on underweight and anaemia for more than 190 countries and territories, representing more than 90 per cent of adolescent girls and women globally. Inequities in underweight, short height and anaemia, dietary diversity and access to essential nutrition services in adolescent girls and women are examined using data from national surveys. We also analysed data from four regional reviews and NutriDash – UNICEF's global online monitoring platform for maternal and child nutrition – on the status of nutrition policies and programmes for adolescent girls and women. In addition, the report shares data and evidence on the impact of current crises on the nutrition of adolescent girls and women.



OUR FINDINGS

THE GLOBAL CRISIS OF NUTRITION IN ADOLESCENT GIRLS AND WOMEN

Our findings reveal the slow progress on nutrition in adolescent girls and women, and the multiple, interacting drivers that underlie this global crisis.

Progress on adolescent girls' and women's nutrition is too slow and under threat.

More than one billion adolescent girls and women suffer from undernutrition (including underweight and short height), deficiencies in essential micronutrients and anaemia, with devastating consequences for their lives and wellbeing. Since 2000, there has been no change in the prevalence of underweight in adolescent girls (8 per cent) and only a small decline in the prevalence of underweight in women (from 12 to 10 per cent) (see Figure 1). The prevalence of anaemia remains high and unabated (30 per cent), and more than two-thirds of girls and women (69 per cent) suffer from micronutrient deficiencies.

No region is on track to meet the 2030 global targets to reduce anaemia in adolescent girls and women by half and low birthweight in newborns by 30 per cent. The current global food and nutrition crisis could slow progress even further; we estimate that the number of acutely malnourished pregnant and breastfeeding women increased by 25 per cent between 2020 (5.5 million) and 2022 (6.9 million) in 12 countries that are hard hit by the current food and nutrition crisis (see Figure 2).

Poorer regions and disadvantaged adolescent girls and women bear the brunt of undernutrition and anaemia.

South Asia and sub-Saharan Africa are home to 68 per cent of adolescent girls and women with underweight and 60 per cent of adolescent girls and women with anaemia (see Figure 3); however, there is considerable variation in prevalence among countries within the same region and among subnational regions within the same country.

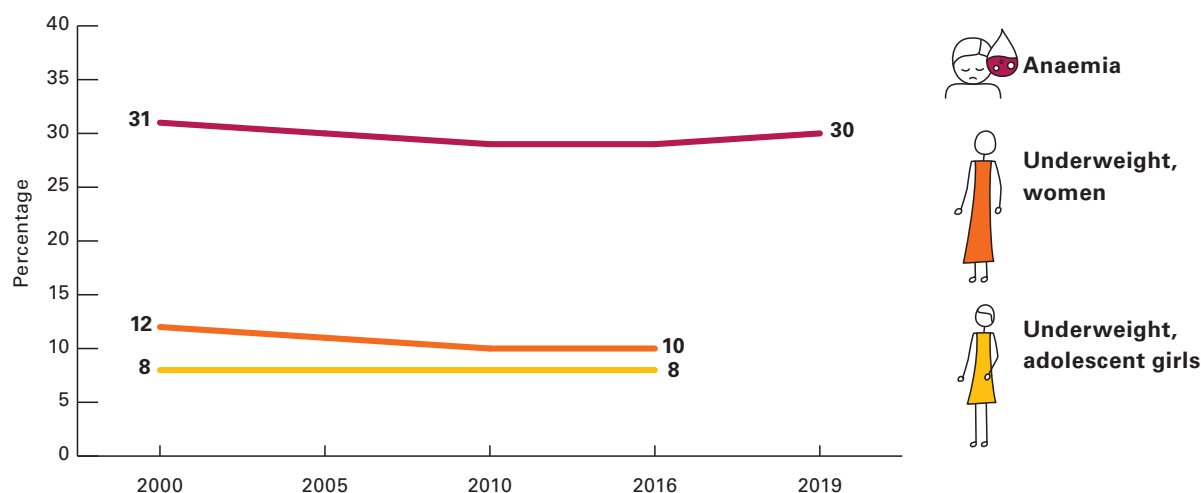


FIGURE 1: Trends in the prevalence of underweight in adolescent girls aged 10–19 years and women aged 20–49 years and anaemia in adolescent girls and women aged 15–49 years

Source: UNICEF analysis of data from NCD-RisC on underweight and Global Health Observatory on anaemia

Less educated girls and women and those living in rural areas or belonging to poorer households are more likely to be underweight, too short and/or anaemic. For example, the prevalence of underweight among adolescent girls and women belonging to the poorest households is double the prevalence in the wealthiest households (14 per cent versus 7 per cent).

Poor nutrition is passed down through generations. Maternal underweight, maternal short height and low birthweight are consistent predictors of stunting and wasting in early childhood, which explains why child undernutrition is concentrated in the same regions as maternal undernutrition: 73 per cent of all low birthweight infants and 74 per cent of all children suffering from stunting live in South Asia and sub-Saharan Africa.

Globally, 51 million children under 2 years are stunted. We estimate that about half of these children become stunted during pregnancy and the first six months of life, when a child is fully dependent on the mother for nutrition.

The global food crisis is deepening the nutrition crisis for adolescent girls and women. The gender gap in food insecurity more than doubled between 2019 (49 million) and 2021 (126 million), as girls and women across the world found themselves disproportionately hit by the impact of the COVID-19 pandemic on livelihoods, income and access to nutritious food. Our research in Eastern and Southern Africa found that up to four in five pregnant and breastfeeding women were food insecure following the pandemic, and more than two-thirds reduced their consumption of foods from at least one food group during this time.

Acute malnutrition in mothers has risen by 25 per cent in crisis-hit countries

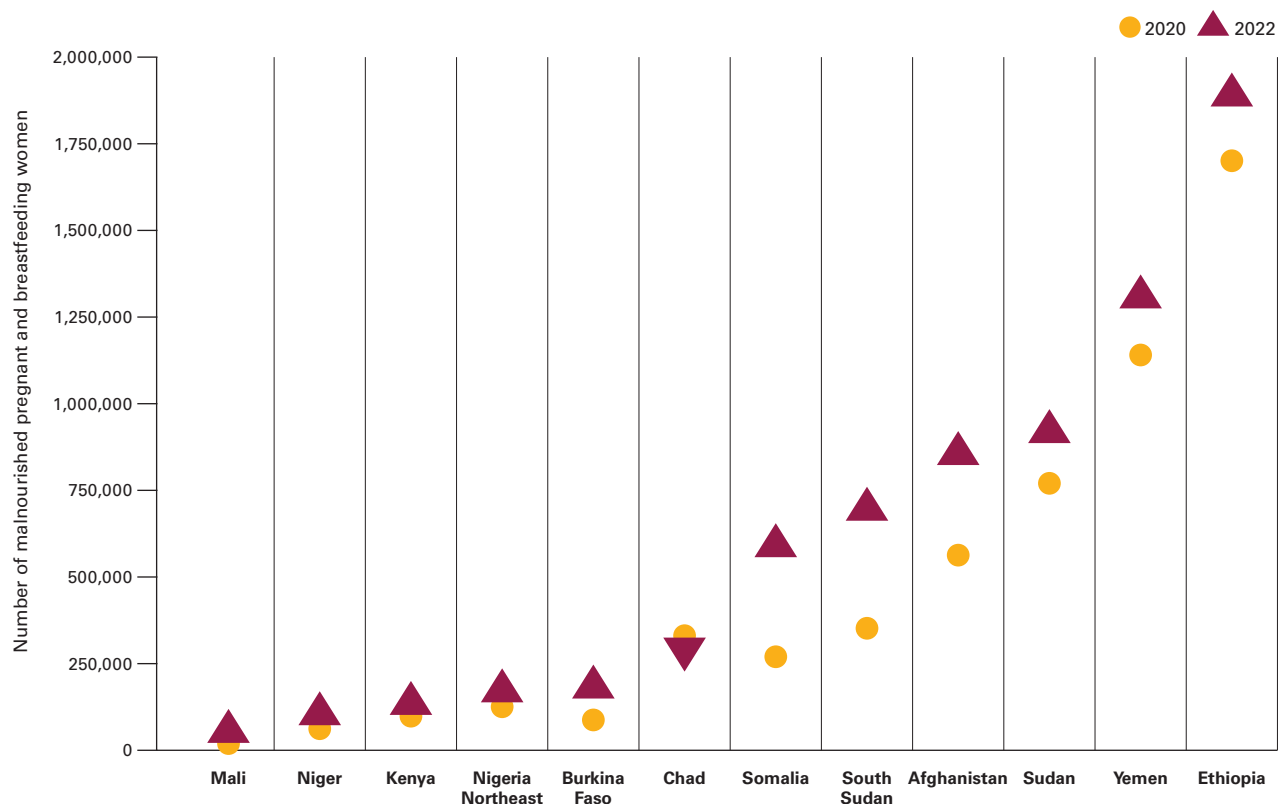
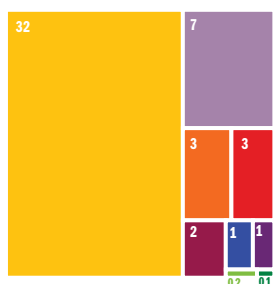
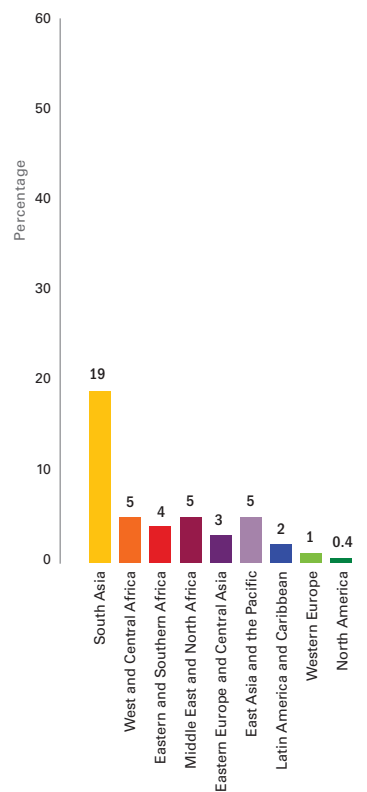


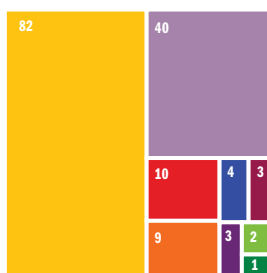
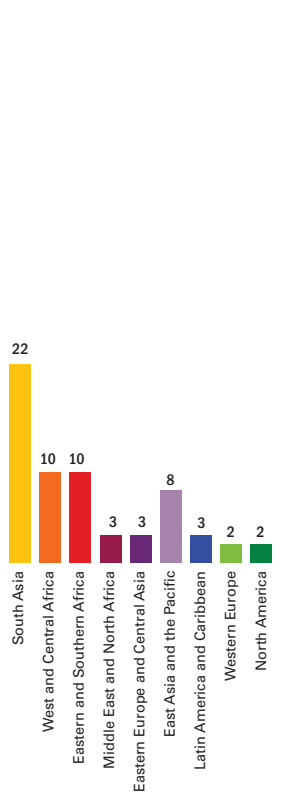
FIGURE 2: **Number of acutely malnourished pregnant and breastfeeding women in 12 countries hard-hit by the food and nutrition crisis, 2020 and 2022.**

Source: Integrated Food Security Phase Classification Acute Malnutrition reports; Humanitarian Needs Overview reports; Humanitarian Response Plans; Standardized Monitoring and Assessment of Relief and Transitions surveys; and nutrition and food security surveillance.

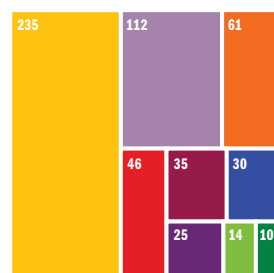
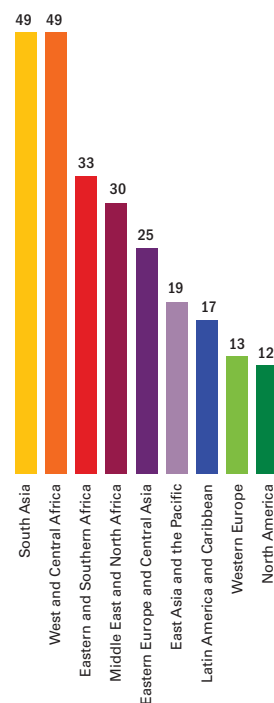
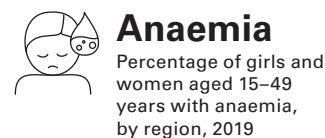
Adolescent girls' and women's nutrition is poor across all regions - but some regions are more affected than others



Numbers affected (in millions) by underweight in girls aged 10–19 years, by region



Numbers affected (in millions) by underweight in women aged 20–49 years, by region



Numbers affected (in millions) by anaemia in girls and women aged 15–49 years, by region

FIGURE 3: Prevalence of underweight in adolescent girls aged 10–19 years and women aged 20–49 years and anaemia in adolescent girls and women aged 15–49 years and numbers affected (in millions), by UNICEF region

Source: UNICEF analysis of data from NCD-RisC on underweight and Global Health Observatory on anaemia

Adolescent girls and women are also disproportionately affected by conflict, climate change, poverty and other economic shocks. The compounding impacts of global and local crises are set to further deteriorate the nutrition situation of adolescent girls and women in 2023.

Adolescent girls and women struggle to access nutritious diets. The low diversity of adolescent girls' and women's diets is troubling, especially in fragile countries. Fewer than one in three adolescent girls and women have diets meeting the minimum dietary diversity in the Sudan (10 per cent), Burundi (12 per cent), Burkina Faso (17 per cent) and Afghanistan (26 per cent). In Niger, the percentage of women accessing a minimally diverse diet fell from 53 per cent to 37 per cent between 2020 and 2022.

With rising poverty and inequities in low- and middle-income countries, there is concern that millions of girls and women will turn to cheap ultra-processed unhealthy foods that are low in essential nutrients and high in salt, sugar, and unhealthy fats.

Harmful social and gender norms and practices block progress on nutrition. Discriminatory norms and practices limit access to nutritious diets, essential nutrition services and nutrition care for adolescent girls and women by restricting their autonomy to take decisions, denying their access to productive resources (e.g., education, land, financing and social networks), increasing their domestic work burden and constraining employment opportunities. These entrenched gender inequalities tend to be most pronounced in times of food and nutrition crisis.

Child marriage and adolescent pregnancy are egregious violations of children's rights and have profound negative consequences for the nutrition and well-being of adolescent girls and their children. Adolescent pregnancy is falling, but 12 million children are born to girls aged 15–19 years who have not completed their own growth, the majority in South Asia and sub-Saharan Africa (66 per cent).

Nutrition services and social protection programmes are failing to meet the nutrition needs of adolescent girls and women, especially in humanitarian settings. Nutrition services are not reaching adolescent girls and women with adequate coverage and equity. For example, only two in five pregnant women (43 per cent) benefit from iron and folic acid supplementation for the prevention of maternal anaemia, and only 29 low- and middle-income countries provide antenatal multiple micronutrient supplements, which are a standard of care in high-income countries.

Humanitarian crises make it much more difficult to access nutrition services and support, at a time when adolescent girls and women are most vulnerable. In Afghanistan, for example, the nationwide programme to reach adolescent girls in schools with weekly iron and folic acid supplements was forced to close in August 2021 when girls were barred from attending school. There are also persistent gaps in the reach and adequacy of social protection coverage for women during crises – for example, only 12 per cent of social protection responses to the COVID-19 pandemic targeted women's economic security.

Adolescent girls and women lack strong policy protection against undernutrition. Our review of eight key policies for adolescent girls' and women's nutrition across three systems – food, health and social protection – found that only 8 per cent of countries have all eight policies, while 39 per cent have only four or fewer policies. These missed opportunities hinder policy coherence, and multi-system and multi-sector actions to improve nutrition.

Efforts to take appropriate policy decisions, track progress and hold duty-bearers to account are constrained by the lack of data and evidence on the status and drivers of nutrition in adolescent girls and women. For example, just 60 per cent of countries are monitoring the provision of antenatal iron and folic acid supplements, and only 36 per cent are monitoring whether pregnant women receive nutrition counselling.

OUR ANALYSIS

BARRIERS TO GOOD NUTRITION IN ADOLESCENT GIRLS AND WOMEN



The scale and consequences of undernutrition, micronutrient deficiencies and anaemia in adolescent girls and women are being overlooked and underrecognized – by families, by society, by governments, by development and humanitarian communities, by research and academia, by media and by the private sector. Unless decisive action is taken, we will collectively continue to fail adolescent girls and women and jeopardize the survival, growth and development of their children.

Our analysis shows that the nutritional status of adolescent girls and women is influenced by an array of factors that vary according to context. In low- and middle-income countries, economic disadvantage interacts with harmful gender and social norms and practices, inadequate policy protection and discriminatory laws, and

poorly funded and implemented nutrition programmes and services, depriving girls and women of the nutritious diets, essential nutrition services and nutrition and care practices they need to thrive and live a life with dignity.

The world is failing to respond with policies, programmes and actions that make the right to good nutrition a reality for all adolescent girls and women. The support of multiple systems – particularly the food, health and social protection systems – is crucial to deliver nutritious and affordable diets, essential nutrition services and positive nutrition and care practices to all adolescent girls and women, while catering to the unique nutritional needs of pregnancy and breastfeeding and prioritizing the most vulnerable.

The immediate outlook for adolescent girls' and women's nutrition – and that of their children – is deeply concerning because the challenges girls and women face keep escalating. Rising food and fuel prices, conflict and instability, and extreme weather events induced by climate change and environmental degradation, including the devastating droughts in the Horn of Africa and the Sahel, and floods in Pakistan, are making it even more difficult for millions of adolescent girls and women to meet their nutrition needs.

With the mounting pressures on food and nutrition security and the rapidly approaching deadlines for the global nutrition targets, governments and their development and humanitarian partners – national and international – must take the lead in bringing about much faster progress for adolescent girls' and women's nutrition.

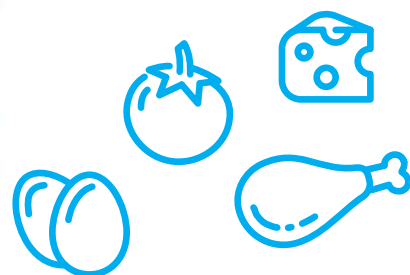


THE ROUTE OUT OF THE NUTRITION CRISIS

The route out of the nutrition crisis for adolescent girls and women is clear. Governments – together with development and humanitarian partners, national and international civil society organizations, media, research and academia and the private sector – must act now to strengthen nutrition governance, activate the food, health and social protection systems, and transform harmful social and gender norms to deliver nutritious and affordable diets, essential nutrition services and positive nutrition and care practices for adolescent girls and women everywhere. The following ten key actions are critical to drive change:

Nutrition governance for adolescent girls and women

- **Build bolder leadership to mobilize institutions, leverage resources and galvanize actions for adolescent girls’ and women’s nutrition more effectively.** Leaders must promote much greater recognition of the urgent need to improve girls’ and women’s nutrition, and mobilize institutions, stakeholders and resources to close gaps in policies, programmes and services.
- **Harness data and evidence to inform policy and programme decisions and strengthen accountability for adolescent girls’ and women’s nutrition.** Governments and their partners must invest in surveys, research and evaluations to determine how to improve diets, nutrition services and nutrition and care practices for adolescent girls and women, and track progress.



Food systems and nutritious diets

- **Improve access to affordable nutritious foods – including fruits, vegetables, eggs, fish, meat and fortified foods – for all adolescent girls and women.** Governments must provide incentives and subsidies to enhance the supply and affordability of nutritious foods and enact and enforce mandatory food fortification of staple foods where nutrient deficiencies are common.
- **Implement policies and mandatory legal measures to protect adolescent girls and women from nutrient-poor and unhealthy ultra-processed foods and beverages.** Governments must use a combination of policies and legal measures to create healthy food environments, including compulsory front-of-pack labelling, marketing restrictions, and taxation of unhealthy ultra-processed foods and beverages.

Nutrition services and social protection programmes

- **Improve access to essential nutrition services for adolescent girls and women before and during pregnancy and while breastfeeding, including in humanitarian crises.** Governments and partners must expand coverage, including through community- and school-based delivery platforms, and provide free access to multiple micronutrient supplements during pregnancy.
- **Expand access to social transfer programmes for adolescent girls and women, including in fragile settings and humanitarian crises.** Governments and partners must use social transfer programmes – including cash, vouchers and/or in-kind transfers – to improve the access of adolescent girls and women to nutritious and diverse diets.

Nutrition and care practices

- **Use multiple communication channels (print, broadcast, social and digital media) to reach adolescent girls, women and the general public with advice on nutrition and care practices.** Governments and partners must intensify efforts to communicate the vital importance of nutritious diets and micronutrient supplements and increase the desirability of nutritious foods.
- **Strengthen the coverage and quality of counselling to help adolescent girls, women, and their family members make decisions and take action to improve nutrition.** Governments and partners must invest in the recruitment, training and supervision of community-based workers to deliver quality counselling and support to girls, women and influential family members.

Social and economic empowerment

- **Implement gender-transformative policies and legal measures that strengthen the social and economic empowerment of adolescent girls and women.** Governments must ensure that girls and women are legally protected from child marriage, have equal rights to inheritance and asset ownership, and are able to benefit from maternity protection and family-friendly policies.
- **Accelerate the elimination of discriminatory gender and social norms to enable adolescent girls and women to realize their rights to food and nutrition.** Governments and partners must join forces to promote equitable social norms, including an end to child marriage and equitable sharing of food, household resources and domestic and care work.



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