





### Demographic and Health Survey (DHS) update

Nutritional status of adolescents

#### Why do we lack data on adolescent nutrition





- > To achieve the 2030 Agenda for Sustainable Development, improvements in adolescent nutrition are needed.
- Currently, adolescents are underrepresented in national data collection systems:
  - Only data for older adolescent girls 15-19 years are routinely reported in nationally representative surveys as part of the women of reproductive age (15-49 years) age group.
- Anthropometry (particularly weight and height) has been the cornerstone of nutrition surveillance in children below five years of age and in adults:
  - Harmonised anthropometric indicators for adolescents are lacking.
  - This has contributed to their exclusion from data collection systems.

## **DHS Program:** previous reporting of adolescent anthropometry





- Weight and height measurements are used to calculate population nutritional indicators for adolescents 15-19 years.
- Until recently, country reports have primarily presented anthropometric indicators according to adult definitions.
- > This fails to account for differences in adolescent nutritional status by sex and age.
  - **Short stature (stunting):** The absolute cut-off used in adults (height <145 cm) is not applicable below 20 years of age, since approximately one fifth of adult height is attained during adolescence.
  - **Thinness:** Using adult cut-offs for mild (BMI <18.5 to 17 kg/m<sup>2</sup>) and moderate/severe (BMI <17 kg/m<sup>2</sup>) thinness tends to greatly overestimate the proportion of adolescents classified as thin.
  - Overweight/obesity: Using adult cut-offs for overweight (BMI >25 to 30 kg/m<sup>2</sup>) and obesity (BMI >30 kg/m<sup>2</sup>) tends to marginally underestimate the proportion of adolescents classified as overweight/obese.

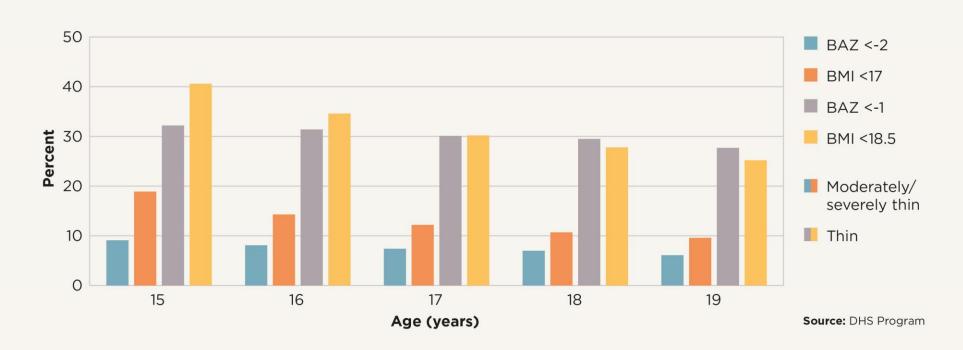
## What this looks like: adult vs. adolescent-specific reporting of thinness





Figure 1

Comparison of prevalence estimates of thinness based on adult body mass index (BMI, kg/m²) and adolescent-specific BMI-for-age z-score (BAZ) cut-offs



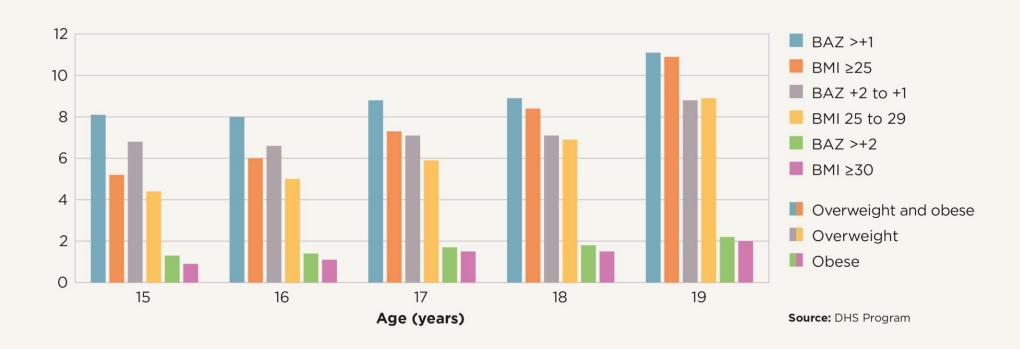
## What this looks like: adult vs. adolescent-specific reporting of overweight/obesity





Figure 2

Comparison of prevalence estimates of overweight and obesity based on adult body mass index (BMI, kg/m²) and adolescent-specific BMI-for-age z-score (BAZ) cut-offs



### **DHS update: what has changed**





# To improve accuracy of national malnutrition estimates, the DHS-8 update incorporated age- and sex-specific definitions of short stature, thinness, and overweight for adolescents 15-19 years

| Short stature                | Height-for-age z-score (HAZ) <-2 |
|------------------------------|----------------------------------|
| Total thin                   | BMI-for-age z-score (BAZ) <-1    |
| Mildly thin                  | BAZ <-1 to -2                    |
| Moderately and severely thin | BAZ <-2                          |
| Overweight and obese         | BAZ >+1                          |
| Overweight                   | BAZ +1 to +2                     |
| Obese                        | BAZ >+2                          |

#### **DHS update: what this means**





#### For interpreting trends:

- Prevalence estimates for adolescent nutritional status based on adult BMI definitions cannot be compared with those based on BMI-for-age.
- Estimates from older surveys that used adult BMI definitions for adolescents will need to be recalculated using the new adolescent-specific indicators.

#### > For policies and programmes:

 New adolescent nutritional status indicators will need to be incorporated into policy and programme targets, monitoring and evaluation systems and reporting.