



Harnessing the power of youth leaders: Speaking out on adolescent nutrition and child marriage



'Youth power' is being harnessed around the world as an effective nutrition advocacy tool. ENN interviewed two young people from the SUN Movement Civil Society Alliance (CSA) Youth Leaders for Nutrition Programme about their work to highlight adolescent nutrition and its links with child marriage. **Hanitra Rarison** (left) is an agronomist from Madagascar and **Jane Napais Lankisa** (right) is a nutritionist from Kenya.

1. How did you first become aware of the issues of adolescent nutrition?

Hanitra: Through my background in agriculture I have been trained to do research on food security and food habits, and through my experience in helping to create the national Girl Guides nutrition programme 'Girl Powered Nutrition' we have focused on adolescent nutrition solutions through educating about healthy eating. This is a priority for me since it is a crucial period of development, particularly for young women. Adolescents are targeted by advertisers of processed foods

and they are big consumers of fast foods and street food, which are high in fat, salt and sugar. The biggest nutrition issues affecting adolescents in Madagascar are overweight/obesity and anaemia, affecting 35% and 36.8% of this age group (10-19 years old), respectively¹.

Jane:

I became more aware of adolescent nutrition through my day-to-day activities working with the NGO Feed the Children. I noticed a nutrition gap for adolescents since the [Masai] community that I am from does not prioritise nutrition, especially for girls. Before I started my campaign I was working with pregnant and lactating women (aged 15-49 years) but I wanted to focus on girls, particularly those who drop out of school and who might be facing child marriage and early pregnancy.

2. How important do you consider the issue of child marriage and what is the link with nutrition?

Hanitra: Child marriage is very common in Madagascar, with 42% of girls married under 18 in rural areas and 29% in urban areas². In some cultures they believe that girls are ready to be married when they have their first period. These girls are not prepared physically and they are vulnerable to all kinds of malnutrition and to non-communicable diseases. Their babies will also face malnutrition in the future, so the cycle will be perpetuated.

Jane: Child marriage is driven by gender inequality and the belief that girls are inferior to boys. Some 23% of Kenyan girls are married before their 18th birthday and 4% are married before the age of 15 and experience higher rates of anaemia and malnutrition³. Adolescent pregnancy has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby. The risk of having children who are stunted is 33% higher among first-born children of girls under 18 years

Youth leader interviewing a young Masai woman in Kenya



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¹ Madagascar Country Nutrition Profile, Global Nutrition Report (2018) globalnutritionreport.org/nutrition-profiles/africa/eastern-africa/madagascar/

² www.girlsnotbrides.org/child-marriage/madagascar/

³ www.girlsnotbrides.org/child-marriage/kenya/



Leading a Girl Power nutrition session with Girl Guides in Madagascar

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in Sub-Saharan Africa and, as such, early motherhood is a key driver of malnutrition³.

3. *What understanding do you think there is in your country about nutrition in general and the challenges facing adolescents?*

Hanitra: Madagascar is one of the five highest countries globally for child stunting, so the country has adopted a national programme with a focus on the first 1,000 days and pregnant mothers. The national action plan mentions adolescent nutrition but it is not a priority. We have a lot of work to do!

Jane: In Kenya 10 million people suffer from chronic food insecurity and poor nutrition. Adolescents make up 22% of the total population, indicating the need for more investment in health, nutrition, education and livelihoods for this age group. Young people face nutritional challenges like micronutrient deficiencies as a result of social norms and restrictive practices, such as more nutritious foods (such as liver) being reserved for boys in Masai communities, despite the need for iron-rich foods among adolescent girls vulnerable to anaemia.

4. *What advocacy work have you engaged in to raise the issues of adolescent nutrition and child marriage?*

Hanitra: Girl Guiding is very popular in Madagascar, with around 80,000 girls in the 22 regions of the country involved. Through the Girl Power nutrition programme we have trained 500 Girl Guide leaders in seven target regions with high stunting levels. The curriculum focuses on training these leaders to first improve their own food habits and then to raise awareness in their communities through activities such as making gardens in schools and villages. The leaders have also received media training to promote adolescent nutrition through different communication channels, such as radio. We use social media to campaign about adolescent nutrition but we also think that, to reach the most vulnerable, particularly in rural areas, we still need to meet face-to-face to raise community awareness.

Jane: As a youth advocate in Kenya, I have launched a campaign on scaling up nutrition among adolescent girls both in school and out of school with support from Feed the Children. The campaign objective is to develop a lifestyle programme on nutrition, health and sex education to empower adolescent girls, to be introduced as part of existing health clubs in schools. I am also working hand-in-hand with community health volunteers to reach out to girls out of school through the care groups that Feed the Children is implementing at community level.

5. *What do you think young people bring to the debate and why do we need youth leaders?*

Hanitra: We need young people because of their enthusiasm – when they are motivated and you trust them with responsibility, they are the agents of change. It can be challenging for young people to tell adults about nutrition because they are not always seen as valuable to the community. We help adolescents to be more confident; when they are the same age, there is a big advantage in peer education and we believe that the Youth Leaders in our programme can be taken seriously when they help and support mothers, but not judge them.

Jane: When young people are provided with support, they can influence changes in policies, systems and environments and in unique ways. The debate on adolescent nutrition and child marriage affects this particular age group directly and we need to engage young people in decision-making or conversations to identify what works and what doesn't work for them.

6. *How are youth leaders organised in terms of communication and coordination?*

Hanitra: Among the Youth Leaders for Nutrition Programme, we discuss progress in our campaigns through a message group and on a monthly call, where we also receive training on subjects such as fundraising and communications. We also share ideas where we have similar interests, such as adolescent nutrition. In my country so far, I have shared

my action plan for adolescent nutrition with SUN network people, especially the SUN CSA in Madagascar, and the government. We are planning to raise awareness about a pool of youth advocates.

Jane: Usually social media platforms are the favourite for communication, particularly for reaching young people globally, including the other Youth Leaders for Nutrition (we have a WhatsApp group, Twitter page and Instagram where we share our campaign progress and lobby for support). Communicating with those adolescent girls out of school is particularly hard since the majority do not have smart phones and rely on their parents.

7. What more could the SUN Movement networks in your respective countries be doing to address adolescent nutrition and child marriage?

Hanitra: SUN networks in Madagascar are active in promoting food fortification (business network) and research in biofortification (academic network), although these principally affect children under five rather than adolescents. The SUN CSA works to influence the decision-makers or relevant donors to increase the budget allocated to nutrition in the country to improve the issues in the country.

Jane: SUN networks (civil society, UN and business) could engage food manufacturers, traders and other food-chain franchises to change the narrative on healthy foods, including reviewing and regulating street food and fast-food joints adjacent to schools. There are many options to spread key messages on healthy eating, such as working with the media and national school-health programmes. With regard to child marriage, SUN networks could work with government and other stakeholders to strengthen legislation, making the case for gains to be made in

reducing school dropout rates, pregnancy rates and stunting prevalence.

8. Do you have plans for next steps in this work?

Hanitra: My plan is to train 30 more nutrition leaders through the Girl Powered Nutrition campaign to spread the message through their communities, especially targeting vulnerable girls. We are also planning to meet the parliamentary nutrition network to make them aware of our campaign after the elections.

Jane: My next phase is to work with schools to help integrate learning about good nutrition into lessons. I want to reach schools through the Ministry of Education to fight curriculum constraints where academic focus is higher than the nutritional wellbeing of the adolescents and to improve a school feeding programme that doesn't involve micronutrients (Kenya's feeding programmes focus on the provision of protein and carbohydrates).

9. Do you have any advice for others looking to engage young people in nutrition advocacy work?

Hanitra: The youth of all countries are the present and the future so engaging them is crucial – and engaging them in nutrition advocacy will ensure a better life for the next generation.

Jane: When engaging young people, actions and conditions should be created that support them to develop into competent, caring and contributing adults while experiencing physical, social and emotional well being. In terms of nutrition interventions, we need to engage them in decision-making and in conversation to identify what works and what doesn't work for them.



Adolescent girls in Kenya, especially those who are out of school, face marriage and early pregnancy

Feed the Future/Kenya