



Adolescent-specific reporting of nutritional status: How the Demographic and Health Survey (DHS) update benefits policy and practice



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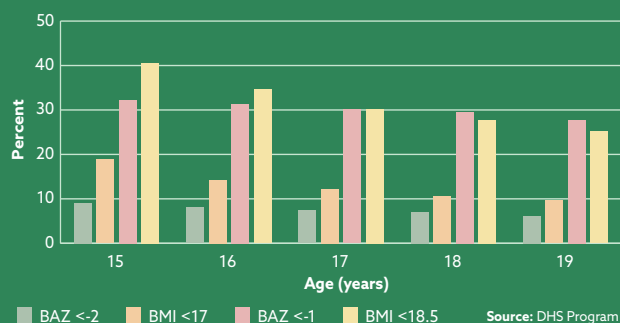
WHY? do we lack data on adolescent nutritional status

Until recently, country reports have primarily presented anthropometric indicators according to adult definitions:

-  height <145cm for short stature
-  BMI <18.5kg/m² for thinness
- BMI >25kg/m² for overweight

Using adult BMI greatly overestimates the % of adolescents classified as thin and marginally underestimates the % classified as overweight.

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? is new

The most recent DHS-8 update incorporates use of age- and sex-specific indicators

Anthropometric indicators included in the DHS-8 update for adolescent girls (age 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



HOW? does this affect policies and programmes

Before...



Our ability to develop adolescent-responsive policies and programmes, and to monitor progress was limited.



Many policies and programmes focus on 'women of reproductive age' (WRA) (15-49 years).

Now...

With these new disaggregated indicators, we can have adolescent-specific:



targets



monitoring



reporting