



# Childhood and Adolescent Overweight and Obesity in Tanzania

## Landscape Analysis

July 2021

### Introduction

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A landscape analysis was conducted to assess the prevalence of overweight and obesity in Tanzania and to identify a set of priority actions to effectively prevent childhood overweight and obesity. It involved an epidemiological assessment, a Policy and Program review, and interviews with key informants. A validation workshop was conducted to present the findings of the landscape analysis to key stakeholders and further prioritise actions for addressing childhood overweight and obesity.

# Key findings

## 01 Overweight and obesity is increasing in Tanzania

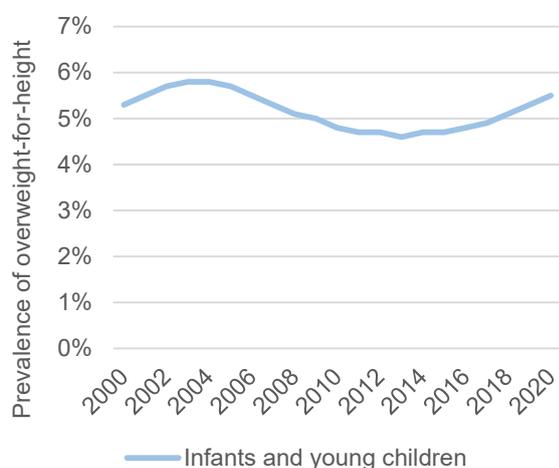
Nearly half a million children are overweight or obese in Tanzania

Overweight and obesity rates are highest among adolescent girls living in urban areas, but the prevalence of overweight is increasing rapidly amongst children of almost all ages and sex.



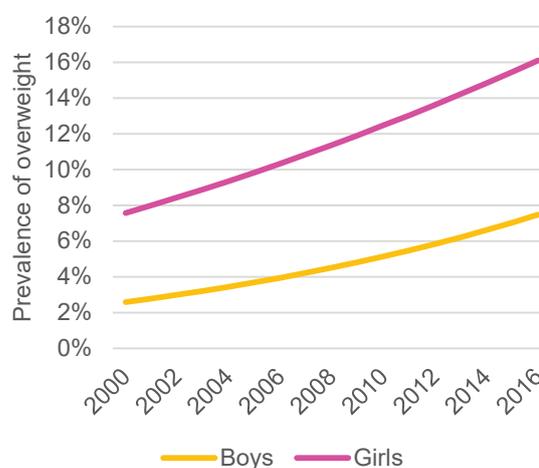
There is a paucity of height and weight data on school aged children and adolescents.

### Prevalence of overweight amongst infants and young children aged <5 years in Tanzania



Data source: UNICEF/WHO/World Bank Joint Malnutrition Estimates

### Prevalence of overweight amongst children and adolescents aged 5-19 years in Tanzania



Data source: WHO Global Health Observatory

## 02 Childhood overweight has negative health and economic consequences

An overweight child is more likely to suffer stigmatization, low self-esteem, depression and anxiety.

Overweight children are at greater risk of developing non-communicable diseases (NCDs) later in life, and of dying early.

Childhood overweight has a huge cost in terms of future health care expenditure and lost income.

## 03 Poor maternal nutrition, breastfeeding practices, abnormal birthweight, and stunting all contribute to overweight and obesity in Tanzania

Maternal under- or over-weight, before and during pregnancy have negative influences on birth weight and child nutritional status.

Low birth weight, high birth weight, and child stunting all increase the risk of overweight and NCDs later in life.

Breast milk is the best for babies, and babies who are not breastfed and given formula are at higher risk of becoming overweight.



## Women of reproductive age

**20.0%**

Overweight

**11.5%**

Obese

**7.3%**

Underweight



## Children under 5 years

**6.3%**

Infants born with low birthweight < 2.5kg

**83.7%**

Infants born with high birthweight > 4.0kg

**31.8%**

Stunted children



## Breastfeeding

**6.3%**

Babies not exclusively breastfed

**USD 119 billion**

The amount Global breast milk substitutes market is expected to surpass by 2025

**Data source:** Tanzania Demographic and Health Survey 2015-16

## 04 Dietary Risk Factors and Physical Activity Risk Factors

Consumption of an unhealthy diet, including excessive intake of sugar-sweetened beverages and fast-food, and insufficient intake of fruits and vegetables, is a key risk factor for childhood overweight.

Global guidelines recommend that children perform >60 minutes of physical activity every day. Children who do not meet these guidelines, or who engage in ≥ 3 hours of sedentary activity per day, are more likely to be overweight or obese.



## Dietary risk factor

**45%**

Children who consume at least one sugar-sweetened beverage per day

**34%**

Children who consume fast-food at least once per week

**31%**

Children who do not consume fruit at least once per day

**24%**

who do not consume vegetables at least once per day

## Physical activity risk factor

**82%**

Children who do not meet global physical activity recommendations

**20%**

Children who spend ≥ 3 hours per day performing sedentary activities

**50%**

Children who do not use active transport to travel to school

**Data source:** Tanzania Global School-based Student Health Survey 2014

## 05 Environmental Risk

### *The food environment promotes the sale of unhealthy food and drink*

Tanzania is experiencing a nutrition transition classified by a shift away from the consumption of traditional staples, and towards more high-sugar, fat and salt packaged processed foods.

Sales of sweet snacks, salty snacks, and confectionary are increasing by over 5% per annum in Tanzania.

The double burden of malnutrition– undernutrition and overweight and obesity - means that interventions are urgently required to curb both ends of the spectrum.

### *The social environment promotes the consumption of an unhealthy diet*

Unhealthy food and beverage companies are increasingly marketing their products to children in African nations.

The economic environment leads many families to depend on cheaper unhealthy food and snacks. 69% of the population have moderate to severe food insecurity

## The physical environment limits the possibilities for children to take exercise and eat healthfully

The foods and beverages and physical activity facilities available in schools drive children's diets and physical activity habits in Tanzania.

56% of schools do not offer safe drinking water to pupils.

**Policies to regulate the obesogenic environment are limited in scope**

## Priority Actions

Based on the findings of the landscape analysis, the following recommendations are proposed for actions, which highlight the multi-faceted nature of the obesogenic environment and the need to take account of multiple systems for preventing overweight and obesity among children and adolescents.

### Food system



Introduce new mandatory government legislation in key policy areas: a) Regulation of marketing of high fat, sugar, and salt (HFSS) foods to children; b) Front-of-Pack nutrition Labelling (FoPL).

Develop Food Based Dietary Guidelines, Guidelines for Physical Activity and updated Food Composition Tables in order to facilitate informed food choices among consumers and adoption of recommended practices for prevention and control of overweight and obesity.

### Health system



Strengthening the implementation of policies and enforcement of legislations relevant to overweight and obesity prevention, e.g., the MNNAP II.



Integrate screening, referral, counselling and care into pre-and ante natal services to prevent and manage overweight among women and children.

Include overweight and obesity prevention and management in the National Health Policy.

### Education system



Implement policies for healthy school food environments including: (1) nutrition is taught within class curriculums – this should include a food skills component; (2) quality physical activity and physical education are regular parts of the school schedule; (3) school meals are regulated to represent appropriate healthy diets; and (4) advertising and the accessibility of unhealthy foods within the school space are regulated.



## Environment, and water sanitation and hygiene (WASH) system



Improve access to free, safe and potable drinking water in schools and local communities

Develop strategies for urban planning and road infrastructure development projects to allocate safe places for sports and physical activities in all mitaa (streets), urban forest parks, and pedestrian lanes, and active transport including walking, jogging and bicycle riding activities.

Promote access to healthy foods (e.g, community gardens, fresh local markets, limits on density of fast food outlets).



## Social protection system



Deliver social behaviour change and communication interventions through mass media (radio, television and newspapers), new media including social media platforms such as Facebook, Instagram, Twitter and WhatsApp to promote optimal behaviours for prevention and control of overweight and obesity.

Strengthen advocacy targeting key policy and decision makers in order to increase investment on nutrition and achieve buy-in for policy, legislative and fiscal instruments for curbing overweight and obesity.

Enhance social protection program policies to deliver healthy and nutritious food packs during emergency / humanitarian situations (including 'do no harm').

