



# BENIN

## National Anemia Profile



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**In pregnancy**, infections are a key cause of anemia and can be prevented by sleeping under a bednet and taking intermittent preventive treatment (IPTp) for malaria and deworming pills.



**In pregnancy**, anemia can be prevented by taking iron folic acid (IFA) supplements.

In 2011-2012, **29%** of pregnant women in Benin consumed 90 or more IFA tablets

Not enough women are taking IPTp to prevent malaria during pregnancy (**23%**, 2011-2012)

**For infants, young children, and mothers**, delayed cord clamping, sleeping under a bednet, exclusive breastfeeding, and birth spacing reduce the risk of becoming anemic.



One third (**33%**) of infants in Benin are exclusively breastfed during the first six months after birth (2011-2012)

In 2011-2012, **39%** of children 6-23 months of age consumed foods rich in iron\*

**For young children**, continued breastfeeding and adequate complementary feeding (including micronutrients), preventing and treating malaria, and taking deworming pills can prevent anemia and promote healthy growth.



**In adolescence**, IFA supplements and deworming pills help prevent anemia. Family planning delays the age at first birth.



More than one-third (**35%**) of married adolescent girls expressed an unmet need for family planning (2011-2012)

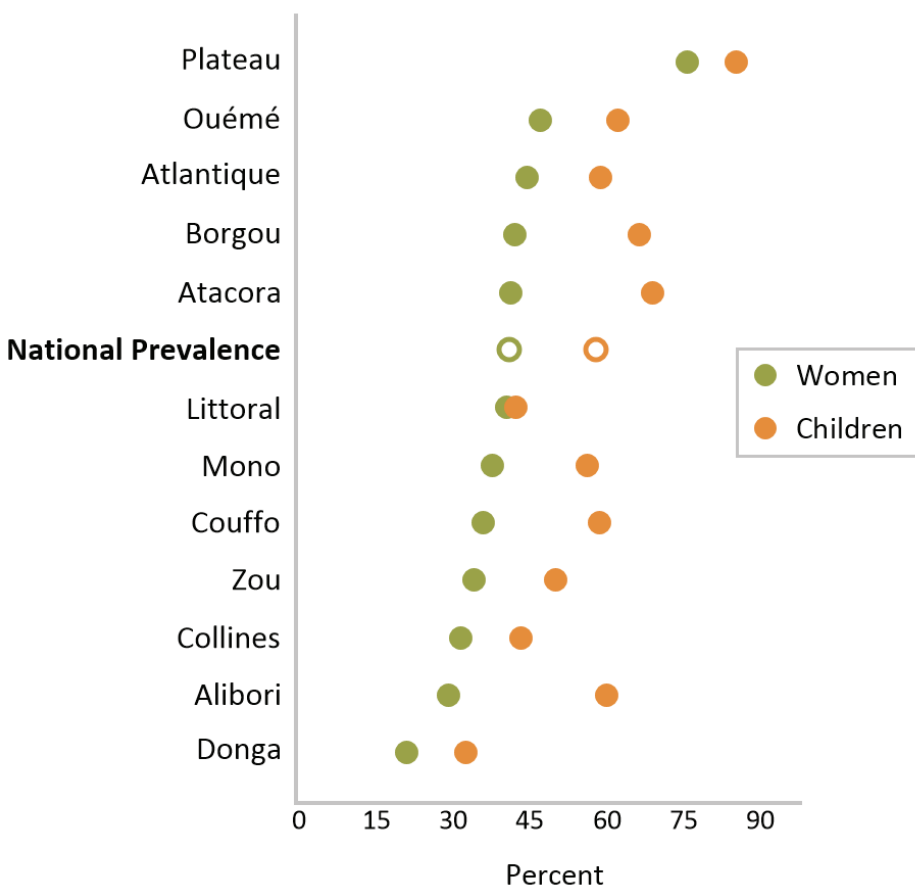
\*Includes meat (including organ meat), fish, poultry, and eggs

**A multisectoral approach to prevent anemia will save lives and improve the wellbeing of mothers, infants, and children**

Anemia has substantial negative effects on the health and economic wellbeing of nations and communities. Children with anemia experience irrevocable cognitive and developmental delays and exhibit decreased worker productivity as adults.<sup>1</sup> Globally, maternal anemia increases the risk of pre-term delivery and low birth weight, and iron-deficiency anemia underlies 115,000 maternal deaths and 591,000 perinatal deaths each year.<sup>2</sup>

### Prevalence of anemia among children 6-59 months and women 15-49 years, by department

Source: Benin DHS, 2011-2012



1. Walker, S. P., T. D. Wachs, J. M. Gardner, B. Lozoff, G. A. Wasserman, E. Pollitt, and J. A. Carter. 2007. "Child development: risk factors for adverse outcomes in developing countries." *Lancet*, 369(9556): 145-157.  
 2. Stoltzfus, R. J., L. Mullany, and R. E. Black. 2004. "Iron Deficiency Anemia." In *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*. M. Ezzati, A. D. Lopez, A. Rodgers, and C. J. L. Murray, eds. Geneva: World Health Organization.

### Trends in the prevalence of anemia in Benin

#### Children 6-59 months of age

■ mild ■ moderate ■ severe

2006



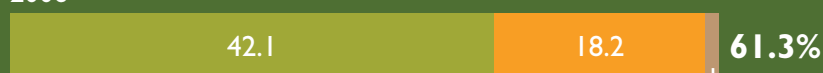
2011-2012



The DHS hemoglobin levels used to diagnose anemia in children 6-59 months in grams/dL are: Mild 10.0-10.9; Moderate 7.0-9.9; Severe <7.0; Any <11.0.

#### Women 15-49 years of age

2006



2011-2012



The DHS hemoglobin levels used to diagnose anemia in non-pregnant women 15-49 years of age in grams/dL are: Mild 10.0-11.9; Moderate 7.0-9.9; Severe <7.0; Any <12.0.

#### Status of Policies or Strategies to Support Reductions in Anemia\*

- IFA for pregnant women
- IFA for women of reproductive age
- IFA for adolescent girls
- Iron and/or folic acid fortification legislation
- Delayed cord clamping
- Dietary diversity for complementary feeding
- Micronutrient powders for children
- Long-lasting insecticidal nets (LLINs) for household use
- Indoor residual spraying
- National policy on sanitation
- IPTp for pregnant women
- Malaria diagnosis and treatment
- Deworming for children
- Deworming for pregnant women
- Breastfeeding

- no policy
- policy in place
- policy pending
- missing documentation

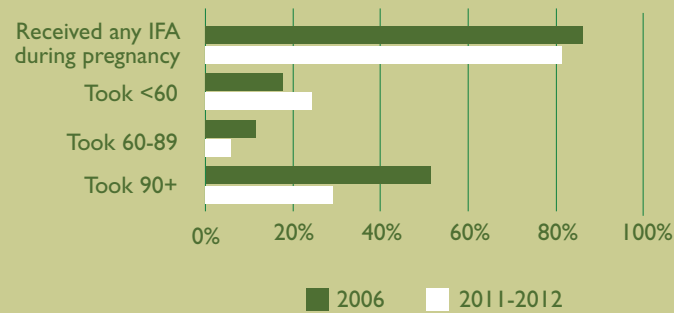
\*Information from the Global database on the Implementation of Nutrition Action (GINA) (<https://extranet.who.int/nutrition/gina/en>) or country documentation. The status of policies and strategies have been identified to the best of our knowledge. Revisions and updates are welcome.

Evidence-informed WHO guidance can be found here: <http://www.who.int/elena/en/>

# Anemia is a Preventable Condition—Simple Interventions Can Have a Huge Impact

## Increase iron uptake and stores

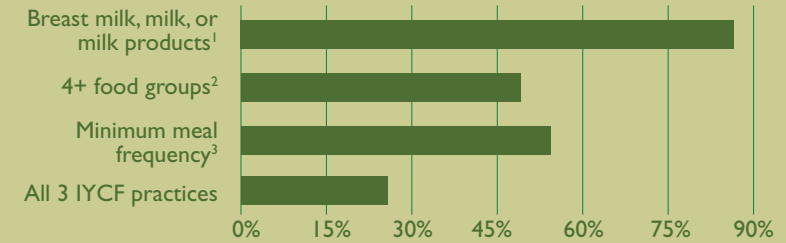
Overall, IFA supplementation among pregnant women decreased from 2006 to 2011-2012



Contraception use fell among married women from 2001 to 2011-2012



Few children 6-23 months old were fed according to 3 key Infant and Young Child Feeding (IYCF) practices in 2011-2012

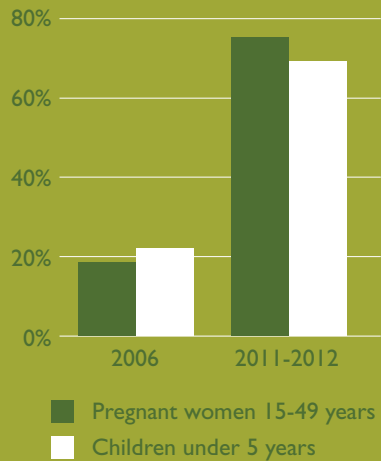


- <sup>1</sup> Continued breastfeeding, or feeding of milk/milk products to non-breastfed children
- <sup>2</sup> Feeding children solid foods, semi-solid foods, and milk products from the minimum number of food groups
- <sup>3</sup> Feeding children solid foods, semi-solid foods, and milk products the minimum number of times



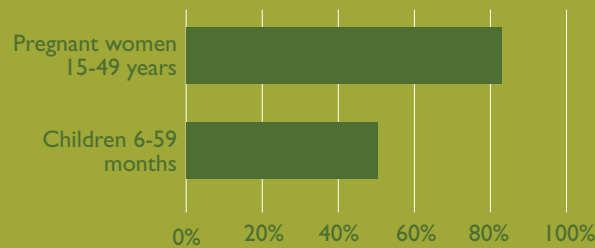
## Reduce iron losses and infection

Insecticide-treated mosquito net (ITN) use increased more than threefold from 2006 to 2011-2012\*



\*Percentage who slept under an ITN the night before the survey

Most pregnant women but not enough children received deworming medication in 2011-2012\*



\*Deworming medication given in past 6 months for children and during last pregnancy for women

Exclusive breastfeeding of children <6 months has fallen since 2006



The percentage of households with an improved latrine/toilet has increased but remains low\*



\*Definition of 'improved latrine/toilet' has changed slightly across years. See Demographic and Health Surveys

# Multiple Sectors Play a Role in Anemia Prevention and Treatment

Stunting and anemia share similar risk factors and are responsive to many of the same interventions

## Agriculture

- Increase income and reduce poverty
- Production of biofortified and iron-rich crops
  - Small livestock/poultry
  - Dietary diversity

## Health

- Iron supplementation
  - Deworming
- Breastfeeding and complimentary feeding
  - Family planning
- Malaria prevention and treatment
- Delayed cord clamping

## Water and Sanitation

- Improved latrines
  - Handwashing
- Access to clean water
- Livestock management
  - Infectious disease prevention

## Education

- Female literacy
- Health education
- Hygiene education
- Family planning education
- Nutrition education

### Data Sources:

Institut National de la Statistique et de l'Analyse Économique (INSAE) et ICF International. 2013. Enquête Démographique et de Santé du Bénin 2011-2012. Calverton, Maryland, USA: INSAE et ICF International.

Institut National de la Statistique et de l'Analyse Économique (INSAE) [Bénin] et Macro International Inc. 2007. Enquête Démographique et de Santé (EDSB-III) - Bénin 2006. Calverton, Maryland, USA: Institut National de la Statistique et de l'Analyse Économique et Macro International Inc.

Institut National de la Statistique et de l'Analyse Économique (INSAE) et ORC Macro. 2002. Enquête Démographique et de Santé au Bénin 2001. Calverton, Maryland, USA: Institut National de la Statistique et de l'Analyse Économique et ORC Macro.

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