



# TANZANIA

## 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 2010, only **3.5%** of pregnant women in Tanzania consumed 90 or more IFA tablets

Not enough women are taking IPTp to prevent malaria during pregnancy (**32%**, 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.



**50%** of infants in Tanzania are exclusively breastfed during the first six months after birth (2010)

In 2010, **30%** of children 6-35 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.



**16%** of married adolescent girls expressed an unmet need for family planning (2010)

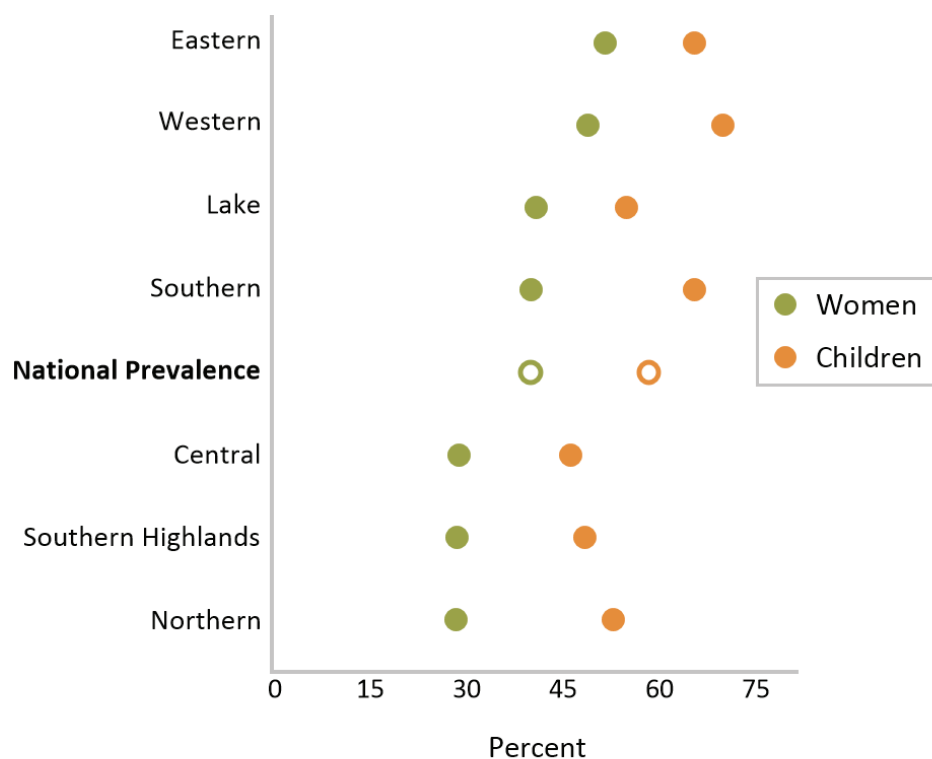
\*Includes meat (including organ meat)

**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 zone

Source: Tanzania DHS, 2010



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 Tanzania

#### Children 6-59 months of age

■ mild ■ moderate ■ severe

2004-2005



2010



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

2004-2005



2010



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\*

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> no policy       | <input type="checkbox"/> policy pending        |
| <input checked="" type="checkbox"/> policy in place | <input type="checkbox"/> missing documentation |

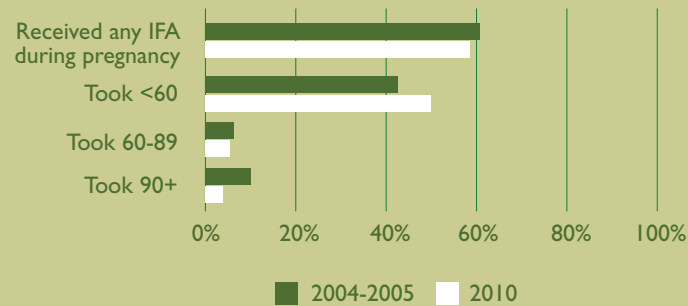
\*Information from the Global database on the Implementation of Nutrition Action (GINA) (<https://extranet.who.int/nutrition/gina/en>) or country documentation. The status of policies and strategies have been identified to the best of our knowledge. Revisions and updates are welcome.

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

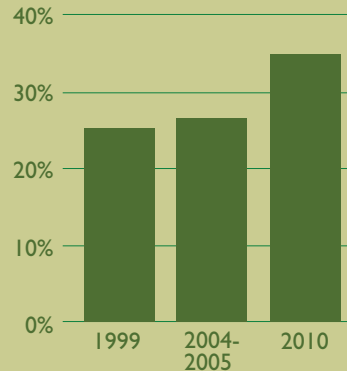
# Anemia is a Preventable Condition—Simple Interventions Can Have a Huge Impact

## Increase iron uptake and stores

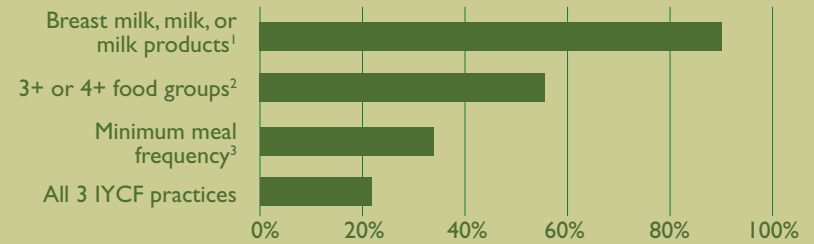
IFA supplementation among pregnant women decreased from 2004 to 2005



Contraception use increased among married women from 1999 to 2010



Few children 6-23 months old were fed according to 3 key Infant and Young Child Feeding (IYCF) practices in 2010

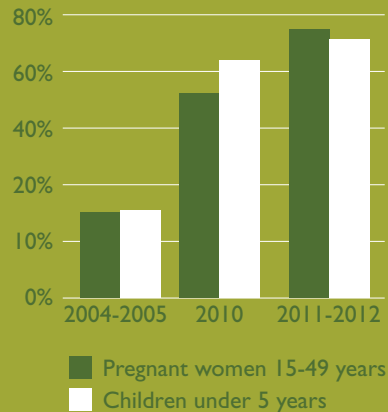


- <sup>1</sup> Continued breastfeeding, or feeding of milk/milk products to non-breastfed children
- <sup>2</sup> Feeding children solid foods, semi-solid foods, and milk products from the minimum number of food groups; 3+ food groups for breastfed children and 4+ food groups for non-breastfed children
- <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 dramatically from 2004-2005 to 2011-2012\*



\*Percentage who slept under an ITN the night before the survey  
Source: Tanzania HIV/AIDS and Malaria Indicator Survey 2011-2012

Exclusive breastfeeding of children <6 months has steadily increased from 1999 to 2010



The percentage of households with an improved latrine/toilet increased from 1999 to 2010\*



\*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:

Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF International 2013. Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12. Dar es Salaam, Tanzania: TACAIDS, ZAC, NBS, OCGS, and ICF International.

National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro.

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National Bureau of Statistics [Tanzania] and Macro International Inc. 2000. Tanzania Reproductive and Child Health Survey 1999. Calverton, Maryland: National Bureau of Statistics and Macro International Inc.

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