**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.

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

**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.

In 2010, only 32% of pregnant women in Malawi consumed 90 or more IFA tablets.

54% of pregnant women receive IPTp to prevent malaria during pregnancy (2010).

71% of infants in Malawi are exclusively breastfed during the first six months after birth (2010).

In 2010, 45% of children 6-23 months of age consumed foods rich in iron.*

One out of four married adolescent girls expressed an unmet need for family planning (2010).

*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.\(^1\) 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.\(^2\)

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

*Source: Malawi DHS, 2010*

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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.

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

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

Increase iron uptake and stores

IFA supplementation among pregnant women increased from 2004 to 2010

Contraception use steadily increased among married women from 2000 to 2010

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

Contraception use steadily increased among married women from 2000 to 2010

Exclusive breastfeeding of children <6 months steadily increased from 2000 to 2010

Reduce iron losses and infection

Insecticide-treated mosquito net (ITN) use increased more than twofold from 2004 to 2010*

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

Exclusive breastfeeding of children <6 months steadily increased from 2000 to 2010

Very few households have an improved latrine/toilet*

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Breast milk, milk, or milk products

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4+ food groups

Minimum meal frequency

All 3 IYCF practices

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Breast milk, milk, or milk products
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:**
Profile prepared September 2015.