**Abstract (244/250 words)**:

Objective: Adolescents living in resource-limited settings remain a neglected population regarding their nutritional health. We reviewed what studies on nutrition have been conducted for adolescents living in Côte d’Ivoire.

Design: A scoping literature review, searching for any quantitative studies published from January 1st 2000 to May 1st 2019, referenced in PubMed and grey literature, related to adolescent nutritional status and diet, written in English or French.

Setting: Côte d’Ivoire, West Africa

Subjects: Adolescent girls and boys (age 10-19 years).

Results: We used three search strategies to explore studies related to 1) diet and nutritional practices, 2) anthropometry and 3) micronutrient intakes/status. Each identified 285, 108 and 84 titles and abstracts respectively, resulting in 384 full-text articles to review. Finally, after adding five relevant studies from the grey literature, 30 articles were included. Two thirds were cross-sectional observation studies. The main topics were anaemia and parasitic diseases. Among seven intervention studies, most focused on micronutrient supplementation or deworming. No studies on macronutrients or food supplementation were found. Overall, studies showed a high prevalence of undernutrition, along with emerging overweight and obesity. Anaemia and iron deficiency were highly prevalent, with iron supplementation showing modest improvements. Malaria and gut parasite infections remain a major burden, affecting adolescents’ nutritional status.

Conclusions: Few relevant studies have been published regarding adolescent nutrition in Côte d’Ivoire, and most studies being focused on younger children. There are knowledge gaps about many nutritional aspects in this population, which urgently need to be addressed.

**Keywords**: Adolescent, Nutrition, Côte d’Ivoire, Review Literature

**Words: 3760/5000**

**Introduction**

Nutrition is a major determinant of physical, cognitive and socio-economic development during adolescence (1,2). In low-and-middle income countries, a nutrition transition is ongoing. With economic development, populations are slowly shifting from traditional diets to “Western” diets, rich in high-calorie foods, and are more likely to adopt sedentary lifestyles. This is leading to a double burden of malnutrition, with under-nutrition persisting as a major public health problem, and with concomitantly a rise in the prevalence of overweight and obesity, accompanied by a higher risk of non-communicable diseases (NCD) such as diabetes and cardiovascular disorders (3). The West African region is currently at the early stages of this nutrition transition. This manifests as a rapid increase in urbanization (projection to 62% in 2050 vs 42% in 2010) associated with changes in diet quality and quantity, but with for now moderate increases in average daily energy intake (from 2002 kcal to 2699 kcal between 1985 and 2013) compared to other regions. (4).

With a population of 22 million, one fifth living in the district of Abidjan, the economic capital, Côte d’Ivoire is a growing developing country. In 2014, 42% of its population was aged less than 15 years (5). Among children under five years of age, the prevalence of wasting and stunting were respectively 21.6% and 6.1% in 2018, and 1.5% were overweight (6). It is estimated than 15% of the population is living in moderate food insecurity, at a stressed level, where households have minimally adequate food consumption (7). Micronutrient deficiencies such as iron deficiency are also highly prevalent in Côte d’Ivoire, resulting from insufficient micronutrient intake and sometimes also from infections such as hookworm infestation, schistosomiasis or malaria (8). In 2016, 16% of children aged 6-59 months and 66% women aged 15-48 years had anemia in Côte d’Ivoire, with higher rates in regions with lower economic development (9). Research into adolescent health in Côte d’Ivoire is relatively under-developed, focusing mainly on sexual and reproductive health and HIV/AIDS (10-12). Adolescent nutrition is not currently a priority for the National Multisectoral Nutrition Plan 2016-2020, except for adolescent girls of childbearing age, who represent a target population for the reduction of undernutrition, anaemia and iron deficiency. The aim of targeting this population is mainly to break the inter-generational cycle of malnutrition (13).

Adolescent nutritional care remains a neglected topic worldwide whereas this is a crucial period of development, with high energy and nutrient requirements. Poor nutrition and multiple micronutrient deficiencies can hinder their physical, cognitive and psychosocial development (14). Worldwide, between 10 and 14 years of age, iron deficiency anemia is responsible for 1161 and 1365 disability-adjusted life years (DALY’s) lost per 100,000 female and male adolescent respectively (15). Other key micronutrients such as zinc, calcium and vitamin D play a role in the adolescent development, promoting adequate growth, ensuring lifelong bone health while also enhancing immunity and sexual maturation (16). While transitioning to adulthood, adolescents may experience lifestyle and eating behaviors change that may increase the risk of food disorders and overweight and obesity (17) but important research gaps persist and factors influencing this nutrition transition in adolescents are insufficiently addressed (18).

The TALENT (Transforming Adolescent Lives through Nutrition) collaboration aims to conduct qualitative and quantitative nutritional research among adolescents in five low-and middle income countries (India, The Gambia, Ethiopia, South Africa and Cote D’Ivoire) and to develop interventions to improve adolescent nutrition. This literature review sought to describe what is known from recent research about the nutritional status of adolescents in Cote D’Ivoire, and identify knowledge gaps in order to plan the most relevant future research.

**Methods**

***Search strategy***

This review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Supplement 1). As part of a multiregional initiative, the keywords of interest were defined by a working group within the TALENT collaboration (Table 1). Three aspects of nutrition were covered: diet and nutritional practices, anthropometry and micronutrients. The study population (adolescents) was defined using another group of keywords which was added to each search strategy, as well as the country setting (Côte d’Ivoire or Ivory Coast), combining each group using ‘AND’. We implemented this search strategy in the Pubmed database and also looked for grey literature, searching relevant studies from libraries in Abidjan and in other web-based sources such as Google Scholar.

Inclusion criteria were as follows: all quantitative studies conducted in Côte d’Ivoire, among girls and boys aged between 10 and 19 years, published in English or French from the 1st of January 2000 to the 1st of May 2019. Any quantitative study design was accepted (observational, analytical, interventions, clinical trials); qualitative studies were not included, as these were the subject of a separate review (see Hardy-Johnson et al., this issue).

***Literature selection, data extraction and synthesis***

This narrative review was conducted in an exploratory way, without excluding papers due to poor quality in terms of methodology, sample size or results. We only excluded studies which did not allow us extracting specific data for adolescents aged 10-19 years. Two independent reviewers (J.J and K.K) conducted the search and discussed discrepancies before agreeing on the final papers to be included. Each of the three search strategies (diet and nutritional practices, anthropometry and micronutrients) was carried out in PubMed, and duplicates were removed. Potentially relevant titles and abstracts were then screened; the full text articles were obtained and reviewed to finalise the selection. Main reasons for exclusion of articles were documented. The reference lists of included articles were manually searched for potential additional articles.

Data extraction was done using a standardized form that collected the following from each article: the first author and year of publication, main study objectives, study design and study period, sample size (specifically for the study population aged between 10 to 19 years if provided, as well as for Côte d’Ivoire only in the case of multiregional studies), setting (rural/urban), age range , percentage of girls, main results, and a final column reporting limitations and remarks of the person in charge of the data extraction (J.J). Articles were ordered in the data extraction table by topic, and then by year of publication. A narrative summary was presented for each selected study and a thematic synthesis described consecutively descriptive, analytical and interventional results related to nutritional status.

**Results**

**Literature search and study characteristics**

The three search strategies identified 285 potentially relevant articles regarding the topic of diet and nutritional practices, 108 on anthropometry and 84 on micronutrients (Figure 1). After deleting duplicates, 384 articles were obtained; screening their titles and abstracts resulted in 44 full-text articles to review. The main reason for exclusion on title and abstract screening was that the topic of the study was unrelated to nutrition or showed no applicable data. After carefully reading the remaining articles, 25 were selected. The main reason of exclusion at this step was that the article did not describe relevant data on adolescents. Additionally, five studies from the grey literature search (3) and Google Scholar (2) were included. No additional articles were obtained from screening the references of the selected articles. Finally, 30 articles were analyzed for this review.

Among the 30 articles selected (19-48), 20 were cross-sectional observational studies (19-22,25,28-30,33,38-48), 7 were intervention studies (23,24,31,32,34,35,37) with three of them being randomized controlled trials (23,24,34), and 3 were longitudinal observational studies (26,27,36). A third were conducted before 2010 and another third after 2013. Thirteen were conducted partially or exclusively in the city of Abidjan and 15 exclusively in rural regions of Côte d’Ivoire, while 3 studies took place in multiple countries (20,38,44). Overall, 12 279 children and adolescents were included, more than half of them being involved in studies assessing anaemia and/or parasitic diseases. The age range was wider than the 10 to 19 years’ interval for 26 of the studies, most of them enrolling younger children, and disaggregated data by age group were not always provided for every outcome. Sex-stratified data were also lacking in 7 studies (19,22,33,35,37,43,46). Three studies were conducted exclusively among girls; one among pregnant adolescent girls (26), and the other two among young non-pregnant women aged 15-25 years (25,27). For the remaining studies, the percentage of girls included ranged from 30% to 62%. The main topics of interest addressed in these articles were anaemia and iron deficiency, with 9 studies (19-27) (Table 2a), parasitosis, with 6 studies (26-33) (Table 2b) and iodization and salt fortification in 4 studies (34-37) (Table 2c). Three studies focused on food intake and nutritional practices (38-40), 2 on diabetes and overweight and obesity (41,42) (Table 2d), and the last 6 studies were on different topics including the impact of nutritional status on immunity and inflammation (43), prevalence of malnutrition in children and adolescents living with HIV (44), associations between nutritional status and school performance (45) and living conditions, associations between body image/perception and eating behaviours, and the association between sleep duration and nutritional status (46-48) (Table 2e).

**Description of adolescent nutritional status**

Prevalence of malnutrition

Anthropometric data were provided in 11 studies (21,28,29,31,33,40,42-46). The prevalence of stunting ranged between 8% (21) and 27% (28), with variations both in rural and urban settings. Among adolescents living with HIV, the prevalence of stunting was higher, at 27% (44). The prevalence of underweight ranged from 11% (21) to 25% (28) and wasting from 23% to 30%, except for one study in Abidjan, where 65% of children and adolescents attending school were thin or extremely thin (42). Four studies measured overweight and obesity (0.8% overweight [28], 8% overweight or obese [40], ~~9%~~4% overweight and 5% obese [42], 5.9% overweight or obese [45]). The prevalence of malnutrition varied greatly between studies, with no clear differences between rural and urban settings.

Micronutrients

Fourteen studies provided data on anaemia and iron deficiency, defined using the international red cell parameter cut-offs from WHO (Table 1a). Rates of anaemia were very high, from 32% (33) to 87% (29). Iron deficiency with anaemia was also very common, ranging from 9.3% (23) to 43% (22) and iron deficiency without anaemia from 11% (37) to 59% (21). Iron intakes were measured in three studies using 3-day weighed food records, and 21% of participants had intakes below Estimated Average Requirements (EAR) (21, 37). Although absolute intakes of iron in boys and girls were similar, 94% of boys but only 44% of girls reached the EAR (24).

Three studies assessed the status and/or intake of other micronutrients. The prevalence of vitamin A deficiency was 1% [21] and 7% [37] in two studies. Two thirds of participants were estimated to be riboflavin (B2) deficient in three studies (21, 25, 37). In the study from Rohner et al. 2007 (21), median riboflavin intake was only 47% of the EAR, and this was attributed to infrequent consumption of animal foods except smoked fish, and the negligible riboflavin content of cassava, the dietary staple. In another rural setting, 99% were below the EAR for riboflavin and only 37% achieved the EAR for vitamin A. Authors explained that this may be due to rare consumption of fresh fruit, and the fact that vegetables are simmered for several hours, causing extensive losses of vitamin C (37).

In children aged 2 to 19 years, the prevalence of diabetes was reported to be 0.4% (fasting glucose≥7mmol/L) and 17.2% for impaired fasting glycemia (between 5.6 and 6.9mmol/L) (41). The prevalence of diabetes was 10% among young adults attending University; 12% also having high arterial blood pressure (40). Pubertal development was described in only one study (28).

Food intakes and nutritional practices

One study measured the consumption of fruits and vegetables among those aged 16-30 years. The mean number of servings per day of fruit and vegetables was 3.9, with 64% having less than five servings per day (38). In another survey among university students, 26% reported never consuming fruit (40). This study was the only one to document further diet practices, showing that 88% did not regularly have breakfast, and that financial problems was a reason for skipping meals in 33% of cases. Another survey among a similar population highlighted the need for information campaigns on nutrition within the University healthcare center (39).

Parasitosis infections

Twelve studies documented infections with parasites, especially in rural areas, which could affect nutritional status (Table 1b). Children and adolescents were infected with several types of parasitosis. The prevalence of malaria ranged from 30% (25) to 58% (23), infections with hookworm from 13% (30) to 54% (24), and with Ascaris Lumbricoides from less than 2% (30) to 65% (28). Soil-transmitted helminths were also commonly found, from 14% (37) to 55% (23).

**Factors associated with nutritional status among adolescents**

Overall, most studies were descriptive. Among children living with HIV, being male and having advanced disease increased the odds of being undernourished (44). Children living in a family environment had significantly higher rates of wasting and stunting than those living in specialized centers or institutions for orphans (46). Sleeping less than 9 hours per day was associated with a higher weight (+3.5kg in females and +2.5kg in males) (48). Obesity was found to be more common in girls than in boys (42, 45), and was related to high blood pressure but not physical activity (42). Nutritional status was not related to school performance (45), and was not associated with mono- or multi-parasitism (29). Finally, a report stated that body perception was not associated with eating behaviours (47).

Regarding micronutrients, no correlation was found between riboflavin intake and anaemia (21). Iron absorption (measuring erythrocyte incorporation of 57Fe) was reduced by afebrile malaria due to inflammation but was not affected by hookworm infection (32). Parasitic infection was also not associated with anaemia (27), and helminth-infected children had similar VO2 max values to non-infected children (30).

**Interventions to modify nutritional status in adolescents**

Most of the interventions were micronutrient supplementation or deworming. Three studies conducted in the early 2000s focused on goitrous children and young adolescents (<15 years of age), implementing iron supplementation and salt fortification (iodized salt) (Table 1c). Iron supplementation alone (34) or combined with iodized salt (35) reduced iron deficiency and the proportion of goitrous children. In a 5-year prospective cohort following the introduction of iodized salt in Côte d’Ivoire in the 2000s, there was a significant reduction in mean thyroid size (36). Following these studies, dual-fortified salt (with iron and iodine) was compared to iodized salt and showed better improvement in iron status, but no difference in haemoglobin concentration (37).

A randomized controlled trial involving iron-fortified biscuits resulted in two articles (23, 24); this intervention did not reduce anaemia or hookworm prevalence (24) and did not increase haemoglobin concentration, even when combined with malaria treatment (23). Finally, a study assessing deworming treatment showed no effect on haemoglobin levels and anaemia, but improved performance in physical fitness tests (31).

**Discussion**

This scoping review gives an overview of recent research into the nutrition of adolescents living in Côte d’Ivoire. Overall, some studies have been conducted specifically in this population, and most were cross-sectional observational studies. Nutrition-related topics covered were mostly anemia and iron deficiency as well as parasitosis; other studies were on diverse subjects with few results on food intakes, diabetes, overweight and obesity.

Studies assessing anthropometry showed that undernutrition is still highly prevalent in this country, in rural as well as in urban settings. Stunting rates found in adolescents were similar to the estimated prevalence among children under five years of age (21.6% in 2018) (6). However there were higher rates of underweight and wasting found in adolescents (at least 11%), versus a 6.1% estimated prevalence of wasting in under-fives (6). Higher or similar rates of underweight for adolescents compared to children have been found in multiregional surveys (49). Because no national estimate of malnutrition exists beyond five years of age in Côte d’Ivoire, it is not possible to compare these results within the adolescent population which justifies the need to advocate for further data and adolescent research. As adolescents have higher absolute energetic needs than during any other life period (50,51), a poor-quality diet cannot cover these and may result in higher rates of undernutrition than during childhood. Also, overweight and obesity are an emerging public health problem, which could worsen in the coming years, due to increasing consumption of sweets and saturated fat-rich food (2,3). Indeed, a rising prevalence of overweight and obesity is observed worldwide, even in West Africa (52). Among adults in Côte d’Ivoire, higher rates of overweight and obesity are associated with higher socio-economic level. This has been attributed to more sedentary lifestyles and changes in dietary patterns, influenced by the introduction of fast-foods and other westernized foods at the expense of the traditional diet (13). The prevalence of diabetes in Côte d’Ivoire estimated by the NCD Risk Factor Collaboration was 6.3% for women and 7.3% for men in 2014 and continues to increase (53). Although studies on diabetes and hyperglycaemia were not included in our search strategy initially, we reported two studies that show a prevalence of between 10 and 20% for impaired glycaemia or diabetes in adolescents. No further data are available among adolescents in Côte d’Ivoire regarding diabetes.

Anaemia and iron deficiency are a major public health concern, widely documented in different age groups. Our review indicates that the prevalence of anaemia among adolescents remains high, and could be explained by several factors, such as persistently high rates of infectious disease (malaria and other parasitosis), nutritional deficiencies (iron, vitamin B12, folic acid, vitamin A), and low dietary iron intakes (54). Reducing the prevalence of anaemia is a priority of the current National Multisectoral Nutrition Plan in Côte d’Ivoire and the government aims to reduce it from 75% to 60% in children and from 54% to 42% in women of childbearing age between 2016 and 2020, promoting essential nutrition actions such as good nutritional practices and consumption of micronutrient-rich foods (13). However, studies of iron fortification in our review showed only modest effects, whereas it has been effective in improving haemoglobin and reducing anaemia in other contexts (55). As the burden of iron deficiency anemia has been shown to be detrimental in terms of economic losses and health impact, food fortification and infectious disease prevention and control are urgently needed in Côte d’Ivoire (56).

Other micronutrient deficiencies such as vitamin A and vitamin B2 were explained by insufficient nutritional intakes, due to a lack of dietary diversity and limited consumption of fruit and vegetables. Other sources of vitamin A or vitamin B2 such as red meat, eggs, fish or dairy intakes were not explored. Iodine deficiency and associated thyroid dysfunction have been reduced since the introduction of iodized salt (13) (the iodine studies included in the literature review pre-dated the introduction of iodized salt). Overall, results on micronutrients were limited to iron, vitamin A and vitamin B2. Other micronutrient deficiencies such as zinc, calcium and magnesium have been insufficiently explored in Côte d’Ivoire, to our knowledge, constituting a major gap in research data.

High rates of parasitic infection were another important concern (malaria, helminths, hookworm). Deworming interventions did not show significant effects on nutritional status in adolescents (31), which is in line with a systematic literature review conducted in children aged 16 years or less (57). Parasitism may however lead to multiple co-morbidities requiring treatment (58). A cost-effectiveness modelling study based in Côte d’Ivoire demonstrated that expanded community-wide deworming interventions were highly cost-effective in terms DALY’s averted (59). Deworming campaigns are part of the National Multisectoral Nutrition Plan in the country, targeting pregnant women and children aged 1 to 12 years, but largely missing the adolescent age group (13).

**Study limitations**

The main limitation of this review was that only one bibliographic database was used. As our aim was to scope research already conducted into adolescent nutrition, we did not use other databases; our hypothesis being that most of the relevant studies would be referenced on PubMed. Few reports from the grey literature were found. Indeed, the searching process for grey literature was difficult, as listing of reports in university libraries was lacking. This may have under-estimated existing literature, especially that done by students or as part of national programmes. The search strategy was limited to quantitative studies. Qualitative studies were not included as they required specific key words for the search strategy, and because the results obtained have to be summarized in a different way. A specific literature review on this topic looking at qualitative studies conducted in TALENT participating countries has been done for this themed issue.

The literature review resulted in a small number of studies, with considerable heterogeneity regarding topics of interest, and data and outcomes collected, making it impossible to conduct meta-analyses. Quality assessment was not conducted, because the aim was to document what has been done and what kind of nutritional studies have included adolescents. However, this is to our knowledge the first literature review exploring adolescent nutrition in Côte d’Ivoire, including articles published in English and French, allowing us to identify gaps and plan future research.

Whereas it might have been interesting to extend the scope of this review to West Africa as a whole and not to a single country, we felt that our results provide a comprehensive description of adolescent nutrition research studies in Côte d’Ivoire that would may not have been possible in a regional review, this topic remaining highly neglected and under-studied so far. This review can be seen as a preliminary step to support further research, in order to get a better picture of the adolescent nutrition situation in West Africa in the coming years.

**Implication of the results and perspectives**

The main lesson of this review is that more research is needed into adolescent nutritional health in Côte d’Ivoire. Most of the studies identified were not focused on adolescents aged 10 to 19 years or did not provide disaggregated data by age. Research to understand the causes of iron deficiency and anaemia, and into the reasons for a poor response to supplementation or fortification are required. Data on micronutrient status going beyond iron, vitamins A and B2 is markedly lacking. There is also a lack of information on dietary intakes and potential determinants of diet and nutritional status.

With the sub-region experiencing a nutritional transition, with greater access to unhealthy foods and the development of NCDs (60), leading to a double burden of malnutrition (61), new research documenting this transition and how it impacts adolescent health is needed. Availability and access to healthy food may become a systemic challenge in this region that will have to be addressed. Innovative interventional research is needed, including prevention messages on good nutritional practices and physical activity, as well as nutritional education and food/nutrient supplementation.

**References**

1. Black RE, Victora CG, Walker SP, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. Lancet. 2013; 382(9890):427–51.
2. Patton GC, Sawyer SM, Santelli JS, et al. Our future: a Lancet commission on adolescent health and wellbeing. Lancet. 2016;387(10036):2423–78.
3. Muthuri SK, Francis CE, Wachira LJ, et al. Evidence of an overweight/obesity transition among school-aged children and youth in Sub-Saharan Africa: a systematic review. PLoS One. 2014;9(3):e92846.
4. Bosu WK. An overview of the nutrition transition in West Africa: implications for non-communicable diseases. Proc Nutr Soc. 2015;74(4):466-77.
5. Lassi Z, Moin A, Bhutta Z. Nutrition in Middle Childhood and Adolescence. In: Bundy DAP, Silva N de, Horton S, Jamison DT, Patton GC, editors. Child and Adolescent Health and Development. 3rd ed. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2017 [cited 2019 Aug 28]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK525242/>
6. WHO. World Health Statistics 2018. Geneva, Switzerland: World Health Organization; 2018.
7. FSIN. 2019 Global Report on Food Crises - Joint Analysis for Better Decisions. 2019 [cited 2020 Mar 27]. Available from: <http://www.fsinplatform.org/sites/default/files/resources/files/GRFC_2019-Full_Report.pdf>
8. Camaschella C. Iron deficiency. Blood. 2019 ;133(1):30–9.
9. DHS: Institut National de la Statistique/INS, Programme National de Lutte contre le Paludisme/PNLP et ICF. Enquête de prévalence parasitaire du paludisme et de l’anémie en Côte d’Ivoire 2016. Rockville, Maryland, USA : INS, PNLP et ICF. 2016 [cited 2020 Mar 27]. Available from : <https://www.dhsprogram.com/pubs/pdf/FR330/FR330.pdf>
10. RGPH. Recensement Général de la Population et de l'Habitat: Principaux résultats préliminaires. Abidjan, Côte d'Ivoire: Institut National de la Statistique (INS); 2014. 26 p. 2014 [cited 2019 Aug 28]. Available from: <http://cotedivoire.opendataforafrica.org/hxghsjf/recensement-g%C3%A9n%C3%A9ral-de-la-population-et-de-l-habitat-rgph-2014-c%C3%B4te-d-ivoire>.
11. Arikawa S, Eboua T, Kouakou K, et al. Pregnancy incidence and associated factors among HIV-infected female adolescents in HIV care in urban Côte d’Ivoire, 2009-2013. Glob Health Action. 2016;9:31622.
12. Dahourou DL, Masson D, Aka-Dago-Akribi H, et al. [HIV Disclosure to the Child/Adolescent in Central and West Francophone Africa]. Bull Soc Pathol Exot. 2019;112(1):14–21.
13. Plan National Multisectoriel de Nutrition 2016-2020. Côte d’Ivoire. 2016. [cited 2019 Aug 28]. Available from: <http://extwprlegs1.fao.org/docs/pdf/ivc164992.pdf>
14. Save the Children. Adolescent Nutrition. Policy and programming in SUN+ countries. London, UK; 2015.
15. WHO. Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation [Internet]. Geneva, Switzerland: World Health Organization; 2017; p. 176. [cited 2020 Mar 28] Available from: <https://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf?sequence=1>
16. Akseer N, Al‐Gashm S, Mehta S, et al. Global and regional trends in the nutritional status of young people: a critical and neglected age group. Ann NY Acad Sci. 2017;1393(1): 3-20.
17. Das JK, Salam RA, Thornburg KL, et al. Nutrition in adolescents: physiology, metabolism, and nutritional needs. Ann NY Acad Sci. 2017; 1393(1): 21-33.
18. Stok FM, Renner B, Clarys P, et al. Understanding Eating Behavior during the Transition from Adolescence to Young Adulthood: A Literature Review and Perspective on Future Research Directions. Nutrients. 2018;10(6).
19. Asobayire FS, Adou P, Davidsson L, et al. Prevalence of iron deficiency with and without concurrent anemia in population groups with high prevalences of malaria and other infections: a study in Côte d’Ivoire. Am J Clin Nutr. 2001;74(6):776–82.
20. Zimmermann MB, Molinari L, Staubli-Asobayire F, et al. Serum transferrin receptor and zinc protoporphyrin as indicators of iron status in African children. Am J Clin Nutr. 2005;81(3):615–23.
21. Rohner F, Zimmermann MB, Wegmueller R, et al. Mild riboflavin deficiency is highly prevalent in school-age children but does not increase risk for anaemia in Côte d’Ivoire. Br J Nutr. 2007;97(5):970–6.
22. Yapi HF, Ahiboh H, Yayo E, et al. [Immune, inflammatory, and nutritional protein profile in children with iron deficiency in Côte d’Ivoire]. Sante. 2009;19(1):25–8
23. Rohner F, Zimmermann MB, Amon RJ, et al. In a randomized controlled trial of iron fortification, anthelmintic treatment, and intermittent preventive treatment of malaria for anemia control in Ivorian children, only anthelmintic treatment shows modest benefit. J Nutr. 2010;140(3):635–41.
24. Zimmermann MB, Chassard C, Rohner F, et al. The effects of iron fortification on the gut microbiota in African children: a randomized controlled trial in Cote d’Ivoire. Am J Clin Nutr. 2010;92(6):1406–15.
25. Righetti AA, Koua A-YG, Adiossan LG, et al. Etiology of anemia among infants, school-aged children, and young non-pregnant women in different settings of South-Central Cote d’Ivoire. Am J Trop Med Hyg. 2012;87(3):425–34.
26. Bleyere MN, Amonkan AK, Kone M, et al. High Variability of Iron Status in Adolescent during Pregnancy in Côte d’Ivoire. J Blood Disorders Transf. 2013; 4:138.
27. Righetti AA, Adiossan LG, Ouattara M, et al. Dynamics of anemia in relation to parasitic infections, micronutrient status, and increasing age in South-Central Côte d’Ivoire. J Infect Dis. 2013;207(10):1604–15.
28. Dancesco P, Akakpo C, Iamandi I, et al. [Intestinal parasitoses in a village of Côte d’Ivoire. II: Relationship between intestinal parasitoses, physical and physiological development and child nutrition]. Sante. 2005;15(1):11–6.
29. Yapi HF, Ahiboh H, Monnet D, et al. [Intestinal parasites, haematological profile and anthropometric status of schoolchildren in Cotê d’Ivoire]. Cahiers Santé. 2005;15(1):17–21.
30. Müller I, Coulibaly JT, Fürst T, et al. Effect of schistosomiasis and soil-transmitted helminth infections on physical fitness of school children in Côte d’Ivoire. PLoS Negl Trop Dis. 2011;5(7):e1239.
31. Hürlimann E, Houngbedji CA, N’Dri PB, et al. Effect of deworming on school-aged children’s physical fitness, cognition and clinical parameters in a malaria-helminth co-endemic area of Côte d’Ivoire. BMC Infect Dis. 2014;14:411.
32. Glinz D, Hurrell RF, Righetti AA, et al. In Ivorian school-age children, infection with hookworm does not reduce dietary iron absorption or systemic iron utilization, whereas afebrile Plasmodium falciparum infection reduces iron absorption by half. Am J Clin Nutr. 2015;101(3):462–70.
33. Hürlimann E, Houngbedji CA, Yapi RB, et al. Antagonistic effects of Plasmodium-helminth co-infections on malaria pathology in different population groups in Côte d’Ivoire. PLoS Negl Trop Dis. 2019;13(1):e0007086.
34. Hess SY, Zimmermann MB, Adou P, et al. Treatment of iron deficiency in goitrous children improves the efficacy of iodized salt in Côte d’Ivoire. Am J Clin Nutr. 2002;75(4):743–8.
35. Zimmermann MB. Iron status influences the efficacy of iodine prophylaxis in goitrous children in Côte d’Ivoire. Int J Vitam Nutr Res. 2002;72(1):19–25.
36. Zimmermann MB, Hess SY, Adou P, et al. Thyroid size and goiter prevalence after introduction of iodized salt: a 5-y prospective study in schoolchildren in Côte d’Ivoire. Am J Clin Nutr. 2003;77(3):663–7.
37. Wegmüller R, Camara F, Zimmermann MB, et al. Salt dual-fortified with iodine and micronized ground ferric pyrophosphate affects iron status but not hemoglobin in children in Cote d’Ivoire. J Nutr. 2006;136(7):1814–20.
38. Peltzer K, Pengpid S. Correlates of healthy fruit and vegetable diet in students in low, middle and high income countries. Int J Public Health. 2015;60(1):79–90.
39. Inghels M, Coffie PA, Larmarange J. [Health care, needs and barriers in seeking medical care for global health and sexual and reproductive health, among students from Félix Houphouët-Boigny University, Abidjan, Côte d’Ivoire]. Rev Epidemiol Sante Publique. 2017;65(5):369–79.
40. Gbogouri GA, Dakia PA, Traore S, et al. Current dietary intake and eating habits in connection with socio-demographic characteristics of students of Nangui Abrogoua University of Côte d’Ivoire. Ecol Food Nutr. 2018;57(5):391–404.
41. Agbre-Yace ML, Oyenusi EE, Oduwole AO, et al. Prevalence of diabetes mellitus among children and adolescents in the district of Abidjan in Cote d’Ivoire: a population-based study. J Diabetes Metab Disord. 2015;15:38.
42. Kramoh KE, N’goran YNK, Aké-Traboulsi E, et al. [Prevalence of obesity in school children in Ivory Coast]. Ann Cardiol Angeiol (Paris). 2012;61(3):145–9.
43. Houphouët FY, Yapo A, Dodehe Y, et al. [Effect of the minor and moderate malnutrition on immunity, inflammatory and nutritional proteins at Côte d’Ivoire child]. Mali Med. 2010;25(2):13–6.
44. Jesson J, Masson D, Adonon A, et al. Prevalence of malnutrition among HIV-infected children in Central and West-African HIV-care programmes supported by the Growing Up Programme in 2011: a cross-sectional study. BMC Infect Dis. 2015;15:216.
45. Zahe KYAS, Méité A, Ouattara H, et al. Impact of the Nutritional Status of the Schoolchildren of Yopougon, Town of the District Abidjan (Côte D’Ivoire) on Their School Performance. International Journal of Nutrition and Food Sciences. Vol.5, No. 6, 2016, pp. 407-412.
46. Beda AM. To compare nutritional status by life conditions (family environment, specialized institution and center), Institut National de Formation Social, Cote d’Ivoire, 63p. 2016.
47. Ouattara YK. To describe the influence of body perception on eating behavior. Master 2 Anthropologie de la Santé, Université Félix Houphouet Boigny, 56p. 2017.
48. Tiehi SAJ. To describe the influence of sleep duration on risk if overweight. Institut National de Formation Social, Cote d’Ivoire, 86p. 2017.
49. Galloway R. Global Nutrition Outcomes at Ages 5 to 19. In: Bundy DAP, Silva N de, Horton S, Jamison DT, Patton GC, editors. Child and Adolescent Health and Development. 3rd ed. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2017 [cited 2020 Apr 23]. Available from: http://www.ncbi.nlm.nih.gov/books/NBK525239/
50. Gidding SS, Dennison BA, Birch LL, et al. Dietary Recommendations for Children and Adolescents. Circulation. 2005;112(13):2061–75.
51. Das JK, Salam RA, Thornburg KL, et al. Nutrition in adolescents: physiology, metabolism, and nutritional needs. Annals of the New York Academy of Sciences. 2017;1393(1):21–33.
52. NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. Lancet. 2017;390(10113):2627-42.
53. NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants. Lancet. 2016;387(10027):1513-1530
54. Engle-Stone R, Aaron GJ, Huang J, et al. Predictors of anemia in preschool children: Biomarkers Reflecting Inflammation and Nutritional Determinants of Anemia (BRINDA) project. Am J Clin Nutr. 2017;106(Suppl 1):402S-415S
55. Gera T, Sachdev HS, Boy E. Effect of iron-fortified foods on hematologic and biological outcomes: systematic review of randomized controlled trials. Am J Clin Nutr. 2012;96(2):309–24.
56. Prieto-Patron A, V Hutton Z, Fattore G, et al. Reducing the burden of iron deficiency anemia in Cote D’Ivoire through fortification. J Health Popul Nutr. 2020;39(1):1.
57. Taylor-Robinson DC, Maayan N, Soares-Weiser K, et al. Deworming drugs for soil-transmitted intestinal worms in children: effects on nutritional indicators, haemoglobin, and school performance. Cochrane Database Syst Rev. 2015;(7):CD000371.
58. Lo NC, Addiss DG, Hotez PJ, et al. A call to strengthen the global strategy against schistosomiasis and soil-transmitted helminthiasis: the time is now. Lancet Infect Dis. 2017;17(2):e64–9.
59. Lo NC, Bogoch II, Blackburn BG, et al. Comparison of community-wide, integrated mass drug administration strategies for schistosomiasis and soil-transmitted helminthiasis: a cost-effectiveness modelling study. Lancet Glob Health. 2015;3(10):e629-638.
60. Audain K, Levy L, Ellahi B. Sugar-sweetened beverage consumption in the early years and implications for type-2 diabetes: a sub-Saharan Africa context. Proc Nutr Soc. 2019:1-7.
61. Caleyachetty R, Thomas GN, Kengne AP, et al. The double burden of malnutrition among adolescents: analysis of data from the Global School-Based Student Health and Health Behavior in School-Aged Children surveys in 57 low- and middle-income countries. Am J Clin Nutr. 2018 01;108(2):414–24.

**Table 1:** Keywords used for the search strategy to identify nutritional studies conducted among adolescents age 10 to 19 years in Côte d’Ivoire between 2000 and 2019.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nutrition topic | Outcomes | AND | Population/Participants | AND | Setting |
| Diet and nutritional practices | intake OR consumption OR food OR diet OR nutrition OR food frequency questionnaire OR 24-hour recall OR food diary OR protein OR energy OR carbohydrate OR fat OR sugar |  | adolescent OR adolescents OR adolescence OR youth OR young OR teen OR teens OR teenager OR teenagers OR student OR students OR girl OR girls OR boy OR boys OR pupil OR pupils |  | Côte d’Ivoire OR Ivory Coast |
| Anthropometry | anthropometry OR weight OR body mass index OR BMI OR overweight OR obesity OR body composition OR body size OR skinfold OR skinfolds OR waist circumference OR fat mass OR lean mass OR fat-free mass OR stunting OR stunted OR height-for-age OR wasted OR wasting OR weight-for-height |  |  |  |
| Micronutrients | vitamin B1 OR thiamin OR vitamin B2 OR riboflavin OR vitamin B3 OR niacin OR vitamin B6 OR folate OR vitamin C OR vitamin A OR vitamin E OR calcium OR iron OR anaemia OR zinc OR vitamin D  |  |  |  |

**Table 2a:** Summary table of studies included in the present scoping review related to anaemia and iron deficiency in adolescents living in Côte d’Ivoire

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First author (y) | Mainobjective(s) | Study design | Studyperiod | N | Country and Setting | Age (y)\* | Sex (% Girls) | Results | Remarks |
| Anaemia  |  |  |  |  |  |  |  |  |  |  |
| Asobayire (2001)19 | To estimate prevalence of iron deficiency and evaluate influence of infectious and inflammatory disorders on iron-status. | Cross-sectional observational study | 1996 | 531 | Côte d’Ivoire, Urban + Rural | 6-15y | No data | Data were not disaggregated by rural vs urban residence. Prevalence of anaemia 46%.Iron deficiency and IDA was obscured by high prevalence of inflammatory disorders (21%) |  |
| Zimmerman (2005)20 | To determine if transferrin receptor and zinc protopor-phyrin predict iron deficiency in Africa.  | Cross-sectionalobservational study | 2003 | 1016 | Côte d’Ivoire, MoroccoUrban + Rural | 5 -15y | 43% | Data were not disaggregated by sex, but the following data were specific to Cote d’Ivoire.Prevalence of anaemia 39.4%, iron deficiency 19,7%, iron deficiency with anaemia 11% (measured with serum transferrin receptor and erythrocyte zinc protoporphyrin tests) | Children with elevated CRP were excluded.  |
| Rohner (2007)21 | To determine prevalence of riboflavin deficiency; to estimate riboflavin content of diet; to investigate if riboflavin status contributes to anaemia or iron deficiency.  | Cross-sectionalobservational study | 2004 -05 | 281 | Côte d’Ivoire, Rural | 5-15y | 44% | * Stunting 8%, Underweight 11%.
* IDA 36%, iron deficiency without anaemia 59%, vitamin A deficiency 1%, plasmodium parasitaemia 49%, mild riboflavin deficiency 65%.
* Daily intakes of riboflavin: median 0.42 mg (47% of EAR), range 0·17 to 1·16 mg). 21% had iron intakes below EAR.
 |  |
| Yapi (2009)22 | To assess associations of iron deficiency with immunologic profile and nutritional status. | Cross-sectionalobservational study | 2008 | 186 | Côte d’Ivoire, Rural | 5-15y | No data | 43% had iron deficiency. No differences on iron deficiency according to malnutrition. | Excluded if likely to have parasitoses.  |
| Rohner (2010)23 | To assess effect of iron fortified biscuits, IPT for malaria, and anthelmintic treatment on Hb and anaemia. | RCT, double-blind, 6 months | 2006-07 | 554 | Côte d’Ivoire, Rural | 6-14y | 45% | * Prevalence of anaemia, iron deficiency, malaria parasitaemia, and helminth infection was 70.4, 9.3, 57.7, and 54.8%, respectively. Hb: +2.4 g/L (p<0.01) with anthelmintics.
* Iron fortification biscuits and IPT had no effects on Hb.
 |  |
| Zimmermann (2010)24 | To determine the effect of iron fortification on gut microbiota and gut inflammation (sub-study of Rohner 2010) | RCT, double-blind, 6-month | 2006-07 | 139 | Côte d’Ivoire, Rural | 6-14y | 42% | * At baseline, 73% anaemia, 54% infected by hookworm, estimated daily mean (SD) iron intakes 14.5 ± 3.5 mg (94% of EAR) in boys >10y, and 13.7 ± 2.9 mg (44% of EAR) in girls >10y. These equate to 94%, and 44% of EAR for absorbed iron.
* Iron fortified biscuits was ineffective; no differences in iron status, anaemia, or hookworm prevalence at 6 months.
* Iron fortification increased number of enterobacteria, decreased lactobacilli, and increased gut inflammation (measured by fecal calprotectin concentration)
 |   |
| Righetti (2012)25 | To determine prevalenceof anaemia and risk factors  | Cross-sectionalobservational study | 2010 | 89 | Côte d’Ivoire, Rural | 15-25y | 100% | * Anaemia 47.9%, riboflavin deficiency 68%.
* Prevalence of Plasmodium falciparum 30%
* Associated factors to anaemia were cellular iron deficiency and chronic inflammation.
 |  |
| Bleyere (2013)26 | To evaluate changes in iron metabolism in adolescents during pregnancy. | Prospective observational cohort | 2006 -08 | 112 | Côte d’Ivoire, Urban | 15-19y | 100% | * Anaemia 77.7% in 3rd trimester of pregnancy.
* Iron stores and all evaluation parameters of iron metabolism were altered, with especially a decrease of haematological parameters in 3rd trimester.
 | Excluded if hypertension, diabetes, rheumatism. |
| Righetti (2013)27 | To assess Hb dynamics in relation to parasitic infections, micronutrient status, and age. | 14-month prospectiveobservational study | 2010-11 | 94 | Côte d’Ivoire, Rural | 15-25y | 100% | No significant change in Hb during the study period. Parasitic status was not associated with anaemia. |  |
| Abbreviations: EAR=Estimated Average Requirements, Hb=haemoglobin, IDA=Iron Deficiency Anaemia, IPT= Intermittent preventive treatment, RCT=Randomized Controlled Trial, wks=weeks, y=years \* Unless age sub-groups are specified, results are given for the whole age group |

**Table 2b:** Summary table of studies included in the present scoping review related to parasitic diseases and nutrition in adolescents living in Côte d’Ivoire

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First author (y) | Mainobjective(s) | Study design | Studyperiod | N | Country and Setting | Age (y)\* | Sex (% Girls) | Results | Remarks |
| Parasitic diseases |  |  |  |  |  |  |
| Dancesco (2005)28 | To assess the effect of intestinal parasites on physical, physiological development and nutritional status  | Cross-sectionalobservational study | 2004 | 129 | Côte d’Ivoire, Rural | 4-15y | 43% | * 10-15y group: Stunting 27.3%; Underweight 24.8%; Overweight 0.8%
* Pubertal delay for girls: pre-adolescent stage: 73% at 10y, 20% at 11y, 15.8% at 12y. After 13y: 14.9% Tanner stage 3, 56.8% Tanner stage 4, 0% stage 5. 61.7% of 11-15y (N=94) had Ascaris Lumbricoides infestation.
 | Selected if assessed by their family as being in good health.  |
| Yapi (2005)29 | To assess relationships between anthropometry, Hb and parasitic infestation. | Cross-sectionalobservational study | 2010 | 262 | Côte d’Ivoire, Rural | 7-15y | 43% | * Stunting 27%, Wasting 30%.
* 87% were anaemic and these had lower mean weight and height values.
* 47.7% had monoparasitism, 16.7% biparasitism, 3.8% triparasitism. No relationship between anthropometry and intestinal parasite carriage.
 |
| Muller (2011)30 | To investigate the relationship between helminth infection status and physical fitness among school-aged children. | Cross-sectionalobservational study | 2010 | 156 | Côte d’Ivoire, Rural | 7-15y | 42% | Mean VO2 max values, girls: 50.4 ml/kg/min (95% CI: 49.4–51.3 ml/kg/min), and boys: 54.4 ml/kg/min (95% CI: 53.5–55.2 ml/kg/min), decreasing with age. Prevalence of Schistosoma haematobium, Plasmodium species, Schsitosoma mansoni, hookworm and Ascaris lumbricoides were 85.3%, 71.2%, 53.8%, 13.5% and 1.3%, respectively. No differences in the VO2 max values of helminth-infected and non-infected children. | Excluded if dyspnoea, malaria, anaemia or asthma.  |
| Hürlimann (2014)31 | To determine the effect of deworming (albendazole and praziquantel at baseline and two months later) against soil-transmitted helminthiasis and schistosomiasis on children’s physical fitness, cognition and clinical parameters. | Intervention study, 5-month follow-up | 2012-13 | 257 (10-14y:192) | Côte d’Ivoire, Rural | 5-14y | 50% (10-14y) | * Stunting 13.6%, Wasting 23%, Underweight 14%.
* Anaemia 35%. No effect of deworming on Hb levels and anaemia.
* At baseline: 91% of children infected with Plasmodium falciparum 8.2%, Plasmodium malariae 35%, Schistosoma mansoni 9.7%, soil-transmitted helminth co-infection 38%. 53% low performance in the memory test.
* Stunting and wasting were associated with lower scores in strength tests.
* Post-intervention: Children with soil-transmitted helminth or Schistosoma infection at baseline performed better in the sustained attention test than their non-infected counterparts at the 5-month follow-up. Children performed better in the digit span test at 5-months compared to baseline. Standing broad jump and grip strength tests performance improved over the study period by 12 cm (95% CI: 10, 14 cm) and 1.07 kg (95% CI: 0.49, 1.65 kg).
 |  |
| Glinz (2015)32 | To measure inflammation biomarkers, iron absorption and utilization pre- and post-treatment (iron fortification + anti-parasitic) in children with afebrile malaria, hookworm, or Schistosoma haematobium infection. | Intervention study, single-arm | 2010-11 | 41 | Côte d’Ivoire, Rural | 11-17y | 32% | Hookworm infection did not produce inflammation and did not influence iron utilization (i.e erythrocyte incorporation of 58Fe from an intravenous dose) or absorption (i.e intravenous incorporation + erythrocyte incorporation of 57Fe from an orally administered syrup). In contrast, afebrile malaria caused inflammation and reduced iron absorption, but not utilization. | Little, specific study. |
| Hürlimann (2019)33 | To study interactions between Plasmodium and helminth co-infections on anaemia and splenomegaly  | Cross-sectionalobservational study | 2013 | 4938 | Côte d’Ivoire, Urban + Rural | 5-18y | No data | * Malnutrition (either stunting, wasting or underweight): 28%.
* Anaemia prevalence 32%.
* No evidence that co-infection with Plasmodium and helminths was associated with worse anaemia
 |  |
| Abbreviations: Hb=haemoglobin, wks=weeks, y=years \* Unless age sub-groups are specified, results are given for the whole age group |

**Table 2c:** Summary table of studies included in the present scoping review related to iodization and salt fortification in adolescents living in Côte d’Ivoire

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First author (y) | Mainobjective(s) | Study design | Studyperiod | N | Country and Setting | Age (y)\* | Sex (% Girls) | Results | Remarks |
| Iodization |  |  |  |  |  |  |
| Hess (2002)34 | To determine if iron supplementation in goitrous, iron-deficient children improves response to iodized salt (IS) | Cross-sectionalobservational study + RCT, 20 wks | 1999-00 | 1014 (survey), 166 (RCT) | Côte d’Ivoire, Rural | 5-14y | 30% | * In the survey: Prevalence of iron deficiency 38%, IDA: 19%, iron deficiency + goitre 23%.
* In the RCT: Iron deficiency at 20 weeks: 39% in the intervention group vs 52% in the placebo group, p<0.05. participants with goitre at 20 weeks: 43% vs 62%, p<0.02

  | Studies carried out before iodized salt introduced. |
| Zimmermann (2002)35 | To assess response to oral iodine supplementation among goitrous children with IDA; to assess if iron supplementation improves response to oral iodized oil and salt. | Intervention studies | 1997-00 | 1433 | Côte d’Ivoire, Rural | 6-14y | No data | Among goitrous children with anaemia, therapeutic response to iodized oil (iron and iodine status) was impaired; suplemental iron improved response.  |
| Zimmermann (2003)36 | To describe the time course and pattern of changes in thyroid size and goitre rate in response to iodized salt introduction in an endemic area. | 5-y prospective cohort starting 6 months before iodized salt | 1997-01 | 419 before, 507 2y after | Côte d’Ivoire, Rural | 5-14y | 37% |  In the four years after the introduction of iodized salt and normalization of median urinary iodine, mean thyroid size decreased by 56% (P < 0.0001). 29% of children remained goitrous (vs 40% at baseline). At 2, 3, and 4y after salt iodization, goitre rate was significantly higher in children aged 10-14y vs 5-9y (at 4y: 52% compared with 19%), and the difference increased with time (P < 0.0001). | Children attending school + same remark as above. |
| Wegmuller (2006)37 | To assess stability, organoleptic qualities in traditional meals, and acceptability and efficacy of a dual-fortified salt (DFS, iodized salt with micronized FePP) to improve iron status in iron-deficient school children.  | Cross-sectionalobservational study + intervention trial, 6 months: DFS vs IS. | 2004-05 | 605 (survey), 123 (trial) | Côte d’Ivoire, Rural | 6-15y | No data | * At baseline: anaemia 50%, iron deficiency without anaemia 11%, vitamin A deficiency 7%, riboflavin deficiency 66%.
* After 6 month- intervention: serum ferritin, transferrin receptor concentration and body iron stores (transferrin receptor: serum ferritin ratio) improved in the DFS but not IS group. Body iron increased from 4.6 ± 2.7 to 5.9 ± 2.7 mg/kg (mean ± SD) in the DFS group; equivalent values for the IS group were 5.5 ± 2.9 and 5.6 ± 3.1 mg/kg. There was no increase in Hb.
* Dietary nutrient intakes: % below EAR (6-15y, n=71): 21% for iron, 37% for vitamin A, 99% for riboflavin, 83% for ascorbic acid. Median salt intake 2.8 (0-10.9) g/day. Malaria infection 55%, helminth infestation 14%.
 |  |
| Abbreviations: DFS=Dual-Fortified Salt, EAR=Estimated Average Requirements, Hb=haemoglobin, IDA=Iron Deficiency Anaemia, IS=Iodized Salt, RCT=Randomized Control Trial, suppl=supplementation, wks=weeks, y=years \* Unless age sub-groups are specified, results are given for the whole age group |

**Table 2d:** Summary table of studies included in the present scoping review related to food intake and nutritional practices, diabetes, overweight and obesity in adolescents living in Côte d’Ivoire

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First author (y) | Mainobjective(s) | Study design | Studyperiod | N | Country and Setting | Age (y) | Sex (% Girls) | Results | Remarks |
| Food intake and nutritional practices |  |  |  |  |  |  |
| Peltzer and Pengpid (2015)38 | To assess fruit and vegetable consumption and associated factors among university students from 26 low, middle and high income countries. | Cross-sectionalobservational study | 2013 | 745 | 26 countries across Asia, Africa, the Americas.Urban | 16-30y | 59% | In Ivory Coast, mean daily servings of fruits and vegetables=3.9 (1.3 for fruits and 2.6 for vegetables). 64.4% (61.0–67.9) had <5 servings of fruits and vegetables. | No specific data for Ivory Coast except daily serving (one of the highest of study countries) |
| Inghels (2017)39 | To describe health provision, needs and barriers when seeking medical care, for1st-y students. | Cross-sectionalobservational study | 2015 | 543 | Côte d’Ivoire, Urban | Median 22y | 41% | No information or support regarding nutrition available at the University healthcare center, need for information campaigns on nutrition. | Not adolescents but young adults, interesting to describe in our context. |
| Gbogouri (2018)40 | To describe dietary habits and socio-demographic features of University students. | Cross-sectional observationalstudy | 2015 | 156 | Côte d’Ivoire, Urban | 18-34y | 47% | * 18% underweight and 8% overweight or obese.
* 10% reported diabetes, 12% arterial high blood pressure.
* 88% not regularly having breakfast, while 88% and 95% have lunch and dinner, respectively. 33% claimed financial problems as a reason for skipping meals. Rice and “Attiéké” (cassava semolina) were the favorite foods during the three daily meals, 26% never consume fruits. 82% do daily physical activity for a minimum of 30 min three times a week.
 |
| Diabetes, overweight and obesity |  |  |  |  |
| Agbre-Yace (2016)41 | To determine the prevalence of the diabetes mellitus. | Cross-sectional study | 2013 | 813 | Côte d’Ivoire, Urban + Rural | 2-19y | 62% | * 0.4% had diabetes mellitus (fasting glucose≥7 mmol/l), 17.2% had impaired fasting glycaemia (5,6- 6,9 mmol/l). 4.9% had at least one diabetic parent.
* No difference in terms of ethnicity/nationality, genders. More subjects with hyperglycemia from rural areas.
 |  |
| Kramoh (2012)42 | To describe the prevalence of obesity among children and adolescents attending school. | Cross-sectional study | 2010 | 2038 | Côte d’Ivoire, Urban | 6-18y | 52% | * Obesity 5%, overweight 4%, normal 27%, thin 25%, extremely thin 39%.
* Obesity more common in girls (6.8%) than boys (1.8%). The prevalence of obesity in hypertensives was 16%. Higher BMI was associated with higher systolic and diastolic blood pressure in both sexes (P < 0.001 in both cases). No associations with physical activity (p=0.89).
 | Not stratified by age, nutritional habits, socio-economic factors not documented. |
| Abbreviations: BMI=Body Mass Index, y=years \* Unless age sub-groups are specified, results are given for the whole age group |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First author (y) | Mainobjective(s) | Study design | Studyperiod | N | Country andSetting | Age (y)\* | Sex (% Girls) | Results | Remarks |
| Specific population and other topics |  |  |  |  |
| Houphouët (2010)43 | To determine the alteration of immunity, inflammatory and nutritional proteins according to malnutrition. | Cross-sectional study | No data | 142 | Côte d’Ivoire, Semi-urban | 5-15y | No data | * 30% wasting.
* Albumin was lower and CRP higher in undernourished children. The prognostic nutritional and inflammatory index assessing both inflammatory and nutritional state also increased. Immunity proteins (IgA, IgG, IgM) remain unchanged.
 |  |
| Jesson (2015)44 | To assess the prevalence of malnutrition among HIV-infected children in West and Central Africa. | Cross-sectional study | 2011 | 110 | Côte d’Ivoire, Semi-urban | 2-19y | 46% | * Wasting only 12.5%, stunting only 31.7%, wasting+stunting 16.4%.
* Among those malnourished, more than half didn’t receive any nutritional support. Male gender and severe immunodeficiency were associated with undernutrition, but not orphanhood or Cotrimoxazole prophylaxis
 | HIV-infected population |
| Zahe (2016)45 | To evaluate the impact of nutritional status on the academic performance. | Cross-sectional study | 2015-16 | 237 | Côte d’Ivoire, Urban | 8-14y | 50% | * Underweight 20.3%, overweight or obesity 5.9%
* For underweight, no difference between boys and girls; mainly girls were overweight or obese. No effect of nutrition status on school performance.
 |   |
| Grey litterature review |  |  |  |  |  |  |
| Beda (2016)46 | To compare nutritional status by life conditions (family environment, specialized institution and center). | Cross-sectional study | 2016 | 273 | Côte d’Ivoire, Urban | 10-13 | 40% | * Specialized centers vs family: wasting 3.3% vs 26.1%, stunting 11.1% vs 30.4%
* Children living in family environment had significantly higher rates of wasting and stunting than those living in specialized center or institution.
 |  |
| Ouattara (2017)47 | To describe the influence of body perception on eating behavior.  | Cross-sectional study | 2017 | 403 | Côte d’Ivoire, Urban | 12-17y | 51% | Body perception is not significantly associated with eating behaviors. | Few data available on these reports |
| Tiehi (2017)48 | To describe the influence of sleep duration on risk if overweight. | Cross-sectional study | 2017 | 320 | Côte d’Ivoire, Urban | 5-12y | 50% | Those who sleep less than 9 hours had a higher weight than those who sleep more than 9 hours: +3.5kg in females and +2.5kg in males. No differences for height. |
| Abbreviations: CRP = C-reactive Protein, HIV=Human Immunodeficiency Virus, y=years \* Unless age sub-groups are specified, results are given for the whole age group |

 **Table 2e:** Summary table of studies included in the present scoping review related to nutrition in adolescents living in Côte d’Ivoire, covering specific populations, topics and grey literature