

## Food Insecurity and Poor Complementary Feeding Practice Among Young Children in South Africa

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### Abstract

Food insecurity and poor complementary feeding practice among young children in South Africa (SA) is a major development problem that is caused by numerous factors such as poverty and xenophobic tendencies, to say the least. Several efforts have been put in place to alleviate food insecurity in South Africa. Despite these efforts, the situation continues to prevail and sometimes even increase in the contemporary human society. It is therefore imperative that food insecurity gets addressed appropriately, explaining the motivation for this editorial whose main objectives are to document on the factors influencing food insecurity and poor complimentary feeding practice among young children in South Africa, besides, recommending strategies to address the problem.

**Keywords:** Children; Feeding; Food Insecurity; Poor Complementary; South Africa

### Introduction

The uncertainty as to when and how to get your next meal is described as food insecurity, which has led to stunted growth and high burden of infectious diseases among children in SA [1]. Malnutrition remains a major health burden globally. In 2010, 7.6 million children across the world died before reaching their fifth birthday. There is evidence that micronutrients deficiencies are of public health concern among children. In South Africa the cause of hunger and malnutrition is due to inadequate access to food by certain categories of individuals and households in the population and not the shortage of food. Food insecurity is a continuous threat for more than a third of the population and not a short-term event. The South African National Health and Nutrition Examination Survey (SANHANES) revealed in 2013 that 26% of the population was actually facing hunger and a further 28% were at risk. To date the focus in South Africa has been on exclusive breastfeeding from birth to 6 months, with less attention on feeding of the infants beyond 6 months. Optimal Infant and Young Child Feeding (IYCF) plays an important role not only in child survival, but also in growth, development, long-term health and

a nation's economic development and productivity [2]. Despite the marked improvement in South Africa in the prevalence of stunting and malnutrition among children under five years of age, South Africa still record a high rate of malnutrition in children, thereby compromising child health. Underweight remains one of the country's most common nutritional disorders, affecting almost 1 out of every 10 South African children, due to food insecurity. It is against this backdrop that this editorial has been written whose main aim is to document on the factors influencing food insecurity and complimentary feeding among young children in South Africa, besides recommending solutions to improve on the nutritional status of young children in South Africa

### Methodology

This was a desk study in which relevant articles were searched based on key words of the topic to get answers to the study questions. The results are summarized as on figures below

### Study Questions

**What are the factors influencing food insecurity and poor complimentary feeding among young children in South Africa?**

## **What possible strategies could be implemented to tackle the problem?**

### **Result and Discussions**

Results are further described in the subsections below.

#### **Factors Influencing Food Insecurity and Poor Complimentary Feeding Among Young Children in South Africa**

Poverty and food insecurity manifest themselves differently in rural and urban areas. In South Africa 28.3% of children are at risk of hunger while 26% of the population regularly experiences hunger [3]. The immediate causes of malnutrition in South Africa are illness and insufficient food intake. In terms of food intake, the low rates of breastfeeding in South Africa contribute significantly to the problem. This highlights the fact that in South Africa, mixed-feeding is the norm which displaces optimum breast milk and introduces inferior food quality and possible contaminants. According to GHS [4], in South Africa, 19% of children do not have access to sufficient food. Compounding this situation is the phenomenon of child-headed households, with young people facing serious dilemmas in their quest to provide for their siblings and is faced to choose between looking after their siblings or engaging in Low-paid work, and in most cases, end up choosing the latter. They are often exploited by other community members, being underpaid for casual manual labour and some are forced to drop out of school, and this feeds into the vicious cycle of food insecurity. Another cause of food insecurity and poor complementary feeding practice among children in South Africa is poverty and hunger particularly shaped by the legacy of apartheid. One aspect of that system was the deliberate disposition of assets, such as land and livestock from members of

the black majority making them poorer and thus food insecure.

Majority of South African children in rural communities have 'bad access to good food and good access to bad food'. In South Africa, childhood stunting has increased to 26.5%, obesity levels are amongst the highest in the world at 42% for women, and children are unable to concentrate at school due to lack of nutritious foods. The supermarkets in townships are reported to stock food of low-quality making healthy choices difficult (key informant, December 2013) [5]. The underlying causes of poor complementary feeding practices among South African children and food insecurity are poverty, poor household food security, inadequate maternal and child care and poor access to basic health services and adequate sanitation, clean water and refuse removal [6]. UNICEF's efforts in combating food insecurity among children have been laudable. Global estimates reveal that the number of stunted children under 5 declined from 169million in 2010 to 159million in 2014. Despite this, SA still has a high burden of malnutrition among children due to food insecurity. African countries (including SA) have made under investments in the fight against food insecurity leading to many consequences. Global pressures of climate change, loss of ecosystems, increase in population growth, ongoing humanitarian crisis in parts of Africa (thereby increasing the number of refugee children), and have exacerbated food shortage, limiting complimentary feeding and increasing the prevalence of malnutrition [7] Moreover, poverty, food insecurity and poor adherence to complimentary feeding recommendations have a nexus. There are poverty related causes of food insecurity; besides this, the lack of maternal care which some young children face in SA are equally risk factors of food insecurity. The uncertainty as to when and how to get your next meal is described as food insecurity, which has led to stunted growth and high burden of infectious diseases among children in SA [1].

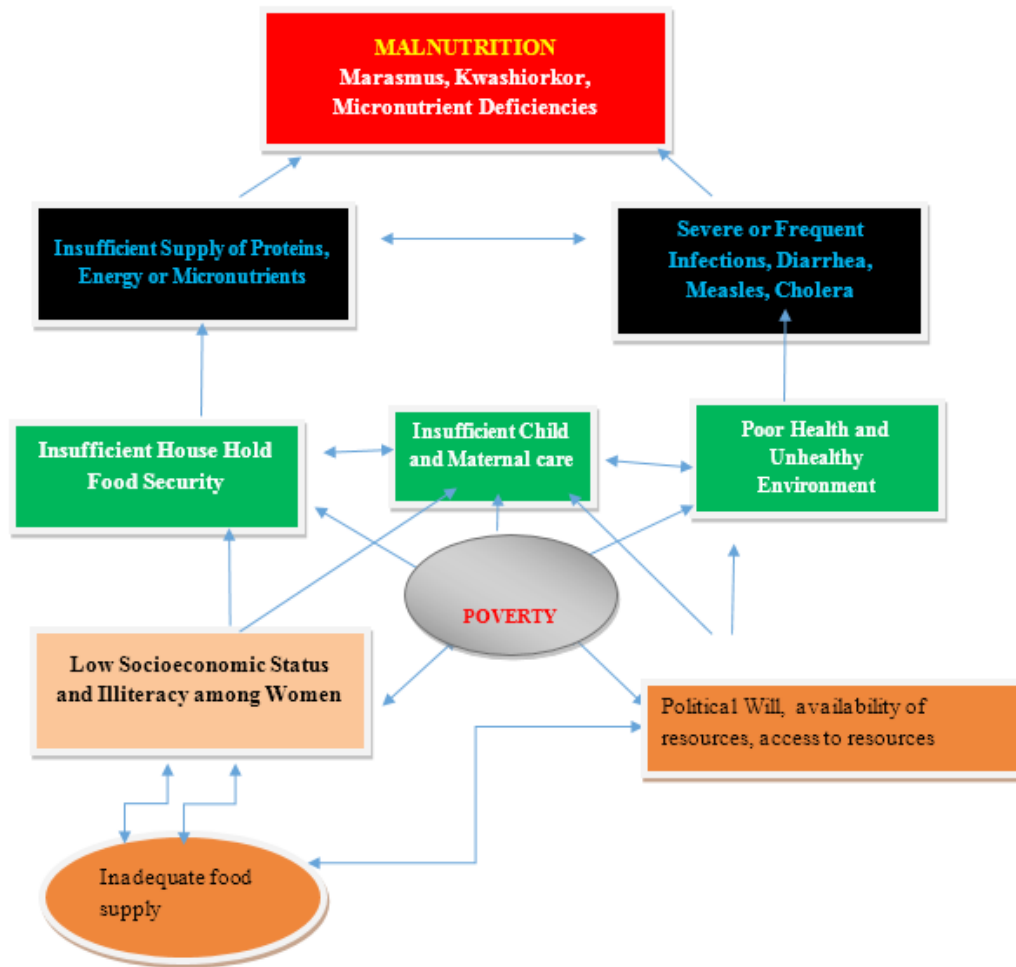


Figure 1: Diagrammatic Illustration of Factors Influencing Food insecurity and Poor Complementary Feeding Practice among Young Children in SA [8].

### Recommended Strategies to Address Food Insecurity and Promote Complimentary Feeding Practice among Young Children

Feeding messages have to expand beyond breastfeeding to include toddlers and preschool children. Besides this, an effective food supply system needs to be put in place by the SA government and humanitarian agencies in order to ensure adequate food supply to the children. Xenophobic attacks on children (especially foreigners and refugees) in SA must be viewed as inhumane and antisocial and discouraged in all its form to avoid discrimination of refugee children. Training of healthcare professionals needs to be strengthened and ongoing to ensure that correct information is imparted to the public. An Act could include a mechanism to hold government and stakeholders accountable, including businesses and other institutions, local or national. The government should open the latest Food and Nutrition Security policy paper for consultation with all stakeholders, with a view to addressing gaps.

### Summary of Key Findings

- Poverty among families in SA contributes to food insecurity.
- Crises in other parts of Africa have led to an increase in the number of children to SA, leading to food inadequacy.
- Limited investments in food security by SA government also contributes to the food shortage among young children and poor adherence to complimentary feeding practices.
- Limited access to basic health and also nutritious foods have been identified as factors promoting food insecurity.

### Conclusion

Food insecurity among young children in SA remains a problem. Several factors contribute to it. Addressing the problem requires a holistic multisector approach and can greatly improve on the nutritional status of these children if fully implemented.

## References

1. Voster HH (2010) The Link between Poverty and Malnutrition: A South African Perspective". *Health SA Gesondheid* 15: 1-6.
2. United Nations Children's Emergency Fund (UNICEF) (2011) *Programming Guide: Infant and Young Child Feeding*, New York.
3. SANHANES (2013) 'The South Africa National Health and Nutrition Survey', Human Sciences Research Council and Medical Research Council, Pretoria.
4. Liu L, Johnson HL, Cousens S, Perin J, Scott S, et al. (2012) Global, Regional, and National Causes of Child Mortality: An Updated Systematic Analysis for 2010 With Time Trends Since 2000. *The Lancet* 369: 2151-2161.
5. FAO (2014) *The State of Food Insecurity in the World – Food Security Indicators*.
6. Motadi SA, Mbhatsani V, Shilote KO (2016) Food Fortification Knowledge in Women of Child-Bearing Age at Nkowankowa Township in Mopani District, Limpopo Province, South Africa'. *Afr J Prm Health Care Fam Med* 8: e1-e5.
7. UNICEF for Ever Child. *Annual Results Report 2015*.
8. Müller O, Krawinkel M (2005) Malnutrition and Health in Developing Countries. *CMAJ* 173: 279-286.