

# THE MANDELA INITIATIVE

*Dialogue and action to overcome poverty and inequality*



UNIVERSITY of the  
WESTERN CAPE

## Theme: Food Security and Nutrition

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### Issues and manifestations

Although malnutrition and hunger are fundamental to any initiative concerning poverty and inequality, addressing food security and adequate nutrition in South Africa is complex. It requires understanding of an apparent paradox and addressing a complex collective action problem.

South Africa produces more than enough food, both in terms of caloric adequacy and nutritional content. There is an efficient food system which, despite the effects of climatic change, unresolved land issues and an insalubrious investment environment, continues to produce, process and distribute food that is relatively cheap and safe.

The Constitution and attendant legislation provide for the progressive right to food security, and the absolute right of children to adequate nutrition. An array of social protection and health policies offer an unconditional cash transfer to children, vitamin supplementation, food fortification, and free primary health care for mothers and children. There are numerous policies, strategies, programmes, bylaws and projects addressing issues as diverse as breast-feeding in the workplace; advertising to children; water, hygiene and sanitation (WASH); municipal markets and pesticide residuals. Finally, official

### About this brief

This brief was commissioned by the Mandela Initiative to help inform a synthesis report on its work since the 2012 national conference, *Strategies to Overcome Poverty and Inequality*, organised by the University of Cape Town. The MI provides a multi-sectoral platform to investigate and develop strategies to overcome poverty and reduce inequality in South Africa. While the Nelson Mandela Foundation is a key partner, the Initiative has relied on collaborations between academics and researchers, government, business leaders, civil society, the church and unions.

The synthesis report serves as a framework for reporting on the work of the MI at a national gathering on 12 – 14 February 2018 at the University of Cape Town. The MI *Think Tank* has identified the objectives for the gathering as:

- to anchor the contributions of the MI within an analysis of the current South African political and economic context;
- to share the recommendations emanating from the MI-related work streams at a policy/strategic level to advance the goal of eliminating poverty and reducing inequality;
- to critically engage with the potential impact of the recommendations on eliminating structural poverty and inequality; and
- to discuss ways of promoting popular conversations and debate about what needs to be done to eliminate poverty and reduce inequality, beyond the MI.

The synthesis report aims to assist participants to prepare for the national gathering. The report drew on findings from the sectoral research projects of Think Tank members; the MI's *Action Dialogues*; a report on an MI *Community of Practice workshop* with research chairs from different universities to identify cross-cutting themes emerging from the MI's *research programme*; and the work programmes of others who have expressed an interest in contributing to the goals of the MI.

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statistics show that self-reported hunger of adults and children has more than halved since 1994.

At the same time, almost 14 million South Africans have incomes below the Food Poverty Line (FPL) and the prevalence of and depth of food poverty appear to be increasing. In 2015 one quarter of the population lay below the FPL. As with other forms of poverty, children are especially vulnerable, and child stunting, an indicator of chronic malnutrition, has barely improved since 1993, and may be increasing. The most recent Demographic and Health Survey (DHS) reported that 27 percent of children under five years of age were stunted in 2016, a finding similar to the 2012 South African Nutrition and Health Examination Survey (SANHANES). Given its wealth as measured by Gross National Income (GNI), South Africa is an extreme outlier in terms of stunting along with a small group of other highly unequal societies.

Micronutrient malnutrition is also a factor with iodine, vitamin A, iron and zinc the most important deficiencies. Although vitamin A deficiency (VAD) among children has declined since the introduction of food fortification programmes, 44 percent of children under five were still VAD deficient in 2011. According to World Health Organisation criteria, this means VAD in South Africa remains severe. Other forms of micronutrient deficiency are also of concern, with 45 percent of children 1 – 9 years being deficient in zinc, 25 percent with iron deficiency and 15 percent with iodine deficiency.

Adding to the complexity, overweight and obesity of adults, and increasingly of adolescents and pre-adolescents, are increasing with the DHS reporting that 68 percent of adult women were overweight or obese in 2016. This elevates the risk of non-communicable diseases such as diabetes and hypertension. Finally, evidence is emerging that links prior stunting to an inclination towards subsequent overweight, and that links overweight mothers to underweight infants.

## **1. Reasons**

Reasons for this context are complex. Poor diets are one proximal or direct explanation. South African eating habits are characterised by low dietary diversity, inadequate consumption of fruit and vegetables, excessive reliance upon energy-dense/nutrient-deficient staples, and high consumption of salt, sugar and obesogenic food and beverages.

Poor complimentary feeding practices for children are of particular concern. The DHS reports that 77 percent of children aged 6 – 23 months are not being adequately fed. Environmental enteropathy arising from poor sanitation and hygiene is another proximal explanation. With more than 60 000 cases of reported childhood diarrhoea per month, South Africa is again an outlier when its economic wealth is taken into account. A final direct influence is poor maternal health arising from exposure to communicable diseases including HIV/AIDS and tuberculosis, non-communicable and life-style illness, and the unintended consequences of the treatment of these diseases.

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Indirect, or distal explanations include the food environments through which those who are poor obtain their food, demand management by food producers and distributors towards energy-dense/nutrient-deficient foods, and foodborne or waterborne microbial pathogens and chemical contaminants such as endocrine disruptors. Other explanations include multiple demands on social grants that reduce their intended impact, and the size of the grants relative to the cost of meeting essential needs. The collapse of subsistence cultivation in the former homelands is a concern as participation in such activities has been shown to improve diets and nutritional outcomes.

Inappropriate policy responses are also a possible cause and include incorrect health messages such as those concerning breast-feeding, food insensitive planning such as municipal bylaws affecting the sale of fresh produce in poor areas, and indirect subsidies on unhealthy foods. Weak capability of the spheres of government to implement policies concerning food security and nutrition underpins these responses. This is compounded by the absence of a central authority that is responsible for food security and nutrition. The limited capacity of government to influence nutrition outcomes in the face of a highly concentrated food and beverage industry is a further factor. Collusion between producers and distributors in which food prices were fixed has already been established.

The very nature of food security is a contributing factor. The benefits (or costs) of food security are generally non-rivalous or non-exclusive. As such food security is a public good even though food itself is privately produced and consumed. Addressing food security thus confronts the complex problems of collective action similar to those of addressing climate change or environmental degradation. Free riding may be endemic and decisions about the food system contain significant positive and negative externalities. Innovative forms of collaboration are needed to address such problems.

## **2. Policy recommendations and impact**

Although a range of policy recommendations have been proposed and implemented, the impact of these remains uncertain. The provision of social grants, food fortification, vitamin supplementation and primary health care has failed to bring about a reduction in child stunting and has not eliminated micro-nutrient deficiencies. It is possible that both may have been worse in the face of the HIV/AIDS pandemic and high levels of unemployment.

Policies seeking to regulate misleading advertising may have had an impact on good purchased in the formal economy, but are not being enforced for goods sold in *spaza* shops in the informal economy. A 'sugar tax' on sugary beverages will be implemented on 1 April 2018, but international evidence is mixed as to whether such taxes bring about a reduction in sugar consumption and improved health.

Food-sensitive urban planning has been put on the policy agenda, but has yet to have any impact on infrastructure or slow the creation of food deserts or food swamps in low-income neighbourhoods. Innovative exceptions can be found. One example is the process of the Government of the Western

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Cape, which has adopted an integrated approach to its Food and Nutrition Security Strategy. Similar governance innovations are underway in Gauteng and eThekweni. Other potential innovations include measures to adopt climate resilient crops and agricultural practices, the use of nutritious indigenous grains and leafy vegetables, and “last mile” solutions including the promotion of food literacy.

**For more information on the Mandela Initiative:**

