Despite South Africa’s economic wealth; significant investment in health and nutrition, and the existence of complementary social protection policies such as the Child Support Grant, addressing child malnutrition remains a challenge.

The 2016 Demographic and Health Survey Report indicates that 27% of children under five years in South Africa are stunted; 12% underweight, and 5% wasted. Levels of stunting have remained unchanged since 2003. Available evidence shows high levels of micronutrient deficiencies, such as inadequate levels of zinc, serum retinol, haemoglobin and ferritin. Further complicating efforts to eradicate malnutrition are the astounding levels of obesity in both adults and children in the country.

The Children Programme of Research at the DST-NRF Centre of Excellence in Food Security identifies both adults and children in the country. Malnutrition are the astounding levels of obesity in

malnutrition and inequality: High levels of poverty and inequality result in many households lacking the financial means to buy adequate nutritious food for children. South Africans lack nutrition knowledge. A cereal-based diet that is low in animal foods, vegetables, and fruit, which is common for most South Africans, accounts for the high levels of malnutrition in children. This is mostly due to a lack of knowledge on how to achieve proper nutrition.

Addressing poverty and inequality: High levels of poverty and inequality result in many households lacking the financial means to buy adequate nutritious food for children. Stats SA (2016) reported that 30.4 million South Africans are poor, with 13.4 million being extremely poor and below the Food Poverty Line, and seven out of 10 children living in households below the upper-bound poverty line (SAHRC & UNICEF, 2016: 6).

At the level of R380 per month as at September 2017, the Child Support Grant (CSG) was far below the R533.36 needed to meet the dietary needs of a child from 3-9 years, estimated by PACSA. Currently, the CSG of R410 is still below the food poverty line of R547 (Stats SA, 2016).

Addressing poverty and the high levels of economic inequality is critical in the fight against child malnutrition. Policies that raise the incomes of low-income families and mitigate inequalities will enhance access to nutritious food for children. A number of these policies already exist, but more needs to be done, especially in linking the existing systems more directly to enhanced food availability for families. For example, food insecure households could be identified for inclusion in income-generating programmes such as the Community Works Programme and the Expanded Public Works Programme.

Increase rates of exclusive breastfeeding to improve nutrition: Breastmilk is the most important source of nutrition for infants and very young children. However, exclusive breastfeeding rates among South African children aged 0-24 months remain low. Although the WHO recommends exclusive breastfeeding for children under six months, many mothers – despite intending to breastfeed before delivery – are unable to do so. As a result, SA falls far below the 50% exclusive breastfeeding target set by the WHO. Only 32% of infants (0-6 months) and 23.7% of children aged 0-24 months remain breastfed for children under six months, many mothers – despite intending to breastfeed before delivery – are unable to do so. As a result, SA falls far below the 50% exclusive breastfeeding target set by the WHO. Only 32% of infants (0-6 months) and 23.7% of children (6-12 months) are exclusively breastfed (DHS, 2016). 66.4% of children between 12-23 months are not breastfed at all.

Unhealthy environments can contribute to poor nutrition: Poor WaSH (water, sanitation and hygiene) is among the contributing causes of child malnutrition, with 31% of South African children living in households with inadequate water on site, and lack of proper sanitation and/or ablution facilities. This means that gastrointestinal disease may result in micronutrient deficiencies as children suffering this condition are unable to utilise crucial nutrients needed for proper growth.

South Africans lack nutrition knowledge: A cereal-based diet that is low in animal foods, vegetables, and fruit, which is common for most South Africans, accounts for the high levels of malnutrition in children. This is mostly due to a lack of knowledge on how to achieve proper nutrition.

Research shows that children born to educated mothers are more likely to eat well because of their mother’s knowledge of nutrition.

Through targeted nutritional education, it may be possible to improve knowledge on the importance of good nutrition and also help change behaviour to develop better nutrition practices.

An example of such an intervention are school gardens and school feeding programmes aimed at improving fruit and vegetable intake for children of school going age. The National School Feeding Programme and local NGOs working in schools can complement the intake of fruits and vegetables at home by supplying schools with fruit and vegetables. Establishing school gardens with the involvement of learners can help improve their knowledge of food creation and also encourage healthy eating. Continuous nutrition education is also needed to build food literacy among adults and children to educate them on the health benefits of dietary diversity.