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Household Food Security amongst Children with Moderate Malnutrition in South Africa

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Despite emphasis on Infant and Young Child Feeding and efforts towards breastfeeding promotion in South Africa, rates of malnutrition remain a concern. Children older than 12 months, presenting with moderate malnutrition can still provide health care workers with a golden opportunity to reverse malnutrition and improve nutritional status, growth, health and development. However, the presence of hunger and food insecurity as underlying cause of moderate malnutrition may be the tip of this iceberg, hampering intervention. Targeted supplementary feeding in moderately malnourished children may only result in short term improvements if the underlying problem is not recognized and addressed. It is important to determine the prevalence of food insecurity in children with moderate malnutrition in order to develop appropriate interventions for long term solutions.

The aim of this study was therefore to assess food security in children between 12 and 60 months, presenting with moderate malnutrition. Two hundred and twenty six children from three provinces, admitted to a targeted supplementary feeding programme, between September 2012 and August 2013 were included in the study. Ethical approval was obtained from the Research Ethics Committee, NNMU and parents or legal guardians provided written informed consent before participation.

Data were collected with a structured questionnaire, under supervision of a registered dietician and included demographic information, a Food Security Questionnaire based on the Household Hunger Scale, a history of breastfeeding practices, as well as adequacy of food intake and meal frequency. Data were analyzed using PASW (Predictive Analytics SoftWare) by SPSS (Version 21).

The mean age of the children was 29.3 months (± 13.5 SD) with an equal gender distribution. Eight questions, indicated in Figure 1, were asked to caregivers to reflect household food security.

The mean number of members per household was 5.7 (± 2.2) ranging between two and thirteen. For 46.8% of the children, food intake was described as inadequate or most inadequate; and 5.2% of children were fed 1-2 meals per day, 35.8% three meals per day and 59% four or more meals per day. Breastfeeding rates of 86.9% were reported with 24.7% of children currently being breastfed; and the mean duration of breastfeeding being 15.4 months (± 11.3 SD).

Food insecurity, as indicated by adequate food availability in the house, differed significantly between the three provinces ($p=0.002$), with caregivers in the Free State (Botshabelo) indicating the highest lack of adequate food, followed by the Southern Cape and the Northern Cape province.

This study shows high rates of food insecurity and inadequate food intake amongst children with moderate malnutrition, even in the presence of high rates of breastfeeding for extended periods of time. Food insecurity is therefore an important underlying factor to be considered and addressed, possibly by blanket food distribution to enhance the effectiveness of targeted supplementary feeding programmes in the treatment of moderate malnutrition. Current programmes in South Africa only allow for targeted supplementary feeding and serious consideration should be given to implement alternative interventions in food insecure environments.