

Right to food for women and children: a critical analysis and review of the implementation indicators in a South African context

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Submitted by:

BUKASA ANDY MPIANA

Programme of Food and Security

School of Agriculture, Earth and Environmental Sciences,

University of KwaZulu-Natal, Pietermaritzburg

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ABSTRACT

The “right to food” is a fundamental human right firmly enshrined in international law, including the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC). Its realization is essential to the fulfilment of other human rights, such as the “right to life” and the “right to health”. Subsequently, the non-realization of the right to food can be perceived as a deviation or reject to recognize the state obligations to respect, protection and fulfilment of the right to food. This study brings forth an argument that hunger and children undernourishment are a direct and indirect outcomes of inadequate right to food implementation.

The aim of this study was to provide a comprehensive analysis of structural, process and outcome indicators in right to food by demonstrating the severity and the magnitude of women and children vulnerability to food and nutrition at the community based (household) as well as factors affecting the right to food realization. A cross-sectional survey was carried out in Umlazi Township, KwaZulu-Natal Province. Mixed research methods that is a combination of quantitative and qualitative approaches including convergent parallel mixed designs were used to provide a comprehensive analysis of the research problem. In data collection, structured and unstructured questionnaires in English with translated in IsiZulu were used to obtain quantitative data in selected townships and a consent form was made available for signature from each woman and child’s mother or caregivers. Portable scale and digital weight balance were used to take the measurement for both women and children. The household dietary diversity score was also performed using 12 of the following food groups: G/1: Cereals, G/2: Root and tubers, G/3: Vegetables, G/4: Fruits, G/5. Meat, poultry, offal: G/6. Eggs: G/7. Pulses/legumes/nuts, G/8: Fish and seafood, G/9: Milk and milk products, G/10: Oil/fats, G/11: Sugar/honey and G/12: Miscellaneous. Interview guide for key informant interview and focus group discussion was used to facilitate complementary focus group discussions in the selected townships. The key informant interview was held with provincial government officials who were working in the Food Security section, in the Department of Agriculture (DAFF).

So, the data obtained from the questionnaires and other interviews were analyzed using the Statistical Package for Social Sciences (SPSS) version 24.0 (SPSS, 2016). The choosing of a statistical test is critical in data analysis and practical to address the issue of whether the data are parametric or nonparametric and finally the nonparametric method was adopted.

The overall thesis was organized in chapter but chapter regarding result was divided in case study useful for paper manuscript.

The findings in the first study showed that the children underweight prevalence was 79.2%, stunting 71.6%, wasting 57.5% and overweight and obese were respectively 6.7% and 2.5%. An Independent t-test provided means weight (-2.595 SD) and (-2.500 SD) respectively for children <-2SD Z scores with “food supplement” intervention versus of those without “food supplement” intervention. Interestingly, about 30% of mothers were HIV positive and the breastfeeding initiative prevalence was 92% with only 37% practicing exclusive breastfeeding and 80% practicing mix breastfeeding. Rising prevalence of obesity and a high risk of contracting cardiovascular diseases among young female-headed households in majority (93%) in Umlazi Township. The mother’s body mass index (BMI) prevalence for obesity were: class III 4.2%, class II 13.3%, class I 30.8%, whilst 25.8 % showed to be overweight with 2.5% underweight. With regards to children vulnerability, the study shows that ‘stunting’ was among children’s anthropometric indices with a strong association with the persisting childhood diseases especially diarrhea, respiratory infection, and fever. It was also associated with mother feeding practices, weight birth of the child and household dietary diversity, as a proxy to household food security. The most frequent, “height-for-age” index or children stunting was statistically and significantly associated with child’s respiratory infection ($p=0.001$), diarrhea ($p=0.001$) and fever ($p=0.001$) as well as household dietary diversity scores (correlation coefficient $r = 0.227$ and $p=0.006$), among which protein food items such as meat and poultry had a p-value of $p=0.020$. Children growth retardation was also associated with weight birth of the child (a positive correlation of $r=0.288$ and a strong p-value of $p=0.001$). In addition, “height-for-age” and “weight- for-height” index were statistically and significantly associated with “exclusive breastfeed”, “continued breastfeeding”, “complementary foods”, “dietary diversity” and “mix breastfeeding” all with a strong p-value ranged between $p = 0.001$ and $p = 0.009$. But “weight-for-age” index was statistically and significantly associated with only “exclusive breastfeed”, “continued breastfeeding” and “mix breastfeeding” with $p=0.012$, $p=0.040$, $p=0.012$ respectively. Household Dietary Diversity (cereal and sugar/homey groups) was statistically and significantly associated with mother’s body mass index (BMI) category as provided by the independent sample t-test ($p=0.001$) for cereal group and ($p=0.001$) for sugar/honey food groups. All these outcome indicators are showing the inadequacy in the right to food policies development and

implementation.

By exploring the perception aspect of the right to food, it was found that there is a minimal understanding of the right to food concept and especially how it links to the concepts of food-nutrition security. The experts consulted in this study as key informants, confirmed that the right to food tends to be assumed as ‘*affiliating somehow*’ to the food security programmes. There was limited clarity of whether the right to food was better understood or it was maybe understood and interpreted as ‘*just one of the used terminologies that do not mean anything*’ and at times the concept was understood to be the same as food security, thus agreed that it could be used interchangeably. So, at grass root level 25 % of caregivers stated that they had never heard about right to food and 75% interpreted it as food quality, food poverty and food insecurity or food that can boost the *immune system to work properly* etc. With regards to food security causes, 67.7% of caregivers, stated that the main cause of food insecurity was unemployment, when 13.8% though it was an “economic powerlessness” or lack of income. However, causes such as cultural practices, food high prices, lack of education and family size were also cited by (7.7%), (7.7%), (1.5%) and (1.5%) of caregivers respectively. In keeping with the question “who is vulnerable or most affected by food-nutrition insecurity (right to food)”, it was found that children were the most affected by the right to food’s inadequate “implementation” (54%), when “old persons” were cited by 23.5% of caregivers. However, “women” and “persons with disability” were considered as the most vulnerable group by 11% but 10% of caregivers respectively. The right to food has a legal aspect however, it is a concept that is less known and understood by many government officials or policymakers.

A critical review of the food and nutrition security policies over the past decade shows that little has been achieved by leaving NFNSP largely to a government department with insufficient *legal capacities building* to deal with the interlinked priorities of poverty and hunger. However, in the ground, the number of people with inadequate or severe inadequate access to food was increased from 13, 8 million (26%) in 2013 to 14, 1 million (26, 2%) in 2014. The review suggests that while the extended argument on alignment to NDP or vision 2030 of Sustainable Development Goals has provided, valuable critiques of the National Food and Nutrition Security Policy in terms of meeting its human right to food, as well as other general insights, it allows only for very little tentative. So, this diagnostic raises deeply worrying questions about the continued pursuit of policies that fail to bring about change. The outcome of the review suggests that a more holistic view of the policy is needed with a better pro-poor programme and intervention development and

with a larger participation of all stakeholders in the policy design to improve inclusive and efficient implementation.

In general, the thesis found that despite a positive evolution by South Africa government in national food and nutritional security agendas, there remain gaps and challenges to be addressed in regards to the implementation of *the right to food*. Significant work is still required to fill in the gaps resonating with the discourse that proves to hinder the efforts to progressively realize this valuable human right.

DECLARATION

The work described in this thesis was carried out under the supervision of Professor Unathi Kolanisi (honorary research fellow), Dr. Annette Van Onselen from Department of Human Nutrition and Dietetics, Faculty of Health Sciences, Sefako Makgatho Health Science University, and Professor Ajuruchukwu Obi from Fort Hare University, Department of Agricultural Economics. From July 2015 to September 2018.

No portion of studies referred to in this dissertation has been submitted in support of an application for other degree or qualification of this or any other University or Institution of learning. The thesis is my original work except where reference and credit are given.

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PARTICIPATION TO THE CONFERENCE

1. *International conference on Post-Graduate Students' Research on Indigenous Knowledge Systems in Southern and Eastern Africa.*

Conference Theme: Positioning African Ways of Knowledge Production in the Global Conjunctures: The Perspectives of African Emerging Researchers on Indigenous Knowledge Systems

Title of paper presented: Is there value for cultivation and use of pro-vitamin A-Bio-fortified Green Mize in KwaZulu-Natal Province, South Africa? (See Appendices)

Date: 20-21 November 2015

Location: University of KwaZulu-Natal, Westville Campus, Graduate School of Business, Durban, KZN, South Africa

2. *ISIBALO Symposium for research and evidence-based decision making*

Conference Theme: Policy and statistics in pursuit of quality education in South Africa: Promoting the education agenda towards eradicating poverty, inequality and unemployment in KwaZulu-Natal

Title of paper presented: Adequacy on Right to Food policy framework implementation in Africa, a dilemma toward the eradication of food and nutrition security: a review (See Appendices).

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“Le seigneur est mon berger, rien ne saurai me manquer lā oū il me conduit”

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LIST OF ACRONYMS AND ABBREVIATIONS

BATAT	Broadening Access to the Agricultural Trust
BFHI	Baby-friendly Hospital Initiative
BMI	Body mass index
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFS	Committee of Food Security
CRC	Convention on the Rights of the Child
CSG	Child Support Grant
CSO	Civil society organization
D O H	Department of Health
DAFF	Department of Agriculture
DES	Daily energy supply
DHS	Demographic and Health Survey
DLA	The Department of Agriculture
DRDLR	Department of Rural Development and Land Reform
DSD	Department of Social Development
ECAP	ESSA's Christian Aids Programme
ECOSOC	United Nations Economic and Social Council
ENSAN	National Strategy for Food and Nutrition Security
ESSA	Evangelic Seminary of Southern Africa
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization of United Nations
FIAN	First Information and Action Network
FNS	Food and Nutrition Security
HDDS	Household Dietary Diversity Scores

HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICEF	United Nations Internationally Children’s Emergency Fund
ICESCR	International Covenant on Economic, Social and Cultural Rights
IFSS	Integrated Food Security Strategy
ILO	International Labor Organization
INP	Integrated Nutritional Programme
KZN	KwaZulu-Natal
LBW	Low birth-weight
MDG/SDG	Millennium Development Goal/Sustainable Development Goal
NBD	South African national Burden of disease
NCHS/WHO	National Center for Health Statistics/World Health Organization
NDP	National Development Plan
NGO	Non-governmental organizations
NHRI	National human rights institutions
OHCHR	Office of the High Commissioner for Human Right
PRSP	Poverty Reduction Strategy Papers
RDP	Reconstruction and Development Programme
RDP	Reconstruction Development Plan
SA	South Africa
SAHRC	South African Human Right Commission
SANHANES	South African National health and nutrition examination survey
SD	Standard Deviation
SDG	Sustainable Development Goal
SPFS	Special Programme for Food Security
SPSS	Statistical Package for the Social Sciences

TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNPFII	United Nations Permanent Forum on Indigenous Issues
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

1.1. BACKGROUND

Right to adequate food as defined by the Committee on Economic, Social and Cultural Rights stipulate that a right to food is realized “*when every man, woman, and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement*” (Office of the High Commissioner for Human Right, 2010). The “right to food” is a fundamental human right firmly established by the international law, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC) (Food and Agriculture Organization of United Nations, 2009). Its realization is essential to the fulfilment of other human rights, such as the “right to life” and the “right to health”. Subsequently, the none-realization of the right to food can be perceived as defiance of realizing respect, protection, and fulfilment of the right to food (Chilton & Rose, 2009). This study brings forth an argument that hunger and children undernourishment are some of the topical outcomes of such deviation. Global reports, state that hunger status is about to increase and projections are that 9 billion people by 2050 will be hungry. On the other hand, children malnutrition status is still not declining as it is reported to be a precursor of stunting in poorer segments of the populations worldwide (Win, 2013).

In the South African Constitution, the principal provision of the right to food is provided in section 27(I) (b), which entrenches everyone's right to have access to sufficient food and in section 28(1)(b) his right to social services (Dutschke, 2007). Section 27(2) goes further to state that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of the right of access to social security and social assistance including cash grants for children, the aged and persons with disabilities (Tshoose, 2010). The right to food is also affirmed in section 28(I) (c), where it is called the right of children to basic nutrition, (Brand, 2003). In the Reconstruction and Development Programme (RDP), the government committed itself to develop programmes to assist the poor and the vulnerable by providing basic services, such as water, electricity, housing, education, and health, as well as cash transfers (Tshoose, 2010). In addition, as recognition of the right to food, the South African government, established and

rolled out an Integrated Food Security Strategy aimed to eradicate hunger, malnutrition and food insecurity by 2015 (Department of Agriculture, 2002).

Consequently, as reported in the study conducted in 2013 by the South African national health and nutrition examination survey (SANHANES), there was a noticeable improvement in household food security status, food fortification, supplementary food and one home, one garden observed in 2008 and has been maintained, but not improved (Shisana *et al.*, 2013). Regardless of various rigorous interventions to realize the right to food, a large number of people in South Africa are still not getting enough food (Brand, 2003) and Food insecurity appears to be a critical variable for understanding the nutritional status of low-income populations (Matheson *et al.*, 2012). The SANHANES-1 report elaborate by Shisana *et al.*, 2013 has estimated that approximately 54.6 % of South African experience food insecurity in 2012 compared to 52% in 2008 that is, an increase of 2.6%. However, the prevalence of people experiencing hunger has also increased from 25.9% in 2008 to 26% in 2012 that is, a marginal increase of 0.1%. Prevalence of women of reproductive age (16-35 years) suffering from anemia or iron deficiency estimated at 23.1% in 2012 (Shisana *et al.*, 2013).

A guideline tool for monitoring and undertaking a right to adequate food assessment was developed by FAO in 2009 as a first step in the process of developing a right to adequate food strategy and in implementing specific measures that respond to their obligation to progressively realize this human right (FAO, 2006). But none has been developed to specifically analyze women and children's vulnerability to food and nutrition security as a proxies indicators to right to food using both quantitative and qualitative data, reviewing food and nutrition security policy and the related right to food programs to help government to effectively implement the right to food at the local level. This study aims to provide a comprehensive analysis of the outcome indicators including process and structural indicators towards the realization of the right to food of women and children as vulnerable groups.

1.2. IMPORTANCE OF THE STUDY

The use of the FAO Voluntary Guidelines as proposed by this study would mark a milestone step in solving problems of food and nutrition insecurity in South Africa. The recommendations spelled out in this research can greatly assist the government in implementing the right to food by adopting national framework law in which monitoring mechanism will be at the core of the matter (FAO,

2006). The FAO Voluntary Guidelines also explicitly advocate for more equitable policies and programmes to promote cross-sectoral coordination and a holistic and comprehensive approach to hunger and poverty reduction (Khoo, 2010). The current study could also help Government and policymakers to review existing policy framework on food and nutrition security and then undertakes required valuable steps, individually or through international assistance and co-operation, especially economic and technical, to the maximum of his available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant, including particularly the adoption of *legislative measures or framework law* that will clarify the roles and responsibilities of different partners, define entitlements and recourse and monitoring mechanisms, and in general give direction to policies and emphasize the prime importance of the right to food (FAO, 2006). Innovative policies and interventions based on human right principles are recommended to help departments implicated in food to effectively address the underlying causes of food and nutrition insecurity.

1.3. RESEARCH PROBLEM

The South African constitution has incorporated some human rights that are relevant to the right to sufficient food and basic nutrition (South African Human Right Commission (SAHRC), 2000). This right entitles every person to an economic, political, and social environment that will allow them to achieve food security in dignity through their own means (Khoza, 2008). The first is in Section 25 that regulates ownership, tenure, and access to land, which is the basic means of production of food. Section 24(b) requires the sustainable use of natural resources while promoting justifiable economic and social development, including food production. Section 27(1) (b) provides access to food include water, which is needed for food production, preparation and other important functions that contribute to an adequate standard of living (SAHRC, 2000).

Up to now, there has been insufficient investment specifically targeting the food security and nutrition of the extreme poor women, who are largely rural people. But that should be possible through right to food implementation (FAO, 2015). The rural poor often lack access to sufficient productive resources, such as land, water, fertilizers, and seeds, as well as to markets, information, and technology (FAO, 2010). In keeping with the child's right to adequate standard of living, it shows that child poverty was reduced by 13 percent between 2004 and 2008. However, although

this positive progress; income poverty remains very much a part of inequality in South Africa and a major determinant of children's food security (SAHRC, 2009). Also, FAO believes that assuring women's human rights is a precondition for a just and humane society. It is also a key strategy in assuring food security for all. This is because people's overall access to food is very dependent on the work of rural women (FAO, 1998). Hence, the rights-based approach to food and nutrition security is needed to address hunger and malnutrition by drawing together a formal, legal obligation of state under the national and international law; and a popular demand for access to food and nutrition as a means of survival (Randolph & Hertel, 2012). There is also a need to move from theoretical and superficial policy measures to rational and sustainable approaches, whereby policy framework (based on FAO Voluntary Guidelines' indicators) can be an important component, especially if aimed at addressing hunger and malnutrition. The slogan '*My name is today*' is emphasizing the need to urgently, and immediately address the dilemma of women and children hunger, malnutrition, diarrhea and pneumonia and HIV/AIDS (Mhlanga, 2008).

1.4. RESEARCH OBJECTIVES

This study aims to provide a comprehensive analysis of structural, process and outcome indicators in right to food by demonstrating the severity and the magnitude of women and children vulnerability to food and nutrition at the community based (household) as well as factors affecting the right to food realization.

The specific objectives can be articulated as follow:

1. To measure the extent of women and children under-five years' vulnerability to food and nutrition at the community level.
2. To determine the factors affecting the realization of women and children's right to adequate food.
3. To investigate the perceptions of the right to food implementers and the beneficiaries of the right to food implementation (services).
4. To propose a framework at the community level as an alternative tool to evaluate the right to adequate food.

5. To critically review the related food-nutrition security policies and programmes analyzing their outcomes significance towards achieving the right to food.

1.5. HYPOTHESIS

1. There is not an implication effect between degree of vulnerability to food and nutrition among vulnerable groups and their level of right to food protection especially at municipality level.
2. There is not a gap in policies & intervention that affect women and children's right to food in the context of South Africa.
3. Awareness and lack of information among South African people are not the main determinants that effecting right to food implementation.
4. The existing South African food security policies and intervention do not requiring any review (critical) in keeping with country's right to food implementation.
5. There is not needs for South Africa to dispose with a comprehensive and alternative right to food framework for assessment and monitoring that can help Government in the right to food implementation and policies & intervention development.

1.6. DISSEMINATION OF RESULTS

After the completion of data analysis, discussions and conclusions; the results of the inquiry will be diffused through publications as papers and thesis in the appropriate journals. Furthermore, one copy will be left in the library of the university for the academic purposes and other copies will be given to the policymakers involved in Food & Nutrition Security, Department of Health, Social development and other national or international Non-Governmental Organisation. Results will also be disseminated through awareness-raising and education on the right to food including workshops, seminar, media and other conferences to strengthening the capacity of duty-bearers (Executive, Legislative and Judiciary powers) to carry out their obligations while equally focusing on assisting communities or rights-holders to empower them with new approach. Because, capacity building for NGO's and Civil Society in the right to food will increase advocacy capacity in favor of those marginalized groups and also as a means of spreading understanding of the right to food and its implementation in South Africa.

1.7. DEFINITIONS

1.7.1. Right to food

The Committee on Economic, Social and Cultural Rights defines right to food as follow: *“The right to adequate food is realized when every man, woman, and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement”* (Committee on Economic, Social and Cultural Rights) (OHCHR, 2010).

But United Nations Special Rapporteur on the right to food argue that right to food is: *“The right to have regular, permanent and free access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensures a physical and mental, individual and collective, fulfilling and dignified life free of fear”* (OHCHR, 2010).

The “right to food” is a fundamental human right. Its realization is essential to the fulfilment of other human rights. The “right to life” and the “right to health” are inextricably linked to the “right to food”. Hunger and undernourishment directly or indirectly account for over half of the deaths in the world (United Nations Development Programme, 2000 and Randolph & Hertel, 2012). The right to adequate food is a “relative standard,” in that it is subject to progressive realization. That is, States which are party to the Covenant are required to put in place measures, policies, and programs that lead to its full realization over time. But the right to freedom from discrimination in accessing adequate food is an “absolute standard,” meaning it is immediately actionable and universally applied equally (Randolph & Hertel, 2012).

1.7.2. The link between the right to food and food security

The working definition of the right to food is: The right to have regular, permanent and unrestricted access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensure a physical and mental, individual and collective, fulfilling and dignified life free of fear. The definition of food security parallels the definition of the right to food. The United Nations Food and Agriculture Organization define food security as: *A situation that exists when all people, at all times, have physical, social and economic access to sufficient,*

safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (Chilton & Rose, 2009).

The absence of food security implies a state of food insecurity. Food insecurity can strike at multiple levels (individual, household, community, and nationwide) and has multiple impacts ranging from a protein or micronutrient deficiency that has severe health consequences to milder forms that affect attention and cognitive ability (Chilton & Rose, 2009). Food insecurity is considered an outcome of social and economic processes that lead to lack of access to food. These are lack of adequate education and living wages, lack of access to health care and health information, and exposure to unsafe living conditions such as unsafe water, poor housing, and dangerous neighborhood environments. Each of these is recognized to be integrally associated with poverty (Chilton & Rose, 2009).

1.7.3. Structural indicators

Measure whether or not appropriate legal, regulatory and institutional structures are in place or considered necessary or useful for the realization of a human right. This refers to national law, constitutions, regulations and legal, policy frameworks and institutional organization and mandates. Examples include the legal status of the right to food, and of related rights such as to health and to education, mandates of institutions with responsibilities for the core content of the right to adequate food, food security and nutrition policies and strategies, etc. Most structural indicators are qualitative in nature, and a number of structural indicators may be evaluated by a simple “yes” or “no” answer, e.g. if a particular law or policy is in place or not. However, sometimes these yes/no answers need follow-up questions and additional clarification, to capture qualitative dimensions of the law or policy. For example, whether the food security and nutrition policy specifically targets food insecure and vulnerable groups, and are policy measures adequate to address the underlying causes of food insecurity and vulnerability in those groups. Structural indicators monitor the state obligations of conduct, i.e. the effort the government has put forth towards the realization of a human right (Söllner, 2009).

A study undertaken in South Africa by Brand, 2003 state that because the right to food is so especially dependent on realizing other rights for its own realization. It probably makes good sense that different departments are responsible for different aspects of food security. The real problem

lies in the lack of coordination between the departments involved. This is both an institutional and a policy development problem.

1.7.4. Process indicators

Provide information on the processes by which human rights are implemented, specifically through laws, policies, programs, regulatory measures, etc. These indicators are designed to assess how, and to what degree, activities necessary to attain objectives specific to certain rights are put into practice, and the progress of these activities over time. Process indicators capture: (i) the quality of a process in terms of its adherence to the key human rights principles (is the process non-discriminatory, accountable, participatory and empowering, and can duty bearers be held accountable?), and (ii) the type of policy instruments, and public resource allocations and expenditures invested to further the progressive realization of a specific right. As with structural indicators, process indicators measure aspects of the state obligations of conduct. Examples within the context of the right to adequate food, include: land and environmental laws conducive to efficient food production by smallholder farmers, food safety and consumer protection laws and regulations, food and nutrition programs targeted at vulnerable population groups, rural infrastructure programs, targeted food prices subsidies, and improving access to food among the resource-poor by means of income generation programs (Söllner, 2009).

1.7.5. Outcome indicators

Provide summary information on the extent of realization of a human right. These indicators assess the status of the population's enjoyment of a right and thus measure the results achieved by means of policies, programs, projects, community actions, and others. Outcome indicators relate more directly to the realization of a right, i.e. a "*substantive right*" with a clearly defined content. Indicators that measure the various components of the core content of the right to adequate food are outcome indicators. As there may be a series of processes contributing to a single outcome, it becomes useful to make a distinction between process and outcome indicators. Example: if adequacy of dietary intake is used as an outcome indicator, it might be useful to look at process indicators on food safety, income generation, nutrition education, that are linked to producing this particular outcome. Outcome indicators measure the state's obligations of the result (Söllner,

2009).

1.8. THESIS STRUCTURE

Table 1.1: The thesis is structured into six chapters as enumerated below

Chapters	Titles	Objectives	Journals
1	Introduction	Not applicable	Not applicable
2	Literature review	Not applicable	Not applicable
3	Methodology	Not applicable	Not applicable
4	Children and women vulnerability to the right to food in Umlazi Township, Kwazulu-Natal, South Africa	To measure the extent of women and children under-five's vulnerability to food and nutrition at the community level.	International Journal of Environmental Research and Public Health (IJERPH) http://www.mdpi.com/journal/ijerph/about
5	Analysis of immediate vulnerability determinants towards achieving the right to food: a case study of Umlazi township women and children	To determine the factors affecting the realization of women and children's right to adequate food.	Annals of Nutrition and Metabolism https://www.karger.com/Journal/Home/223977
6	A community-based understanding, interpretation, and perspective of ' <i>right to food</i> '	To investigate the perceptions of communities towards the right to food and to develop a framework at the community level as an alternative tool to evaluate the right to adequate food.	South African journal on human rights http://www.tandfonline.com/action/journalInformation?show=aimsScope&journalCode=rjhr20
7	A critical review of DAFF/DSD, 2013, a national policy on food and nutrition security for the Republic of South Africa: Annexure A	To critically review the related food-nutrition security policies and programmes to analyze their outcomes significance towards achieving the right to food.	Critical Public Health (CPH) https://www.tandfonline.com/action/journalInformation?show=aimsScope&journalCode=cpvh20
8	General discussion and conclusions	Not applicable	Not applicable

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

This chapter makes a critical review of women and children's right to food implementation in the context of South Africa by drawing together a formal, legal obligation of state under the national and international law; and a popular demand for access to food and nutrition as a means of survival (Randolph & Hertel, 2012).

2.2. THE CONCEPT OF RIGHT TO FOOD

People's natural lives are in diverse ways affected by legal and moral rights and duties, but only a few rights are so fundamental that they have been recognized and realized as human rights in national constitutions and international law treaties, among which is the right to adequate food (Walter *et al.*, 2010). A direct choice not to comply and or violation of these fundamental human rights such as the right to food can be considered as a serious offense if it is done intentionally (Chilton & Rose, 2009). The right to food concept is not new., it has been formally recognized since the adoption of the United Nations Universal Declaration of Human Rights in 1948 (Nhlapo, 2004) and a number of international human rights instruments include the International Covenant on Economic, Social and Cultural Rights (ICESCR) (SAHRC, 2000) and the Convention on the Rights of the Child (CRC) (FAO, 2009). These instruments recognize the right to food as a component of an adequate standard of living (SAHRC, 2000). As defined by the Committee on Economic, Social and Cultural Rights, the right to food is realized "*when every man, woman, and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement*" (OHCHR, 2010). Although the right to food has been a priority for the international community since the inception of the United Nations, there remains a large gap and expansive discourse on the realization of the right to food as well as its implementation (Quinn & Frank, 2010).

Currently, a new approach adopted by the United States to address food insecurity engages a human rights framework. This framework repositions the understanding of food insecurity concepts and its causes and enables the integration of these phenomena to actively address the economic and social determinants of food insecurity (Chilton and Rose, 2009). Applying a human

rights framework to the evaluation of social and economic policies for achieving food security can, therefore, be useful in challenging prevailing policies and finding alternatives in expanding human freedoms (Fukuda, 2012). These legislative and legal frameworks also offer a platform for public participation and dialogue especially from people who are most affected by food insecurity (Chilton and Rose, 2009). As many writers indicated, the right to food Framework is designed to reflect the history, values, traditions, and development of African countries by joining collective rights also categorized as “people right” or “group right” including the right of woman and children (FAO, 2010). The framework sorts to target and attend the vulnerable groups such as women and children thus serves as a mechanism through which the government’s accountability in general public can behold for making progress in ending food insecurity (Chilton and Rose, 2009). It holds accountable state authorities such as governments, international organizations, the private sector in general (business enterprises) as well as religious communities or individuals who exert power over other people to comply and adhere to the national laws and rules of procedure (Walter *et al.*, 2010).

The right to food as an international law recognizes that everyone has the fundamental right to be free from hunger, while 22 countries in the world have protected food rights in their constitutions, including South African constitution (Bizzari, 2001). South Africa has strong constitutional guarantees and legal frameworks (Fukuda, 2012) which incorporates some human rights that are relevant to the right to sufficient food and basic nutrition (SAHRC, 2000). Section 27(1)(b) of the Constitution of the Republic of South Africa Act, 108 of 1996 (the Constitution) states that “*everyone has the right to have access to sufficient food and water*” (SAHRC, 2014) which is needed for food production, preparation and other important functions that contribute to an adequate standard of living (SAHRC, 2000). This obligation is extended in Section 27(2), which provides that, “*the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of these rights*” (SAHRC, 2014). However, Section 25 regulates ownership, tenure, and access to land, which is the basic means of production of food. Section 24(b) requires the sustainable use of natural resources while promoting justifiable economic and social development, including food production (SAHRC, 2000).

Defiance against the right to food can strike at multiple levels (individual, household, community, and nationwide) and has multiple impacts ranging from a protein or micronutrient deficiency that

has severe health consequences especially pregnant women to insignificant forms that affect children attention and cognitive ability (Chilton & Rose, 2007). Therefore, the recent evidence makes it clear that in children under 5 years of age, the period of greatest vulnerability to nutritional deficiencies is very early in life: the period beginning with the woman's pregnancy and continuing until the child is 2 years old (SAHRC, 2000). So, food and nutrition insecurity can be considered as an outcome of lack or an inadequate policies' implementation that leads to lack of access to food (Chilton & Rose, 2007). As stated by Bizzari *et al.*, (2001) hunger is a violation of human dignity and an obstacle to social, political and economic progress. For that reason the Voluntary Guidelines proposed by FAO to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security provides policy orientation in a number of areas to compensate for the shortcomings of policies. These guidelines can be used by Government as a tool for an assessment (FAO/United Nations Permanent Forum on Indigenous Issues, 2008). These Guidelines are voluntary and not binding, but they have moved the debate to a practical direction. Human rights principles are translated into concrete recommendations for action (Khoo, 2010). These recommendations can greatly assist governments in implementing the right to food in their countries (FAO, 2006). The Guidelines explicitly advocate for more equitable policies and programmes and they promote cross-sectoral coordination and a holistic and comprehensive approach to hunger and poverty reduction (Khoo, 2010). An additional step is to transform the contents of right to food into practical tools including development planning, policy formulation, and programme and project design and implementation, as well as monitoring the implementation of all measures and actions that should contribute to the right to adequate food being realized over time for more people (FAO, 2006).

These Guidelines also recommend national actions, inviting Government to legislate for the right to food. States can legislate for the right by developing national framework law and use that to guide the implementation of specific strategies, policies and programmes (Khoo, 2010) and create of national human rights institutions in every country and the inclusion of the progressive realization of the right to food within their mandate (Bellows *et al.*, 2011). National governments must do everything possible to ensure that people have the physical and economic access to enough safe, nutritious food to lead healthy and active lives (Bizzari, 2001). Consequently, specific indicators are needed to assess the progressive realization of economic, social and cultural rights,

referred to in article 2(1) of the International Covenant on Economic, Social and Cultural Rights (FAO, 2010). The indicators that capture the cross-cutting human rights norms or principles cannot be exclusively identified with the realization of a specific human right, but are meant to capture the extent to which the process to implement and realize human rights is, for instance, participatory, inclusionary, empowering, non-discriminatory or accountable (United Nations/international human rights instruments, 2008). For that reason, Office of the High Commissioner for Human Rights (OHCHR) was developed a conceptual and methodological framework for human rights indicators, including for the right to food, which have been validated through consultations with a wide range of experts, such as members of international human rights monitoring mechanisms, National Human Rights Institutions, United Nations agencies etc. (FAO, 2010). Working with such a configuration of indicators simplifies the selection of indicators, encourages the use of contextually relevant information, and facilitates a more comprehensive coverage of the identified attributes of a right (United Nations/international human rights instruments, 2008). So, the framework just translates human rights, as articulated in the core international human rights treaties and other instruments, into a few characteristic attributes and a set of *structural*, *process* and *outcome* indicators (FAO, 2010).

These indicators deal in the first instance with the national law, constitutions, regulations and legal, policy frameworks and institutional organization and mandates (Söllner, 2009). *Structural* indicators assess the steps taken by a State in addressing its obligations, from commitment and acceptance of international human rights standards to its efforts, *process* indicators as the primary duty-bearer, to meet the obligations that flow from the standards and *outcome* indicators focusing on the impact of those efforts on rights-holders (FAO, 2010). Finally, the right to food framework as a fresh approach to solving the problem of food and nutrition insecurity, could actively engage those affected and would ensure that food security monitoring would be compared to benchmarks in national action plans and reviewing challenges that affect its implementation, and suggests actions to foster its adoption (Chilton & Rose, 2009).

2.3. SIMILARITIES BETWEEN RIGHT TO FOOD, NUTRITION FOOD SECURITY

2.3.1. Right to food and food security

Whether the right to food is seen as a means to achieve food security or whether it is the key to redefining food security, food is a primary area of convergence between human rights practice and rights-based approaches to development (Khoo, 2010). Everyone knows that if you do not eat for a long time, you will slowly waste away and die (United Nations/international human rights instruments, 2008). People at risk, threatened or affected by violence, hunger, torture or discrimination, are the first and most important shapers of what is known and recognized today as human rights (Bellows *et al.*, 2011). The use of the concept “security” in the human right world was to put human-being at the center, refocusing security concerns on how poverty, hunger, disease, and environmental degradation threaten the vital core of human existence (Khoo, 2010). So, every individual is a rights-holder, fully entitled to demand that the state perform these duties (FAO, 2006).

The right to food is a more distinct and encompassing concept compared to food security. It should not be regarded as a means to food security, but as a distinct goal in itself (Khoo, 2010). The right to food is realized if *food security* exists. We will use the concept of ‘food security’ to explain what the right to food means (United Nations, 2003). The right to food is not a right to be fed, but primarily the right to feed oneself in dignity. Individuals are expected to meet their own needs, through their own efforts and using their own resources. To be able to do this, a person must live in conditions that allow him or her either to produce food or to buy it (OHCHR, 2000). However, Mechlem (2004) cited by Khoo, 2010 suggests that the concepts of the right to food and food and security moved closer together in the 1990s (OHCHR, 2000). So, the term ‘food security’ is often used interchangeably with the phrase ‘the right to food’, but they do not mean exactly the same thing (Chirwa, 2009). Despite the global extent of the phenomenon and introductory definition, food security still engenders widespread misconception and misunderstanding. Even with much talk in the media of late, it would seem that the term is still commonly being confused (Gibson, 2012).

But, these two concepts are different, although there is some overlap (OHCHR, 2000). The concept of food security became more permeable to poverty, hunger and malnutrition concerns as a new, post-Cold War paradigm of human security emerged (Khoo, 2010). The concern and interest to interrogate the right to food in relation to food security, was because this right was understood as referring to the standards for the food that is available on the market, which should be safe. This was a narrow perspective, as the right to adequate food is more than the right to safe food (FAO, 2010). The right to food is made up of two distinct components contained in Article 11 of the ICESCR: the right to adequate food and the fundamental right of everyone to be free from hunger (Rae, 2008).

On the contrary, food security is essentially a ‘phenomenon relating to individuals as argued by FAO and can be perceived as a nutritional status of the individual household member that is the ultimate focus’ (Chirwa, 2009). Approaches to food security, just like approaches to development more generally, may be called “rights-based” only if they treat these points as fundamental. A rights-based approach views governments’ promotion of food security as an obligation, hence not as a form of benevolence (FAO, 2006). The right to food is an independent right means that specific policies on food and food security must also be formulated and implemented, for without these, it may not be easy to track progress on the actual implementation of this particular right, or at least hold any specific institution or state organ responsible for the failure to implement it (Chirwa, 2009).

The right to adequate food is a “relative standard,” in that it is subject to progressive realization. That is, a government which has ratified the International Covenant is required to put in place measures, policies, and programs that lead to its full realization over time (Randolph & Hertel, 2012). Policies and programmes that address the outcome of social and economic factors that lead to lack of access to food include lack of adequate education and living wages, lack of access to health care and health information, and exposure to unsafe living conditions such as unsafe water, poor housing, and dangerous neighborhood environments. Each of these is recognized to be integrally associated with poverty. The absence of food security implies a state of food insecurity (Chilton & Rose, 2007). The main difference between the right to food and food security is that the right to food is a legal concept of human right and in the case of its violation, remedies can be claimed where available (FAO & UNPFII, 2008). The right to food places legal obligations on

States to overcome hunger and malnutrition and realize food security for all. The right to food also addresses States' obligations beyond their borders, including trade-related ones (FAO, 2010).

The International Covenant on Economic, Social and Cultural Rights stipulates that: "The right to adequate food is indivisibly linked to the inherent dignity of the human person and is indispensable for the fulfillment of other human rights enshrined in the International Bill of Human Rights (Golay & Özden, 2006). Malnutrition is also the form of violence responsible for most child deaths because it affects a child's life, health, physical and mental wellbeing, and development (Khoza, 2008). It is also inseparable from social justice, requiring the adoption of appropriate economic, environmental and social policies, at both the national and international levels, oriented to the eradication of poverty and the fulfillment of all human rights for all (Golay & Özden, 2006). The right to food entitles every person to an economic, political, and social environment that will allow them to achieve food security in dignity through their own means. Because, some people are so poor that they have to beg and depend on others for food, at the expense of their dignity (Khoza, 2008). Individuals or groups who do not have the capacity to meet their food needs for reasons beyond their control, such as illness, discrimination, age, unemployment, economic downturn, or natural disaster, are entitled to be provided with food directly (Humphry, 2004). The obligation to ensure a minimum level necessary to be free from hunger is one of an immediate effect (FAO & UNPFII, 2008).

2.3.2. The right to food and nutrition security

The 1990s marked a return to earlier concerns linking food with health through nutrition, redefining food security as only one component of a wider goal of adequate nutrition or nutrition security comprising adequate food, adequate care and adequate prevention and control of diseases (Khoo, 2010). Some literature demonstrate that famines were the result of a lack of access to food rather than inadequate food production (FAO, 1998). They recognized that "globally there is enough food for all and that inequitable access and utilization is the main problem (Randolph & Hertel, 2012). As noted earlier, some treaties recognize the right to adequate nutrition in preference to the right to food and this right to adequate nutrition is broader than the right to food (Chirwa, 2009). This refers to the right to foods that are nutritiously balanced in quality that is, has a good mixture of calories, proteins, fats, minerals and vitamins to promote your nutritional well-being

and ensure that you have an active, healthy and dignified life (Khoza, 2008). It cannot be true that the right to adequate nutrition is broader than the right to food.

However, the critical objective of promoting the right to adequate food and food security is to achieve nutritional well-being for the individual (Chirwa, 2009). That means in order to be well-nourished; individuals need access to sufficient, safe and of good quality food (FAO, 2008). Therefore the right to nutrition must be concerned with the nutritional well-being of a person. That's why nutrition should be regarded as forming part of the broader right to food and a vital part of the right to health (Chirwa, 2009). The right to food is particularly related to the right to health. That is, enjoying the right to food is an essential condition to be healthy. Food that is not 'adequate', meaning nutritionally inadequate and not free from adverse substances, can severely affect one's health (Rae, 2008). A critical discovery has been that focusing on food security alone often does not improve nutrition status (FAO, 2008), when adequate nutrition helps in improving immunological integrity and preventing non-communicable diseases such as, for instance, diabetes (Rae, 2008). As noted earlier, there is greatly renewed interest in nutrition and in improving quantity and quality of food consumption to improve health (McNulty, 2013). On the other hand, health itself is a pre-condition for the realization of the right to food. Sickness, disease such as HIV/AIDS) and malnutrition can affect a person's ability to utilize food, to work, to access the resources need, and, to lead a healthy life in general (Rae, 2008). The relevance of promoting right to food as a strategy to address malnutrition, as opposed to simply promoting provision of food and development aid, is clearly reflected in FAO's mandate and strategic objectives (Pinto, 2011). However, since women play a vital role in food security, it is widely recognized that the health of women is crucial for the health of whole societies. Underweight and malnourished mothers are more likely to give birth to underweight babies, whose mental and physical capacities may be severely stunted (Rae, 2008)

2.3.3. Interrelatedness of the right to food and food security related human rights

Human rights are interdependent, indivisible and interrelated. This means that violating the right to food may impair the enjoyment of other human rights, such as the right to health, education or life, and the opposite is also possible (FAO, 2010). The "right to life" is inextricably linked to the "right to food". Hunger and undernourishment directly or indirectly account for over half of the

deaths in the world (Randolph & Hertel, 2012). The African Commission on Human and Peoples' Rights has interpreted the right to food as being implicitly protected under the African Charter on Human and Peoples' Rights (1981) through the right to life, the right to health, and the right to economic, social and cultural development (FAO,1998). Possibly more than any other socio-economic right, the right to food is dependent for its realization on realizing a range of other rights (Brand, 2003). Food is a basic requirement for human existence, and therefore an inalienable right of people (Pinto, 2011). This is true that to acquire food, one need for example access to land, to education and resultant employment and income generation and, in some instances, to social security or assistance (Brand, 2003). It also true that right to food is also inseparable from social justice, requiring the adoption of appropriate economic, environmental and social policies, at both the national and international levels, oriented to the eradication of poverty and the fulfillment of all human rights for all (Golay & Özden, 2006).

Thus, food is therefore closely linked to the right to health (Khoza, 2008). In this way, the right to food is compromised by deficiencies in realizing the right to water or a person who is insufficiently educated is unable to obtain the full benefit of food acquired because of a lack of knowledge about how to store or prepare it optimally (Brand, 2003). There is, of course, a strong linkage between the right to food and other fundamental human rights (FAO, 1998). In looking at women's human right to adequate food, other related rights need to be taken into consideration since "the interaction of all rights may be crucial to the achievement of any" (Rae, 2008). Recognizing the interdependence and linkages between the right to food and other human rights, therefore, warrants the adoption of comprehensive and crosscutting policies aimed at eliminating poverty in general, as well as illiteracy and ill health (Chirwa, 2009).

Although each right is worthy of achievement in itself, each has an instrumental value in that different types of rights reinforce each other, and respect for one category may be essential to achieving another (Rae, 2008). Therefore the right to food is linked to the enjoyment of a whole range of rights such as the rights to land, social security, trade and work, water, education, protection from eviction, equality, dignity, and life (Khoza, 2008). In addition, the right to food includes the right to be helped if one cannot take care of oneself, but it is, above all, "the right to be able to feed oneself in dignity" (Golay & Özden, 2006). The full realization of the right to food, therefore, depends on parallel achievements in the field of health, education, and access to

resources such as land and information (Rae, 2008). Indeed, the right to food is indistinguishably linked to access to land. Nearly 1.5 billion people in the world depend on small scale agriculture, the majority of which are subsistence farmers that live on less than two hectares of land (Quinn & Frank, 2010). Access to land is a crucial issue when dealing with the right to food. Land as well as other natural resources such as water and trees are essential for people's livelihoods and is a primary source of wealth, social status, and power (Rae, 2008).

It was noted that the right to food is more complex than the right to education or the right to information because food entitlements are linked to both culture and nutrition, yet these considerations are central to the fundamental right to life and human dignity (Khoo, 2010).

For poor rural women, the rights to education, knowledge, and employment are prerequisites for assuring their own food security and that of their families. Women have far less access to education and information than men (FAO, 1998). Because girls often have less time to invest in education, women commonly achieve lower levels of education than men and thus have fewer employment opportunities outside the home (FAO/Asian Development Bank, 2013). The right to health, for instance, is not to be interpreted as merely a right to be healthy or to health care, it embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment (Rae, 2008).

Nutrition is a component of both the right to health and the right to food. When a child is suffering from diarrheal disease but denied access to medical treatment, it cannot enjoy an adequate nutritional status even if he or she has access to food (FAO, 2010). Right to food safety is an essential element of food and nutrition security, since "adequate" food means food that is not only available, but also safe (Vapnek, 2007). People need to be protected against adverse food and able to file a complaint and obtain redress for violation of the right to food (Golay & Özden, 2006). Example, a person suffering from a simple disease such as diarrhea caused by contaminated water, is unable to ingest the nutrients and calories of food eaten (Brand, 2003). Globalization and dramatic increases in the volume of trade over the last decade, including trade in food, have made food safety an issue of global concern. New technologies allow food products to travel farther and stay fresh longer, paradoxically posing an increased risk of the spread of biological, chemical, and

physical food hazards (Vapnek, 2007). Therefore, government has obligation to fulfil or facilitate by creating a legal, policy and institutional environment that enables people to access safe and nutritious food in ways of fully respect human dignity (FAO, 2011). In many countries, food contamination problems have weakened consumer confidence. While some occurrences were accidental and unexpected, others could have been predicted and avoided through proper monitoring and early warning mechanisms and controls (Vapnek, 2007). Hunger and malnutrition are the worst forms of severe food deprivation. Consuming food that is inadequate in quantity or quality can ruin a person's health and lead to premature death (Künnemann, & Epal-Ratjen, 2004).

2.4. INTERNATIONAL AND NATIONAL INSTRUMENTS PROTECTING CHILDREN AND WOMEN'S RIGHT TO FOOD

2.4.1. Children's protection

The Convention on the Rights of the Child (CRC), adopted by the UN in 1989, affirms, in article 24: "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health. Furthermore, at article 27: "States Parties recognize the right of every child to a standard of living adequate for the child physical, mental, spiritual, moral and social development" (Rae, 2008). But this right of adequate standard of living or to nutrition is yet to receive specific attention from the CRC Committee both in its general comments and in its programme of annual days of general discussion (FAO, 2010). Article 25 of the Universal Declaration of Human Rights, and of article 11 of the International Covenant on Economic, Social and Cultural Rights, spells out States obligations with particular regard to nutrition, clothing and housing (Rae, 2008). The Convention on the Rights of the Child (CRC) protects the child's right to food in the context of the right to life, survival and development, to health, to nutrition and to an adequate standard of living (FAO, 2010).

The obligations on the state are shaped by the recognition that the nutritional status of children is critical to their survival, health, growth, and development, as well as to broader national development goals (Pan: Children, 2012). As far as children's right to adequate standard of living is concerned, the CRC creates the highly problematic presumption that it is primarily the parents' responsibility to ensure the conditions necessary for children's development and that the state's obligations are secondary, essentially consisting of rendering assistance to parents (Chirwa, 2009).

So, early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection (Minister for Children and Youth Affairs (MCYA), 2011). The right to food, nutrition or health also means that the state should ‘assist parents and other persons responsible for the child and in case of need provide material assistance and support programmes particular with regard to nutrition (Chirwa, 2009). However, there is an enormous gap between those children who live in poverty and those who live in affluence. Children do not choose the circumstances they find themselves in. Efficient and effective service delivery could go a long way towards closing this gap (SAHRC/UNICEF, 2011). Both the CRC and the African Children’s Charter underscore the importance of nutrition to children by requiring states to combat malnutrition, provide adequate nutritious foods and clean drinking water and provide access to education on child health and nutrition and on the advantages of breastfeeding and hygiene (Chirwa, 2009). Consequently, Society has a duty of care towards children and everyone should be alert to the possibility that children with whom they are in contact may be being abused or at risk of being abused (MCYA, 2011).

The South African’s Constitution commits the State to provide a welfare system that entitles everyone to have access to a number of broad socio-economic rights that are realized progressively as resources become available. In addition, the Constitution specifies certain basic, unconditional socio-economic rights for children (Dutschke, 2007). It is self-evident that, as part of the right to food, South Africa has a general obligation to prevent hunger, malnutrition, and famine. He also has a specific duty to devise food and nutritional plans and policies that aim to improve constantly the nutritional status of its population (Chirwa, 2009). Poverty, and especially persistent poverty early in the child’s life put the healthy development of the child at risk. For this reason, the Convention gives high importance to children’s basic socio-economic rights (Rosa and Dutschke, 2006). According to the Universal Declaration on the Eradication of Hunger and Malnutrition, states have the responsibility to take concerted action against malnutrition and deficiency diseases among the vulnerable and lower-income groups, including emphasizing the importance of human milk. Ensuring household food security is crucial to guaranteeing children’s nutritional well-being (Chirwa, 2009).

The first Millennium Development Goal calls for the eradication of extreme poverty and hunger, and its achievements crucial for national progress and development (UNICEF, 2009). Most recently the Sustainable Development Goal II (SDG II) is committing by 2030 to end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round (Osborn *et al.*, 2015). However, one of the indicators used to assess progress towards MDG 1 was the prevalence of children under 5 years old who are underweight, or whose weight is less than it should be for their age. To have adequate and regular weight gain, children need enough good-quality food, they need to stay healthy and they need sufficient care from their families and communities (UNICEF, 2009). In addition, statistics are showing us that almost half of all children (about 1 billion) worldwide who live in poverty, are exploited as low-wage labor or are abused by sex tourists and often barred from decision-making processes (Walter *et al.*, 2010). In South Africa, the hunger rate amongst children declined from 31 percent in 2002 to 15 per cent in 2007. However, progress is at risk of being reversed as data shows an increase in child hunger to 22 percent in 2009 (SAHRC/UNICEF, 2011).

In 2012, over half of children (56%) lived below the poverty line (with a per capita income below R635 per month), and 32% lived in households where no adults were employed. Social assistance grants are therefore an important source of income for caregivers to meet children's basic needs. In March 2013, over 11.1 million children received the Child Support Grant; 512,000 children received the Foster Child Grant; and a further 121,000 children received the Care Dependency Grant (Shanaaz *et al.*, 2014). Therefore, Children in the poorest households and female-headed households are significantly more likely to experience hunger (SAHRC/UNICEF, 2011) which is resulted by a lack of access to food, healthcare and unsafe water and sanitation. Malnutrition, including during pregnancy, not only leads to the death of children but also has long-lasting consequences, including mental and physical impairment, chronic illness, and weak immune systems and reproductive health (FAO, 2010). The infant mortality rate has followed a similar trend and is estimated at 27 deaths per 1,000 live births for 2012. In the same year, 29.5% of pregnant women were estimated to be HIV positive. Nearly 25% of children travel far to reach their health care facility and 14% of children live in households that reported child hunger (Shanaaz *et al.*, 2014).

In South Africa however, just two provinces, Gauteng and Western Cape, have child poverty levels below the national average. The South Africa Human Right commission with UNICEF, (2011) argued that “*If the vision 2014 target is to be met, child poverty has to decrease from the current level of 64 percent to 37 percent in 2014*”. This suggests that, attainment of all MDGs is inseparably linked to the need to implement children’s rights. At the national level, Section 1 of the Development Cooperation Act calls for the consistent consideration of the needs of children (Walter *et al*, 2010). Since children are especially vulnerable to a lack of adequate food, as they need nutritious and safe food to grow physically and mentally (FAO, 2010). In keeping with South Africa statistics, close to 5 percent of children suffer from wasting and face a markedly increased risk of death. Chronic under-nutrition in early childhood impairs cognitive and physical development which puts children at a disadvantage for the rest of their lives (SAHRC/UNICEF, 2011).

Failure to ensure children’s right to food may also have social consequences. For example, hunger often makes children more vulnerable to child labor, including the worst forms of child labor, such as child slavery, child prostitution or recruitment as child soldiers. Hunger also forces children to drop out of school as they have to work to secure food or because hunger is depriving them of their physical and mental strength to attend school (FAO, 2010). If the state has the duty to prevent hunger and combat malnutrition, it also has an obligation to adopt programmes for the supplementary feeding of malnourished children. In this connection, children who are particularly vulnerable (such as street children, children with disabilities, child-headed households, refugee children and those who have been displaced) may need special protection (Chirwa, 2009). The Children’s Act 38 of 2005 as amended is a significant achievement in law reform, which takes South Africa into a new era of child-care and protection. The Act adopts a developmental approach that emphasizes the State’s role in the provision of social services to strengthen the capacity of families and communities to care for and protect children (South Africa Presidency, 2009). So, the new Children’s Act and Children’s Amendment Bill (2006) offer an opportunity to rectify this situation by providing and funding the services that are required constitutionally, and by ensuring that these services are implemented (Dutschke, 2007). Furthermore, the Department of Social Development has published two draft Bills for public comment in November 2013: the Children’s Amendment Bill and the Children’s Second Amendment Bill. Both propose to amend the Children’s Act (Shanaaz, 2014). However, currently, seventy-five percent of the costs required for

the full implementation of the Child Care Act is not provided for by the government (Dutschke, 2007).

The funding however from the Department of Social Development (DSD) is scattered across a number of sub-programmes in the provincial budgets, making it impossible to track expenditure or even estimate how much is being spent on prevention and early intervention (Shanaaz *et al.*, 2014). In reality, many of the services that government is obliged to provide in terms of this law are delivered by civil society. Failure by government to fund this lawfully is an indication of the State's progress (or lack thereof) in meeting its obligations towards children (Dutschke, 2007). A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families (MCYA, 2011). This provision should be taken to mean that such assistance may be provided also to female-headed households as well as child-headed households (Chirwa, 2009).

2.4.2. Children's nutritional status

Children are especially vulnerable to malnutrition and hunger, as a direct result of their mothers' poverty circumstances (Künnemann & Epal-Ratjen, 2004). According to the South African National Health and Nutrition Examination Survey (SANHANES) report (2013), more than 26.5% of South African children aged 1-3 years were stunted, meaning that they suffered from chronic malnutrition. Acute malnutrition, measured by wasting and often associated with morbidity (mainly diarrhea), affected 2.2% of children aged 1-3 years and underweight, a composite measure reflecting both chronic and acute malnutrition was affected 11% of children of the age (Shisana *et al.*, 2013).

Because they are growing, children are more vulnerable to a lack of essential micronutrients and inadequate food intake. Children share the same nutritional health with their mothers. A malnourished pregnant woman is at much greater risk of giving birth to a baby who is already suffering from deficiencies and handicaps (Künnemann & Epal-Ratjen, 2004). In childhood, progress and development lies at the heart of all Millennium Development Goals (MDGs) and recently at the Sustainable Development Goal II which aim to achieve by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women (Osborn *et al.*, 2015), along

with cognitive and physical development, proper nutrition contributes significantly to declines in under-five mortality rates, reductions of disease and poverty, improvements in maternal health and gender equality and then, it is essential for achieving most of the MDGs (UNICEF, 2009), because children's greater vulnerability, nutritional deficiencies, and hunger are more likely to lead to death. Malnutrition is involved in 54 percent of child mortality: 12.2 million children die before they reach the age of five, according to data provided by UNICEF. In addition, to increasing children's vulnerability to disease, malnutrition leads to problems with mental and physical development (Künnemann & Epal-Ratjen, 2004). It is possible to eradicate hunger by 2030. This requires a combination of pro-poor investments in sustainable agriculture and rural development and social protection measures to immediately lift people out of chronic undernourishment and poverty (FAO, 2015).

The data shows that malnutrition among children continues and wide disparities persist across provinces. One in five children is stunted which is a consequence of chronic nutritional deprivation. The School Nutrition Programme nevertheless reaches 6 out of 10 children in public schools (SAHRC/UNICEF, 2011). Research carried out in South Africa showed that 19% of children do not eat breakfast at home in the morning and About 51% of children do not take a lunchbox to school. In addition, South Africans show a high prevalence of micronutrient deficiencies, 43.6 are vitamin A deficient, 10.7% are anemic and 8.1% are iron deficient (Shisana *et al.*, 2013). On the other hand, only 54 percent of children needing antiretroviral therapy were receiving it in 2009, though this is expected to have increased because of new treatment guidelines which became effective in April 2010. Overall, there is a need for a greater focus on the HIV-free survival among the children (SAHRC/UNICEF, 2011). These statistics are telling that there is an obvious disconnect between South Africa's ability to produce and procure more than enough food for its people and its ability actually to stave off malnutrition, under-nutrition, and hunger (Brand, 2003). This means that inequities in access to the essentials of life still exist. The income situation of a child's family, race, location and to a lesser degree gender, determine the extent of inequities in the fulfillment of children's rights (SAHRC/UNICEF, 2011).

There is a critical window of opportunity to prevent under-nutrition among pregnant mother and child under five, by proven nutrition interventions that can offer children the best chance to survive and reach optimal growth and development (UNICEF, 2009). South Africans seem to indicate a

need for a policy focus on the direct transfer of food to desperate people to improve their food entitlement immediately, in addition to a focus on longer-term capacity building initiatives that will gradually improve food entitlement (Brand, 2003). Large-scale programmes including the promotion, protection, and support of exclusive breastfeeding, providing vitamins and minerals through fortified foods and supplements, and community-based treatment of severe acute malnutrition, have been successful in many countries. Where such programming does not yet exist, this experience can guide implementation at scale (UNICEF, 2009). Poor children face a host of problems, from persistent hunger, lack of access to education and inadequate housing, to lack of access to health care, malnutrition and other forms of illnesses. Despite these interventions, the South African children nutritional status still amounts to a crisis situation that requires a crisis response (Brand, 2003). Improving child and maternal nutrition is not only entirely feasible but also affordable and cost-effective. Nutrition interventions are among the best investments in development that countries can undertake (UNICEF, 2009).

Children who are undernourished, not optimally breastfed or suffering from micronutrient deficiencies have substantially lower chances of survival than children who are well nourished (Chirwa, 2009). They are much more likely to suffer from a serious infection and to die from common childhood illnesses such as diarrhea, measles, pneumonia and malaria, as well as HIV and AIDS (UNICEF, 2009). That why all members of a household, including women and children, need access to the nutrients they require. Children, who depend on their caregivers to make sure they stay nourished, need special consideration. Caregivers should understand how to prepare meals and feed children the right amounts of nutritious foods (USAID's Infant & Young Child Nutrition Project, 2011). According to the most recent estimates, maternal and child under nutrition contributes to more than one third of child deaths. Hence, children poverty and malnutrition and maternal undernutrition remain unacceptable throughout the world (UNICEF, 2009). In addition, in South Africa, just one in three children live with both biological parents. Overall, one in five children has lost one or both parents, though there are large differences between provinces. Over 88,600 children were declared in need of care by a children's court during 2009/10. These children can be placed in foster care, in a children's home, in a school of industry, or back into the parents' or guardians' care under the supervision of a social worker (SAHRC/UNICEF, 2011). So, with the increasing need of children care and protection in South

Africa, and with persistently high levels of under-nutrition in the developing world, vital opportunities to save millions of lives are being lost, and many more children are not growing and thriving to their full potential (UNICEF, 2009).

2.4.3. Poverty among rural women

Poverty and food insecurity manifest themselves differently in rural and urban areas and among women and children (Koch, 2011). The Universal Declaration of Human Rights affirmed the essential dignity and integrity of all human beings. Without these basic rights, it is difficult for rural women to develop their own capacities fully and make a decent living as agriculturists, entrepreneurs or wage earners (FAO, 1998). Up to now, there has been insufficient investment specifically targeting the food security and nutrition of the extreme poor women, who are largely rural people (FAO, 2015). In a statement made by peasants, farmers, NGOs and CSOs at the Madrid meeting in 2009, they asserted: “Peasant-based agriculture and livestock-raising and artisanal fisheries can easily provide enough food once these women small-scale food producers can get access to land and aquatic resources and can produce for stable local and domestic markets (Karl, 2009). A key failing of past efforts to reduce hunger and increase rural incomes has been the lack of attention paid to women as farmers, producers and farm workers (both wage and non-wage). It’s not too late to integrate the lessons we’ve learned and avoid the pitfalls of the past (Mehra and Rojas, 2008). The investment in pro-poor development helps to sustain growth of employment and incomes. As the incomes of the women poor increase due to the returns on the additional pro-poor investment, the amount of social protection needed to close the poverty gap declines accordingly (FAO, 2015). The Food and Agriculture Organization of the United Nations (FAO) estimates that if women had the same access to productive resources as men, they could increase yields on their farms by 20–30 percent. This increase could raise total agricultural output in developing countries by 2.5–4 percent and reduce the number of hungry people in the world by 12–17 percent, up to 150 million people (FAO, 2011).

Thus, women carry out essential work such as hoeing, planting, weeding and harvesting with simple tools and little outside assistance. This often means that women have no recognized independent status as farmers and their work is considered as secondary within both the family and society (FAO, 1998). Across the world, women are treated unequally and less value is placed

on their lives because of their sex. Women's differential access to power and control of resources is central to this discrimination in all institutional spheres, i.e. the household, community, market, and state (Rae, 2008). In other words, women's rights are more limited than those of men. The situation is particularly difficult for rural women who are often denied the most basic economic and social rights to own property, to find decent work and to have an education and good health (FAO, 1998). There is an age-old idea that women's rights should be secondary to men's because men are the main breadwinners and leaders of society. But the world is changing. Governments should explicitly empower to take special measures as part of pro-active gender equality policy (affirmative action) in favor of women (Walter *et al.*, 2010). Because, women are just as efficient agricultural producers as men and can achieve similar yields when given equal access to resources, including training and services (Feed the Future, 2011). Most rural economies are becoming more heavily cash-oriented than in the past, putting pressure on rural households to have higher cash incomes (FAO, 1998). This need for cash is felt by both men and women and has pushed many women into income generating activities or wage labor so that they can buy food and other essentials and tend to devote a larger fraction of their income to their children's health and nutrition, laying the foundation for their children's lifelong cognitive and physical development (Feed the Future, 2011). In such competition, the rural poor are often at a considerable disadvantage as a result of discrimination and a denial of various human rights, including exclusion from decision-making and from access to justice. Sometimes the denial of access to land takes the form of forced evictions (FAO, 2010).

Even when women produce food, the intra-household allocation of food may well disfavor them due to beliefs about the value of females as compared to males. In many regions of South Asia, women tend to eat the least or to eat leftovers after other family members have eaten (Asian Development Bank, 2013). Poor women have fewer of the opportunities to participate in economic life that can give them some hope of assuring a better future for themselves and their children. Poor women are frequently the victims of social exclusion and stigmatization. Economic, social and cultural exclusion prevents poor people from educating themselves and improving their situation (Künnemann & Epal-Ratjen, 2004). The premise of a rights-based approach to ensuring adequate food is empowering poor people especially rural women and those who are food insecure. Empowerment is integral to any strategy that moves away from the benevolence model of food

aid and instead emphasizes enabling environments that support people in feeding themselves (Nhlapo, 2004). Despite the political and economic advances made since 1994, South Africa continues to experience major challenges of poverty, unemployment and, more recently, steep increases in food and fuel prices, energy tariffs, and interest rates. These adverse conditions have placed ordinary South Africans, already struggling to meet their basic household needs, in an ever more vulnerable situation (Koch, 2011). Urban poverty is growing at a faster rate even the poorest women living in rural areas and women are more likely than men to lack rights to land and other assets. They also have difficulty getting access to credit and they lack adequate employment and economic security in old age (Künnemann & Epal-Ratjen, 2004).

People living in poverty in urban areas are also vulnerable to violations of the right to food as they obtain food by purchasing it. So, productive employment, including self-employment (FAO, 2010) and work which provides a remuneration ensuring a decent living for their families is therefore very important (Rae, 2008). In addition, women have fewer opportunities for employment, and when they do find a job, they are often paid less than men, even though most of the time women provide for the subsistence of the family. At the same time, women also carry most of the family responsibilities (Künnemann & Epal-Ratjen 2004). If their wages are deplorable so they cannot afford food and other basic needs, such as healthcare, education, and housing, their enjoyment of the right to food can be undermined as they have no other means of getting food. In such cases, they do not enjoy the right to food because the food they eat is inadequate (FAO, 2010). It is clear that this situation can affect children are depending largely on women in order to enjoy an environment that is healthy, clean and safe for their growth. Children's right to food also takes priority for most women as their mothers (SAHRC, 2004).

In another register, migration, increasingly high separation and divorce rates, and AIDS are also increasing the numbers of vulnerable female-headed rural households in South Africa. This leaves women with total responsibility for earning a living and raising feeding and educating young children (FAO, 2010). Although female-headed households are increasing in almost all regions, the situation is most dramatic in sub-Saharan Africa and the Caribbean where women head approximately 30 percent of rural households. In many Southern African countries, they almost completely dominate the traditional farming sector (FAO, 1998). The FAO Right to Food Guidelines provide detailed guidance on ensuring sustainable, non-discriminatory and secure

access to resources and assets, including labor, land, water, genetic resources for food and agriculture, services, etc. (Guideline 8) (FAO, 2010). However, in many countries, the implementation of legislation protecting women's rights is constrained by entrenched cultural practices, lack of legal awareness, limited access to courts and lack of resources. These implementation problems are generally stronger in rural areas. In these cases, effective interventions to improve women's legal status need to include not only legislative reform but also steps to bridge the gap between law and practice. Often, socio-cultural practices have affected the application of legislation (Rae, 2008).

The International Covenant on Economic, Social and Cultural Rights requires its State parties including South Africa to take the measures, including specific programmes, which are needed to improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources (art. 11) (FAO, 1998). Women are frequently denied the right to ownership of land, and often they do not even enjoy full legal status. In many countries, women do not have the right to inherit property. Women are discriminated against in terms of access to land, credit, education and training, and social facilities (Künnemann & Epal-Ratjen 2004). Without these basic rights, it is difficult for rural women to develop their own capacities fully and make a decent living as agriculturists, entrepreneurs or wage earners (FAO, 1998).

In addition, Women also play an important role in raising poultry and small livestock such as goats, rabbits, and pigs. They also feed and milk larger livestock (Karl, 2009). So, the right of women needs to be protected because she has primary responsibility for providing food for the whole family. In all societies, women provide food for babies, and in many societies, they grow food for immediate family needs, prepare it and ensure that the food the family eats is safe and nutritionally sound (Künnemann & Epal-Ratjen, 2004). Women are often the preservers of traditional knowledge of indigenous plants and seeds. As the ones responsible for supplying their families with food and care, they have a special knowledge of the value and diverse uses of plants for nutrition, health, and income. They grow traditional varieties of vegetables, herbs, and spices in their home gardens. Women also often experiment with and adapt indigenous species (Karl, 2009).

According to FAO statistics, women farmers produce 80 to 90 percent of the food in sub-Saharan Africa, 50 to 90 percent in Asia and 30 percent in Central and Eastern Europe. Women's responsibility to provide food for their family is often culturally deep-rooted (Künnemann & Epal-Ratjen 2004). In Egypt for example, women contribute 53 percent of the agricultural labor. Men are found more often in agricultural wage labor and cash crop production, while women are mostly found producing food for their families and local markets (Karl, 2009). Men rarely contribute to the food budget, even when women are unable to provide sufficiently. When traditional subsistence farming changes to cash crop farming, the nutritional levels of women and children often deteriorate because they lack access to the cash generated by this type of agriculture (Künnemann & Epal-Ratjen, 2004) and the subsistence farming is unfortunately restricted to very small gardens providing only 5% of the household income (SAHRC, 2004).

In nearly 20 percent of households in the South Africa, women are the sole source of support for the children. Studies show that the poorest households are those that are headed by women. The “feminization” of poverty is a new phenomenon, which has been observed in both the North and South. More women than men are found in the poorest groups of the population (Künnemann & Epal-Ratjen, 2004). They also perform many tasks in household crop production, including sowing seeds, weeding, applying fertilizers and pesticides, and harvesting and threshing of the crops. They are even responsible for post-harvest food processing, storage, transport and marketing. In addition to producing staple crops, women in many countries also grow legumes and vegetables to feed their families (Karl, 2009). However, difficult for unemployed women to gain access food and food-producing resources through the informal sector, unemployment and underemployment bring with them a high risk of malnutrition (Künnemann & Epal-Ratjen, 2004).

2.5. IMPLEMENTATION OF RIGHT TO FOOD UNDER THE SOUTH AFRICAN CONSTITUTION

2.5.1. Significance of recognizing the right to food as an independent right

The issue of food security has been critical in many parts of the world including South Africa (Toit *et al.*, 2011). Hunger is on the rise. A food crisis is hurting the poor all over the world, hitting the landless and women the hardest (Karl, 2009). In South Africa, food security received much attention after 1994 when South Africa became a democratic country and that era has seen the

development of policies mainly by the Departments of Agriculture and Health, in attempting to address the problem of food insecurity (Toit *et al.*, 2011). After the ratification of international instruments, South Africa developed at the national level different types of norms affecting children and women's right in interaction with each other in a dynamic process (Rae, 2008). By specifically protecting these rights, the Constitution seeks to ensure that programmes, measures and strategies for reconstructing and rebuilding South African society should not treat access to food as a mere end but as an important parcel of the instrumental mechanisms for creating a new South Africa (Chirwa, 2009). South Africa has strong constitutional guarantees and legal frameworks for the right to food. Despite these formal legal guarantees, the right to food is far from being realized, and measures of state performance for fulfilling economic and social rights, show a mediocre score of 61.5 out of 100, ranking 67 out of 99 countries (Fukuda, 2012). Although several countries already have provisions on the right to food in their national constitutions, there is still a worldwide lack of experience in designing and using national legislation to implement those provisions (FAO, 1998). The right to access to sufficient food was implanted in Section 26 and 27 of the South African Constitutional law of 1996. The constitution indicates that every South African citizen includes children and women have a right to sufficient food and water; and social security (Toit *et al.*, 2011).

Laren *et al.*, (2015) summarized the right to food provisions as follow:

*“Section 27 of the Bill of Rights states that everyone has the **right of access to sufficient food**; the state is under an obligation to take reasonable legislative and other measures, within available resources, to achieve the progressive realization of this right...In the socio-economic rights case Grootboom, the Constitutional Court outlined an approach to adjudicating on these obligations which became known as the ‘reasonableness review’...Section 28 guarantees children the **right to basic nutrition**. To fulfill this right, the state must pay special attention to children as a vulnerable group in its policies and programmes, for example, by including measures specially tailored for children...Section 35 states that all persons detained by the state have the **right to adequate nutrition**...The rights-based approach to development adopted by South Africa through its Constitution recognizes the need to entrench the rights to sufficient food and basic nutrition in **enforceable laws**...Although the right to food has been upheld in South African courts, there is*

limited jurisprudence on the right to food in South Africa and the content of the right is not well defined”.

Basic nutrition like *sufficient* food refers to the extent to which people should have access to food for a healthy standard of living. The right can be realized when there is access to food of proper quality and in sufficient quantity at all times. The right of children to adequate nutritious food include the right to clean drinking water and healthcare, is essential for combating disease and malnutrition (SAHRC, 2000). In addition, Section 25 deals with property rights in the context of the need for land reform. If access to land especially for women for agricultural purposes is considered an element of the right to food, this section is also indirectly relevant in setting out what the constitution provides for to ensure the right to food is realized (Laren *et al.*, 2015). Finally, 27(2) required State to take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of the right of access to sufficient food.

The qualification "within its available resources" refers to those available resources within a State as well as resources available from the international community (SAHRC, 2000). All rights and provisions in the Bill of Rights must also be understood in the context of the object and purpose of the constitution as a whole, which the Preamble to the Constitution states is to: Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights (Laren *et al.*, 2015). Of course, problems and causes of hunger or lack of access to adequate food vary greatly from country to country, so different solutions will be needed in each. However, it seems that legal tools could be used to further implementation of the right to adequate food in all countries including South Africa (FAO, 1998). At the national level, South Africa should show differences not only with regard to their political, social and economic context but also with regard to the legal system in which these international norms are to be incorporated (Rae, 2008).

2.5.2. South Africa’s obligation to realize the right to food

South Africa as one of the countries carrying the obligation to protect and promote human rights as the realization of compliance towards *respecting, protecting* and *fulfilling* all people’s rights (FAO, 2010). It should be noted that under the article 11.2 of the Covenant, States must not only work towards the realization of the right to food but also guarantee the fundamental right of people

to be free from hunger because right to food is the only right qualified as ‘fundamental’ in the Covenant (Rae, 2008). This also calls for a distinctive focus on those who are most vulnerable, because they are the people whose right to food is most likely to require from the state not merely *respect* but also *protection* and *fulfillment* (FAO, 2006).

Respect means that State must *respect* people’s existing access to food and means of obtaining food as the first obligation that prohibited measure which results in preventing access to food, for example denying food assistance to political opponents (FAO, 2010).

Protect means that State must *protect* individuals’ enjoyment of the right to food against violations by third parties. In this regards, unlike everyone’s right of access to sufficient food, children’s right to basic nutrition is *immediately realizable* and therefore *immediately enforceable* against the third parties (Laren *et al.*, 2015). This obligation prevents third parties from destroying sources of food by, for instance, polluting land, water, and air with hazardous industrial or agricultural products or destroying the ancestral lands of indigenous peoples to clear the way for mines, dams, highways or industrial agriculture (FAO, 2010).

Fulfill is, however, an obligation that incorporates both an obligation to *facilitate* and an obligation to *provide*. Indeed, facilitate means taking proactive measures (including legislative, administrative, budgetary, and judicial measures) that strengthen people’s access to adequate food and their ability to utilize it to enhance their health (Randolph & Herte, 2012). Example, for individuals or groups which are unable, for reasons beyond their control, to enjoy the right to food by the means at their disposal, States have the obligation to *fulfil (provide)* it, for example by providing food assistance or ensuring social safety nets for the most deprived and for victims of natural or other disasters (FAO, 2010).

So, to help government to realize his constitutional obligation, FAO’s Voluntary Guidelines tool for monitoring and right to food assessment was developed by him in 2009 as a first step in the process of developing a right to adequate food strategy and in implementing specific measures that respond to their obligation to progressively realize this human right. The Guidelines explicitly advocate for more equitable policies and programmes and they promote cross-sectoral coordination and a holistic and comprehensive approach to hunger and poverty reduction (Khoo,

2010). Although the right to food is reflected in legal instruments and public policies, in some extent it is not yet sufficiently implemented in South Africa through strategies and programmes. Decision-makers and programme managers have to integrate the right to food and other human rights into programmes according to steps provide in the following conceptual framework:

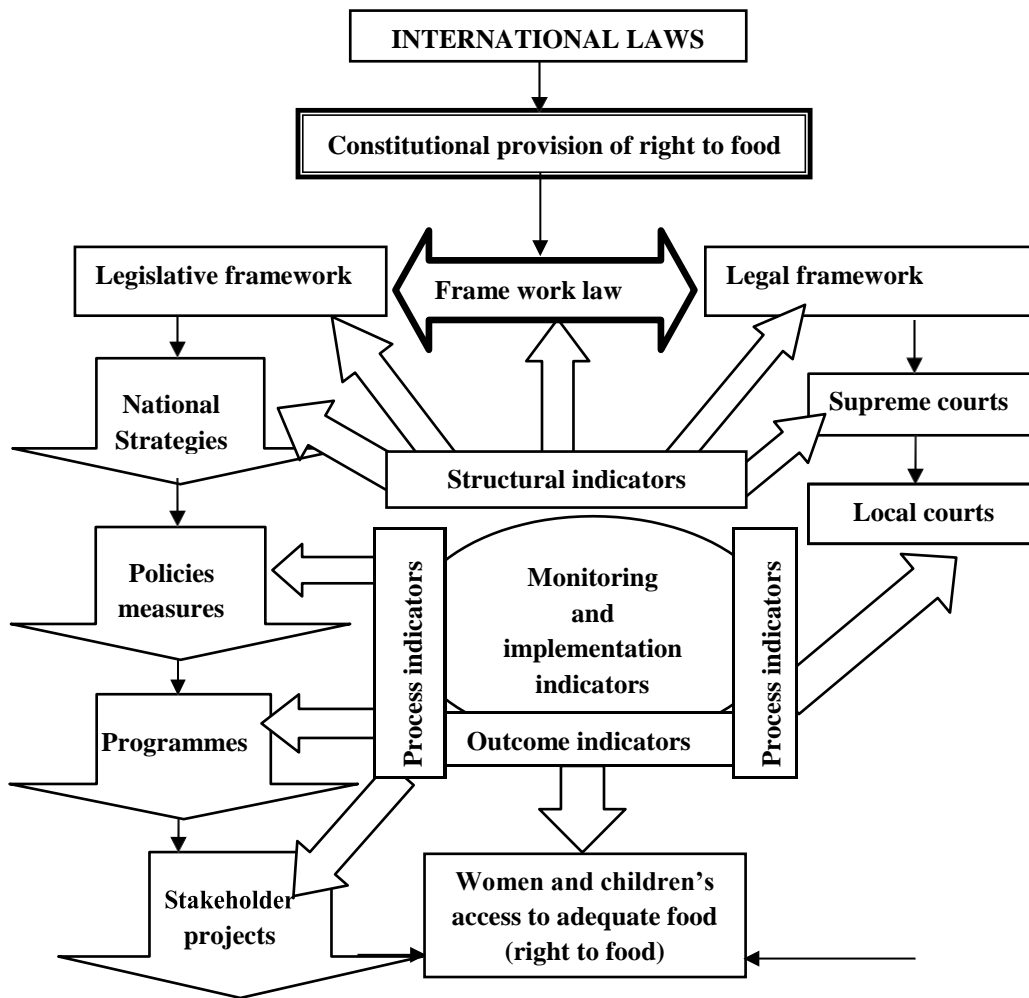


Figure 2.1: Conceptual framework Adapted from FAO, 2007

2.5.2.1. Constitutional provision of right to food

The inclusion of socio-economic rights in South Africa's first democratic Constitution envisioned the reconstruction and transformation of a divided and unequal society (Laren *et al*, 2015). The right to food as an international law recognizing that everyone has the fundamental right to be free from hunger, (Bizzari, 2001). After the ratification of international instruments, South Africa

developed at the national level different types of norms affecting children and women's right in interaction with each other in a dynamic process (Rae, 2008).

2.5.2.2. Framework law

National framework law is need in the first instance in South Africa as South Africa explicitly recognizes the right to food in the substantive part of the constitution guarantees. The framework law entails that the right to food will be taken into account in all spheres of state activity so that public authorities and domestic courts have a thorough understanding of constitutional provisions and routinely apply them (FAO, 2010).

2.5.2.3. Legal framework

The national legal and institutional framework that is decisive for the implementation of the right to food. This is useful for fleshing out any constitutional provisions, clarifying rights and obligations, as well as elaborating on institutional roles and coordination for the realization of the right to food. It can also provide for remedies for violations of the right to food and strengthen the mandates of national human rights institutions (NHRIs) (FAO, 2010).

2.5.2.4. Legislative framework

In South Africa the need for a legislative framework was reiterated in the South African Human Right Commission's previous year's report, and its absence in that reporting period was noted with concern (SAHRC, 2000). From the framework law, South Africa is requiring to ensure conformity between his domestic legal systems and his duties in respect of the right to food, as emphasized by the CESCR (FAO, 2006). This entails developing national laws, strategies, policies and programmes. These measures will assist in clarifying the content of the right of adequate food and the fundamental right of everyone to be free from hunger as stated in the international instruments (SAHRC, 2000).

2.5.2.5. Monitoring framework

Achieving overall economic growth and development goals do not necessarily mean that the human rights of everyone are respected, protected or fulfilled. For this reason, progress towards the realization of the right to food must be monitored (FAO, 2006). Monitoring is an essential part

of the effort to realize the right to food; it will also seek to identify challenges towards the realization of the right to food (Mbithi, 2014). During the implementation of national strategies on the right to food, the monitoring process will enable Governments and other stakeholders to assess the impact of legislative, policy and programmatic measures on the enjoyment of the right to food, to track and evaluate the achievements in the progressive realization of the right, to identify the challenges and obstacles affecting it, and to facilitate corrective measures (FAO, 2010).

2.5.2.6. *Implementation indicators*

Another mandate of the government is also to develop “an innovative mechanism”, including the definition of common indicators, to monitor progress towards objectives and actions related to progressive realization of the right to food (Committee of World Food Security, 2009). The definition and selection of indicators depends first of all on what is being monitored, as indicated by the different reasons of why rights-focused monitoring is conducted (FAO, 2008). The determination of indicators should directly and sincerely involve stakeholders such as programme managers, legislators and representatives of food-insecure and vulnerable groups (FAO, 2006). Three classes of indicators are currently identified in relation to what to monitor: *structural (or contextual) indicators*, *process indicators* and *outcome indicators*:

Structural indicators measure different dimensions of legal, regulatory, institutional frameworks and socio-economic development priorities, and poverty reduction strategies and policies that bear on the implementation of policy measures, and condition the outcomes of those measures. However, *process indicators* capture different dimensions of the design and implementation processes of policy measures and programmes. Examples of measures relevant to the right to adequate food may include: land reform, micro-credit programmes, provision of safe water, transfer of agricultural technology to small farmers, income generation programmes for the urban poor, food-for-work for displaced populations, community-based health care, targeted food price subsidies. But *outcome indicators* monitor, in conjunction with targets and benchmarks, progress with respect to the realization of the right to adequate food, and help to provide alerts when progress is not reaching targets. This class of indicator is also referred to as *indicators of results* (FAO, 2008). Realistic targets and benchmarks should be formulated, both of them in terms of verifiable indicators (FAO, 2006). These indicators assess the status of the population’s enjoyment of a right, and thus measure the results achieved by means of policies, programs, projects,

community actions, and others (Söllner, 2009). On the basis of this information, a report is submitted to parliament, analyzing and evaluating government performance in respect of its responsibilities, particularly to vulnerable groups (FAO, 2006).

2.5.2.7. Criteria reflecting principles of rights to food indicators

The following criteria help government in selection of the right to food indicators:

Action follow-up: The information provided by the indicator should contribute to the formulation of action and to better informed decision-making by either duty-bearers or rights holders

User friendly: The indicator should provide clear and transparent information that the intended users can understand and that allows the users to draw their own conclusions;

State obligations and core content: The monitoring framework should include process and outcome indicators that capture the State obligations of respect, protect, facilitate and provide, as well as the core content of the right to adequate food;

Capable of being decomposed: Both process and outcome indicators should be capable of being decomposed across specific population groups and/or by geographic areas. This is essential as it will help to detect discriminatory practices in the implementation process of right-to-food and other measures, examine how the outcomes of policy or programme measures impact on the realization of the right to adequate food in different population groups, or whether beneficiaries intended are indeed receiving the benefits of specific food security and nutrition programmes;

General application: The indicator should be generally relevant but “sensitive” to different social and cultural interpretations (FAO, 2008).

However, indicators of the right to food should follow some statistical considerations:

- *Indicators must be a measurement of change*
- *Disaggregation*
- *Ease of construction*
- *Specificity and validity*

The list of proposed core indicators was developed to monitor outcomes at the country level related to the 1996 World Food Summit goals. Some of these indicators are routinely used in the annual publication of FAO (*The State of Food Insecurity in the World*), which, depending on the theme or topic, also relies on country-level data from other sources and makes it possible to undertake inter-country comparisons (OHCHR, 2002). The framework and lists of indicators constitute a tool for national human rights stakeholders to develop their own relevant sets of indicators (see appendix 2) (FAO, 2010). These were organized into two broad domains, each divided into a number of sub-domains, as follows: *Food security and nutrition outcomes*: (Food consumption status; Health status and Nutritional status) and *Outcome indicators for vulnerability*: (Demographic conditions; environmental conditions; economic conditions; political conditions; socio-cultural conditions; risks, hazards, shocks; food availability; food access; stability of food supplies and access; household characteristics; health and sanitation and care and feeding practices) (OHCHR, 2002).

CHAPTER 3: METHODOLOGY

3.1. INTRODUCTION

A cross-sectional survey was carried out to assess or evaluate the impact of legislative and policy framework of women and children's right to food realization in Umlazi Township, KwaZulu-Natal Province. Mixed research methods, a combination of quantitative and qualitative approaches including convergent parallel mixed designs were used to provide a comprehensive analysis of the research problem. It is important to underline that the mixed method research (quantitative and qualitative) has numerous strengths among which the ability to confirm findings, test theory and obtain breadth and depth on a research topic. In this study structured and unstructured questionnaires in English with translated in IsiZulu were used to obtain quantitative data in both selected townships. Portable scale and digital weight balance were used to take the measurement for both women and children. A consent form was made available for signature by each woman and child's mother or caregivers. Interview guide for key informant interview and focus group discussion guide were used to facilitate complementary focus group discussions in the respective townships. The key informant interview was held with provincial government officials who were working in the Food Security section, in the Department of Agriculture (DAFF).

3.2. GAINING ENTRY

Permission to conduct research was obtained from the local authority in Umlazi Township, EThekweni Municipality, whilst the ethical clearance for research study was obtained from the University of KwaZulu-Natal before the present survey. A letter of requesting appointment for key informant expert from Department of Agriculture was submitted and an appointment obtained including data and time of interview through communications between the researcher and the government officers (See Appendices).

3.3. STUDY SETTING

The study was carried out in Umlazi, eThekweni Municipality in KwaZulu-Natal. The choice of this area was based on the socioeconomic characteristics of households in Township where poor women and children reside. Township, in general, has a high rate of poverty and the lowest purchasing power that limit many households to access food.

Umlazi Township is located on the east coast of South Africa in the Province of KwaZulu-Natal (KZN). It is a bigger township in South Africa, second after Soweto. It also is located approximately 17 kilometers South of Durban's Central Business District and immediately west of the Durban International Airport and the Southern Industrial Basin. The area of Umlazi is 4 481.7 hectares and forms part of eThekweni Municipality in KwaZulu-Natal. The population is estimated at 550, 000 inhabitants according to data from the Demarcation Board which reflects an increase of 166 438 from 383 562 inhabitants captured in the Census 2001.

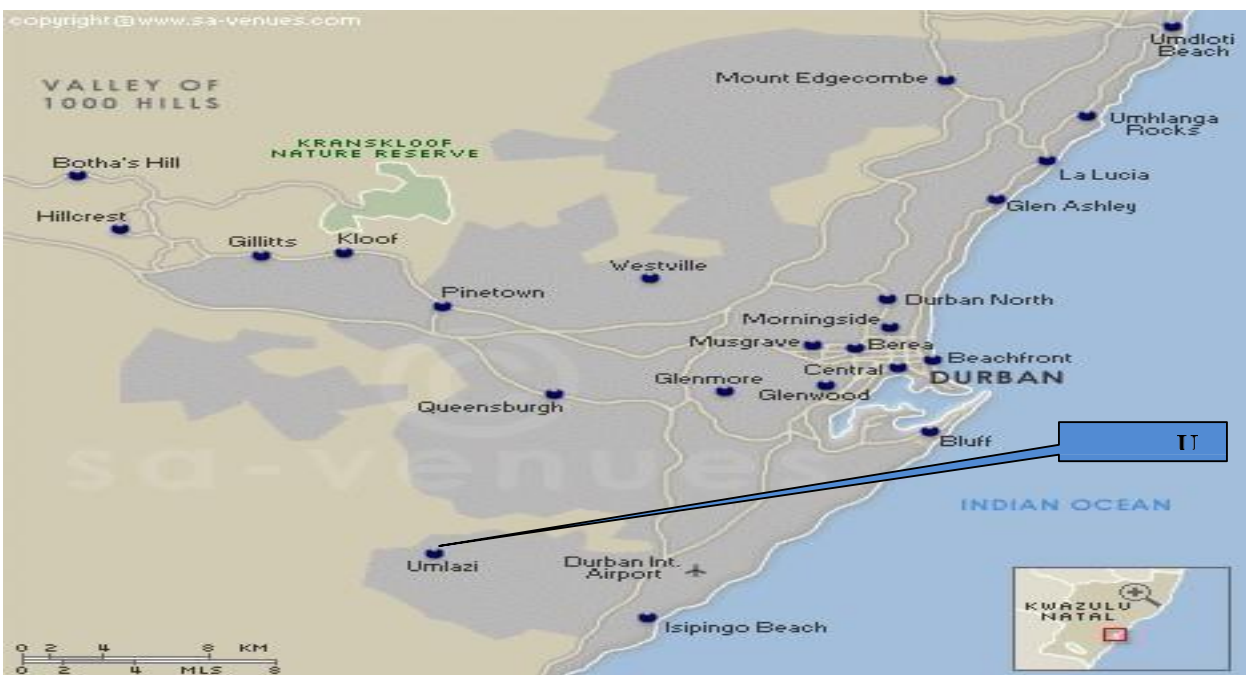


Figure 3.1; Umlazi Township map

Sources: (eThekweni Municipality Integrated Development Plan, 2016).

The choice of Umlazi in EThekweni to evaluate the level of right to food implementations was also because of his particular poverty rate, unemployment at 38%. In addition, almost 30% of the population reported having no income and majority of them rely on the social grant. 52.6% of the

households have a house or brick structure on a separate stand or RDP Houses followed by 12.6% of the households living in informal/squatter settlements. 10.4% of the households live in a block of flats inside the yard, while 6, 4% of the households live in traditional dwellings or structures made of traditional materials. Consequently, for RDP houses, no space was foreseen that can allow people to convert their home garden. Also, the primary health concern in the eThekweni Municipality remains HIV/AIDS that is devastating the community of Umlazi with all the nutritional consequence on people. It is estimated that Umlazi has a youth population of approximately above 50%. The HIV epidemic is rife among youths and hence, it is not entirely clear what levels of infection rates are at this level. However, efforts must be scaled up to prevent the spread and stabilize the spread of this disease. HIV/AIDS and Tuberculosis (TB) are a critical problem that affects the labour force in South Africa in general and in Umlazi in particular. On top of that there is little interest in small-scale agriculture programs that would enhance access to economic development and improve women's earning power, hence food and nutrition security mitigation.



Figure 3.2: Umlazi RDP houses

Beside these lacks of interest in small-scale agriculture, NEERAJ, 2002 was found that a large part of Umlazi was a hazard landfill site for waste disposal. That site had an inadequate quantity of topsoil placed over the waste body and absence of capping, vegetation rarely grew well. The

vegetation usually died as result of gas emissions in the area typically showing bare ground and a strong gas smell. In the absence of vegetation, erosion occurs on slopes in varying level.

3.4. SUBJECTS AND SAMPLING TECHNIQUE

3.4.1. Survey and Questionnaires

Mixed methods: A cross-sectional and descriptive survey was carried out in Umlazi Township, KwaZulu-Natal, South Africa using mixed (quantitative and qualitative) research with the purpose of gauging the current level of participants' vulnerability to food and nutrition as result of policy framework gap in right to food realization. In this survey, structured and semi- structured questionnaires were administered to the targeted participants including women (children) in the study area. The structured questionnaires with closed questions offered the respondent an opportunity to select one or more response choices from a number provided. Closed questions are advantageous particularly when a substantial amount of information about a subject exists and the response or measures options are relatively well known. Thus, questions could be answered within the same framework, and responses could consequently be compared better with one another. Besides that, there were the semi-structured questions that give the respondent opportunity to express his opinion or perception. This kind of interview gives the opportunity to capture people's interior experiences and how they interpreted their perceptions. One research assistant was trained in questionnaire administration and instrumentation techniques. Validation of the questionnaire was done by lecturers from Food security programme and Department of Human Nutrition and Dietetics, from the University of KwaZulu-Natal. Corrections and suggestions were incorporated to produce the final draft of the questionnaire. The Pre-test was carried out using women from local women from whom presented similar characteristic as the targeted group.

Subjects and sampling technique: A Stratified sampling was employed in selecting 120 women and 120 children in order to estimate the difference in the level of their vulnerability to food and nutrition. The *women* group was principally constituted with the primary mothers whose age varied between 20 to 45 years and *the children group* was under five years.

3.4.2. Focus group discussion

The criteria for choosing focus group informant were based on participants who were knowledgeable on population issues, informative and willing to take part in the study. In this case, the focus group was formed with 20 women representative of the communities in the area of Umlazi who were in “community dialogue”. The theme of their dialogue was “Blood Pression” and researchers were given two hours each day of the two consecutive sessions for a focus group discussion on the right to food perception.

3.4.3. Key informant interviews

Key informant interview targeted experts from Government who are strategically placed working in the area of Food Security. One experienced and analytical individual was approached in the Department of Agriculture to discuss on eventual existent of documents or policies that implement the progressive realization of the right to food. It was also an opportunity to sound out their perception of “the right to food” and identify the probable factors of inadequate policy and intervention implementation.

3.4.4. Informed Consent

The participants were met by the research team by their home doing door to door. Subjects who agreed to participate in the study were informed of the details of the procedures to be taken in the study and were requested to sign a formal consent form in English. This form has been translated from IsiZulu. After the formal agreement was obtained to participate in the study, the subject's name and signature were enclosed to the participant's questionnaire (See Appendices).

3.5. DATA COLLECTION TOOLS

3.5.1. Administration of questionnaires

Questionnaires related to household and child's food and nutrition security status were administrated to mothers and caregivers in the area under study. Interviews were performed using closed-ended questions for quantitative data to obtain the following information: Demographic data including age, marital status, and employment status. However, open-ended questions or unstructured questionnaire were used for qualitative data to assess food security and poverty status

of the household as outcome indicators of the right to food. In addition, a special tool was also used as part of the questionnaire including “Household Dietary Diversity Scores” (See Dietary Diversity Scores tool in Appendix). Dietary diversity scores were calculated by summing the number of food groups consumed in the household or by the individual respondent over the 24 hour recall period. The proposed FAO groupings for HDDS is based on a synthesis of currently available research and represent an attempt to achieve harmonization with other guidelines, such as those proposed by FANTA and DHS. Hence, HDDS was meant to provide an indication of household economic access to food.

The household dietary diversity score, performed in this study has 12 food groups: G/1: Cereals, G/2: Root and tubers, G/3: Vegetables, G/4: Fruits, G/5: Meat, poultry, offal, G/6: Eggs, G/7: Pulses/legumes/nuts, G/8: Fish and seafood, G/9: Milk and milk products, G/10: Oil/fats, G/11: Sugar/honey and G/12: Miscellaneous. So, the HDDS *variable* was calculated for each household and the value of this variable will range from 0 to 12. That is, HDDS (0-12) was the total number of food groups consumed by members of the household. Or $\text{Sum group } 1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 + 9 + 10 + 11 + 12$. Values for each group from 1 to 12 will be either 0 or 1. Finally, the average HDDS *indicator* was calculated for the sample population as follow: $\text{Average HDDS} = \text{Sum HDDS (0-12)} \text{ divided by the total Number of Households}$.

3.5.2. Anthropometric measurements

All measurements were taken at the same time for mothers and children to reduce a risk of not finding the other the next time.

3.5.2.1. Weight Measurement

A Stand-on electronic scale was used for both women and child was done. The scale had an accuracy of 0.1 kg and was regularly calibrated with a standard iron bar weight. Participants were asked to stand still in the centre of the scales. When the display was stable, weight was recorded to the nearest 0.1 kg. If the reading continued to vary by 0.1 kg while the participant was standing still on the scales, the higher reading was noted.

3.5.2.2. *Height Measurement*

Height was measured using a Stadiometer. Participants were asked to stand with their feet together, flat on the baseboard of the stadiometer, heels placed centrally against the back plate, their arms hanging loosely by their sides. The participant's head was tilted to the horizontal. In this position, standing height of each woman and child was measured and record.

3.5.2.3. *Waist Circumference*

The protocol for measuring waist circumferences was based on WHO recommendations. For waist and hip circumferences, participants were asked to stand straight with their feet together (there is an increase in girth when the legs are apart). Those who had difficulty balancing were asked to support themselves on the nearby couch. The tape was drawn extended at the participant's back left and close-fitting enough to take up the relaxed but not to compress the skin. Before the readings were taken, it was ensured that the tape was level at the front and back, and the participant was relaxed and breathing quietly. Measurements were taken to the nearest 0.1 cm.

3.6. DATA ANALYSIS

The data obtained from the questionnaires were analyzed using Statistical Package for Social Sciences (SPSS) version 24.0. The choosing of a statistical test is critical in data analysis and practical to address the issue of whether the data are parametric or nonparametric. Data sets were exploring for normality test and nonparametric method was adopted.

The advantage of non-parametric method is that the *probability* statements obtained from most nonparametric statistics are *exact probabilities*, regardless of the shape of the population distribution from which the random sample was drawn (except his low power) and it is used when the sample size is small, where there is no alternative to using a nonparametric test and when data are presented as rank, scores, and categories to avoid making assumptions.

Following test were used in nonparametric statistics:

Run Test for Randomness: Run test was used to examine whether or not variables set up constitute a random sample from a vast population. This test of randomness was of major importance because the assumption of randomness underlies statistical inference.

One-Sample Kolmogorov-Smirnov Test: The One-Sample Kolmogorov-Smirnov procedure was used to test the null hypothesis that the sample in the study comes from a particular distribution (normal, uniform, Poisson, and exponential distribution). The Kolmogorov-Smirnov test is applied to continuous fields only.

Chi-Square Statistic: Chi-square is a veritable statistical test used to examine the significance of relationships between two (or more) nominal-level variables. That is coded as numbers in SPSS, where these numbers actually represent groups (level).

Independent Samples Tests: The nonparametric tests for one or multiple independent samples were also useful in this study for determining whether or not the values of a particular variable differ between two or more groups. This is especially used when the assumptions of ANOVA are not met and the setting applies the Mann-Whitney U to test data with 2 groups.

On the other hand, data obtained from focus group discussion were transcribed and subsequently analyzed in light of themes arisen, including the right to food perception, eventual factors of inadequate food access and who are people most affected by policy gap. Data were analysis” using deductive approach by which research questions are used to group the data by coding process, then look for similarities and differences and identifying themes and patterns”. Conclusions were then drawn and presented in the form of text from the coded data by making sense of the themes or categories identified that allows researchers to understand social reality in a subjective and scientific way.

CHAPTER 4: STUDY 1

CHILDREN AND WOMEN VULNERABILITY TO THE RIGHT TO FOOD IN UMLAZI TOWNSHIP, KWAZULU-NATAL, SOUTH AFRICA

Andy Mpiana¹, Annette van Onselen² and Unathi Kolanisi³

1. Food Security Programme, School of Agriculture, Earth, Environmental and Sciences
University of KwaZulu-Natal, 3201

2. Department of Human Nutrition and Dietetics, Faculty of Health Sciences, Sefako Makgatho
Health Science University, 0204

3. Department of Consumer Sciences, School of Science and Agriculture, University of
Zululand, 3886

ABSTRACT

The objective: To assess the vulnerability status of children and women towards achieving the right to food.

Method: A cross-sectional and descriptive study was carried out to assess women and children vulnerability to food and nutrition security in Umlazi Township. Stratified sampling was employed in selecting 120 women and 120 children. The *women* group was principally constituted with the primary mothers whose ages varied between 20 to 45 years and the *children group* was those under five years.

Result: Child underweight prevalence was 79, 2%, stunting 71, 6%, wasting 57, 5% and 6.7% and 2.5% were respectively overweight and obese. Independent t-test provided means weight (-2.595 SD) and (-2.500 SD) respectively for children <-2SD Z scores with “food supplement” intervention versus those without “food supplement” intervention, and no statistical significance difference was found across groups. About 30% of mothers were HIV positive and the mother’s body mass index (BMI) prevalence for obesity were: class III 4.2%, class II 13.3%, class I 30.8%, whilst 25.8 % showed to be overweight with 2.5% underweight. Interestingly, breastfeeding initiative prevalence was 92% with only 37% practicing exclusive breastfeeding and 80% were doing mix breastfeeding. Overwhelmingly, 89.2% of mothers received “child support grant”, 5.8%

“disability grant” and 0.8% received “grant for the old person”. It could, therefore, be found that the socio-economic status of the mother compromises and expose the child to food-nutrition insecurity. More so, this study reports obesity as being the third topical challenge in public health, social welfare, and food-nutrition security sectors

Conclusion and recommendations: The right to food is said to be realized when ‘*All people at All times*’ have access to adequate food with the nutrients required by their respective bodies to live a healthy and active life. Regardless, of the government support, a combination of factors such as the poverty effects surrounding the mothers, lack of adequate food, inadequate acquirement of basic nutrition and compromised health status experienced by the mother poses a great treat to the vulnerability status of the child to food-nutrition insecurity. *Children, mainly depend on their caregivers to make sure they stay nourished but what happens when the caregiver is vulnerable too?* Freedom from hunger of the children is a human right that starts with breastfeeding. In this study, the mothers tried to breastfeed, but only a minority was practicing exclusive breastfeeding which compromised their children’s nutrition status. More so, there was a steadily rising prevalence of obesity, high risk to cardiovascular diseases, prevalent HIV/AIDS pandemic and Tuberculosis posed threats to the freedom to the hunger of the children and women. A holistic tailor-made solution which informed by the immediate status of the right to food of a community is required to reduce the poverty and malnutrition primary causal factors rather than dealing with the symptoms.

Keywords: The right to food, inadequate policies and social grant, health, malnutrition and food security.

INTRODUCTION

The right to food and adequate nutrition continues to be a topical global agenda, the Millennium Developmental Goals (MDGs) 2015 and the Sustainable Developmental Goals (SDGs) carry through the vision of eradicating hunger and malnutrition. The right to food is enshrined in the Article 11 (right to be free from hunger) and Article 12 (Right to Adequate Food) of the 1966 International Covenant on Economic, Social and Cultural Rights (ESCR), which is accepted as a binding obligation by 162 States that have ratified the Covenant (FAO, 2017a). Nevertheless, it could be argued that malnutrition and hunger persist to threaten public health and the sustainable economic development of many countries. Global reports show that the malnutrition status have not gone down as the WHO reported that the fastest growing rates in overweight and obesity are in Africa, with the number of overweight or obese children in 2010 more than double that in 1990 (Rossouw *et al.*, 2012) and actually obesity has become another form of malnutrition that is competing with undernutrition especially amongst women and children. In addition, although, there was an increase in both stunting (3.1%) and severe stunting (3.1%) among children aged 1-3 years in South Africa between 2005 and 2012; overweight prevalence in girls aged 2-5 years was higher 18, 9% than boys 17.5%. The more severe form of over nutrition (obesity) was recorded 4.4%, in boys for the same age groups, which was lower than that recorded in girls (4.9%). Thus, South African children have a major problem of stunting as well as overweight and obesity, already starting as young as two years old (Shisana *et al.*, 2013) and in KwaZulu-Natal province the latest statistical report showed that obesity prevalence of girls children (1-3 years) remains high (8.5%) compared to that of boys (6.1%). But stunting, which is a form of chronic malnutrition, in KwaZulu-Natal was estimated to be 15,1% and can be associated with the fact that almost two thirds (63%) of the population lives in poverty (KZN Department of health, 2015).

On the other hand, although household access to food has improved since 2002; it has remained static since 2011. The Household Food Insecurity Access Scale showed that the percentage of South African households with severely inadequate access to food decreased from 23, 9% in 2010 to 22, 6% in 2015. However, the percentage of households that experienced hunger was also decreased from 23, 8% to 11, 3% between 2002 and 2015 (Statistics South Africa, 2015). For quite some time, there has been a misconception that food and nutrition insecurity was mainly affecting rural communities and urban communities were sort of coping. However, studies have shown that

the right food due to poverty factors compromise the food and nutrition security of most women and children regardless of geographical location (FAO, 2017b). While, the right to food is enshrined in the Article 11 (right to be free from hunger) and Article 12 (Right to Adequate Food) of the 1966 International Covenant on Economic, Social and Cultural Rights (ESCR), which is accepted as a binding obligation by 162 States² that have ratified the Covenant (FAO, 2017a), the impact of the gender dimension on food security has not been fully interrogated. Freedom from hunger receives much attention as a fundamental human right (Reddy & Moletsane, 2009). To be away from this fundamental human right can be considered as violence that often leads to a state of food and Nutrition insecurity (Chilton & Rose, 2009). Consequently, children and women's anthropometric indices indicators as proposed by FAO Voluntary Guidelines is a fresh approach to solving the problem of food and nutrition insecurity by actively engage those affected and ensuring that food security outcome would be compared to benchmarks at local based (Chilton & Rose, 2009). The objective of this study is to assess the vulnerability status of children and women towards achieving the right to food.

METHODOLOGY

Method and Sampling technique

A cross-sectional and descriptive survey was carried out to assess women and children vulnerability to food and nutrition security in Umlazi Township. Stratified sampling was employed in selecting the subjects from mainly poor and food insecure Township of Umlazi into two different groups comprising of women and children. From these different groups, criterion sampling was employed in selecting 120 women and 120 children in order to estimate the difference in the level of their vulnerability to food and nutrition. The *women* group was principally constituted with the primary mothers whose age varied between 20 to 45 years and *the children group* was those under five years. Ethical clearance for the study was obtained from the University of KwaZulu-Natal. Research assistants were recruited and trained to help in administering the questionnaires and data collection.

Data collection

A combined questionnaire (mother and child) were administrated using closed-ended questions for quantitative data including demographic information (age, gender, marital status etc.), socio-

economic information (employment and other social grants) and quality of diet, that is “Household Dietary Diversity Scores which is the household food access impact indicators was calculated, The food intake data of household were collected using previous 24-hours as a reference period (24-hour recall). The scores that reflect Dietary Diversity are key elements to any comprehensive analysis of the food security situation at the individual, household or community level.

Weight Measurement: Stand-on electronic scale was used for both women and children. The scales had an accuracy of 0.1 kg and were regularly calibrated with a standard iron bar weight. Participants were asked to stand still in the centre of the scale. When the display was stable, weight was recorded to the nearest 0.1 kg.

Height Measurement: Height was measured using a stadiometer. Participants were asked to stand with their feet together, flat on the baseboard of the stadiometer, heels placed centrally against the back plate, their arms hanging loosely by their sides. The participant's head was sloped to the horizontal. In this position, standing height of each woman and child was measured and record.

Waist Circumference: The protocol for measuring circumferences was based on WHO recommendations. For waist circumferences, participants were asked to stand straight with their feet together (there is an increase in size when the legs are apart). The tape measure was drawn extended at the participant's back left and then was fitted enough to take up the slack but not to compress the skin. Before the readings were taken, it was ensured that the tape was level at the front and back, and the participant was relaxed and breathing quietly. Measurements were taken to the nearest 0.1 cm.

Data analysis

The data obtained from the questionnaires were analyzed using Excel and Statistical Package for Social Sciences (SPSS) version 24.0. Data sets were exploring for normality test and nonparametric method was adopted and generally used beside a bivariate correlation. The advantage of non-parametric method is that the *probability* statements obtained from most nonparametric statistics are *exact probabilities*, regardless of the shape of the population distribution from which the random sample was drawn (except his low power) and it is used when

the sample sizes is small and presented as rank, scores, and categories to avoid making assumptions.

Following tests were used in nonparametric statistics: *Run Test for Randomness*: to examine whether or not variables set up constitute a random sample from a vast population. *One-Sample Kolmogorov-Smirnov*: to test the null hypothesis that the sample in the study comes from a particular distribution (normal, uniform, Poisson, and exponential distribution). *Chi-Square Statistic*: to examine the significance of relationships between two (or more) nominal-level variables. *Independent Samples Tests*: for determining whether or not the values of a particular variable differ between two or more groups.

RESULTS AND DISCUSSION

Children and women descriptive analysis

The demographic vulnerability of the mother

There is a significant number of households headed by young women in Umlazi. Out of 120 participant mothers, 93% were single parents with only 7% married (Table 4.1). The age varied between 20 to 45 years. Majority of mothers (45.8%) were between 20-24 years, 31.7% were between 25-29 years, 10.8% between 35 to 39 years, nine percent between 30 to 34 years and five percent those over 40 years. However, chi-square test for nonparametric variables shows that the range age between 20 to 24 was statistically and significantly constituted more with single mothers than married mothers and these age groups are significantly decreasing for singles mothers when it's increasing for married mothers ($p < 0.001$). But, the average age of mother was 27 years for married and 26 years for single. That means, married were statistically and significantly older than singles mother ($p < 0.003$) (table 4.2).

Table 4.1: Marital status of the mother compared to age groups

Ages	N (%)	Marital status of the mother			P
		Married	Single	Total	
20 to 24 years	N (%)	1 (8%)	54 (45.0%)	55 (45.8%)	
25 to 29 years	N (%)	1 (8%)	37 (45.0%)	38 (31.7%)	
30 to 34 years	N (%)	1 (8%)	8 (6.7%)	9 (7.5%)	
35 to 39 years	N (%)	2 (1.7%)	11 (9.2%)	13 (10.8%)	
40 and more	N (%)	4 (1.7%)	1 (8%)	5 (4.2%)	
Total	N (%)	9 (7.5%)	111 (92.5%)	120 (100.0%)	0.001

Table 4.2: Anthropometric measurement of both mothers and children compared to marital status and gender

	Marital status of the mother/Child gender						independent Samples Test			
	Married			Single			Sig. (2-tailed)	Mean Difference	95% Confidence Interv. Difference	
	N	Mean	Std. Deviation	N	Mean	Std. Deviation			Lower	Upper
Mothers										
Height	9	160.4	6.08	111	162.126	6.375	0.446	-1.6817	-6.43	3.07
Weight	9	84.56	12.24	111	76.712	15.84	0.1	7.8438	-1.80	17.49
Age	9	36.67	7.62	111	25.99**	4.92	0.003	10.676	2.58	4.79
Child										
		Male			Female					
Birth w.	85	2.518	0.501	35	2.583	0.59	0.569	-0.065	0.12	-0.29
Weight	85	11.229	3.073	35	11.106	3.04	0.841	0.124	0.61	-1.10
Height	85	87.4	12.46	35	85.51	13.38	0.477	1.886	2.63	-3.38
Age	85	35.824	14.252	35	34.86	15.37	0.75	0.9664	3.02	-5.08

The demographic vulnerability of the child

The table 3 displays the proportion of gender in childhood where the male (boys) 70.8% represented the largest proportion than female (girls) 29.2%. The binomial test for nonparametric data reveal that the proportion of male and female were statistically significantly different ($p < 0.001$). A large number of children was in the age ranges between 48 to 60 months (28.3%), followed by these between 36 to 47 months (25.8%), 24 to 35 months (21.7%), 12 to 23 months (20%) and less than 11 months (4.2%). There was not statistically and significant difference between child's gender and age breaking down ($p = 0.283$). Average weight birth, weight, and height of the child were 2.5 kg, 11.3 kg and 87 cm respectively for the male and 2.6 kg, 11.1kg and 86 cm respectively for female (see table 4.2). Female children appear to be heavier at birth

than male while the male was taller and heaviest than female. The not significant difference was found between those variables.

Table 4.3: Child gender compare to age groups

		Gender of the child		Total	<i>p</i>
		male	Female		
less than 11 months	N (%)	2 (1.7%)	3 (2.5%)	5 (4.2%)	
12 to 23 months	N (%)	16 (13.3%)	8 (6.7%)	24 (20.0%)	
24 to 35 months	N (%)	22 (18.3%)	4 (3.3%)	26 (21.7%)	
36 to 47 months	N (%)	21 (17.5%)	10 (8.3%)	31 (25.8%)	
48 to 60 months	N (%)	24 (20.0%)	10 (8.3%)	34 (28.3%)	
Total	N (%)	85(70.8%)	35 (29.2%)	120 (100.0%)	0.283

Children's and mother's nutritional status and mother feeding practices

Children's anthropometric indices

Prevalence of underweight children

Figure 1 displays the proportion of children's anthropometric index "weight-for-age" Z-Scores in Umlazi, using descriptive analysis. At the cut-off level of <-3 SD of Z-scores, 34% of children were severely underweight while at the cut-off level between >-3 SD and -2 SD Z-scores, 29.2% were "moderate underweight", but those with a cut-off level between >-2 SD and -1 SD Z-scores, 16% were mildly underweight. At the cut-off level between >-1 SD and 1 SD Z-Scores, 13% were normal. The remained between >1 SD and >2 SD Z-Scores, 3% had a "health problem".

Prevalence of stunting children

Height-for-age Z-Scores prevalence is provided in figure 1. At the cutoff point of <-3 SD Z-Scores, 48.3% were severely stunting. At the cutoff point between >-3 SD and -2 SD Z-Scores, 12.5% were moderate stunting and between >-2 SD and -1 SD Z-Scores, 10.8 % were mildly stunting. But those at the cutoff point between >-1 SD and 1 SD Z-Scores, 14.2% were normal. The remained between >1 SD and >2 SD Z-Scores, 14.2% were taller.

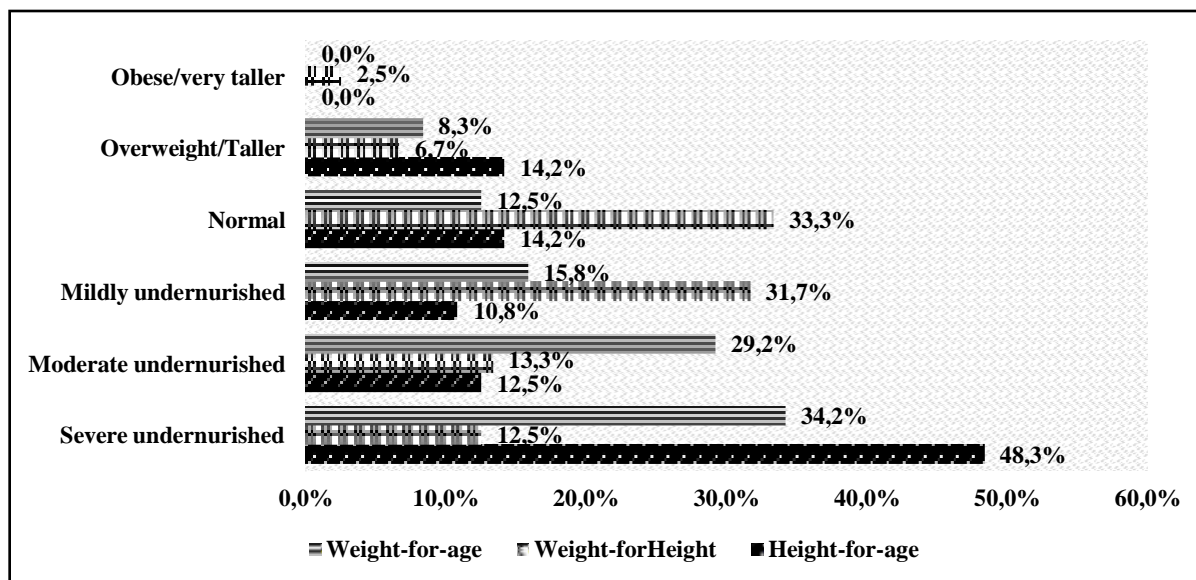


Figure 4.1: Proportion of children anthropometric indices

Prevalence of wasting children

Figure 1 above shows that children's weight-for-height at the cutoff point of $< -3SD$, 12.5% were severely wasting and at the cutoff point between $> -3 SD$ and $-2 SD$ Z-scores, 13.3% were moderately wasted. However, children between $> -2 SD$ and $-1 SD$ Z-scores, 31.7% were mildly wasted. Between $> -1 SD$ and $1 SD$ Z-scores, 33.3% were normal. At the cutoff point between $> 1 SD$ and $2 SD$ Z-Scores and between $> 2 SD$ and $> 3 SD$ Z-Scores, 6.7% and 2.5% were respectively overweight and obese.

Mothers' anthropometric indices

Mothers' Body mass index

It shown in figure 4.2 that 30.8% of mothers were classified as being moderate obesity" (class I); "severe obesity" (class II) were 13.3% and "very severe obesity" (class III) were about 4.2% "followed by mothers classified as being "overweight" 25.8%; only 23.3% mothers were classified as having "normal" weight and there was 2.5% of "underweight" mothers.

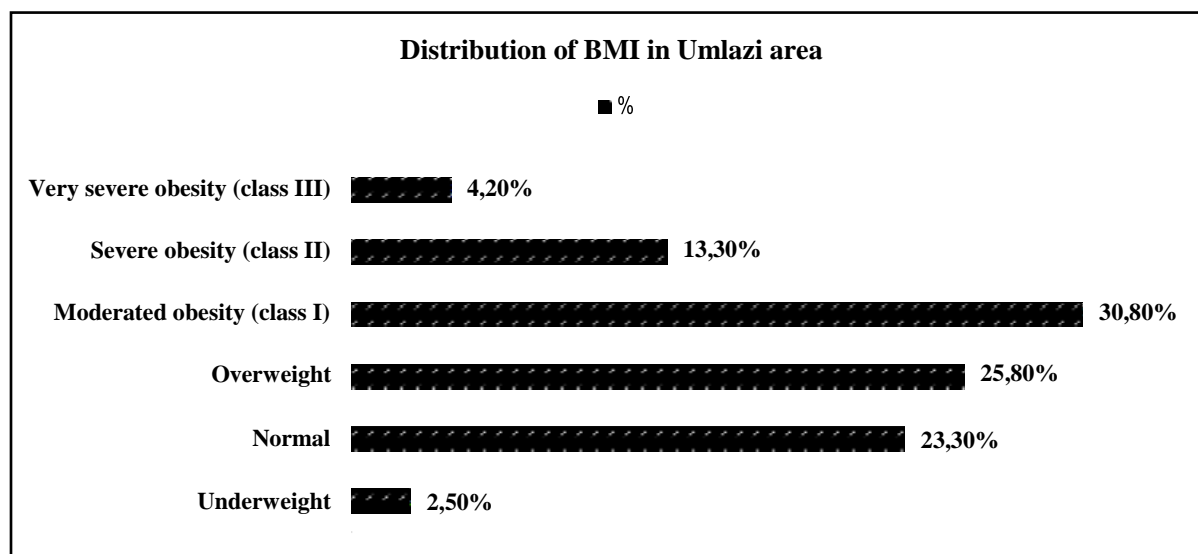


Figure 4.2: Distribution of BMI among mothers in Umlazi area

Mothers' waist circumference

Mothers from Umlazi were classified according to their Body Mass Index and waist circumference which increasingly augment their risk to cardiovascular diseases. Thus, table 4.4 shows at which extend waist circumference of mother combined with her body mass index increased the risk to cardiovascular diseases. Indeed, it was found that mothers in category “extremely very high risk” represented 4.2% and all of them were singles. Mothers in category “very high risk” had the highest proportion of 40% in which 89.5% were singles. Then, mothers at “high risk” and “none risk” categories were 14.2% in which 76% were singles and 33.3%. But at the “increased risk” category mothers had the lowest proportion of 10% exclusively single. On the other hand, two-way Chi test was used to observe whether or not there was an association between risk categories and marital status of Umlazi mothers. It appears that marital status of the mother significantly increasing mother’s risk to contract cardiovascular disease ($p=0.023$). That means single mothers are increasing significantly their risk to contract cardiovascular diseases than married mothers. However, the reason of this difference needs to be investigated.

Table 4.4: Classification of mothers' risk of cardiovascular diseases compared to the marital status

Distribution of women with waist circumference increasing risk to contract a cardiovascular diseases							<i>P</i>
	Non risk N (%)	Increased risk N (%)	High risk N (%)	Very high risk N (%)	Extremely very high risk N (%)	Total N (%)	
Married	0(0.0%)	0(0.0%)	4(3.3%)	5(4.2%)	0(0.0%)	9(7.5%)	
Single	40(33.3%)	10(8.3%)	13(10.8%)	43(35.8%)	5(4.2%)	111(92.5%)	
Total	40(33.3%)	10(8.3%)	17(14.2%)	48(40.0%)	5(4.2%)	120*(100%)	0.023

Mothers' feeding practices

Breastfeeding initiative

Figure 4.3 shows the prevalence of breastfeeding initiative at 92% against 8% of mothers who said “no” to breastfeeding initiative. Comparing to the recommended 50%, the situation of breastfeeding initiative in Umlazi was good.

Exclusive breastfeeding

Figure 4.3 reveals that child 0–<6 months who were placed to exclusive breastfeeding were 20% against 80% who were not placed on exclusive breastfeeding. Comparing to the recommended 50%, prevalence could be considerate as fair. However, worldwide prevalence is at 37%.

Mix breastfeeding

Figure 4.3 shows that 80% of the mother in Umlazi practice mix breastfeeding. Therefore, children whose mothers practice mix breastfeeding are at risk of poor health and malnutrition.

Continued breastfeeding

The continued bonding between mother and child provided by breastfeeding encourages optimal psychosocial development. But only 8% percent of the mother in Umlazi continue to give breast milk to their children at the age of 12 to 15 months as shown in figure 4.3. This could have serious consequence in childhood growth and development.

Complementary feeding

These complementary foods should gradually increase in amount and frequency as the baby grows. In Umlazi the situation was quite well with 72% of mothers who said “yes” to complementary feeding as shown in figure 4.3.

Dietary Diversity feeding

A minimum of 4 out of the seven food groups is accepted as sufficient to meet the child’s nutritional requirements. In Umlazi Township, 89% of children aged 6-23 months old met the recommended dietary diversity as presented in figure 4.3.

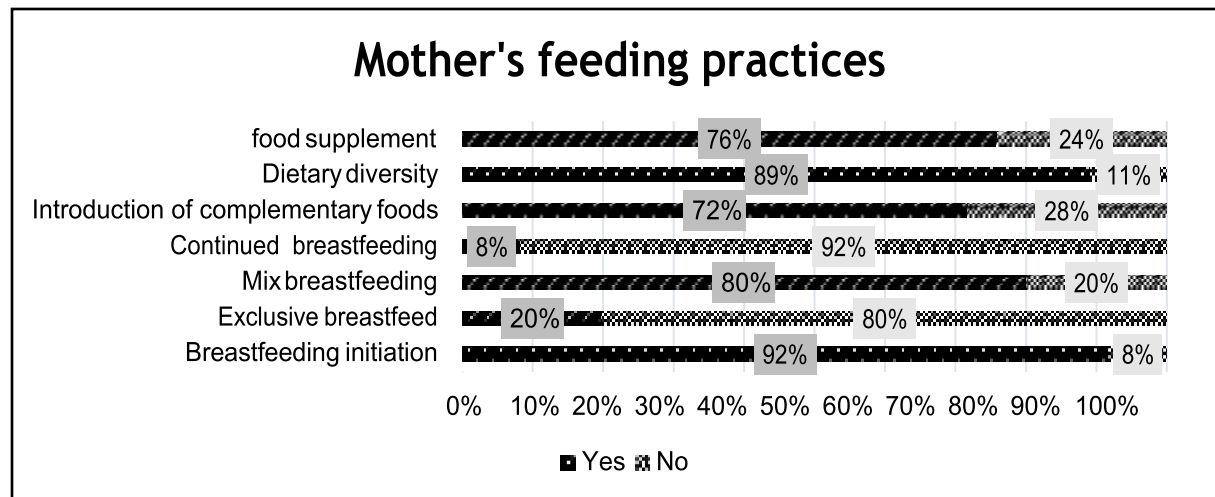


Figure 4.3: Mother’s feeding practices

Children’s and mothers’ health status

Child’s health status

Figure 4.4 presents the different prevalence of childhood diseases in Umlazi area, 50% of children under five were sick from respiratory infection, 57% had diarrhea three weeks before the survey, 44% had a fever and only 7% and 2% were sick from anemia and “goitre problem” respectively. In this age group, conditions such as diarrhea, a respiratory infection can affect children’s growth and could lead to death.

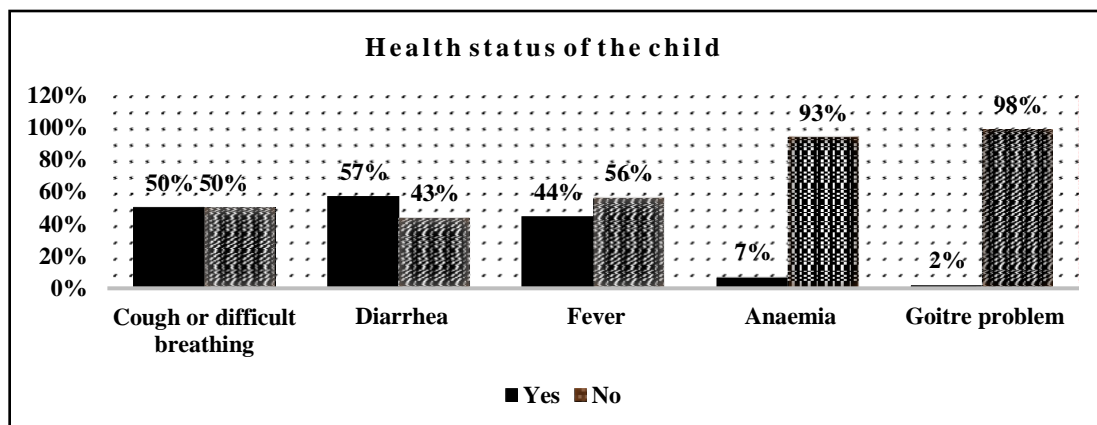


Figure 4.4: Health status of the child

Mother health status

In figure 4.5, three diseases were found to be mainly affecting the mothers included Tuberculosis with 31%, HIV/ADS with 30% and cancers 22%. These prevalence are very concerning in Township of Umlazi. Women as human capital and household food provider could be affected by this health situation.

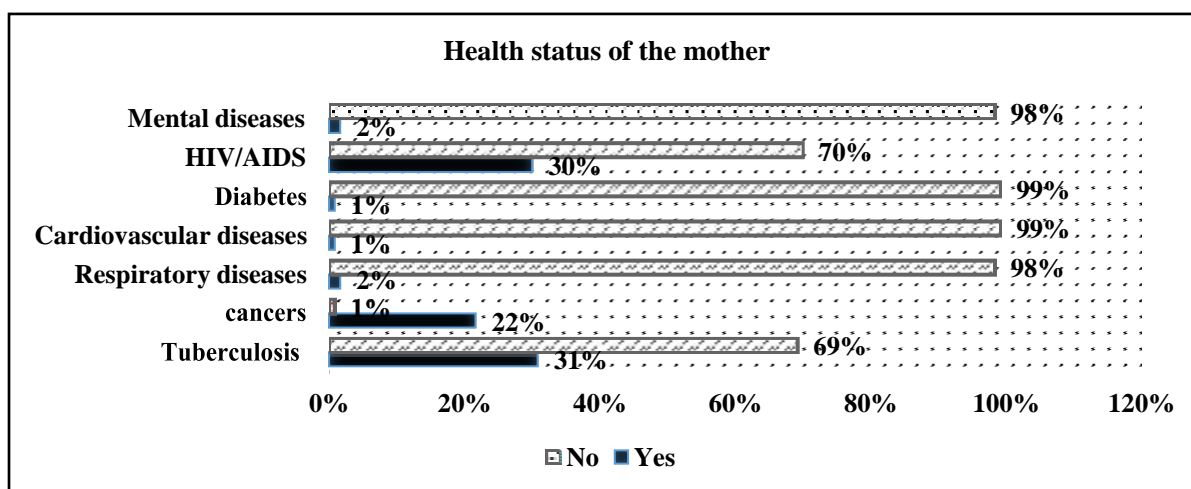


Figure 4.5: Health status of the Mother

Government's intervention in term of social grant and food supplement in Umlazi

Figure 4.6 shows that government provides significant social assistance (RDP houses and social grants) and food supplement to those children who are suffering from malnutrition. Social grant was mainly constituted of “child support grant” with 89.2% of mothers, “disability grant” at 5.8%

and “grant for the old person” at 0.8%. More so, about 75.8% of the children were receiving food supplement under the malnourished children programme.

An overwhelming 70.8% of the mothers who received “child support grant” the youngest were between 20 to 29 years, whose 42.5% were aged between 20 to 24 years and 28.3% were aged between 25 to 29 years (Figure 7).

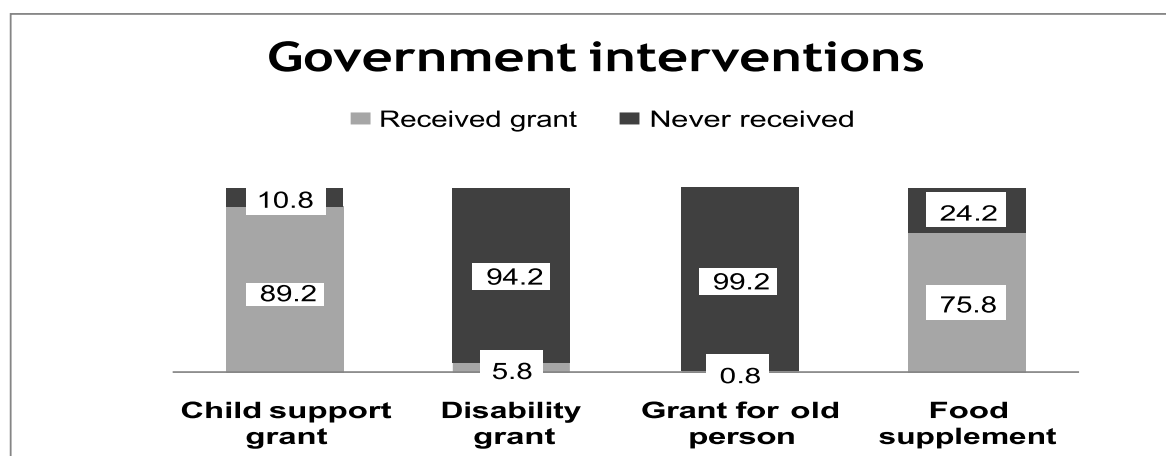


Figure 4.6: Government’s intervention in term of social grant and food supplement in Umlazi

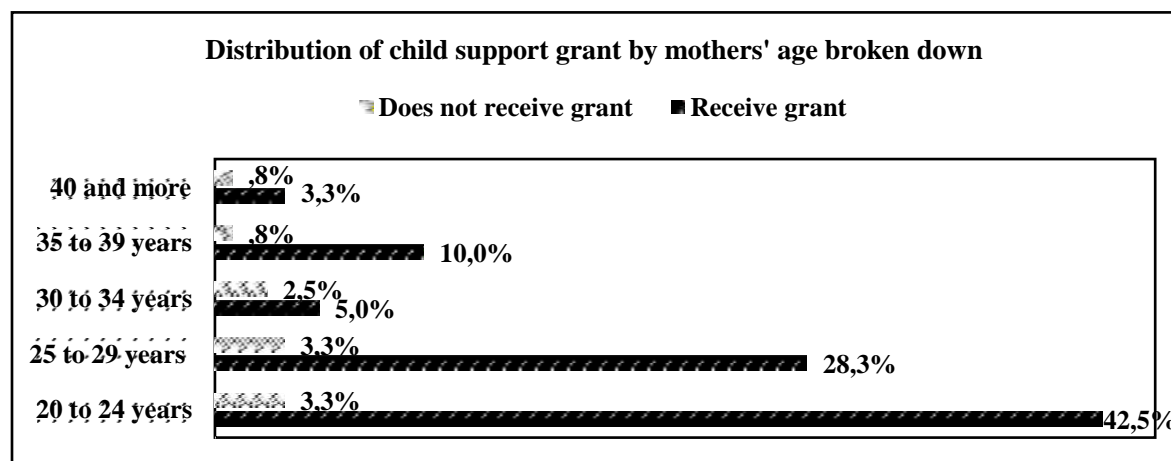


Figure 4.7: children support grant

The majority of the mothers were vulnerable to HIV/AIDS and TB, therefore the study investigated whether the affected women were the beneficiaries of government’s disability grant or not. It was found that out of 30% of mothers with HIV/AIDS, only 1.7% (that is 5.7% of those who were sick) received “disability grant”. Same with Tuberculosis where 2.5%, that is 8.3% of mothers received “disability grant” (Table 5). On the other hand, study result showed that out of 76 children who

were underweight 74 (97.4%) were said received “food supplement”. By contrast, independent t-test reveals that average means weight for children $<-2SD$ Z scores was not statistically and significantly different across the group (-2.595 SD) and (-2.500 SD) respectively for those with “food supplement: and those without “food supplement”. That means, food supplement intervention did not bring change on children weight and their SD Z-scores were still below -2 SD.

Table 4.5: Relationship between women with HIV/ADS and Tuberculosis

Disability grant	Mother with HIV/AIDS	Mother without HIV/AIDS	Total	Mother with TB	Mother with TB	Total
Mother who don't receive grant	28.3%	65.8%	94.2%	28.3%	65.8%	94.2%
Mother who receive grant	1.7%	4.2%	5.8%	2.5%	3.3%	5.8%
Total	30.0%	70.0%	100.0%	30.8%	69.2%	100.0%

DISCUSSION AND ANALYSIS OF RESULT

Children’s and mothers’ demographic vulnerability

This paper has explored the vulnerability of women and child by measuring the extent to which food and nutrition deprivation is displayed in Umlazi area in relation to the realization of the right to food. With regards to the mothers understudy, the findings showed that the majority (93%) of the households were headed by young women. The average age of married mothers was 27 years whilst for single mothers was 26 years. There is a noticed significant trend of single mothers around the country. Statistic South Africa, (2017) estimated that well over half of women (59%) have never married. But, women marry or live together with a partner (i.e., in union) represented (36%). However, women who reported being divorced or separated represented (3%). Two percent of women report they are widowed. In general, the majority of South African households are headed by males, while female-headed households become more apparent among the oldest of the age groups. However, it was noticed a moderate increased 34.6% to 35.7% of female-headed households aged between 20 to 39 years from 2011 to 2016 respectively. In addition, households headed by a female who reported skipped a meal in the past 12 months represent 52.2% compared to those headed by a male in KwaZulu-Natal (Statistics South Africa, 2016). This suggests that

female-headed households in KwaZulu-Natal are more vulnerable than that men headed household.

This trend also poses its effects to the well-being of children. Female-headed households in developing countries deserve special attention since they are typically disadvantaged regarding the access to land, labor, and credit characterized by a high dependency burdens (Klasen *et al.*, 2011). However, the right to food for women is protected by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (Rae, 2008). This right articulates States Parties' obligations specifically as to eliminating discrimination and removing obstacles to women's enjoyment of their rights in law and in practice (International Women's Rights Action Watch (IWRAP), 2004). Therefore, the realization of this right has to come into play through the various implementations of programmes and or policies.

On the other hand, the children gender proportion as that the boys were of majority (70 percent) as compared to girls 2.9 percent. Statistic South Africa 2017 reveals that Stunting in childhood is higher among male children (30%) than among female children (25%). That means the data show that 27% of children under 5 are considered short for their age or stunted (below -2 SD), and 10% are severely stunted (below -3 SD). Literature also suggests that children vulnerable to malnutrition and hunger usually marked a direct result of their mothers' poverty status (Cruz *et al.*, 2017). Children require a special diet due to their growing body needs, subsequently if such is deprived children easily become vulnerable to a lack of essential micronutrients and inadequate food intake. As far as children's right to adequate standard of living is concerned, the CRC creates the highly problematic presumption that it is primarily the parents' responsibility to ensure the conditions necessary for children's development and then the state's obligations are secondary, essentially consisting of rendering assistance to parents (Chirwa, 2009).

Nutritional status and mother feeding practices

Children's anthropometric indices

Children's undernourishment and over nourishment (especially poor anthropometric indices) that co-exist with a rising incidence of overweight and obesity and the associated consequences such as, cardiovascular disease and diabetes are internationally recognized as an important public health

indicator for monitoring children's nutritional status and health (Department of Health, 2013). In other words, Child's poor anthropometric indices are also internationally recognized as an important indicator of the right to adequate food (Profile, 2010). Thus, anthropometric indices are used to measure children's right to food, especially through underweight, wasting, stunting and overweight assessment.

Underweight children

Underweight was defined for children aged 0–4 years as low weight-for-age relative to the National Center for Health Statistics/World Health Organization (NCHS/WHO) reference median (Fishman *et al.*, 2004). The high prevalence of severely underweight children (34%) and moderately underweight children (29.2%) was observed in the community suggested a generally poor nutritional status resulting from inadequate food intake and vulnerability to food and nutrition insecurity.

Department of health, (2013) found a significant relationship between child undernutrition especially underweight status and child's increased risk of mortality worldwide. Thus, human right approach to food and nutrition (nutritional aspects) are very critical for children optimal physical, psychological and mental development. A significant investment in child nutrition will reflect the critical importance of nutrition in attaining the Sustainable Development Goals (Ashley *et al.*, 2012).

Both the CRC and the African Children's Charter underscore the importance of nutrition to children by requiring states to combat malnutrition, provide adequate nutritious foods and clean drinking water and provide access to education on child health and nutrition (Chirwa, 2009).

Stunting children

Stunted children usually are the ones who suffer from growth retardation as a result of poor diets or recurrent infections tend to be at greater risk for illness and death. Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance, and reduced intellectual capacity. This, in turn, affects economic productivity at the national level (Profile, 2010). The community understudy once again still have a very high prevalence of severe stunting 48.3%. This very high prevalence is interpellant as their right to food

is not respect, protect and fulfill. The right to food is a general right that everyone is entitled to, it guarantees individuals food security and adequate nutrition (Chirwa, 2009).

Wasting children

Prevalence of wasting children in Umlazi Township was critical when severe and moderate together reached 16.8%. This situation is resulting on the inadequate right to food policy implementation and call for an urgent intervention without delay. Wasting in children is a symptom of acute undernutrition, usually as a consequence of insufficient food intake or a high incidence of infectious diseases, especially diarrhea. Wasting, in turn, impairs the functioning of the immune system and can lead to increased severity, duration, and susceptibility to infectious diseases and an increased risk of death (Profile, 2010).

Overweight/obese

The result from this study also presents a critical overweight/obesity prevalence of 9.2%. Beside “food supplement” programme for undernourished children in Umlazi Township, there was not another programme that addressed directly children overweight or obesity. Childhood obesity is associated with a higher probability of obesity in adulthood, which can lead to a variety of disabilities and diseases, such as diabetes and cardiovascular diseases (Profile, 2010). Particular attention needs to pay in keeping with women and children obesity as women in low socioeconomic circumstances are more vulnerable to developing obesity than men and children at high risk to advertising of unhealthy foods (Loring and Robertson, 2014).

In another register, Rossouw et al, (2012) were however found a disparity between mother’s weight and child nutritional status. A study was undertaken in South Africa targeting 4000 children from the Eastern Cape and KwaZulu-Natal showed the coexistence between mothers’ or caregivers’ overweight or obesity and child malnutrition. This has been confirmed by others studies on rural communities in Limpopo and the North West Province in which between 30% and 50% of underweight children had overweight or obese mothers or caregivers. Therefore, Children in low socioeconomic circumstances are more likely to be born to obese mothers and acquire a limited range of food tastes in infancy because an optimum breastfeeding can reduce the risk of obesity in both mother and child. That means, it is more difficult for obese women to breastfeed

successfully due to biological and mechanical barriers, so they require skilled professional support (Loring and Robertson, 2014). The risks for most non-communicable diseases resulting from obesity depend partly on the age at onset and the duration of obesity (Profile, 2010).

Mothers' anthropometric indices

The nutritional status of women is particularly important. It is an indicator of what women are enjoying their right to food. The 2030 Agenda for Sustainable Development Launched at the end of 2015, this Agenda frames health and well-being as both outcomes and foundations of social inclusion, poverty reduction and environmental protection (World health statistics, 2017). A malnourished mother is likely to give birth to a low birth-weight (LBW) baby susceptible to disease and premature death, which only further undermines the economic development of the family and society, and continues the cycle of poverty and malnutrition (Cruz *et al.*, 2017). Body mass index (BMI) < 18.5 or < 30 kg/height in metres squared was included to the list of national outcome indicators of the right to adequate food in many countries. A Framework for Scaling up Nutrition was developed in 2010 to put nutrition back on the international agenda. Such indicators are affected not only by the progress made towards the SDG 3 targets but also towards the health-related targets in other goals (Department of health, 2013, World health statistics, 2017). It is curious that women's right to adequate food did not receive greater attention (Bellows *et al.*, 2011).

Mothers' Body mass index and waist circumference

Waist circumference which combined with body mass index can increase the risk of cardiovascular diseases. Prevalence of “very high risk” mothers to contract cardiovascular diseases by increasing their waist circumference (40%) was the highest proportion in Umlazi. The vulnerability of poor young mothers of Umlazi put them at high risk of becoming obesity by unsafe eating behavior and then exposed to various cardiovascular diseases. The World Health Assembly, in 2012, approved a comprehensive implementation plan on maternal, infant and young child nutrition. This also established six global nutrition targets on the reduction of stunting, wasting, anemia, overweight, low birth weight and on the improvement of breastfeeding rates (Union Africaine, 2013). So, protecting the right to food for all in a non-discriminatory manner implies giving particular attention to women (Rae, 2008).

Mothers' feeding practices

Exclusive breastfeeding prevalence in Umlazi was fair as compared to public health recommendation. That means only a few mothers (20%) practiced exclusive breastfeeding. Breast milk is the best food for the healthy growth and development of infants. In Rwanda for instance, After birth, exclusive breastfeeding rates are high and breastfeeding most often continues throughout the first 24 months of life or beyond often beyond (Rwanda Ministry of Health, 2014). It is convenient and has nutritive and protective properties important for the child's nutritional status (Banda *et al.*, 2011). Information from qualitative studies and national surveys have found that many children are not fed in accordance with requirements and recommendations in terms of the adequacy of the nutrients or the frequency needed because their stomachs are small So, Protect child's right to food pass also by preventing improper marketing and promotion of breast-milk substitutes often negatively affects the choice and ability of a mother to breastfeed her infant optimally (Rwanda Ministry of Health, 2014). In this regard, the Committee on the Rights of the Child consistently recommends that States should promote breastfeeding in an effort to protect children's rights to basic health and welfare and comply with the World Health Organization's International Code of Marketing of Breast-milk Substitutes (FAO, 2010).

Continued breastfeeding was practiced by only eight percent of mothers whereas breast milk continues to be an important source of nutrition and fluids and immunological protection for the child after six months of age. The continued bonding between mother and child provided by breastfeeding encourages optimal psychosocial development (Maseta, 2008).

This should be applying simultaneously with *complementary feeding* because breastfeeding alone is not adequate to meet child's nutritional needs after the age of six months. In Umlazi the situation was quite well with 72% of mothers who said "yes" to complementary feeding. So mothers are encouraged to introduce adequate, safe and high-quality complementary foods to the child after six months (Banda *et al.*, 2011). Hence, Improving child and maternal nutrition is not only totally practicable but also affordable and cost-effective. The health and nutrition of children are influenced by numerous factors that go beyond the health system including poverty, living conditions, education, access to water and sanitation facilities, and exposure to violence or abuse (UNICEF, 2017). Health service interventions for Infant and young children feeding are one of the

key pillars of the overall nutritional policy and strategy and are crucial even if service coverage and utilization are not high for all of the maternal and child health services (Arabi *et al.*, 2012). So, in South Africa policy should be as comprehensive and practical as possible based on human right principles (Mhlanga, 2008).

Children's and mothers' health status

Child's health status

In Umlazi Township, 50% of children under five were sick from respiratory infection, 57% had diarrhea three weeks before the survey, and 44% had a fever. Even anemia and “goiter problem” were found in that area. According to the South African National Burden of disease study (NBD) 2000, diarrhea, lower respiratory infections and protein-energy malnutrition account for a further 30% of the childhood deaths. Children usually die from preventable causes such as respiratory infection, because of poor sanitation, unsafe water, and malnutrition (Mhlanga, 2008). Pneumonia, for example, is a form of acute respiratory infection that affects the lungs and is the largest cause of death in children worldwide (Mofokeng, 2013).

In addition, the burden of respiratory infection and malnutrition in developing countries are both high, and frequently as the causal association between them (Nel, 2010). It is estimated that, globally, 1.4 million children (18%) below the age of five die every day from a respiratory infection. It is more prevalent in South Asia and Sub-Saharan of Africa but can be prevented by simple interventions, or treated with low-cost, low medication and care (Mofokeng, 2013).

After ratifying the UN Convention on the Rights of the Child, South Africa established a mechanism for monitoring the promotion and protection of the rights of children through the National Programme of Action for Children in South Africa (FAO, 2017a). The task of the committee is to coordinate societal intervention in the best interest of the child, and to help government and society fulfill their mandate to protect, promote and preserve children's rights (Mhlanga, 2008). Despite this, its application in South Africa does make the basic policy argument possible. The desperate state of many South Africans' nutritional status amounts to a crisis situation that requires a crisis response (Brand, 2003).

Mother health

Perhaps one of the most basic outcome indicators of mother's health in Umlazi area was the prevalence of HIV/AIDS and Tuberculosis. HIV/AIDS is the leading diseases among young mothers which represented 40% of all participants. In recent years, mortality among young adults, and in particular young women, has increased dramatically as a result of HIV/AIDS. On the other hand, Tuberculosis with 31% of Umlazi mothers had the same trend with HIV/AIDS. High prevalence of HIV/AIDS and Tuberculosis in Umlazi is very concerning and put them at risk right to food violation. Its effects on women as human capital and household food provider require a policy intervention not only to facilitate good access to antiretroviral treatment but also give them opportunities to have access to social assistance (disability grant) and employment as a vulnerable group. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) creates binding legal obligations to the government to pursue by all appropriate means and without delay, a policy of eliminating discrimination against women" (article 2). It is known that people living with HIV/AIDS were entitled to social assistance in South Africa. However, grave problems exist for this group of persons to access social assistance such as the qualifying criteria for the disability grant being complicated by the medical nature of HIV/AIDS, access to antiretroviral therapy and problems in the administration procedures (Mtembu, 2008). A powerful advocacy and awareness-raising tool are also needed to increase women's knowledge of their rights and capacity to claim these rights. Although the Convention does not specifically refer to the right to food as such, it protects all women's equal access to social security or safety nets, which are all essential elements for the full realization of the right to food (Rae, 2008).

Government's intervention in term of social grant and food supplement in Umlazi

In view of all these outcome indicators of the right to food including underweight and overweight and health status of women and children, it shows a serious gap in policies & intervention that dealing with women and children's right to food in South Africa. Although, in term of social grant intervention in South Africa in general and Umlazi area in particular government expend effort to mitigate poverty through social assistance. About 89.2% of mothers received R 350 as "child support grant" every month and 70.8% of them were aged between 20 to 29 years. Nevertheless, Out of 30% of mothers with HIV/AIDS, only 1.7% that is 5.7% of those who sick received "disability grant" from Government. Same with Tuberculosis 2.5% that is 8.3% received

‘disability grant’. South Africa has the largest number of HIV/AIDS infections in the world. Apart from the decimation of the most productive segments of the population, the HIV/AIDS pandemic continues to undermine the institutions and human capital development strategies on which future health, security, and progress depend. Moreover, the devastation of HIV/AIDS-related deaths is reflected in the social problem of AIDS orphanages and the increasing number of households headed by children in South Africa (Tshoose, 2010). So, disability and child support grant plays a vital role in the lives of low-income families and many studies have demonstrated its positive impacts (Wright *et al.*, 2014). Increase the narrow coverage of the social security system, which effectively excludes people living with HIV/AIDS and their families, is of concern (Tshoose, 2010).

The right to food, nutrition or health also means that the government should assist parents and other persons responsible for the child and in case of need provide material assistance and support programmes particular with regard to nutrition (Chirwa, 2009). The Constitution of South Africa grants every child the right to social services in section 28 (1) (c). However, this right is somewhat neglected as it is rarely referred to in policy or legislation, and few legal writers have written about its meaning (Dutschke, 2007).

CONCLUSION

Nutritional status, Food Security status and health status of women and children can be used as the outcome indicators of the right to food. The main observation of this paper is that although the number of young female-headed households are increasing in almost Province of South Africa, the situation is most dramatic in Umlazi Township where women head approximately 93% percent of households. This is probably caused by the devastation of HIV/AIDS-related deaths which is directly reflected in the social problem of AIDS orphanages, the increasing number of households headed by children (girls) and the high prevalence of children and young female malnutrition in South Africa. South Africa has the largest number of HIV/AIDS infections in the world. Consequently, apart from the decimation of the most productive segments of the population, the HIV/AIDS and Tuberculosis continues to undermine the institutions and human capital development strategies on which future health, security, and progress depend. Although, the government is providing significant social assistance including RDP houses, social grants and food

supplement to those children who are suffering from malnutrition, these outcome indicators of right to food denote an inadequacy in policy and intervention development and implementation in South Africa. Situation still striking women and children of Umlazi in particular. Therefore, “disability grant” and “child support grant” will play vital role in the lives of low-income families and many studies have demonstrated its positive impacts. Increase the narrow coverage of the social security system, which effectively excludes people living with HIV/AIDS and their families will push those vulnerable groups out of recurrent poverty.

Recommendations

1. There is a need for more research and development of programs that will effectively protect and fulfill Children’s right to food regardless of their caregiver’s status to avoid trapping the children into a recurring poverty and vulnerability cycle.
2. Maternal and child health services interventions for Infant and young children feeding as the one key pillar of the overall nutritional policy and strategy. The South African policy should be as comprehensive and practical as possible based on human right principles.
3. A powerful advocacy and awareness-raising tool are also needed to increase women’s knowledge of their rights and capacity to claim these rights. Although the Convention on the Elimination of All Forms of Discrimination against Women does not specifically refer to the right to food as such, it protects all women’s equal access to social security or safety nets, which are all essential elements for the full realization of the right to food.

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CHAPTER 5: STUDY 2

ANALYSIS OF IMMEDIATE VULNERABILITY DETERMINANTS TOWARDS ACHIEVING THE RIGHT TO FOOD: A CASE STUDY OF UMLAZI TOWNSHIP WOMEN AND CHILDREN

Andy Mpiana¹, Annette van Onselen² and Unathi Kolanisi³

1. Food Security Programme, School of Agriculture, Earth, Environmental and Sciences University of KwaZulu-Natal, 3201

2. Department of Human Nutrition and Dietetics, School of Health Sciences, Sefako Makgatho Health Science University, 0204

3. Department of Consumer Sciences, School of Science and Agriculture, University of Zululand, 3886

ABSTRACT

The objective: The aim of this study was to investigate the association between health status on children, mothers, and their household food security.

Method: A cross-sectional and descriptive study was carried out to assess the relationship between health status, children growth and mother food security in Umlazi Township. Stratified sampling was employed in selecting 240 household units composed of 120 women and five and 120 mothers whose age varied between 20 to 45 years.

Result: The most frequent “height-for-age” index of children stunting was statistically and significantly associate with child’s respiratory infection ($p=0.001$), diarrhea ($p=0.001$) and fever ($p=0.001$) as well as household dietary diversity scores (also proxy indicators of household food security), (correlation coefficient $r = 0.227$ and $p=0.006$), among which protein food items such as meat and poultry had a p-value of $p=0.020$. Children growth retardation was also associated with weight birth of the child with a positive correlation ($r=0.288$).strong p-value $p=0.001$. In addition, “height-for-age” and “weight-for-height” index were statistically and significantly associated with “exclusive breastfeeding”, “continued breastfeeding”, “complementary foods”, “dietary diversity” and “mix breastfeeding” all with a strong p-value varied between $p = 0.001$ and $p = 0.009$. But “weight-for-age” index was statistically and significantly associated with only “exclusive

breastfeeding”, “continued breastfeeding” and “mix breastfeeding” with $p=0.012$, $p=0.040$, $p=0.012$ respectively, On the other hand, the HIV/AIDS status of the mother had a strong association with Tuberculosis status as an opportunistic disease with $p = 0.001$. Tuberculosis strike significantly and especially the younger women ($p=0.042$) whose age varied between 20 and 24 years (45.8%). Household Dietary Diversity (cereal and sugar/homey groups) were statistically and significantly associated with mother’s body mass index category as provided by the independent samples test ($p=0.001$) for cereal group and ($p=0.001$) for sugar/honey groups. Thus, there is a growing consensus that poor nutritional status during childhood can have long-lasting scarring consequences into adulthood, both in terms of health and mortality, and in terms of human capital such as schooling and productivity and obviously prevent women and children to enjoy their full right to access sufficient food and nutrition.

Conclusion and recommendations: The main finding of this study was that “height-for-age” index or stunting in childhood was among children’s anthropometric indices which were strongly associated with the persisting childhood diseases, mother feeding practices, weight birth of the child and with household dietary diversity proxy to household food security. Thus, there is a growing consensus that poor nutritional status during childhood can have long-lasting scarring consequences into adulthood, both in terms of health and mortality and in terms of human capital such as schooling and productivity. So, there is a need for an effective policy and interventions that take in account human right approach with special attention to the girl child, whose nutritional status, cognitive development, and level of education determine the quality of the next generation.

Keywords: Relationship, health, malnutrition and food security, policies and programmes and human right

INTRODUCTION

In 1978, at the time of ‘Alma Ata conference” on the primary health care (PHC), it was highlighted that women and children have been among the most oppressed and marginalized (vulnerable) in South Africa. Malnutrition and poverty were prevalent and violence and neglect against women and children were common (Mhlanga, 2008). Deaths from avoidable diseases are both a violation of human dignity and an obstacle to social, political and economic progress (Bizzari, 2001). However, the obligations of the government are now shaped by the recognition that the health

status of children is critical to their right to survival, growth, and development, through adequate food access and nutrition (Pan/Children, 2012).

Evaluating level of the right to food implemented in South Africa depends on the choice of relevant indicators that can be quantitative or qualitative. In this section determinants (quantitative indicators) of right to food were organized into two broad domains, each divided into a number of sub-domains, as follows: *Food security and nutrition outcomes* composed of Health status, Nutritional status and Food consumption status and *Outcome indicators for vulnerability* composed of demographic indicators; household characteristics; health and sanitation and care and feeding practices (FAO, 2014).

However, in Umlazi, the magnitude and impact of HIV/AIDS, TB and other childhood diseases affect the realization of the right to food for women and children and therefore, also affect extent to which the Sustainable Development Goals for maternal and child mortality could be met by 2030 (Mhlanga, 2008). This concern arises from the fact that the persistently high incidence of infectious diseases undermines the right of access to adequate food and nutrition for entire households (eThekweni Municipality Integrated Development Plan, 2016).

The slogan '*My name is today*' is emphasizing the need to urgently, and immediately address the dilemma of children in the face of malnutrition, diarrhea, and pneumonia (Mhlanga, 2008) and urgently adopt a comprehensive policy framework that takes in account human right principles (Chilton & Rose, 2009). Unfortunately, there are not enough researchers that investigate the relationship between health status and childhood growth retardation as well as their household food security in the context of the right to food realization. Therefore, assuring women's and children's health and well-being as food and health are linked through nutrition, is a precondition and a key indicator in assuring food and nutrition security and a government obligation to respect, protect and fulfill the right to adequate food for all (FAO, 2017a).

The aim of this study was to investigate the association between the health status of children vs mothers and their anthropometric indices as a proxy indicator to right to food enjoyment and household food and nutrition security in Umlazi Township.

METHODS

Area of study

The study was carried out at Umlazi Township. The area of Umlazi is 4 481.7 hectares and forms part of eThekweni Municipality in KwaZulu-Natal. For full details on the study area, refer to section 3.3 “study setting” in Chapter 3 above.

Study design

The study was a cross-sectional survey in Umlazi Township, carried out between December 2016 and January 2017. (Refer to chapter III, Section 3.4 above).

Sample size determination

A sample size of 240 was obtained using the stratified sampling composed of 120 women and 120 children.

Sampling technique

Criterion sampling was employed in selecting the subjects from mainly poor and food insecure Township of Umlazi into two different groups comprising of women and children. The *women* group was principally constituted with the primary mothers whose age varied between 20 to 45 years selected and *the children group* was those under five years all selected using criterion sampling.

Data collection

Five research assistants were trained as field workers to administer questionnaires. Validations of the questionnaires were done by the scientists in the departments of Food security and Human Nutrition and Dietetics. The Pre-test was carried out using local women from whom presented similar characteristic as the targeted group. Corrections and suggestions were incorporated to produce the final draft of the questionnaire used in this study. The questionnaire was used to collect information on socio-demographic characteristics, weight, height age, dietary diversity and

household calorie consumption and health status of the women who are the caregivers, household heads, food purchasers and prepares.

Statistical analysis

Data were analyzed using SPSS version 24 and Excel. Nonparametric tests specifically Chi-Square Statistic tests and Independent Samples Tests were done and results were presented as frequencies, percentages, and p-value. Pearson correlation analysis was used to determine the relationship between the nutritional status of the women (BMI) and their dietary habits. A p-value of less than 0.05 was regarded as statistically significant. Hence, the nonparametric method was adopted and generally used beside a bivariate correlation especially *Chi-Square Statistic*: to examine the significance of relationships between two (or more) nominal-level variables. *Independent Samples Tests*: for determining whether or not the values of a particular variable differ between two or more groups.

RESULTS

The relationship between child anthropometric indices and health status

Table 5.1 present a chi-square test used to investigate whether or not height-for-age Z-Score was associated with some childhood diseases, such as “acute respiratory infection”, “diarrhea” and other “fever”. The findings show that “height-for-age” (stunting) was statistically and significantly associated with a child with a respiratory problem ($p=0.001$). The 67% severely stunted children were significantly suffered from respiratory illnesses. More so, 76% stunting children statistically and significantly were associated with children who were experiencing diarrhea ($p=0.001$). Also, 60% of severely stunted children ($p=0.001$) significantly were associated with children sick from fever. This study showed that the health status of the child was a strong determinant in “height-for-age indices (stunting).

Table 5.1: Children's Height-for-age and health status of the child

Height-for-age Z-scores	With respirator y illness N (%)	Without respirator y illness N (%)	Total N (%)	<i>Exact sign. (2 sides)</i>	With diarrhea N (%)	Without diarrhea N (%)	Total N (%)	<i>Exact sign. (2 sides)</i>	With fever N (%)	Without fever N (%)	Total N (%)	<i>Exact sign. (2 sides)</i>
< -3 SD	38(31.7%)	20(16.7%)	58(48.3%)		44(36.7%)	14(11.7%)	58(48.3%)		35(29.2%)	23(19.2%)	58(48.3%)	
-3 to -2 SD	11(9.2%)	4(3.3%)	15(12.5%)		10(8.3%)	5(4.2%)	15(12.5%)		8(6.7%)	7(5.8%)	15(12.5%)	
> -2 to -1 SD	5(4.2%)	8(6.7%)	13(10.8%)		6(5%)	7(5.8%)	13(10.8%)		5(4.2%)	8(6.7%)	13(10.8%)	
> -1 to 1 SD	4(3.3%)	13(10.8%)	17(14.2%)		6(5%)	11(9.2%)	17(14.2%)		4(3.3%)	13(10.8%)	17(14.2%)	
> 1 to 2 SD	2(1.7%)	15(12.5%)	17(14.2%)		2(1.7%)	15(12.5%)	17(14.2%)		1(0.8%)	16(13.3%)	17(14.2%)	
>2 to 3 SD	0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)	0 (0%)	
> 3 SD	0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)	0 (0%)	
Total	60(50%)	60(50%)	120(100%)	0.001	68(56.7%)	52(43.3%)	120(100%)	0.001	53(44.2%)	67(55.8%)	120(100%)	0.001

Significance p-value at of less than 0.05

The relationship between child anthropometric indices and dietary intake

A correlation's symmetrical matrix to confirm the relationship between health and the weight-for-age was further explored (see Table 5.2). The bivariate correlation showed that there is a moderate ($p=0.006$) positive ($r = 0.227$) relationship between "height-for-age" Z-scores and household dietary diversity scores (proxy indicators of household food security) (see Table 5.3). The household dietary diversity scores were increasing as the children's "height-for-age" Z-scores increased. Thus, the findings showed that the stunted children were principally affected by inadequate "household dietary diversity" or compromised household food security as a chronic 'food deprivation'. Height-for-age of children could be used as a good indicator to assess household food security.

Table 5.2: Relationship between HDD Scores and children Height-for-age

Correlations				Descriptive Statistics			
		Height-for-age	Scores	Mean	Std. Deviation	N	Sig. (1-tailed)
Height-for-age	Pearson Correlation	1	0.227**	-1.743	1.9771	120**	0.006
DD Scores	Pearson Correlation	0.227**	1	0.04810	.0100977	120**	0.006

** . Correlation is significant at the 0.01 level (1tailed)

Table 5.3: Groups of Household Dietary Diversity and children anthropometric

Children height-for-age indices							Chi-Square Tests (Linear-by-Linear Association)			
Groups of food	>3 SD N (%)	-3 to >-2SD N (%)	-2 to >-1 SD N (%)	-1 to >1 SD N (%)	1 to >2 SD N (%)	< 2 SD N (%)	Total N (%)	Asympt. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Meat, poultry,	Yes	30(25%)	9(7.5%)	7(5.8%)	11(9.2%)	14(11.7%)	71(59.2%)	0.035	0.039	0.020
	No	28(23.3%)	6(5%)	6(5%)	6(5%)	3(2.5%)	49(40.8%)			
	Total	58(48.3%)	15(12.5%)	13(10.8%)	17(14.2%)	17(14.2%)	120(100%)			
Milk and milk products	Yes	18(15%)	5(4.2%)	3(2.5%)	6(5%)	11(9.2%)	43(35.8%)	0.051	0.054	0.030
	No	40(33.3%)	10(8.3%)	10(8.3%)	11(9.2%)	6(5%)	77(64.2%)			
	Total	58(48.3%)	15(12.5%)	13(10.8%)	17(14.2%)	17(14.2%)	120(100%)			

Significance p-value at of less than 0.05

Specific food groups of household dietary diversity were found to be principle factors that impair children anthropometric indices especially “height-for-age” index or stunting. Indeed, the protein food items such as meats and poultry, in one side and milk or milk product in other side were statistically and significantly associated with ‘height-for-age’ Z-scores ($p=0.020$) and ($p=0.030$) respectively. That is, meat consumption inversely affected “height-for-age” Z-scores, since out of 59.2% of household reported consumed meat and poultry, 25% were significantly severely stunted. On the other hand, inadequate consumption of milk and other milk product was associated with children’s low “height-for-height” index.

The relationship between child anthropometric indices and children birth weight

The child’s birth weight has always been associated with the poor nutrition of the pregnant mother. The independent sample test in Table 5.4 indicated a mild relationship between one side “birth weight” of the child and “child who “cough” or “difficult breathing” ($p=0.019$). The mothers “HIV/AIDS status” ($p=0.031$) also affected child birth weight. Indeed, Table 5.5 provides correlation coefficient with a strong ($p=0.001$) positive ($r=0.288$) relationship between “height-for-age” Z-scores and weight birth of the child.

Table 5.4: Relationship between birth weight of the child and to Health status

Health status		Birth weight of the child			Independent Test (Mann-Whitney U)		
		N	Mean Rank	Sum of Ranks	Asymp. Sig. (2-tailed)	Exact Sig. (2-tailed)	Exact Sig. (1-tailed)
child has cough or difficult breathing	Yes	60	53.97	3238.00	0.038	0.038	0.019
	No	60	67.03	4022.00			
	Total	120*					
Mother have sick HIV/AIDS	Yes	36	51.49	1853.50			0.031
	No	84	64.36	5406.50			
	Total	120*					

Significance p-value at of less than 0.05

Table 5.5: Birth weight of the child and children Height-for-age

Correlations		Descriptive Statistics					
		Birth weight of the child	Height-for-age	Mean	Std. Deviation	N	Sig. (1-tailed)
Birth weight	Pearson Correlation	1	0.288**	2.537	0.5274	120	0.001
Height-for-age	Pearson Correlation	0.288**	1	-1.743	1.9771	120	0.001

** . Correlation is significant at the 0.01 level (1-tailed).

The relationship between child anthropometric and Mother feeding practices

Mother feeding practices had a negative effect on children's anthropometric indices. In table 5.6, the nonparametric tests for two independent sample were used to determine whether or not the values of these three anthropometric indices include "weight-for-age", height-for-age" and "weight-for-height" tested separately differ between groups for "exclusive breastfeeding", "continued breastfeeding", "complementary foods", "dietary diversity" and "mix breastfeeding". So, it appeared that "weight-for-age" index was statistically and significantly associated with "exclusive breastfeeding", "continued breastfeeding" and "mix breastfeeding" with $p=0.012$, $p=0.040$, $p=0.012$ respectively.

On the other hand, "height-for-age" and "weight-for-height" were statistically and significantly associated with all the five feeding practices. Significance levels for "height-for-age" were $p=0.001$, $p=0.001$, $p=0.001$, $p=0.004$ and $p=0.001$ for "exclusive breastfeed", "continued breastfeeding", "complementary foods", "dietary diversity" and "mix breastfeeding" respectively. While, for "weight-for-height" were $p=0.001$, $p=0.001$, $p=0.001$, $p=0.009$ and $p=0.001$ respectively for these five feeding practices. This suggests that low "height-for-age" or stunting, "weight-for-height" or wasting and "weight-for-age or underweight are explained by a significant inadequate practice of "exclusive breastfeeding, and "continued breastfeeding" in the area" where only 20% and 08% had respectively reported practicing "exclusive breastfeeding and "continued breastfeeding.

The relationship between child anthropometric indices and household food insecurity

The relationship between “household food security” categories and children’s “height-for-age” Z-Scores breaking-down as shown in Table 5.7 below using a two-way Chi-square test was explored. Indeed, the value of the Pearson Chi-square ($r=15.636$) and its level of significance ($p=0.031$) accepted the hypotheses of an association between household food security categories and children’s “height-for-age” Z-Scores. That means household food security constitute an intermediate determinant to stunted children. Stunting is considered as a long-term food deprivation compared to other children anthropometric indices include weight-for-height and weight-for-age. So, is a good indicator of household food security assessment.

Table 5.6: Children’s anthropometric indices and feeding practices

		Weight-for-Height				Weight-for-age			Height-for-age				
Feeding practices		N	Mean Rank	Sum of Ranks	Asy. Sig. (2-tailed)	N	Mean Rank	Sum of Ranks	Asy. Sig. (2-tailed)	N	Mean Rank	Sum of Ranks	Asy. Sig. (2-tailed)
Exclusive breastfeed	Yes	24	76.3	1831.5		24	95.5	2292		24	89.3	2142.5	
	No	96	56.6	5428.5		96	51.8	4968		96	53.3	5117.5	
	Total	120*			0.012	120***			0.001	120***			0.001
Continued breastfeeding	Yes	10	82.0	820.0		10	109.2	1091.5		10	105.9	1058.5	
	No	110	58.6	6440.0		110	56.1	6168.5		110	56.4	6201.5	
	Total	120*			0.040	120***			0.001	120***			0.001
complementary foods	Yes	86	63.1	5426.5		86	68.8	5920.5		86	68.4	5883.0	
	No	34	53.9	1833.5		34	39.4	1339.5		34	40.5	1377.0	
	Total	120			0.191	120***			0.001	120***			0.001
Dietary diversity	Yes	107	59.2	6336.5		107	57.4	6140.5		107	57.7	6172.0	
	No	13	71.0	923.5		13	86.1	1119.5		13	83.7	1088.0	
	Total	120			0.246	120**			0.004	120**			0.009
Mix breastfeeding	Yes	96	56.6	5428.5		96	51.8	4968		96	53.3	5117.5	
	No	24	76.3	1831.5		24	95.5	2292		24	89.3	2142.5	
	Total	120*			0.012	120***			0.001	120***			0.001

Significance p-value at of less than 0.05

Table 5.7: Children's height-for-age and household food security categories

Nutritional status	Food security category				Total	Chi-square test		
	Severely food insecurity N (%)	Moderately food insecurity N (%)	Mildly food insecurity N (%)	Food secure N (%)		Pearson Chi-Square Value	df	Exact Sig. (1-sided)
Severely. stunting	6(5%)	43(35.8%)	9(7.5%)	0(0%)	58(48.3%)			
Moderately. stunting	0(0%)	11(9.2%)	4(3.3%)	0(0%)	15(12.5%)			
Mildly stunting	1(0.8%)	9(7.5%)	3(2.5%)	0(0%)	13(10.8%)			
Normal	1(0.8%)	13(10.8%)	3(2.5%)	0(0%)	17(14.2%)			
Taller	1(0.8%)	10(8.3%)	4(3.3%)	2(1.7%)	17(14.2%)			
Total	9(7.5%)	86(71.7%)	23(19.2%)	2(1.7%)	120(100%)	15.636	12	0.031

Significance p-value at of less than 0.05

The relationship between mothers' HIV/AIDS status and Tuberculosis disease

In Table 5.8 chi-square tests (Pearson Chi-Square) was used to determine whether or not HIV positive status of the mother was associated with tuberculosis illness as an opportunist illness. It was found that HIV/AIDS status had a strong association with Tuberculosis status with $p = 0.001$. In addition, out of 30% of mothers living of The HIV/AIDS in Umlazi, 21.7% were also affected by Tuberculosis that is, 79%.

Table 5.8: Relationship between women with HIV/AIDS and Tuberculosis

Mother have sick HIV/AIDS	Mother have sick Tuberculosis (TB)			Chi-Square Tests (Pearson Chi-Square)		
	Mother with TB N (%)	Mother without TB N (%)	Total N (%)	Asymptotic Significance (2-sided)	Exact Sig. (2-s)	Exact Sig. (1-s)
Mother with HIV/AIDS	26(21.7%)	10(8.3%)	36(30%)			
Mother without HIV/AIDS	11(9.2%)	73(60.8%)	84(70%)			
Total	37(30.8%)	83(69.2%)	120(100%)	0.001	0.001	0.001

Significance p-value at of less than 0.05

On the other hand, the Table 5.9 shows that out of 30.8% of women affected by TB 18.3%, more than half, 60%) ranged between 20 to 24 years of age and none mother from 40 years and over of

age was affected by TB. It was found also a significant associated between Tuberculosis status of the mothers and their age break down ($p=0.042$). Tuberculosis strike especially younger women (45.8%) around the ages 20 and 24 years.

Table 5.9: Relationship between women's age broken-down and Tuberculosis

							Chi-Square Tests (Linear-by-Linear Association)	
	Age of mother breakdown							
	20 to 24 years N (%)	25 to 29 years N (%)	30 to 34 years N (%)	35 to 39 years N (%)	40 and more N (%)	Total	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Mother have sick Tuberculosis (TB)	22(18.3%)	9 (7.5%)	2 (1.7%)	4 (3.3%)	0 (0%)	37 (30.8%)		
Mother without TB	33(27.5)	29 (24.2%)	7 (5.8%)	9 (7.5%)	5 (4.2%)	83 (69.2%)		
Total	55 (45.8)	38 (31.7%)	9 (7.5%)	13 (10.8%)	5 (4.2%)	120(100%)	0.089	0.042
Significance p-value at of less than 0.05								

The relationship between mother body mass index category and inadequate dietary intake

Two groups of Household Dietary Diversity include cereal and sugar/homey groups were statistically and significantly associated with mother body mass index category as provided by the independent samples test ($p=0.001$) for cereal group and ($p=0.001$). In other words, Cereal and sugar were significantly consumed by the most Umlazi mother 99.2% and 98.3% respectively for cereal and sugar. Consequently, 4.2% were very severely obese (class III), 13.3% severely obese (class II), 30.8% moderately obese (class I) and 25% Overweight (Table 5.10).

Table 5.10: Relationship between maternal body mass index category and Household dietary diversity

Mother anthropometric indices									Chi-Square Tests (Pearson Chi-Square)	
Household Dietary Diversity		Underweight	Normal	Overweight	Moderate obesity (class I)	Severe obesity (class II)	Very severe obesity (class III)	Total	Asym. Sig (2-sided)	Exact Sig.
Consumption of cereal	No	1(0.8%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	1(0.8%)	0.001	0.025
	Yes	2(1.7%)	28(23.3%)	31(25.8%)	37(30.8%)	16(13.3%)	5(4.2%)	119(99.2%)		
	Total	3(2.5%)	28(23.3%)	31(25.8%)	37(30.8%)	16(13.3%)	5(4.2%)	120(100%)		
Consumption of sugar / homey	No	1(0.8%)	0(0%)	1(0.8%)	0(0%)	0(0%)	0(0%)	2(1.7%)	0.001	0.035
	Yes	2(1.7%)	28(23.3%)	30(25%)	37(30.8%)	16(13.3%)	5(4.2%)	118(98.3%)		
	Total	3(2.5%)	28(23.3%)	31(25.8%)	37(30.8%)	16(13.3%)	5(4.2%)	120(100%)		

Significance p-value at of less than 0.05

DISCUSSION

Health and feeding factors on children nutritional status

Health: Study revealed that stunting children (49.8% under five) were significantly vulnerable and affected by childhood diseases such as respiratory infection, diarrhea and fever. Diarrhea is common in developing countries and affects the nutritional status of children, accounting for four percent of all deaths globally and five percent of health disabilities (Mofokeng, 2013). Unfortunately, prolonged or recurring diarrhea is associated with increased risk of child stunting through increased nutrient losses and/or resultant poor appetite (Cruz *et al.*, 2017). In addition, the burden of diarrhea and malnutrition in developing countries are both high, and, as these conditions frequently coexist, it is attractive to hypothesize a causal association between them (Nel, 2010).

Children's under-nutrition is reported to commonly start around the time when complementary feeds are initiated especially when receiving diets poor in nutritional content. Diarrhea is one of the most common children's illnesses that majorly children especially during the weaning period. The weaning period is associated with increased exposure to infections associated with taking other fluids (Cruz *et al.*, 2017). On the other hand, out of 48.3% of severely stunted children in Umlazi area, 31.7% were sick from respiratory illness, which is 65.6%. This suggests a causality effect of childhood illness on child growth. Every acute respiratory infection including Pneumonia affects mainly the lungs and is the largest cause of death in children worldwide. It is estimated

that, globally, 1.4 million children (18%) below the age of five die from it. It is more prevalent in South Asia and Sub-Saharan of Africa but can be prevented by simple interventions, or treated with low-cost, low medication and care (Mofokeng, 2013). Thus, severe infectious diseases lead to wasting, which may have long-term consequences for linear growth, depending on the severity, duration, and recurrence, particularly if there is insufficient nourishment to support recovery (WHO, 2014). Undernourished children who survive may become locked in a cycle of recurring illness and delayed growth, with irreversible damage to their development and cognitive abilities (Department of Health, 2013). Life in poverty is a common fact of life for all the vulnerable groups including children, and poverty is, of course, the foremost cause of malnutrition and all cycle of diseases (Künnemann & Epal-Ratjen, 2004). Thus, health outcome indicators are a parameter which reflects children's right to food protection since health or nutritional status of the child constitute an inherent element of adequacy that is at the core of the right to food and that the two of them cannot be separated (Aguirre, 2015).

Diet: Results showed that meat and poultry consumption in childhood was statistically and significantly associated with height-for-age Z-scores (stunting) $p=0.020$. Lack of meat or poultry in a daily diet could impair children growth. For a good nutritional status, one has to consume a diet adequate in all nutrients to meet their nutritional needs (Cruz *et al.*, 2017). The majority of children consumed a diet deficient in energy and of insufficient nutrient density to meet their nutrient requirements (Mofokeng, 2013). The FAO voluntary Guideline 10 advocates strengthening dietary diversity and healthy eating habit to prevent malnutrition, including over-consumption and unbalanced diets that lead to obesity and non-communicable diseases (Aguirre, 2015). According to the National Food Consumption Survey (NFCS), findings that micronutrient deficiencies among women and children persist in South Africa. For instance, 63.6% of children between 1 and 9 years were vitamin A deficient, and the prevalence of vitamin A in women of childbearing age at 27.2% and nutritional status may be deteriorating even if a substantial progress has been recorded with regard to folate and iodine status (Department of Health, 2013).

The presence of the word “adequacy” is critical to proper interpretation of the right to adequate food. It signals that right is to a standard of nutritional quality and not just to a minimum quantity of calories. Calorie intake alone reflects little about nutritional or health status (Aguirre, 2015).

Child birth weight: Health of the mother and health of the child are closely connected. Mother's inadequate health has a negative effect on children growth. So, It was found a strong correlation ($p=0.001$) between "height-for-age" Z-scores of the child and his weight birth in Umlazi Township. It is known that weight birth of the child has always been associated with the poor nutrition of the mother. A malnourished mother is likely to give birth to a low birth-weight (LBW) baby susceptible to disease and premature death, which only further undermines the economic development of the family and society, and continues the cycle of poverty and malnutrition (Blössner *et al.*, 2005). The low-birth-weight child is more likely to be underweight if they continue not meeting their nutritional requirement. Also, recent research established a link between reduced birth weight and increased risk of coronary heart disease, diabetes, hypertension and stroke in adulthood. That is, the environment during early life influences an individual's risk of developing NCDs in later life (Baird *et al.*, 2017). On the other hand, high-birth-weight also is associated with increased risk of maternal obesity during pregnancy (Lesiapeto, 2009). There is a critical window of opportunity to prevent under-nutrition among pregnant mother and child under five, by proven nutrition interventions that can offer children the best chance to survive and reach optimal growth and development (UNICEF, 2009). South Africans seem to indicate a need for a policy focus on the direct transfer of food to desperate people to improve their food entitlement immediately, in addition to a focus on longer-term capacity building initiatives that will gradually improve food entitlement (FAO, 2014).

Household food security "household food security" category was significantly associated with children's "height-for-age" Z-Scores breaking down. That means household food insecurity was found to be the underlying factor of stunted children. Stunting is a long-term food deprivation compared to others children anthropometric indices include "weight-for-height" and "weight-for-age". However, food insecurity is associated with both under and over-nutrition since it is a precondition for dietary intake (Lesiapeto, 2009). So, children, anthropometric indices could be used as a proxy indicator for the right to food deprivation and household food insecurity. In South Africa, food insecurity still affects a large number of populations although the national or sub-national level of food supplies which does not necessarily guarantee adequate access of food at the household level (Mofokeng, 2013). Poor children in rural areas are facing a multitude of problems, from persistent hunger, lack of access to education and inadequate housing, to lack of access to

health care, malnutrition and other forms of illnesses (Chirwa, 2009). Without specific human right approaches to food in reducing and eliminating hunger and malnutrition by 2030, the full range of Sustainable Development Goals cannot be achieved. At the same time, reaching the other SDGs will pave the way for ending hunger, extreme poverty and realize child human right. We can advance faster if we work together (FAO, 2015).

Maternal and child-care practices: Provision of adequate care is crucial for the attainment of good nutritional status and may even reduce the effects of poverty and poor maternal education on the nutritional status of children (Lesiapeto, 2009). It was found that Children's anthropometric indices understudy including "underweight", "stunting" and "wasting" were affected by mother's feeding practices. This suggests that low "height-for-age" or stunting, for example, is explained by a significant inadequate practice of "exclusive breastfeeding in the area" (20%). Same situation for the other two children anthropometric indices include "weight-for-height" and "weight-for-age". So, proper feeding practices contribute significantly to declines in under-five mortality rates, reductions of disease and poverty, improvements in maternal health and gender equality and then, it is essential for achieving most of the SDGs (UNICEF, 2009). Simultaneously, attention needs to be paid to pre-natal care when ensuring the right of children to food. It is therefore important to ensure that adequate food and nutritional education are provided to women during pregnancy and lactation and to Teenagers and women during childbearing age. This provision should be taken to mean that such assistance may be provided to female-headed households as well as child-headed households (Chirwa, 2009).

Health and feeding factors on mother nutritional status

Health: Tuberculosis (TB) often associated with HIV/AIDS may impair protein, carbohydrate, fat and micronutrient intake and/or metabolism (Lesiapeto, 2009). Chi-square tests (Pearson Chi-Square) were used to determine whether or not HIV/ADS among Umlazi women was associated with tuberculosis status. It was found that the HIV/ADS status had a strong association with Tuberculosis status $p=0.001$ as an opportunist disease. Tuberculosis comes on top of the HIV/AIDS status undermine their means to purchase food and tend to affect the food security of female-headed households particularly seriously (FAO, 2010). HIV/AIDS remains a primary health concern in the eThekweni Municipality that is devastating the community of Umlazi with

all the nutritional consequence (EThekweni Municipality Integrated Development Plan, 2016). Thus, specific nutritional needs of those women throughout their life cycle should be taken into consideration when implementing the realizing the right to food (FAO, 2010). HIV/AIDS and Tuberculosis (TB) are a critical problem that affects the labor force in South Africa in general and in Umlazi in particular. The relationship between age and tuberculosis is now well established (Kunkel *et al.*, 2004). Indeed, it was shown that out of 30.8% of women affected by TB in Umlazi area, 18.3% (more than half) are ranged between 20 and 24. That means tuberculosis disease strike especially and significantly younger mothers of Umlazi ($p=0.042$). Also, evidence shows that, when adults are diagnosed with TB, it is recommended to find out whether the others especially children in the same household also are affected. Children living with an adult with TB have to be screened by a health worker because children are infected by a parent or relative and it is important that those members of household who are not ill should be protected against the disease through preventive therapy with the drug *isoniazid* and infected ones should receive treatment (Mofokeng, 2013).

Diet: Cereal and sugar/homey were significantly consumed by mother in Umlazi respectively ($p=0.001$) and ($p=0.001$) for cereal and sugar. This has a consequence, the increasing prevalence of obesity among younger women in the area. So, for women 16-35 years, the prevalence of combined overweight and obesity is increasing and simultaneous presence of malnutrition (obesity), infection (HIV/AIDS) and food insecurity greatly increases the risk of women mortality. Thus, there is a need for health promotion strategies that aim at prevention of both obesity and associated co-morbidities, as South Africa moves rapidly through the nutrition transition (Department of Health, 2013).

In order to maintain overall health and fitness, a certain amount of physical activities must be performed regularly combined with a diet high in carbohydrates but low in fibre, fruits, and vegetables, to achieve energy balance and reduce the risk of developing obesity (FAO, 2001). Few studies on dietary intake of South African children living in rural or semi-urban areas reveal that food consumed is of poor quality: high in carbohydrates, low in fats and micronutrients (Lesiapeto, 2009). Therefore, poor dietary intake, food insecurity and poor quality of basic services are predominant within the context of an HIV/AIDS pandemic (Department of Health, 2013). Most recently, women's rights in food consumption issues have been reaffirmed in the

Voluntary Guidelines on the Progressive Implementation of the Right to Adequate Food in the context of National Food Security, adopted by the FAO Council in November 2004 (Rae, 2008). Education deprivation also has manifestly gender dimensions which require broader socio-cultural transformation as well as targeted economic and welfare policies (Khoo, 2010).

Malnutrition is manifested in both under-nutrition and over-nutrition in South Africa. This contradiction of over and under-nutrition, including persisting micronutrient deficiencies significance in public health, requires complementary strategies and an integrated approach to ensure optimal nutrition for all (Department of Health, 2013). Causality analysis of outcome indicators of the right to food such as underweight and overweight distribution in women and children are now a priority in government policies and interventions development (Monyeki *et al.*, 2015), because there is a gap in policies & intervention that dealing with women and children's right to food in the context of South Africa and awareness and lack of information are the mains cause of right to food implementation in South Africa.

So, improved child health and survival are considered universal humanitarian goals. In this respect, understanding the nutritional status of children and its predictable factors has far-reaching implications for the better development of future generations (Biswa *et al.*, 2010). The convention of the right of the child (1989) emphasizes that "states recognize the right of the child to the enjoyment of the highest attainable standard of health and shall take appropriate measures "to combat diseases and malnutrition through the provision of adequate nutritious food (Nel, 2010). Hence, a comprehensive policy framework that take in account human right principles is need, especially that allowing participation and dialogue of people most affected by food, nutrition and avoidable diseases in particular women and children, and that undertaking appropriate mechanism through which the government's accountability in general public can behold for making progress in ending malnutrition (Chilton & Rose, 2009).

CONCLUSION AND RECOMMENDATIONS

This paper examined women and children health status, as a process indicator to child malnutrition (outcome indicator of the right to food) in Umlazi Township, KwaZulu-Natal, South Africa. However, South African's right to food policy and intervention gap are preventing women and children to enjoy their right to have access to adequate food. So, the main finding of this study was that "height-for-age" index or stunting in childhood was among children anthropometric indices

which were strongly associated with the persisting childhood diseases such as diarrhea, respiratory infection and fever as an unhealthy environment with limited access to clean water and safe waste disposal. Stunting always indicates chronic malnutrition and may be used as a proxy for the right to food and food and nutrition security as it reflects the health and nutritional status of children over a long period and of the mother during pregnancy. “Height-for-age” index was also associated with mother feeding practices as maternal and child care environment. Insufficient breastfeeding as the mothers are also malnourished and lack of decent education have a negative impact on children’s physical, cognitive and psychological development. However, weight birth of the child which is a pivotal indicator between the health of the mother and health of the child was strongly associated with mother HIV/AIDS positive in the sense that it can be a predictor indicator of child’s future health.

Finally, stunting was associated with household dietary diversity proxy to household food security. Among underlying factors which result in poor food intake and illness include poor household food security. Thus, there is a growing consensus that poor nutritional status during childhood can have long-lasting scarring consequences into adulthood, both in terms of health and mortality and in terms of other measures of human capital such as schooling and productivity. That means, if nothing has done before the stunted child reaches his second anniversary, his nutritional status become irreversible.

Based on these findings, there is a need for an effective policy and interventions that take in account human right approach with special attention to the girl child, whose nutritional status, cognitive development, and level of education determine the quality of the next generation.

Recommendations

1. Improve at all level the understanding of risk factors of children growth, especially for girl children, whose nutritional status, cognitive development, and level of education still compromised.
2. Acknowledge the importance of assessing the adverse effect of an illness (HIV/AIDS and Tuberculosis) on household’s access to adequate food and nutrition and the perpetuation of poverty for the coming generations.

3. Increase awareness, promoting healthy food choices and practices, and increasing physical activity.
4. Improve existing policies in food and nutrition by inserting the rights-based approach of food security through which the government's accountability in general public can behold for making progress in ending malnutrition.

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CHAPTER 6: STUDY 3

A COMMUNITY-BASED UNDERSTANDING, INTERPRETATION, AND PERSPECTIVE OF ‘*RIGHT TO FOOD*’

Andy Mpiana¹, Annette van Onselen² and Unathi Kolanisi³

1. Food Security Programme, School of Agriculture, Earth, Environmental and Sciences University of KwaZulu-Natal, 3201

2. Department of Human Nutrition and Dietetics, Faculty of Health Sciences, Sefako Makgatho Health Science University, 0204

3. Department of Consumer Sciences, School of Science and Agriculture, University of Zululand, 3886

ABSTRACT

The objective: The aim of this study is to assess caregivers’ understanding and interpretation of the right to food.

Method: A cross-sectional survey was carried out in Township of Umlazi where a purposive sample of 50 caregivers who were involved in capacity and empowerment programmes participated in the study. About 20 focus group participants were voluntarily withdrawn from the survey. The group was divided into three sessions, with each group having an average of 7 participants. Complementary key informant interviews were conducted, targeting an expert from the South African government who is working in the Department of Agriculture with a focus on food security and an academic who is in the food security area.

Result: It was found from expert consultation and caregivers that at National level right to food implementation is affected mainly by government *lack of information* when government use “food security to achieve the “right to food” and at local level 25% of caregivers state never heard about right to food and 75% shows a misconception of that concept. However, focus group discussion demonstrates that the right to food stills a new concept that is not familiar to people special at the community level. Not one was able to give any definition or understanding of the right to food. However, 67.7% of caregivers, state that the main cause of food insecurity was unemployment,

138 % said that is “powerless” or lack of income, cultural practices (7.7%), high prices (7.7%), lack of education (1.5%) and family size (1.5%). Children were the most affected by the right to food’s inadequate “implementation” (54%), “old person” was cited by 23.5% of caregivers, “women” by 11% but 10% of caregivers said “disability persons” were the most vulnerable group.

Conclusion and recommendations: The right to food implementation is really affected by government officials’ lack of information at the National level and unawareness at the community level. Yet, right to food’s legal aspect remains unknown by many of government officials or policymakers. This aspect of the right to food is very important in right to food implementation. So, recommending that efforts should be made at the national level to build the legal capacity of right-holders to demand that their rights be respected and, at the same time, to build the capacity of duty-bearers to fulfil their obligations by using the proposed conceptual framework as a tool in order to increase the accountability of duty-bearers.

Keywords: right to food, awareness, education, legal framework, accountability, policy and programmes food security.

INTRODUCTION

Attainment of national food security and enjoyment of the Human Right to Adequate Food is perhaps the most significant social concern for a large part of the developing and less-developed world. It depends solely on national policy choices and constraints matter like awareness and lack of information on legal dimension of human right to food, could be the main driver cause of inadequate right to food implementation (FAO, 2017a) and promote nutrition in the right to adequate food is explicitly acknowledging that nutrition constitutes an inherent element of adequacy that is at the core of the right to food” and that “the two themes cannot be separated (Aguirre, 2016). Therefore, there is actually a limited or rather a great difficulty observed in the interpretation of both food security and the rights to food; not only at the community level but another right to food implementers are also not clear. Few scientific kinds of researches was done to understand the country level people perception in right to food. So, a human rights-based approach relies on a dual strategy of strengthening the capacity of duty-bearers to carry out their obligations while equally focusing on assisting communities and rights-holders to empower themselves and demand accountability. Both arms of the strategy require awareness-raising and

education on the right to food and the underlying reasons why it is not always realized (FAO, 2014). The changing eating patterns currently observed worldwide, especially with rapid rising on fat intake in lower-middle-income countries and with an increase in snacking, skipping meals, eating meals out of a family setting, and eating out of the home is with a great concern (Hawkes, 2013). Literature also documents that a healthy child should, therefore, be defined as, “one who is going to be a fit and healthy adult with low chances for chronic diseases, enough capacity for physical work and reproductive performance” (Dei, 2014). Therefore, promoting nutritionally adequate diets for all people is a need through the right to food education and awareness raising. It’s an essential vehicle for establishing food rights and is vital in the UN's overall efforts to improve the health and well-being of populations and foster social and economic development (FAO/Asian Development Bank, 2013). Thus the easier is that South Africa can work with the Nutrition Education and Consumer Awareness Group (AGNDE) branch of FAO responsible in advocacy, knowledge-sharing and technical assistance to member countries in order to influence public policies, including the Department of Basic Education (DoBE) which provided policy and funding for school nutrition programmes (SAHRC, 2014) to promote access to a variety of nutritious foods, increase knowledge of the nutritional value of foods when influence behaviors, attitudes and beliefs to develop personal skills and motivation to adopt healthy eating practices and extend professional expertise in nutrition education (FAO/Asian Development Bank, 2013). Improved public understanding of the right to food in general and nutrition, in particular, helps individuals and communities to participate in making decisions that affect their food security situation (FAO, 2014).

The aim of this study is to assess caregivers’ right to food awareness as factor towards achieving food and nutrition in Umlazi Township.

MATERIAL AND METHODS

The study was carried out at Umlazi Township. The area of Umlazi is 4 481.7 hectares and forms part of eThekweni Municipality in KwaZulu-Natal. A cross-sectional survey performs in January 2017 was used criterion sampling was employed in selecting 50 caregivers (Household) from mainly poor and food insecure Township of Umlazi whose age varied between 30 to 80 years. Two research assistants were trained in questionnaire administration and instrumentation techniques. The

questionnaire was used to collect information on the perception of the right to food, what were the main causes and who were most affected by food insecurity, family size. A focus group discussion was carried out in Umlazi area of KwaZulu-Natal and twenty caregivers were selected from the area most affected by the right to food inadequate policy implementation to sound their perception and awareness on their right to food. Finally, key informant interview was also performed, targeting experts from the South African government who are strategically placed working in the area under study and an academic who is in the food security section, experienced and analytical individuals in the Department of agriculture to discuss eventual causes of the right to food inadequate implementation at national level. Data from the questionnaire were analyzed using SPSS version 24 and Excel. Results were presented as frequencies and percentages. data obtained from focus group discussion were transcribed and subsequently analyzed in light of themes arisen, including the right to food perception, eventual factors of inadequate food access and who are people most affected by policy gap. Data were analyzed using deductive approach by which research questions are used to group the data by coding process, then look for similarities and differences and identifying themes and patterns”. Conclusions were then drawn and presented in the form of text from the coded data by making sense of the themes or categories identified that allows researchers to understand social reality in a subjective and scientific way.

PRESENTATION OF RESULTS

The understanding and perception towards the right to food seemed to be an abstract concept to the participants. About 28% reported that they did not know its meaning, the focus group discussions revealed that a right was understood and interpreted from a political view (see Table 6.1). In this instance, the right to food meant carried a connotation that almost had nothing to do with the local people but more to do with the government. According to the participants, the rights were more about them being beneficiaries and the government being a service provider to ensure that their state of food security, nutrition, health and poverty was improved.

Table 6.1: Right to food perceptions

Item	Perceptions	Scores	Percent
1	Right to food, its ability to eat the adequate and balanced food every day	2	4%
2	Right to food, it's having healthy meal in good quantities that is good for your needs	3	6%
3	Right to food, it's the ability to eat three time a day or having enough food	6	12%
4	Right to food, it's to eat when you feel hungry	2	4%
5	Right to food, is food security	1	2%
6	Right to food, it's eating all food that you like all the time	3	6%
7	We have right to food, because food gives energy	8	16%
8	We have right to food, because we can't live without it	3	6%
9	We have right to food, because hunger can lead to death	3	6%
10	We have right to food, because food can boost <i>immune system to work properly</i>	2	4%
11	We have right to food, because leaving without food could lead to poverty	3	6%
12	I don't know	14	28%
Total		50	100%

Moreover, the discussions further revealed that the right to food at the community level was equated or synonymously interpreted as food security. In this instance, food security was better understood as hunger (limited availability of food and inadequate economic power to access food) and no mention of the utilization aspects leading to nutrition security.

Therefore, when participants were asked about the causes that affect the realization of the right to food or right to food violation which they understood as food security, 67.7% of caregivers mentioned unemployment and 13.8% said that “powerlessness” or lack of income. Cultural practices (7.7%), high prices (7.7%), lack of education (1.5%) and family size (1.5%) were merely understood and seen as affecting and compromising the right to food (Table 6.2).

Table 6.2: Violation of right to food causal factors

Different causes of food insecurity	Numbers	percentages
Unemployment	44	67.7
Lack of education	1	1.5
Cultural practices	5	7.7
Family size	1	1.5
High prices	5	7.7
Powerless	9	13.8
Total	65	100.0

Violation of right to food – the vulnerable groups

About 54% participants identified children as the most affected by the right to food's inadequate implementation and 23.5% mentioned elderly senior citizens as the most vulnerable groups (Table 6.3).

However, probing from the focus group discussions revealed that both children and elderly tended to be indirectly deprived of their right to food. Various circumstances such as grandparents staying with their grandchildren was common, thus the social grants (children and old age) were major sources of income for most households. It was a norm for parents to leave their children with grannies to seek job opportunities, or the relationship is imposed by the death of children's parents leaving grannies to take over the responsibility.

Table 6.3: Most vulnerable groups towards the right to food realization

Most vulnerable groups	Numbers	percentages
Children	37	54.4
Women	8	11.8
Old person	16	23.5
Disability	7	10.3
Total	68	100

DISCUSSION AND ANALYSIS OF RESULT

The objective of this paper was to identify different factors that could impact the right to food implementation. Therefore, misconception, lack of information and awareness were found to be the main factors that undermine the right to food implementation, especially at community level. There is limited or rather a great difficulty observed in the interpretation of both food security and the rights to food, not only at the community level but other rights to food implementers are also not clear. Food security is used interchangeably to right to food. Whether the right to food is seen as a means to achieve food security or whether it is the key to redefining food security, understand the importance of food is a primary area of convergence between human rights practice and rights-based approaches to development (Khoo, 2010).

The right to adequate food is a much broader concept as it entails the need to establish the economic, political and social conditions necessary to enable people to achieve food security on their own. Thus, while the Right to Food Guidelines promotes a comprehensive rights-based approach, there is a challenge or factors in operationalizing this at the local and country level. There is a need for a clear legal acknowledgment of the right to food as a fundamental right that serves as a necessary basis for further defining legal mechanisms and policies at the sub-national level (Escueta *et al.*, 2014).

The lack of information and understanding of the right to food at the community level

As shown in this study, the right to food lack of understanding is apparently not a grassroots level challenge, it is the assumption that is carried out by the decision-makers and implementers of related right to food programmes who have a limited understanding and unable to distinguish between the right to food, food security, and nutrition security. At the National level, lack of information thus undermines correct implementation of the right to food when the judiciary aspect of the right to food will not get enough emphasis. As stated by Khoo (2010) the right to food can be understood as a more distinct and encompassing concept compared to food security which should not be regarded as a means to food security, but as a distinct goal in itself. Firstly, the right to adequate food is a “relative standard,” when it is subject to progressive realization and secondly an “absolute standard” meaning that, it is immediately actionable and universally applied equally

when the right to freedom from discrimination in accessing adequate food is violated. So, the government which has ratified the International Covenant is required to adopt measures, policies, and programs that are relevant to a progressive realization of the right to food (Randolph & Hertel, 2012). Bellows *et al.*, (2011) found that many countries' approaches have all too often tried to avoid being held accountable for their policies and programs, actions and omissions. Accountability is currently the most pressing challenge in the struggle for the right to food and nutrition. Without a clear accountability mechanism and declarations of political will to fight hunger and malnutrition, right to food implementation will remain ineffective. Even worse, it is the lack of accountability that allows for the impunity of human rights violations, resulting in violations occurring over and over again. Accountability is one of the main principles of democratic government and means that public officials should be answerable to their superiors and to the people they serve for their actions. It is also an important empowering tool for people as it provides the basis for enforcement for people to realize their right to food. Since food is a basic need, the attainment of the right to food is important for people to enjoy 'all the other rights' whether economic or social and is a crucial ingredient of every country's development (Mbithi, 2014).

The importance of capacity building among government and judiciary professionals, civil society organizations, universities, primary and secondary schools, the business community and the media, could be recognized as proposed in the innovative conceptual framework in Figure 6.1 below.

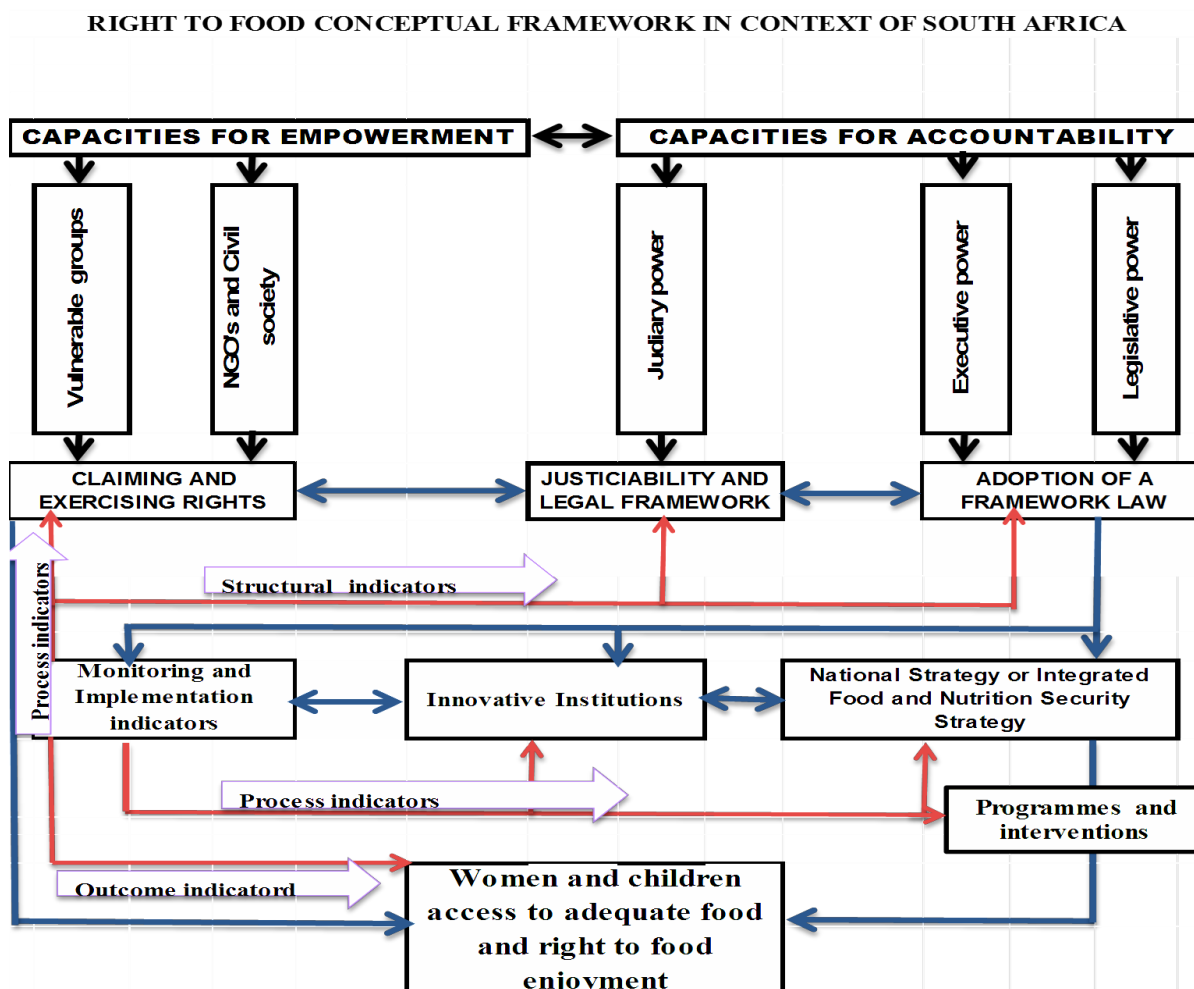


Figure 6.1: Right to food conceptual framework Adapted from FAO, 2013

Capacities for empowerment

Capacity building, especially with awareness, training and advocacy, is about empowerment of the *right holders*. Who are the *right holders*? All human beings are right holders with respect to the right to food. But according to the FAO's Voluntary Guidelines, right holders are those poor and vulnerable people who are often excluded from the processes that determine policies to promote food security (FAO, 2014).

The policy acknowledges that addressing malnutrition and food insecurity is a complex process that requires interdisciplinary knowledge and interdepartmental interventions. So, right holders knowledge and understanding in right to food is imperative in order to hold public officials accountable for the outcomes of their decisions and the management of public resources (Laren *et*

al., 2015). The voluntary guideline 11, also argue that human rights education should be integrated into school curricula where girls (future women) can effectively promote the right to food in collaboration with civil society who participate in the progressive realization of the right to food by helping the *vulnerable groups* to claim and exercising their right (Pepino, 2014).

Who is a vulnerable group?

In the context of this research, vulnerable groups are those women and children of Umlazi who continue to experience right to food deprivation ranging from chronic under and over nourishment to the lack of essential information concerning their right. Yet women are often disproportionately affected by hunger, food insecurity and poverty, largely as a result of gender inequality and their lack of enjoyment of social, economic, civil and political rights and power (OHCHR, 2010). However, children are the most vulnerable to food insecurity especially when exposure to risk may be seen as one of the many dimensions of poverty.

In addition, poor households are typically more exposed to risk and that exposure has a direct bearing on children well-being (Hoogeveen *et al.*, 2013). Thus, empowerment of right holders will increase their capacity to demand their rights and effectively participate in food and nutrition-related decisions that concern them. That also means victims of violations of the right to food and nutrition, and their defenders, have various venues and tools at their disposal to claim their rights. That also means those who are most vulnerable, for whatever reason, have to be identified and empowered to use the referral to national human rights institutions or national judges (Bellows *et al.*, 2011). Enhance engagement of women and children, empower and improve their capacity to communicate the issues relevant to them and to influence the policy priorities and demand accountability for equitable distribution of resources to alleviate poverty, deprivation (UNICEF, 2010).

NGO's and Civil Society

Capacity building for NGO's and Civil Society could also increase advocacy capacity in favor of those marginalized groups and also as a means of spreading understanding of the right to food (FAO, 2014). The use of the rights approach by NGOs and social movements has increased considerably in recent years because economic, social and cultural rights generally are more

precisely recognized than they were before (The Right to Food and Nutrition Watch (RFNW), 2017). So, Improved public understanding of human rights in general and the right to food in particular could help NGO's and Civil Society to participate in the right to food advocacy and awareness of the multi-dimensionality of poverty and characteristics of deprivation and disparity experienced by the most marginalized women and children in the country (UNICEF, 2010). Public awareness campaigns through a mass media campaigns could be also needed as a communication activity with the aim of creating awareness and changing behavior among the most marginalized people to appropriate their right (Hawkes, 2013).

From **Brazil**, it was learned that a distance learning course on food and nutrition security has been developed by the civil society organization Brazilian Action for Nutrition and Human Rights (ABRANDH), together with the Ministry of Social Development and the Fight Against Hunger (MDS), to train communities representative directly or indirectly involved in human rights, food security, and nutrition, so that they can effectively promote the right to food (FAO, 2011).

Hence, NGO's and Civil society can engage with the poorest, most marginalized and vulnerable in a community and help develop their capacities and assist in identifying spaces whereby such vulnerable groups can engage with duty bearers to realize rights (RFNW, 2017). They can also bring about change by putting pressure on all areas of government (FAO 2014) by promoting the 13 specific health targets of SDG 3, include SDG 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture. In the same time *monitor* whether government policies and programmes have been effectively implemented (World health statistics, 2017).

Capacities for accountability

In other side, capacities building for accountability concern most duty bearers that are implicated in the right to adequate food implementation at national, sub-national and community levels, including *executive, legislative and judicial branches*.

Why targeting judicial official?

It's because there is a capacity gap that needs to be addressed through law schools and on-going training and updating on right to food matters identified among most of Lawyers and Judges with

a little or no experience in using the right to food as an argument in legal cases (FAO, 2011). Study undertaken by the International Development Law Organization, (IDLO) highlights specific issues relevant to successful litigation of the right to food. Therefore, the scarcity of precedence and jurisprudence is also a constraint for cases to be argued and won on the basis of the right to food (FAO, 2011) and despite a strong call for judicial remedies state in the Universal Declaration of Human Rights of 1948 (Nhlapo, 2004), there still a scarcity of Lawyers and Judges competent in right to food that are available for poor people in term of justice access and in term cost (FAO, 2011).

So, the capacity building of judiciary corporate will improve and promote systematic protective mechanism/measures to protect women and children in severe poverty (suffering multiple deprivations) (UNICEF, 2010).

Why capacity building for the executive and legislative officials?

“Only educated duty-bearers are able to keep their obligations” (FAO 2006). So, awareness and training are of great importance as a means of spreading understanding of the right to food. It can motivate executive and legislative power to take action to fulfill their obligations to end hunger (FAO 2014). Capacity building and advocacy will be more opportune to provide government officers with knowledge in poverty alleviation promotion with a particular focus on alleviating child poverty in the application of National Sustainable Development Plans and Strategy (UNICEF, 2010). This means that unlike everyone’s right of access to sufficient food is guaranteed by the constitution, children’s right to basic nutrition is *immediately realizable* and therefore *immediately enforceable* against the state.

Justiciability of the right to food or legal framework

The complete or partial failure by duty bearers to carry out their tasks and responsibilities is not necessarily due to lack of political will but often to lack of capacity, knowledge, skills or experience to undertake the required tasks and set up an *adequate judiciary mechanism* (FAO, 2011). For that reason, in many national, judiciary mechanism systems, administrative review procedures are not available for the right to food enforcement (FAO, 2010). Therefore, adequate, effective and prompt remedies, administrative, quasi-judicial and judicial mechanisms may be

envisaged. They should be accessible, in particular, to members of vulnerable groups (FAO, 2017a).

Other countries have an active judiciary with a good awareness of human rights and the right to food and have held public authorities accountable for violations of the right. However, some aspects of the right to food such as adequacy of food (in particular, in terms of its cultural appropriateness) may not be at all or not sufficiently protected (Bultrini, 2009). In addition, some courts are able to address inaction and inefficiency of government bodies as failures to uphold the right to food (Vidar, 2014). In India, for instance, the Supreme Court issued several interim orders requiring the government to effectively implement various measures under the *framework law*, especially in regards to vulnerable groups (e.g. Interim Order of 3 May 2003) (Vidar, 2014). This could increase the accountability of duty-bearers and every person whose their right to food and nutrition has been violated could have access to legal recourse and receive support in claiming their rights (Bellows *et al.*, 2011).

Adoption of a National framework law

When individuals from executive, legislative and judicial powers including Civil Society are well informed about the root causes of hunger and appropriate ways of addressing these causes (human right approach), they may be more motivated to take action and feel more secure in accepting responsibilities (FAO, 2011) and have a long-term commitment in supporting progressive realization of the right to food in public policies framework (framework law) as key to hunger reduction (Pepino, 2014). Therefore, a national framework law is need in the first instance in South Africa stipulating that the right to food will be taken into account in all spheres of state activity affecting the exercise of this right, provided that public authorities and domestic courts have a thorough understanding of constitutional provisions and routinely apply them (Bultrini *et al.*, 2014). So, the purpose of a framework law is to institutionalize a complex process of regulation, which requires the bundling of heterogeneous interests (Koch, 2011). That means, when constitutional provisions are termed quite broadly, a framework law on the right to food can clarify the scope and content of the right, set out the obligations of state authorities, establish the necessary institutional mechanisms and give the legal basis for subsidiary legislation and other necessary measures to be taken by the competent authorities (FAO, 2017a). However, the process leading to

a national framework law should be driven by national civil society in favor of people most affected by the right to food (Koch, 2011) where the effort will focus on defining aims, human rights mobilization, taking stock and legislative process. The aim of the framework law will obviously be of the abolition of hunger and malnutrition and beyond. Because the aim laid down in ICESCR, article 2.1, is the full realization of the human right to food. In this way, the design of this framework law will begin with a general *right to food assessment* (FAO, 2017a). This step is very crucial because it leads to the creation of an innovative Institution and monitoring framework.

Innovative Institution: It is a coordinating institutional structure for the realization of the right to food and nutrition security policy objectives. This institutional mechanism has not yet been fully established in South Africa (Chirwa, 2009).

Assessment or monitoring framework will be needed together with the South African Human Rights Commission (SAHC) to evaluate and supervise government's performance and their compliance with the provisions of the Convention to which they are bound (Rae, 2008). Monitoring is an essential part of the effort to realize the right to food; it will also seek to identify challenges towards the realization of the right to food (Mbithi *et al.*, 2014). During the implementation of national strategies on the right to food, the monitoring process enables Governments and other stakeholders to assess the impact of legislative, policy and programmatic measures on the enjoyment of the right to food, to track and evaluate the achievements in the progressive realization of the right, to identify the challenges and obstacles affecting it, and to facilitate corrective measures (FAO, 2010). Assessing States' compliance with their obligations to respect, protect, and fulfill the right to food are typically associated with the implementation indicators include *structural, process and outcome indicators*.

Structural indicators (or contextual): These indicators measure different dimensions of legal, regulatory, institutional frameworks and socio-economic development priorities, and poverty reduction strategies and policies that bear on the implementation of policy measures, and condition the outcomes of those measures.

Process indicators: In programme assessment and monitoring, process indicators should provide information that identifies the need for corrective policy, legal, administrative and/or operational

measures to improve the programme implementation process, and bring it in line with human rights principles and approaches.

Outcome indicators: monitor, in conjunction with targets and benchmarks, progress with respect to the realization of the right to adequate food, and help to provide alerts when progress is not reaching targets. This class of indicator is also referred to as *indicators of results* (FAO, 2008). Consequently, states should therefore set verifiable *benchmarks* to be achieved in the short, medium and long-term, and develop a set of indicators so that, information gathered, managed, analyzed, interpreted and disseminated should be *transparent* and conducted with the *participation* of a broad range of stakeholders, particularly those groups and individuals who are the most affected by food insecurity and the most marginalized (FAO, 2010).

Another important task of the national framework law is to ensure that an *Innovative institution* dedicates to the right to food *implementation* is in place. Because in South Africa, the situation related to the socio-economic rights show that the right to food has no specific institution or government department at national, provincial or local level dedicated primarily and in the first instance to its realization (Brand, 2003).

Laws alone are not sufficient to realize the right to food in a country. Through the adoption of a specific *national strategy* or *Integrated Food and Nutrition Security Strategy* is required for the realization of the right to food and the implementation of the policies and interventions placed under such a national strategy. That means the right to food is operationalized and put into action at the national and local level (Schutter, 2010).

National strategy or Integrated Food and Nutrition Security Strategy

The implementation of the right to adequate food will require the adoption of a national strategy to ensure food and nutrition security for all, based on human rights principles that define the objectives, and the formulation of policies and corresponding benchmarks (FAO, 2010). That strategy must be comprehensive in their scope and coordinated in their implementation and be linked to pro-poor initiatives, must be credible and realistic, and must identify concrete actions for the various duty bearers (Nhlap, 2004). The South African Human Right Commission (SAHRC) hereby suggests some criteria that such a strategy should meet (SAHRC, 2009):

1. *Its formulation and implementation should comply with human rights principles, such as accountability, transparency, and participation;*
2. *It should be based on a systematic identification of policy measures and activities derived from the normative content of the right to adequate food and the corresponding State obligations;*
3. *It should give particular attention to preventing and eliminating discrimination in access to food or resources for food and to the needs of the marginalized population groups. This requires a systematic analysis of disaggregated data on the food insecurity, vulnerability and nutritional status of different groups in society;*
4. *It should address all aspects of the food system, including production, processing, distribution, marketing, and consumption, as well as other relevant areas, such as health, water and sanitation, education, employment, social security, and access to information;*
5. *It should clearly allocate responsibility for implementing the necessary measures and lay down a precise time frame;*
6. *It should define institutional mechanisms including the coordination between relevant ministries and between the national and sub-national levels of government;*
7. *It should also identify the resources available to meet the objectives and the most cost-effective way of using them, including in times of severe resource constraints;*
8. *It should identify steps to ensure that activities of non-State actors are in conformity with the right to food.*

On a policy development level, policy design needs the participation of all relevant stakeholders throughout the implementation as well as the involvement of rights-holders, especially those most vulnerable to food insecurity (Laren *et al.*, 2015). Because the right to food is in this special sense interdependent with other human rights, policies aimed at its realization require especially careful and extensive interdepartmental and inter-sectoral coordination and careful attention to ensure its coherence (FAO, 2017a). Finally, these policies should be designed to ensure the four dimensions of food security: Availability, Access, Use and Stability (Laren *et al.*, 2015).

CONCLUSION AND RECOMMENDATIONS

The right to food implementation is really affected by government officials and communities' lack of information. The government believes that right to food can be achieved by food security programme and interventions. Yet, right to food's legal aspect remains unknown by many of government officials or policymakers. So, the complete or partial failure by duty bearers to carry out their tasks and responsibilities is not necessarily due to lack of political will but often to lack of capacity, knowledge, skills or experience to undertake the required tasks and set up an *adequate judiciary mechanism* (FAO, 2011). Therefore, adequate, effective and prompt remedies, administrative, quasi-judicial and judicial mechanisms are required as it is proposed in the conceptual framework developed in this paper.

Hence, recommend that:

1. Efforts should be made at the national level to build the legal capacity of right-holders to demand that their rights be respected and, at the same time, to build the capacity of duty-bearers to fulfill their obligations in order to increase the accountability of duty-bearers.
2. Advocacy on right to food is of great importance in favor of those marginalized groups especially women and girls and also as a means of spreading understanding of the right to food and motivate governments to take action to fulfill their obligations to end hunger and it can provide political leaders with the mandate and support they need to take action.
3. Decision-makers and programme managers have to integrate the right to food and other human rights into a national law, policies and programmes following to steps provide in the proposed conceptual framework.

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CHAPTER 7: STUDY 4

A CRITICAL REVIEW OF DAFF/DSD (2013), A NATIONAL POLICY ON FOOD AND NUTRITION SECURITY FOR THE REPUBLIC OF SOUTH AFRICA: ANNEXURE A

Andy Mpiana¹, Annette van Onselen² and Unathi Kolanisi³

1. Food Security Programme, School of Agriculture, Earth, Environmental and Sciences University of KwaZulu-Natal, 3201

2. Department of Human Nutrition and Dietetics, School of Health Sciences, Sefako Makgatho Health Science University, 0204

3. Department of Consumer Sciences, School of Science and Agriculture, University of Zululand, 3886

ABSTRACT

The aim of this critical review was to evaluate the impact of the South African National Food and Nutrition Security Policy (NFNSP) on protecting and promoting the right to food. A comprehensive overview and critique of the NFNSP is provided by using a systematic summary of features and a critical analysis and evaluation of the entire policy. Looking critically at those food and nutrition security policies over the past decade, it is not surprising that little has been achieved by leaving NFNSP largely to a government department with insufficient *legal capacities building* to deal with the interlinked priorities of poverty and hunger. However, in the ground, the number of people with inadequate or severe inadequate access to food was increased from 13, 8 million (26%) in 2013 to 14, 1 million (26, 2%) in 2014. The review suggests that while the extent argument on alignment to NDP or vision 2030 of Sustainable Development Goals has provided, valuable critiques were made on the NFNSP in terms of meeting its human right to food, as well as other general insights. This allows only for very little tentative and this diagnostic raises deeply worrying questions about the continued pursuit of policies that fail to bring about change. The outcome of the review suggests that a more holistic view of the policy is needed with a better pro-poor programme and intervention development and with a larger participation of all stakeholders in the policy design to improve inclusive and efficient implementation.

Keywords: Critical review, right to food, inadequate policies and food security, nutrition, framework law, and monitoring.

INTRODUCTION

Although some successes that have been noted in different priority areas of the national Integrated Food Security Strategy (IFSS), this first policy has shown some limitations in fulfilling the vision 2015. For that reason, a review of that policy has led to the development of a comprehensive National Food and Nutrition Security Policy. Also, little has been achieved when looking critically at those food and nutrition security policies over the past decade. This would due to the insufficiency of government's *legal capacities building* to deal with the interlinked priorities of poverty and hunger. Statistic of South Africa (2015) shows the increasing number of people with difficulty to access food between 2013 and 2014. That is, the number of people with inadequate or severely inadequate access to food was increased from 13, 8 million (26%) in 2013 to 14, 1 million (26, 2%) in 2014. In addition, most recently, Merten (2017) states that: *"More South Africans are bending back into poverty as previous gains have been being reversed since 2011. Reasons include "anemic" economic growth, stubbornly high unemployment and educational outcomes failures. For policy-makers and government, this diagnostic report raises deeply worrying questions about the continued pursuit of policies that fail to bring about change"*. This situation becomes a dilemma between the expansive discourse on the right to food realization and million people that are still experiencing food and nutrition insecurity. Therefore, in the new approach of food security, policymakers should take into account the human right aspect that protects vulnerable groups including women and children. Gender equality is fundamental to the 2030 Agenda for Sustainable Development that why giving particular attention to women and children will be the starting point of the right to food protection in a non-discriminatory manner (GlobalHlth5050, 2018). So, an additional policy on right to adequate food is needed with a better pro-poor programme and intervention development and with a larger participation of all stakeholders in the policy design to improve inclusive and efficient implementation. The aim of this critical review was to evaluate the impact that the present policy exert in protecting and promoting the right to food.

Analysis and evaluation will be the main part of this review before a brief summary and introduction. Conclusion and recommendations will end this critical review.

SUMMARY OF THE NATIONAL POLICY

Title: A national policy on food and nutrition security for the Republic of South Africa.

Author's identification: South African's Department of Agriculture, Forestry and Fisheries and Department of Social Development.

Policy background: Some successes have been recorded in different priority areas of the National Integrated Food Security Strategy include national food sufficiency through a combination of own production and food imports and improvement of food access index and the incidence of hunger was declining. However, secure access to food by all is still not guaranteed. So, the global economic slowdown, lack of co-coordinated interventions, increased food price volatility, increasing numbers of the population and the impact of climate change have compelled a review of the IFSS.

Specific problems identified

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- To provide adequate safety nets and food emergency management systems;
 - To provide adequate access to knowledge and resources for an optimal choice for nutritious and safe diets;
 - To make productive land available for food production including resources such as finance, equipment and water, and skills;
 - To increase access to processing facilities or markets for small-scale primary producers, including farmers, fishers, and foresters;
 - To deal with climate change and altered patterns of land use;
 - To make available adequate, timely and relevant information on food security including streamline data collection and analysis;
 - To strengthen existing strategies and policies related to food security
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Constitutional mandate: Provides a broad framework for the fulfillment of this Constitutional imperative and a guide to national, provincial and local government in pursuing food security at every level.

Strategic mandate: Implement the National Development Plan (NDP) VERSION 2030 by tackling the problems of poverty, inequality, and unemployment in South Africa where all will have water,

electricity, sanitation, jobs, housing, public transport, adequate nutrition, education, social protection, quality healthcare, recreation and a clean environment.

Policy objectives

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1. To ensure the availability, accessibility, and affordability of safe and nutritious food at national and household levels;
 2. To reduce the number of people that experience inadequate access to food and thereby contribute towards overall poverty eradication;
 3. To build on existing initiatives and systems;
 4. To ensure a stricter alignment, better coordination, and stronger oversight;
 5. To ensure that our response to food and nutrition insecurity is ambitious, rigorous and dynamic.
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Approach or response mechanism: Food and nutrition security is a multifaceted and multidimensional issue which requires well-managed inter-sectoral coordination and the genuine integration of existing policies and programmes in health, education, and environmental protection, as well as in agrarian reform and agricultural development through the implementation of the following five pillars:

- The availability of improved nutritional safety nets;
- Improved nutrition education;
- The alignment of investment in agriculture towards local economic development, particularly in rural areas;
- Improved market participation of the emerging agricultural sector through public-private partnerships;
- Food and Nutrition Security Risk Management;

Definitions of food security: National policy defines Food and Nutrition Security as: “Access to and control over the physical, social and economic means to ensure sufficient, safe and nutritious food at all times, for all South Africans, in order to meet the dietary requirements for a healthy life”. This definition incorporates four specific dimensions, which can be used as a platform for the structuring of a National Policy on Food and Nutrition Security: Adequate availability of food, Accessibility [physical, social and economic means] of food, Utilization, quality and safety of food, and Stability of food supply.

Indicators: The following are indicators used to Measure household nutrition: 1) Hunger index, 2) Anthropometric measurement and 3) Measures of food security.

Country assessment: A recent assessment of Food Security in South Africa showed that in relation to the affordability, availability, and quality of food, the country ranked 40th out of 105 countries, with an aggregate score of 61%. This assessment, together with the Report of the UN Special Rapporteur on the Right to Food in 2011, suggests that South Africa faces the over-arching challenges in attaining national food security.

Factors affecting food security: Four factors affect food security include availability of food (Land utilization, Food storage and distribution networks and Reform of domestic markets); Accessibility of food; Utilization of food (Dietary diversity and Food preservation and utilization) and Stability of food supply (Climate change and revitalizing the agricultural sector).

Policy Leadership: Overall leadership will be provided by the government, advised by a National Food and Nutrition Advisory Committee, comprised of recognized experts from organized agriculture, food security, and consumer bodies, as well as climate change and environmental practitioners and representatives of organized communities. The Committee would be chaired by the Deputy President.

Legislation: With its international obligations, this policy has to consider the Food and Agriculture Organization of the United Nations (FAO)'s recommendations stipulating that State member should consider the enactment of legislation on the right to access to food. The approval of this National Food and Nutrition Security policy could be an initial step towards a Food and Nutrition Security Act for South Africa, which would give statutory force to such structures.

Building the pillars of food and nutrition Security: The pillars of food and nutrition security are identified as the following:

1. Effective food assistance networks, involving both government and nongovernmental Agencies;
2. Improved nutrition education,
3. Alignment of investments in agriculture towards local economic development;
4. Improved market participation of the emerging agricultural sector through public-private Partnerships;
5. Food and Nutrition Security Risk Management

EVALUATION AND ANALYSIS

Evaluation of National Food and Nutrition Security Policy's topic

The aim of this section was to evaluate the appropriateness of the topic as presented by the current policy in line with the right to food implementation. Indeed, this topic could be appropriated in a way that it targeted food production and food utilization at both national and local level (DAFF/DSD, 2013). However, there is a lesser focus on enhancing access to adequate food. It seems that since 1994 the government has not taken a proactive attitude towards the increasing access to nutritious food for the majority of South Africans, as the Department of Agriculture's involvement in combating food insecurity consisted essentially of a marked focus on food production, and believed that the encouragement of economic growth would lead to the creation of employment and ultimately ensure access to economic and social rights, particularly food (SAHRC, 2016/2017). In addition, this topic has a little coverage in the human right based approach to food security as it is entrenched in Section 27 (1b), Section 28 (1c) and Section 35 (2e) of the South African Constitution (Policy's constitutional mandate) (Department of Agriculture, 2016) and as also formally recognized by a number of international human rights instruments include the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC (Laren *et al.*, 2015).

Evaluation of policy's authors

This section tries to highlight whether the right to food or food security's policy should be designed by only one or two authors. Indeed, the project of the present policy was initiated by both the South African's department of agriculture, forestry and fisheries and department of social development only. The Department of Agriculture (DLA) has consistently regarded the enhancement of both national and individual food security as a policy focus when Department of Social Development (DSD) indicates its commitment to realizing the right to food. However, it was found that even if a child or children in a family are able to access the Child Support Grant, it is not uncommon for the child to be fed using that money (SAHRC, 2016/17). Because the right to food is notoriously cross-sectoral, it requires an interdepartmental response at multiple levels to address the inherently different natures of food insecurity at different levels (Laren *et al.*, 2015). So, any policy, better

pro-poor programme and intervention development should require a larger participation of all stakeholders in the policy design to improve inclusive implementation (Rae, 2008).

Definitions of food security as provided by the current policy

The national policy on food and nutrition security is relying on the following definition: “People are food secure when they have access to and control over the physical, social and economic means to ensure sufficient, safe and nutritious food at all times, for all South African, in order to meet the dietary requirements for a healthy life” (DAFF/DSD, 2013). Does this definition address the concept of the right to food? No, the right to adequate food as defined by the Committee on Economic, Social and Cultural Rights stipulate that a right to food is realized “*when every man, woman, and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement*” (OHCHR, 2010). Although right to food’s definition seems to be similar to that of food security, it is completely different in the way that right to food *is emphasising* the marginalization of the vulnerable groups such as women and children by separately state that: “*every man, every woman and every child alone or in community with others, should have physical and economic access at all times to adequate food...*”. This is very important because poverty and food insecurity manifest themselves differently in rural and urban areas and among man and women and children (Koch, 2011). In addition, the right to food definition is a legal concept of human right and in the case of its violation, remedies can be claimed where available (FAO & UNPFII, 2008). People at risk, threatened or affected by violence, hunger, torture or discrimination, are the first and most important shapers of what is known and recognized today as human rights (Bellows *et al.*, 2011). So, the rights-based approach to food and nutrition security is needed to address hunger and malnutrition by drawing together a formal, legal obligation of state under the national and international law; and a popular demand for access to food and nutrition as a means of survival (Randolph & Hertel, 2012). This legal obligation of state is targeting vulnerable groups and serves as a mechanism through which the government’s accountability can behold for making progress in ending food insecurity, including accountability of the international organizations, private sector such as business enterprises as well as religious communities or individuals who exert power over other people by complying and adhering to the national laws and rules of procedure (Walter *et al.*, 2010).

Evaluation of policy's main objectives

DAFF/DSD, (2013) provides seven following objectives as main arguments of the National Food and Nutrition Security Policy: To provide adequate safety nets and food emergency management systems; to provide adequate access to knowledge and resources for an optimal choices for nutritious and safe diets; to make productive land available for food production include resources such as finance, equipment and water and skills; to increase access to processing facilities or markets for small-scale primary producers, including farmers, fishers and foresters; to deal with climate change and altered patterns of land use; to make available adequate, timely and relevant information on food security including streamline data collection and analysis and to finally strengthen existing strategies and policies related to food security. However, none of these objectives are directly complying with the right to food principles and or even directly linking to the Sustainable Development Goals. Figure 7.1 below provides an innovative conceptual framework which highlighting the key objectives of the current policy as it should be aligned to the KwaZulu-Natal Provincial Growth Development Plan (PGDP) and to the Sustainable Development Goals. It is an adaptation of the “office of the Premier”, (2015)’s document titled “Implementing the Sustainable Development Goals and the NDP in KZN”. The National Food and Nutrition Security Policy’s objectives should also comply with the principles of the right to food include principle of accountability, participation and non-discrimination so that early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection (Minister for Children and Youth Affairs, 2011). In addition, FAO, (2010) argue that implementation of the right to adequate food will require the adoption of a national strategy to ensure food and nutrition security for all. During the implementation of national strategies on the right to food, the monitoring process including the definition of common indicators towards objectives and actions related to progressive realization of the right to food (Committee of world Food Security, 2009) will enable Governments and other stakeholders to assess the impact of policies and programmatic measures on the enjoyment of the right to food, to track and evaluate the achievements in the progressive realization of the right, to identify the challenges and obstacles affecting it, and to facilitate corrective measures (FAO, 2010).

NFNSP's objectives as aligned to the KwaZulu-Natal's PGDP and Sustainable Development Goals

(Adapted from the office of the Premier's report 2015)

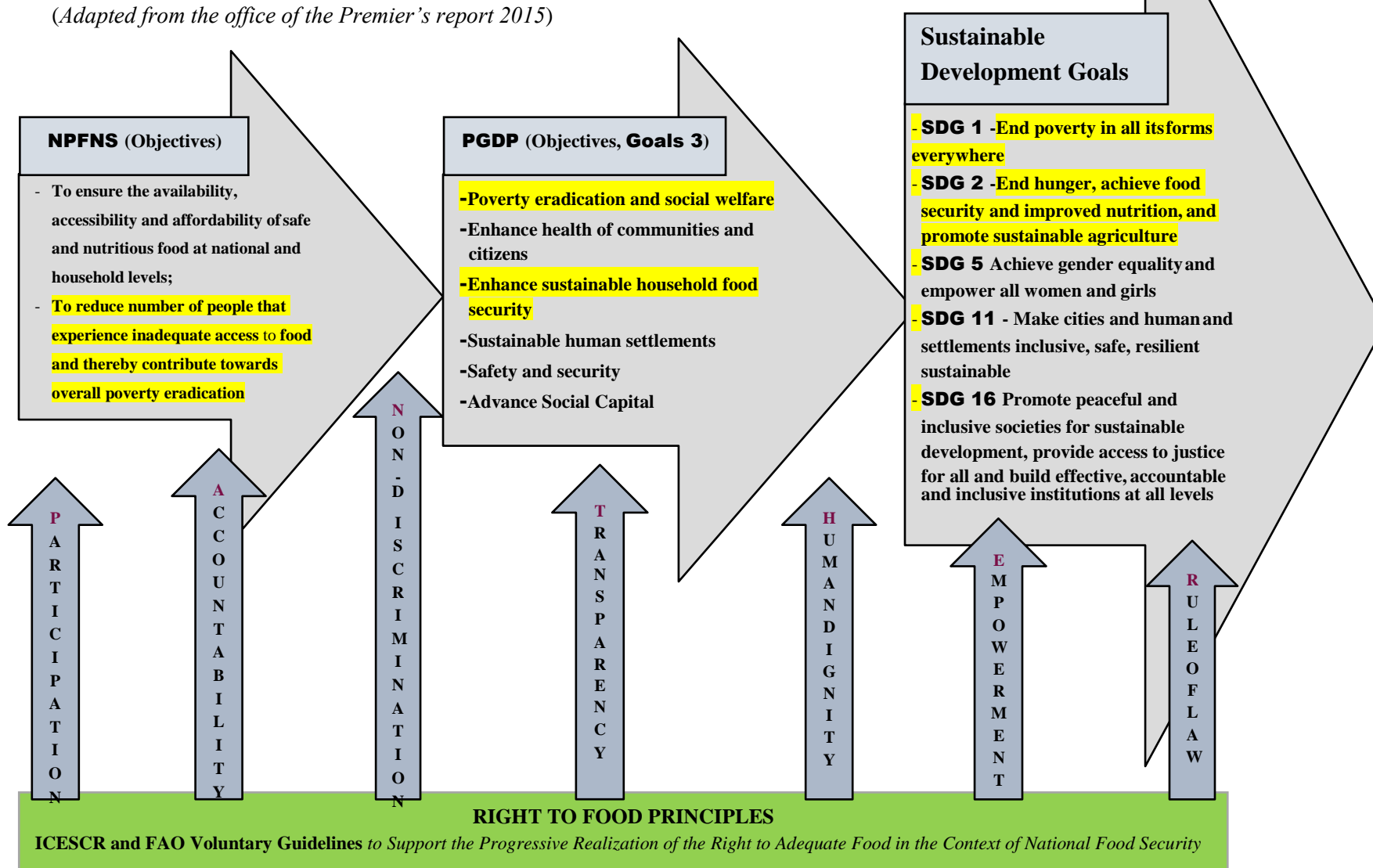


Figure 7.1: alignment of the policy objectives

Problem statement justifying policy development

It is questions in this section of evaluating problem statement developed by current policy. Indeed, current policy development was justified firstly by the increasing number of people with difficulty in food access between 2013 and 2014. That is, while hunger declined sharply from 2002 – 2011, afterwards it remained static and despite all investments made, the number of people with inadequate or severely inadequate access to food was increasing from 13, 8 million (26%) in 2013 to 14, 1 million (26, 2%) in 2014 (Ndimande, 2016). Secondly, according to the Statistics South Africa: Living Conditions Survey 2013 cited by Ndimande, (2016), it was found that a South African poor spend over 66% of their income on food and 40% of households in RSA earned less than R649 per person per month, 20% less than R325 pp pm, and the increasing food prices of 9.8% in March 2016 has devastating effects on this income group.

In keeping with policy development, a recent report released by Merten (2017) stated that: *“More South Africans are bending back into poverty as previous gains have been being reversed since 2011. Reasons include “anemic” economic growth, stubbornly high unemployment and educational outcomes failures”*. For policy-makers and government this diagnostic report raises deeply worrying questions about the continued pursuit of policies that fail to bring about change”, this includes the National Food and Nutrition Security Policy. Therefore, evaluations reveal that the main problem should be the adoption of adequate policies measures that take into account the rights-based approach to food and nutrition security targeting vulnerable groups.

A case study carried out in the Umlazi Township (2016-2017) gives the right to food’s outcome indicators on women and children vulnerability as a relevant problem that can justify policy development in South Africa to address food and nutrition insecurity (See Figure 7.2 below).

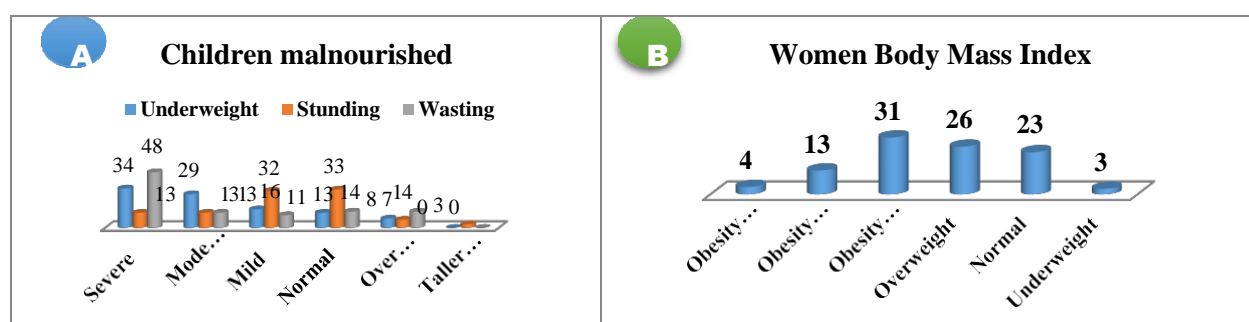


Figure 7.1: Proportion of children and mother anthropometric indices.

In Figures 7.2 (A), it shows that children under five with severe undernourished were for stunting (48.3%), wasting 13% and underweight 34.2%. This is a real problem of the right to food deprivation that faces children of Umlazi in particular and South Africa in general. Child undernourishment (especially with poor anthropometric indices) is internationally recognized as an important public health indicator for monitoring children's nutritional status and health (FAO, 2014). On the other hand, in Figure 7.2 (B) Body Mass Index is also a relevant indicator for women their vulnerability to food insecurity. It shows in Figure 7. 2 (B) that mothers in Umlazi have a concerning problem of obesity with (4 %) of severe obesity, (13%) of moderate obesity, (31%) of mild obesity. However, mothers classified overweight and normal were (26%) and (23%) respectively and mothers classified underweight were (3%). Because of escalating prevalence of Non-Communicable Diseases or Body Mass Index related risk factors, national, regional, and international meetings were held to assess the need for interventions, in order to reduce health risks or associated costs and burdens. A common recommendation of those meeting was the need to develop public health policies and interventions tackling the main modifiable risk factors of NCDs, including assessing the effectiveness of the right to food interventions (Naja *et al.*, 2017).

In addition, right to food is a fundamental human right, its realization is necessary before realizing other right such as the right to health and right to education (Khoza, 2008). So, deaths from avoidable diseases are both a violation of human dignity and an obstacle to social, political and economic progress (Bizzari, 2001). In Umlazi Township however, the impact of HIV, TB and other childhood diseases has been of such a magnitude that it is unlikely that women and children's right to food be effectively enjoyed by them and the Sustainable Development Goal 3 that ensure healthy lives and promote well-being for all be met by 2030 (Mhlanga, 2013). This is also true that the persisting high incidences of infectious diseases in Umlazi, eThekweni Municipality continue to undermine household's right to adequately access food. For instance, 50% of children under five were sick from respiratory infection, 57% had diarrhea three weeks before the survey, 44% had a fever and only 7% and 2% were sick from anemia and goiter problem respectively.

In addition, it was found that out of 30% of mothers living with HIV/AIDS in Umlazi, 21.7% were also affected by Tuberculosis. Tuberculosis beside of HIV/AIDS constitute factors that are undermining Umlazi women's means to purchase food and tend to affect the food security of female-headed households particularly seriously (FAO, 2010). HIV/AIDS remains a primary

health concern in the eThekweni Municipality that is devastating the community of Umlazi with all the nutritional consequence (EThekweni Municipality Integrated Development Plan, 2016). Thus, specific nutritional needs of those women throughout their life cycle should be taken into consideration when implementing the realizing the right to food (FAO, 2010). HIV/AIDS and Tuberculosis (TB) are a critical problem that affects the labour force in South Africa in general and in Umlazi in particular (EThekweni Municipality Integrated Development Plan, 2016).

Factors affecting food security or right to food

National Food and Nutrition Security Policy of South Africa identify the following four factors that affect people's access to adequate food:

1. Availability of food (Land utilization, food storage and distribution networks and reform of domestic markets)
2. Accessibility of food
3. Utilization of food (Dietary diversity and food preservation and utilization)
4. Stability of food supply (Climate change and revitalizing the agricultural sector)

Those traditional pillars of food security are important and the absence of one implies a state of food insecurity (Toit *et al.*, 2011). However, as in the previous section, the right to food has specific factors without these, it may not be easy to track progress on the actual implementation of this particular right, or at least hold any specific institution or state organ responsible for the failure to implement it (Chirwa, 2009).

The legal aspect of food security is unknown by most of the government officials in South Africa. For that reason, there is a need for a clear legal acknowledgment of the right to food as a fundamental right that will serve as a necessary basis for the further definition of legal mechanisms and policies at the sub-national level (Escueta *et al.*, 2014). The right to food can complements Food and Nutrition Security programmes not only through the adoption and implementation of human rights principles but also through the legal aspects of human rights (FAO, 2013). A research study carried out in Umlazi reveal that misconception, lack of information and awareness were the main factors that undermine the right to food implementation at all level of government. The right to adequate food is a much broader concept as it entails the need to establish the economic, political and social conditions necessary to enable people to achieve food security on their own (Escueta *et*

al., 2014). Efforts should be made at the national level to build the legal capacity of right-holders to demand that their rights be respected and, at the same time, to build the capacity of duty-bearers to fulfil their obligations (Rae, 2008). In order to increase the accountability of duty-bearers, every person who knows that their right to food and nutrition has been violated must have access to legal recourse and receive support in claiming their rights (Bellows *et al.*, 2011).

The following conceptual framework (Figure 7.3) provides ways for a capacity-building in favor of government and judiciary, non-governmental organizations (NGOs), the media, the private sector and other stakeholders.

Capacities for empowerment concern most vulnerable people who are mostly affected by food insecurity including rural women to build their legal capacity for them to claim their rights. This is because a key failing of past efforts to reduce hunger and increase rural incomes has been the lack of attention paid to women as farmers, producers and farm workers (both wage and non-wage) (Mehra and Rojas, 2008). However, *capacities for accountability* target most government officials to fulfill their obligations (Rae, 2008).

Right to food's capacity building conceptual framework

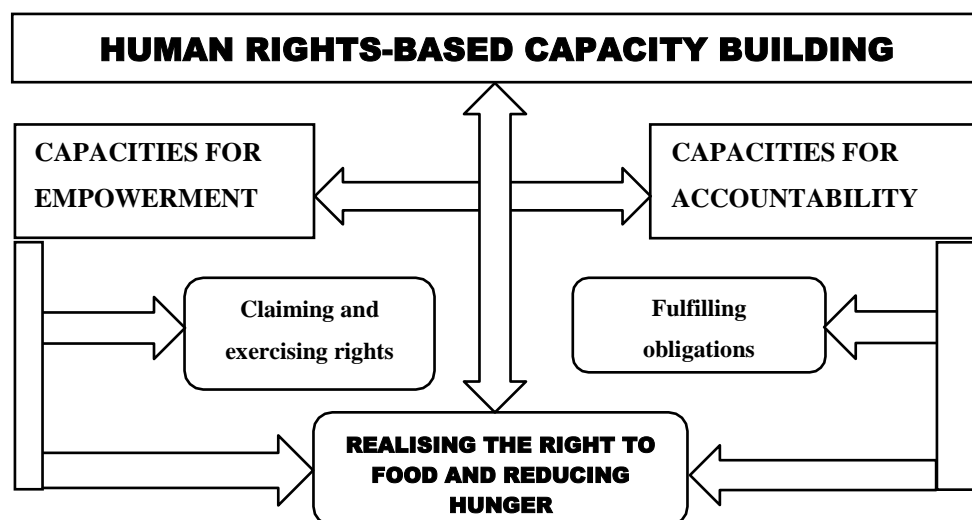


Figure 7.2: Right to food's capacity building conceptual framework Adapted from FAO, 2013

The Policy's implementation approach

This section is assessing the appropriateness of the approach used in the National Food and Nutrition Security Policy. The policy relies firstly on promoting public investment in agriculture to increase food availability by enhancing food production. Secondly on increasing access to support services to poor farmers and availability of land & natural resources as the first step in food and nutrition insecurity mitigation (Department of Agriculture, 2016). It is true that land plays a great role in food production, however, its full access, especially for the disadvantaged women in rural areas, becomes imperative. So, without a legal approach which protects the marginalized people, nothing could help them to develop their own capacities fully and to make their decent lives as agriculturists, entrepreneurs or wage earners (FAO, 2010). Until now, there has been insufficient investment specifically targeting the food security and nutrition of the extreme poor women, who are largely relying on land to produce food (FAO, 2015). The majority of rural women work as “hidden” field hands on family's coping strategies (FAO, 2010). They carry out essential work such as hoeing, planting, weeding and harvesting with simple tools and little outside assistance. So, investing in pro-poor development helps to sustain the growth of employment and incomes (FAO, 2015).

Study carried out in Umlazi Township shown that only 7% of participant mothers had a share of land for farm or household garden. The others 94.2% were reported do not have space for farming. It was also found that lack of space by Umlazi women was the main cause of selflessness to farming activities in this area. That means, in many countries, the role played by women in food production is very contrasted. In Southeast Asia for instance, women provide up to 90 percent of the labor for rice cultivation compared to Umlazi, eThekweni Municipality where out of 49.2% unemployed mothers, only 4% that is, 8.47% of all unemployed have been involved in agricultural activities. This situation is contradictory or unexpected in the sense that the multiple roles of women in agriculture are key players in overcoming food insecurity (FAO, 2015). It is also the result of gender-based stereotypes and discrimination denying rural women equitable access to and control over land and other productive resources, opportunities for employment and income-generating activities, access to education and healthcare, and opportunities for participation in public life (Harrigan & Woroniuk, 2008). Inadequate access to land and lack of appropriate agricultural development investment as well as governmental short-sighted decisions are the

primary cause of hunger, according to the Special Rapporteur on the Right to Food. So, achieving food security for all pass by protecting rural women's right to have access and control over land and other productive resources and capacities building of policymakers as a main implementation approach to food security.

Evaluation of policy's organization structural

Organization structural invoked in this section concern a conceptual framework presented in the present policy that should *play a vital role* in perception and concepts understanding for the better implementation of the interlinked actions of food and nutrition security. Indeed, National Food and Nutrition Security Policy provide below Policy architecture (Figure 7.4) with two main components: Social programmes (Household Food and Nutrition Security Strategy, Nutrition Roadmap and EPWP, etc.) and Economic programmes (Food Production Interventions, Land Reform/AGRI PARKS/State Procurement and Agro-processing, etc.).

So, in keeping with the right to food, this policy architecture fails in three points: firstly the absence of legal aspect of the right to food; secondly the absence of an innovative institution dedicated to the right to food coordination; and thirdly monitoring mechanism to truck progress in achieving the right to food.

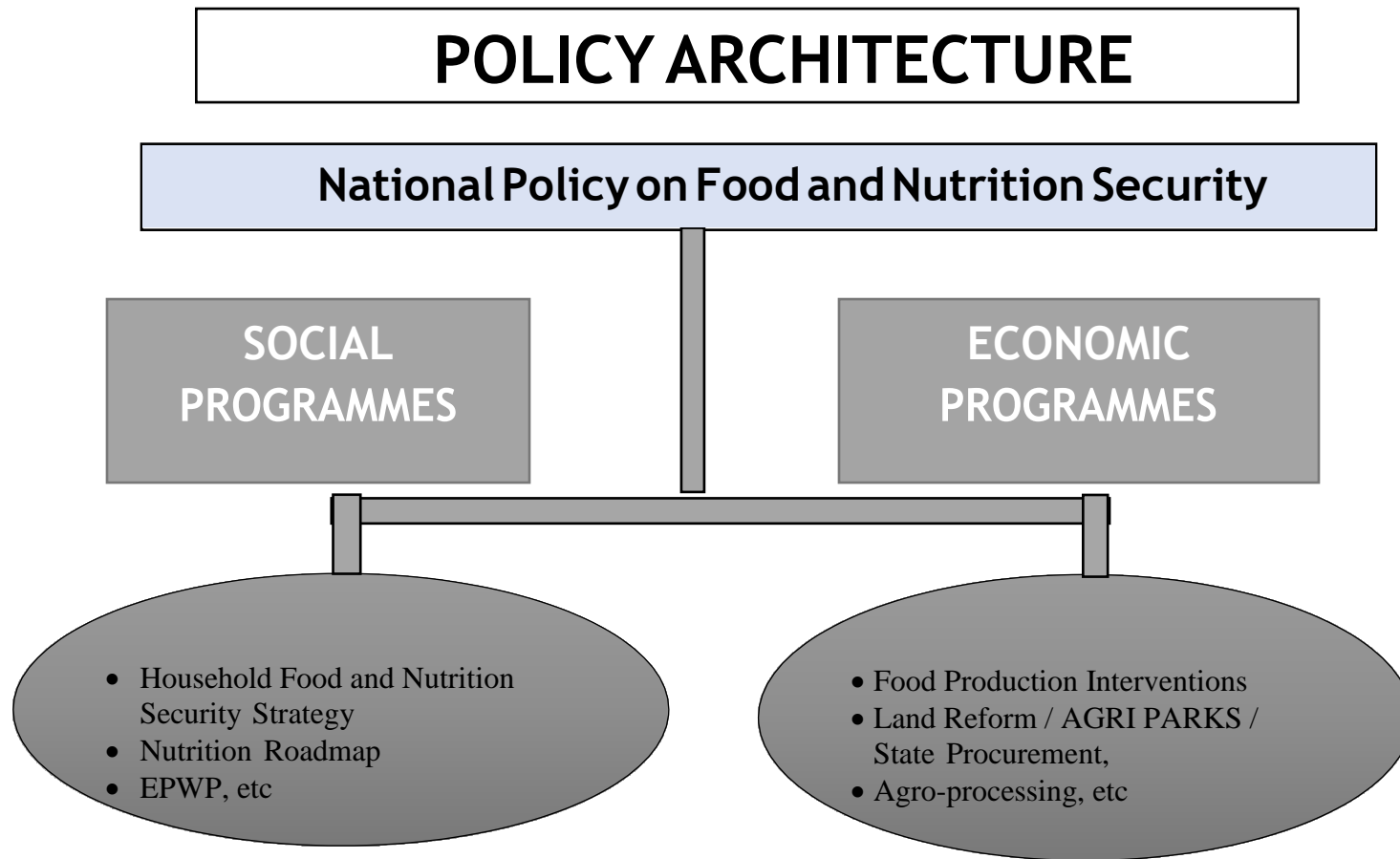


Figure 7.3: National Policy on Food and Nutrition Security of South Africa's architecture

Legal framework

The current policy should include the legal and institutional state mandate in accordance with an implementation of the right to food. This is useful for fleshing out any constitutional provisions, clarifying rights and obligations, as well as elaborating the institutional roles and coordination for the realization of the right to food. It can also provide for remedies for violations of the right to food and strengthen the mandates of national human rights institutions (NHRIs) (FAO, 2010).

Innovative Institution

In South Africa, the situation related to the socio-economic rights show that the right to food has no specific government department at national, provincial or local level dedicated primarily and in the first instance to its realization (SAHRC, 2016/17). The NFNSP is actually coordinated by the Ministry of Agriculture, Rural Development and Fisheries with the participation of other ministries, and some civil society (Pinto, 2011). On the other hand, the Department of Health is dedicated simply to realizing the right to have access to health care services, and the Department of Social Development is dedicated to realizing the right to have access to social security and assistance (DAFF/DSD, 2013). This situation is not acceptable. That why, an innovative institution is needed to ensure efficient coordination between relevant ministries and levels of government; the obligations and roles of non-state actors whose activities impact on the realization of the right to food should also be defined and their participation in the realization of the right promoted and facilitated (Laren *et al.*, 2015). In fact, because the right to food is so especially dependent on realizing other rights for its own realization, it is preferable that different departments have responsibility for different aspects of food security. This is both an *institutional and a policy* development problem (Brand, 2003).

Monitoring framework

Achieving overall economic growth and development goals do not necessarily mean that the human rights of everyone are respected, protected or fulfilled (FAO, 2006). For this reason, progress towards the realization of the right to food must be monitored. Monitoring is an essential part of the effort to realize the right to food; it will also seek to identify challenges towards the realization of the right to food (Mbithi, 2014). During the implementation of national strategies on the right to food, the monitoring process will enable Governments and other stakeholders to assess the impact of legislative, policy and programmatic measures on

the enjoyment of the right to food, to track and evaluate the achievements in the progressive realization of the right, to identify the challenges and obstacles affecting it, and to facilitate corrective measures (FAO, 2010).

Policy's relationship with other works in the field

Food and Nutrition Security is a complex issue characterized by inter-disciplinary approaches. Although, the National Policy on Food and Nutrition Security is refereeing to the South African Constitution especially in Section 27 (Bill of Rights): 1(b), ii) Section 28 (1c) and iii) Section 35 (2e), little was developed in relation to achieve the vision 2030, and implement the proposals for “*tackling the problems of poverty, inequality, and unemployment*” as one of the *Sustainable Development Goals*. **Sustainable Development Goals 1** propose to end poverty in all its forms everywhere”, **Sustainable Development Goals 2** propose to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture” and **Sustainable Development Goals 5**, on the other hand, achieve gender equality and empower all women and girls”, however, something is missing. Those Goals should inspired policymakers when design policies and programmes.

Indeed, anywhere in this Policy reference has been made to comply with the International Covenant on Economic, Social and Cultural Rights (ICESCR) especially the United Nations Special Rapporteur on the right to food and to the Convention on the Rights of the Child (CRC), adopted by the UN in 1989, affirming in this article 24 that: “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health (Rae, 2008). In addition, in article 27: “States Parties recognize the right of every child to a standard of living adequate for the child physical, mental, spiritual, moral and social development” (OHCHR, 2010). The Convention on the Rights of the Child (CRC) protects the child's right to food in the context of the right to life, survival and development, to health, to nutrition and to an adequate standard of living (FAO, 2010). Most recently, *Voluntary Guidelines on the Progressive Implementation of the Right to Adequate Food in the context of National Food Security*, adopted by the FAO Council in November 2004 (Rae, 2008) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted in 1979 and came into force in 1981, are innovation in the international protection of human rights (Walter *et al*, 2010). So, the obligations on the state are shaped by the recognition that the nutritional status of women and children is critical to their survival, health, growth and development, as well as to broader national development goals (Pan: Children, 2012) It's not

too late to integrate the lessons learned and avoid failing of past efforts to reduce hunger and increase rural incomes characterized by little attention paid to women as farmers, producers and farm workers (both wage and non-wage) (Mehra and Rojas, 2008).

CONCLUSION

In summary, this critical analysis and evaluation raise deeply worrying questions about the continued pursuit of policies that fail to bring about change. The National Food and Nutrition Security Policy bring however a dilemma between the expansive mandate and objectives on the right to food realization and millions of people that are still experiencing food and nutrition insecurity. Therefore, a new approach to food security policymaking is therefore recommended in which the human right aspect that protects vulnerable groups including women and children in a non-discriminatory manner will be taken into account. An additional policy on right to adequate food is needed with a better pro-poor programme and intervention development and with a larger participation of all stakeholders in the policy design to improve inclusive and efficient implementation.

Recommendations

1. Adoption by the government of an innovative national framework law for the right to food implementation.
2. An additional policy on right to adequate food with a better pro-poor programme and intervention development and with a larger participation of all stakeholders in the policy design to improve inclusive and efficient implementation.
3. early intervention and support should be available to promote the welfare of children and women, particularly where they are vulnerable or at risk of not receiving adequate care or protection;
4. Adoption of a monitoring mechanism that will accompany the national strategies on the right to food's implementation and enables Governments and other stakeholders to assess the impact of legislative, policy and programmatic measures on the enjoyment of the right to food, to track and evaluate the achievements in the progressive realization of the right, to identify the challenges and obstacles affecting it, and to facilitate corrective measures;
5. Increase capacities building of all stakeholders in the policy design and awareness raising of local communities to claim their right.

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CHAPTER 8: GENERAL DISCUSSION AND CONCLUSIONS

8.1. GENERAL DISCUSSION

Women and children's "right to food" is a "*substantive right*" firmly established in South African constitution, international law, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC) (Food and Agriculture Organization of United Nations, 2009). This fundamental human right is very essential for dignified existence, let alone the fact it is a source of life, it also protects marginalized groups against hunger and malnutrition.

In this study, outcome indicators of the right to food such as vulnerability to food and nutrition security were used to assess the extent to which right to food was implemented in South Africa. In this regard, it was found a rising prevalence of HIV/AIDS and TB among young female head household and related childhood diseases include diarrhea, respiratory infection, and fever on the background of widely prevalent under and over nutrition which is a significant public health concern in Umlazi Township, KwaZulu-Natal and in other developing countries in undergoing nutrition transition.

The first study (Chapter 4) examined children and women vulnerability to food and nutrition security as a proxy for the right to food in Umlazi Township. The situation of young female-headed households which seem to be most dramatic was accentuated by HIV/AIDS and Tuberculosis which remain the key concerns in the area and the increasing prevalence of under and over nutrition call for a particular attention. Inadequate anthropometric indices in childhood here perceived as the right to food outcome indicators provided information on the extent to which right to food was respect, protect and fulfill in this part of the country. These indicators assessed the status of the population's enjoyment of a right, and thus measure the results achieved by means of policies, programs, projects, community actions, and others. The results of the study thus suggest that, until better evidence emerges, strategies to improve women and children access to food and nutrition should be focusing on the intensification of the social security coverage, which until now effectively excludes people living with HIV/AIDS and their families. Thus, human right approach to food and nutrition (nutritional aspects) are very critical for children optimal physical, psychological and mental development. A significant investment in child nutrition will reflect the critical importance of nutrition in attaining the Sustainable Development Goals. So, this first study is attempting to fill this

important knowledge gap on the similarity of urban and rural vulnerability as underpin right to food enjoyment and makes a significant contribution to the evidence-based in this area.

The second study in this thesis, therefore, investigates the association between health status on children and mothers and their household food security. Mother and child's health status as well as their household security characteristic have a serious impact on their anthropometric indices and consequentially impair on women's and children's enjoyment of their right to adequate food.

There is a need for health promotion strategies that aim at prevention of both underweight and obesity, as South Africa moves rapidly through the nutrition transition. Causality analysis of underweight and overweight distribution in women and children are now a priority in government's policies and interventions development. For that reason, improved child health and survival are considered universal humanitarian goals. In this respect, understanding the nutritional status of children and its predictable factors has far-reaching implications for the better development of future generations. The convention of the right of the child (1989) emphasizes that "states recognize the right of the child to the enjoyment of the highest attainable standard of health and shall take appropriate measures "to combat diseases and malnutrition through the provision of adequate nutritious food. Hence, a comprehensive policy framework that take in account human right principles is needed, especially that allowing participation and dialogue of people most affected by food, nutrition and avoidable diseases in particular women and children, and that undertaking appropriate mechanism through which the government's accountability in general public can behold for making progress in ending.

The third study assessed caregivers' right to food awareness as a factor towards achieving food and nutrition security and providing an innovative conceptual framework as an implementation tool of the right to food. The right to food implementation is really affected by South African officials' lack of information at the National level and unawareness at the community level. Yet, right to food's legal aspect remains unknown by many of government officials or policymakers. This aspect of the right to food is very important in right to food implementation.

Finally, the fourth study provides a critical review of the National Policy on Food and Nutrition Security of South Africa. This critical analysis and evaluation raise deeply perturbing questions about the continued pursuit of policies that fail to bring about change. The National Food and Nutrition Security Policy bring, however, a dilemma between the expansive mandate and

objective on the right to food realization and millions of people that are still experiencing food and nutrition insecurity. Therefore, a new approach to food security policymaking is therefore recommended in which the human right aspect that protects vulnerable groups including women and children in a non-discriminatory manner will be taken into account. An additional policy on right to adequate food is needed with a better pro-poor programme and intervention development and with a larger participation of all stakeholders in the policy design to improve inclusive and efficient implementation.

So, despite a positive evolution in national agendas, there remain gaps and challenges to be addressed in regards to the implementation of the right to food. That's why it requires firstly, recalling once again Guideline 17, that is food security and nutrition information needs to be used for targeting vulnerable groups, but a challenge that emerges from country experiences is that there is often inadequate attention paid to identifying those whose right to food is not realized. Advocacy is at this stage of great importance in favor of those marginalized groups and also as a means of spreading understanding of the right to food. Awareness can motivate governments to take action to fulfill their obligations to end hunger and it can provide political leaders with the mandate and support they need to take action.

Secondly, Guideline 10 recalls the centrality of *nutrition* considerations to the protection, fulfillment, and respect for the right to food. By inserting nutrition interventions in human rights framework helps to broaden their impact and to strengthen their outcome. Nutrition is an integral part of the right to food and the two should consistently be together part of an integrated approach to sustainable development. So, civil society can bring about change by putting pressure on all areas of government and assisting vulnerable groups to empower themselves to claim their rights and have access to recourse mechanisms.

Thirdly, Guideline 11 reminds us how *awareness raising, education and information* on human rights, the right to food, and nutrition are constantly needed to raise the profile of Food Security and Nutrition Interventions. Awareness raising has led and will continue to lead to a shift in the perception of relevant stakeholders on the importance of human resource development for the realization of the right to food, especially among the most vulnerable such as girls, women and other underserved populations. Therefore, promoting nutritionally adequate diets for all people is a need for the right to food education and awareness raising. It's an essential vehicle for establishing food rights and is vital in the United Nation's (UN) overall efforts to improve the health and well-being of populations and foster social and economic development. Thus

the easier is that **South Africa can work with** the Nutrition Education and Consumer Awareness Group (AGNDE) branch of FAO responsible in advocacy, knowledge-sharing and technical assistance to member countries in order to influence public policies and promote access to a variety of nutritious foods, increase knowledge of the nutritional value of foods when influence behaviors, attitudes and beliefs to develop personal skills and motivation to adopt healthy eating practices and extend professional expertise in nutrition education. Improved public understanding of the right to food in general and nutrition, in particular, helps individuals and communities to participate in making decisions that affect their food security situation.

For that reason, adoption of a national framework law is imperative in the first instance in South Africa as South Africa explicitly recognizes the right to food in the substantive part of the constitution guarantees. The framework law will entail that the right to food will be taken into account in all spheres of state activity so that public authorities and domestic courts have a thorough understanding of constitutional provisions and routinely apply them. From the framework law, South Africa is requiring to ensure conformity between his domestic legal systems and his duties in respect of the right to food, as emphasized by the CESCR. This also entails developing national strategies, policies, and programmes. These measures will assist in clarifying the content of the right to adequate food and the fundamental right of everyone to be free from hunger as stated in the international instruments. At the end of the day, the study provides an innovative conceptual framework as a contribution to help the government to adequately implement the right to food in South Africa and a particular accent is putting on the necessity of using *FAO's guideline indicators and benchmark* for an appropriate monitoring. The choice of indicators should directly and sincerely involve stakeholders such as programme managers, legislators and representatives of food-insecure and vulnerable groups. Three classes of indicators are currently identified in relation to what to monitor: *structural (or contextual) indicators*, *process indicators*, and *outcome indicators*. During the implementation of national strategies on the right to food, the monitoring process will enable Governments and other stakeholders to assess the impact of legislative, policy and programmatic measures on the enjoyment of the right to food, to track and evaluate the achievements in the progressive realization of the right, to identify the challenges and obstacles affecting it, and to facilitate corrective measures.

8.2. CONCLUSIONS AND IMPLICATIONS

Implementation of the right to food especially for women and children was found to be problematic in the context of South Africa and South African's policies & intervention gap were the main cause of the right to food implementation. It has been a long way since many doubted whether the right of access to adequate food was justiciable pointing to its evident exclusion from the international bill of rights. Today, from legal international instruments as well as a growing body of academic literature on the subject including the main finding of the current study, it shows clearly that the right of access to sufficient food is as legally enforceable as any other right listed in the international bill of rights and need specific policies and interventions at the country level including South Africa. Subsequently, the non-realization of the right to food in South Africa can be perceived as defiance of realizing respect, protection, and fulfilment of this "*substantive right*" (Chilton & Rose, 2007). So, human right approach (framework law) to food and nutrition are very critical for children optimal physical, psychological and mental development. A comprehensive and alternative assessment method was proposed in this study including the use of the right to food indicators that could help Government to implement and monitor specific policies & intervention toward respect, protect, and fulfill the right to food. A significant investment in child nutrition will reflect the critical importance of nutrition in attaining the Sustainable Development Goals.

The four studies together contribute richly to the existing body of knowledge on the right to food analysis using FAO's voluntary guideline indicators at the country level. Based on the findings of four studies, the following conclusions can be drawn:

1. Vulnerability to food and nutrition can be used as outcome indicators in the right to adequate food to assess their extent and magnitude at municipality level as based-unit of action. Indeed, it was found a rising prevalence of obesity and his very high risk of cardiovascular diseases among young female-headed households in the majority (93%) in Umlazi Township, on the background of widely prevalent HIV/AIDS pandemic and Tuberculosis, is a significant public health, social security and right to food concern in South Africa. This implies policy intervention not only to facilitate good access to antiretroviral treatment for those women living with HIV/AIDS but also give them opportunities to have access to social assistance especially disability grant and children support grant as vulnerable groups.

2. Children anthropometric index also among the right to food indicators used to evaluate progressive realization of the right to food. Indeed, The "height-for-age" Z-score or "stunting"

was among children's anthropometric indices with a strong association with the persisting childhood diseases (including diarrhea, respiratory infection, and fever), mother feeding practices, birth weight of the child and with household dietary diversity, proxy to household food security. This lead to say that, there is a growing consensus that poor nutritional status during childhood can have long-lasting scarring consequences into adulthood (women), both in terms of health and mortality, and in terms of human capital such as schooling and productivity while obviously prevent women and children to enjoy their full right to have access to sufficient food and nutrition. Causality analysis of underweight and overweight distribution in women and children are now a priority in government's policies and interventions development. For that reason, improved child health and survival are considered universal humanitarian goals. In this respect, understanding the nutritional status of children and its predictable factors has far-reaching implications for the better development of future generations. Nutritional status of the child through anthropometric indices measurement are good proxy indicators for the right to food violation monitoring as proposed by Food Agriculture Organization's (FAO) Voluntary Guidelines.

3. Awareness and lack of information are the main cause of right to food implementation in South Africa. The right to food implementation is really affected by government officials' lack of information at the National level as well as unawareness at the community level. Yet, right to food's legal aspect remains unknown by many of government officials or policymakers. This aspect of the right to food is very important in right to food implementation. There is a need at the national level to build the legal capacity of right-holders to demand that their rights be respected and, at the same time, to build the capacity of duty-bearers to fulfill their obligations by using the proposed conceptual framework as a tool in order to increase the accountability of duty-bearers. However, intensify advocacy on right to food in favor of those marginalized groups especially women and girls and also as a means of spreading understanding of the right to food. It can motivate governments to take action to fulfill their obligations to end hunger and it can provide political leaders with the mandate and support they need to take action. So, decision-makers and programme managers have to integrate the right to food and other human rights into a National law, policies and programmes following steps provide in the proposed conceptual framework.

4. The existing food security policies and intervention are requiring a critical review. The National Food and Nutrition Security Policy of South Africa bring a dilemma between the

expansive mandate and objectives on the right to food realization and millions of people that are still experiencing food and nutrition insecurity. Therefore, a new approach of food security policymaking is therefore recommended in which the human right aspect that protects vulnerable groups in a non-discriminatory manner will be taken into account.

In general, considering the outcome indicators (women and children vulnerabilities), process indicators (existence of remedies mechanism for right to food violation) and structural indicators (existence of a national framework law in right to food) and despite a positive evolution in national agendas, there remain a policy & intervention gaps and challenges to be addressed in regards to the implementation of the right to food in South Africa. A long way stills to go in the effort to progressively realize this human right.

The contribution of the study to existing knowledge and future research needs

1. The first study on children and women vulnerability to food and nutrition security as a proxy to the right to food is the only study from Umlazi Township, KwaZulu-Natal, South Africa which provides information on the vulnerability status of children and women as indicators towards achieving the right to food. In addition, the study provides valuable insight into the relative impact of tuberculosis (TB) associated with HIV/AIDS status as they undermine female-headed households' means to purchase food and consequently tend to affect their household food security. The findings of the study showed the extent to which women and children are affected by inadequate access to food through household food insecurity, mother feeding practices, and mother health outcome. The findings of the present study, therefore, prompt future studies to examine the impact of women's involvement in agriculture activity towards achieving the right to food.

2. The second study (Chapter 5) analysis of women and children's health status as an immediate determinant in achieving human right to food and nutrition in Umalzi Township. The study provides evidence that poor nutritional status during childhood can have long-term damaging consequences into adulthood, both in terms of health and mortality, and in terms of human capital such as schooling and productivity while obviously prevent women and children to enjoy their full right to access sufficient food and nutrition. In addition, The growing prevalence of children and women obesity as South Africa moves rapidly through the nutrition transition is resulting on inadequate household dietary diversity especially "cereal" and "sugar" consumption and healthy eating habit, including over-consumption and unbalanced diets that

lead to obesity and non-communicable diseases. Diet high in carbohydrates but low in fibre, fruits, and vegetables, accompanied by reduced physical activity are associated with obesity. The study would be helpful for interpretation of other studies on children's anthropometric indices that use different measurement techniques and come up with a good understanding of the right to food realization. The study also stimulates similar studies in other parts of South Africa.

3. The third study (Chapter 6) investigated how to achieve women's and children's food and nutrition security through right to food's awareness and education factors, is also the first study in South African population. It has developed accurate and precise quantitative and qualitative data and proved a capacity building and innovative conceptual framework tools that could help South African government to better progressively implement the right to food. These specific valuable tools for monitoring imply the use of the recommended voluntary guideline indicators needed at all level of government. These tools can also be valuable to many other countries.

Study limitations

While this study produced results that contribute to building an understanding of the right to food implementation in South Africa, its findings are limited to the local level of Umlazi, KwaZulu-Natal, it cannot be broadly generalized. So, this study is limited to the specific outcome indicators of the right to food including *food security (Dietary Diversity) and nutrition (anthropometric indices) outcomes indicators* and the *indicators for women and children vulnerability*. It does not exhaustively cover all the outcome indicators of the right to food implementation. This study is also specifically delimited to examining some related process indicators especially right to food awareness and a structural indicator that related to the existence of the right to food framework law in South Africa. International instruments which were critically examined in this study was only the International Covenant on Economic, Social and Cultural Rights (ICESCR), the convention of the right of the child (CRC), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

Lack of permission from the KwaZulu-Natal Health Department to have access to information from Health facilities has also limited this study in time and spaces.

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APPENDICES

Abstract no 1

Is there value for cultivation and use of pro-vitamin A-Bio-fortified Green Mize in KwaZulu-Natal Province, South Africa?

**F.N.P Qwabe^{1,2}, A. van Onselen^{2*}, U. Kolanisi², M.Siwela², I. Derera², E.Gasura^{2,3} and
N.Palacios-Rojas⁴**

¹. School of Agricultural, Earth & Environmental Science, University of KwaZulu-Natal, South Africa;

². Department of Crop Science, University of Zimbabwe, Mt. Pleasant, Hare, Zimbabwe;

³. International Mize and Wheat Improvement Center (CIMMYT), Km 45 Carretera Mexico-Veracruz,
Texcoco, Mexico 56130. Vanonselen@ukzn.ac.za

ABSTRACT

Vitamin A deficiency (VAD) is prevalent in the developing regions, especially in sub-Saharan Africa. Because maize is a leading staple in Southern Africa, provitamin A-biofortified (PVA) maize has been developed to address VAD in this region. Unfortunately, food products made with a dried grain of PVA Maize have been found less acceptable relative to their white maize counterparts, largely due to their unfamiliar sensory properties. However, the consumer acceptability of fresh grain of PVA maize has not been investigated, yet in Southern African countries, maize is also commonly consumed in its fresh form. The aim of this study was to determine the acceptance of roasted and boiled fresh PVA maize to rural smallholder maize producers and consumers in South Africa. A mixed research approach involving sensory evaluation and focus group discussions was used with a sample of 64 participants. Overall, fresh roasted and boiled PVA maize was acceptable to both males and females across different age groups. A significant proportion (76%) of males preferred the roasted PVA maize, whilst (79%) of the females preferred the boiled form. The youth showed a higher acceptance of PVA than elders. The farmers showed concerns about and/or interest in PVA maize with regard to its agronomic adaptability to local environments, marketability and profitability, processing and sensory proprieties and nutritional and health benefits. There was evidence of a good potential for the acceptance of PVA maize as a cost-effective and value-added crop, which could be used in food and nutrition security intervention.

Abstract no 2

Adequacy on Right to Food policy framework implementation in South Africa, a dilemma toward the eradication of food and nutrition security: a review

Andy Mpiana¹, Annette van Onselen,² and Unathi Kolanisi³

¹Food Security Programme, School of Agriculture, Earth, Environmental and Sciences
University of KwaZulu-Natal, 3201

²Dietetics and Human Nutrition, School of Agriculture, Earth, Environmental and Sciences
University of KwaZulu-Natal, 3201

³Consumer Sciences, School of Science and Agriculture, University of Zululand, 3886

ABSTRACT

In South Africa, 42.6 % of households experience "*food poverty*", and are unable to afford even a basic subsistence diet. Realization and successful implementation of the right to food interventions in South Africa especially amongst the vulnerable groups (women and children) could enhance and sustain the economic development of the country. There is a need to move from theoretical and superficial policy measures to rational and sustainable approaches to combat hidden hunger towards achieving the Sustainable Developmental Goals (SDGs). Education institutions have been identified as the drivers of the right to food through (the feeding scheme programmes) as stipulated in South Africa's Integrated Food Security Strategy (IFSS) established in 2002 which has been lately transformed into a Food and Nutrition Security Policy in 2013. Despite these efforts in South Africa the deprivation of the right to food still remains dichotomy that requires urgent attention as a large gap still remains as an expansive discourse on the realization of the right to food, its implementation, and measurement. In this study the Food Agriculture Organization's (FAO) Voluntary Guidelines *indicators* (VGi) will be adopted towards realizing the right to food in South Africa, The Department of Agriculture, Health, Social Development and Education are interdependent; therefore an informed preview of the food poverty and the right to food would reduce the gaps evident between policies and implementation.

Keywords: The right to food, implantation indicators, inadequate policies framework, hunger, nutrition and food security

Request letter for key informant interview

To: Ms. Thandeka Nkosi

November 21, 2016,

Deputy Manager: Food

Security Tel: 033 355 9132

Mobile: 076 520 0710

Thandeka.Nkosi@kzndard.gov.za

Department of Agriculture

South Africa

Dear Manager,

I am a Ph.D. student from the University of KwaZulu-Natal, Programme of Food Security and would like to solicit an appointment for an eventual interview.

Indeed, your contact has been given to us by Dr. Annette Van Onselen (Department of Nutrition and Dietetic, UKZN) and also supervisor of our research. The topic of the deal with the right to food policy framework gap in South Africa. So, I would like to rely on your expertise for the accuracy of the requested information in the subject. You can also propose another person in the department who you feel can provide us further accurate information. Thank you for your time to consider my request. I look forward to see you and speak with you in person about my research interest.

Sincerely,



Andy Mpiana

Student No. 212559013

Mothers and children's questionnaire and consent form

REPUBLIC OF SOUTH AFRICA

University of KwaZulu-Natal

QUESTIONNAIRE

I. GEO- DEMOGRAPHICAL DATA

SERIAL NUMBER:

YEAR OF DATA:

LOCATION.....

GENDER.....

DATE OF BIRTH.....

MARITAL STATUS OF MOTHER.....

NAME OF EMUNERATORS.....

II. FOOD SECURITY STATUS OF RESPONDENT

2.1. Household Dietary Diversity

Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night.	
QUESTIONS AND FILTERS	CODING CATEGORIES
Cereals: (bread, rice noodles, biscuits, cookies, or any other foods made from millet, sorghum, maize, rice, wheat, or others local food groups)	<input type="text"/>
Root and tubers: (Any pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside, potatoes, yams, manioc, cassava or any other foods made from roots or tubers)	<input type="text"/>
Vegetables: (Any dark, green, leafy vegetables such as cassava leaves, bean leaves, kale, spinach, pepper leaves, taro leaves, and amaranth leaves)	<input type="text"/>

QUESTIONS AND FILTER	CODING CATEGORIE
Fruits: (Any ripe mangoes, oranges, apples, pear, ripe papayas, peaches. Nectarine, lemon. Grapes. Guava. or other fruits)	<input type="text"/>
Meat, poultry, offal : (Any beef, pork, lamb, goat, rabbit wild game, chicken, duck, or other birds, liver, kidney, heart, or other organ meats)	<input type="text"/>
Eggs (Any eggs)	<input type="text"/>
Fish and seafood: (Any fresh or dried fish or shellfish)	<input type="text"/>
Pulses/legumes/nuts: (Any foods made from beans, peas, or lentils)	<input type="text"/>
Milk and milk products: (Any cheese, yogurt, milk or other milk products)	<input type="text"/>
Oil/fats: (Any foods made with oil, fat, or butter)	<input type="text"/>
Sugar/honey:	<input type="text"/>
Miscellaneous: (Any other foods, such as condiments, coffee, tea)	<input type="text"/>

Note: When using the 24-hour recall method, the interviewer should first determine whether the previous 24 hour period was "usual" or "normal" for the household. If it was a special occasion, such as a funeral or feast, or if most household members were absent, another day should be selected for the interview. If this is not possible, it is recommended that another household be selected, rather than conduct the interview using an earlier day in the week.

III. NUTRITIONAL STATUS OF RESPONDENT

31. Mother Anthropometric measures

- a) Height of the Mother.....
- b) Weight of the Mother.....
- c) Abdominal (Waist) Circumference

32. Child Anthropometric measures

- a) Birth weight of the child Age of the child.....
- b) Weight of the child MUSC of the child.....
- c) Height of the child.....

33. Feeding practice

Has your child used those following practices?

a) Breastfeeding initiation: (Child of last 24 months put to the breast within one hour of birth) Y/N

b) Exclusive breastfeeding: (Child of 0-5 months who is fed exclusively with breast milk) Y/N

c) Mix breastfeeding: (Child of 0-5 months who is fed breast milk and other foods) Y/N

d) Continued breastfeeding: (child of 12–15 months of age who are fed breast milk) Y/N

e) Introduction of complementary foods: (Child of 6–8 months of age who receive solid, semisolid or soft foods) Y/N

f) Dietary diversity: (child of 6–23 months of age who receive foods from 4 or more food Groups) Y/N

g) Does the child have a “food supplement”?

IV. HEALTH STATUS OF RESPONDENT

41. Mother's health status

- a) Does the mother have sick Tuberculosis (TB) during the last three weeks?
- b) Does the mother have sick new cancers during the last three weeks?
- c) Does the mother have sick chronic respiratory diseases during the last three weeks? ...

d) Does the mother have sick cardiovascular diseases (blood pressure) during the last three weeks?

e) Does the mother have sick diabetes during the last three weeks?

f) Does the mother have sick HIV/AIDS during the last three weeks?

g) Does the mother have sick mental diseases during the last three weeks?

42. Child's health status

a) Does the child have a cough or difficult breathing during the last three weeks? Y/N ...

b) Does the child have diarrhea during the last three weeks? Y/N

c) Does the child have a fever during the last three weeks? Y/N

d) Does the child or you have Anaemia during the last three months? Y/N.....

e) Does the child or you have goitre problem during the last three months? Y/N.....

V. SOCIO-ECONOMIC STATUS OF RESPONDENT

51. Social grant beneficiaries

Does the mother or child receive any kind of grant from Government? Y/N.....

If yes which kind of grant?

a) State maintenance.....

b) Grant-in-aid

c) Social relief of distress

d) Grant child allowances

e) Child support grant...

Care dependency grant.....

Foster care grant.....

Disability grant.....

Grant for old person.....

War veteran's grant.....

52. Sanitation deprivation

a) Households with no access to piped water Y/N?

b) Households with no toilet Y/N?

c) Households with no refuse disposal Y/N?

d) Households not using electricity for cooking Y/N?

53. Living environment deprivation (A type of House)

- a) Formal..... Traditional.....
b) Informal..... Other.....

54. Income and material deprivation

- a) Husband or boyfriend income ... Other income.....
b) Mother or caregiver income..... Household income.....

55. Employment deprivation (A type of House)

Is the Father or boyfriend working Y/N? If yes which kind of job.....

- a) Small farmer Part-time farm worker
b) Full-time farm worker... Formal employment (gvmt or Private)
c) Own business.....

Is the Mother or caregiver working Y/N? If yes which kind of job?

- a) Small farmer..... Formal employment.....
b) Part-time farm worker..... ... Own business.....
c) Full-time farm worker

56. Agriculture and land access

Do you evolve in any agricultural farming activities? Y/N.....

Do you have a land for a farm? Y/N

If yes who belongs to:

- a) From our ancestors..... From an organization.....
b) From a husband or boyfriend..... From the Chief
c) My own land..... I don't know.....

How many hectares >10 >250 100 km² <100 km²

What do you farm? (Varieties of crops)

Maize Spinach..... Onion..... Tomato...

Wheat Cabbage... Carrot..... Chilli.....
 Tomato..... Chou-flour Cucumber.....

How many kinds (varieties) of cattle and poultry do you have?

Cow pig goat hen duck and other

What do you do with the product from the farm?

Sell Consume Both

How many extension visit do you have a month?

Do you have access to agricultural credit?

If yes how many?

Do you have access to market for your agricultural production? **Y/N**.....

Where you get food?

a. Farmer
 b. Informal market
 c. Supermarket

If is from farmer, how often?

Rare.....
 Sometime.....
 Often.....
 Always.....

If is from informal market (Tuck Shop), how often?

a) Rare
 b) sometime
 c) often
 d) always

If is from supermarket, how often?

a) Rare Often
 b) Sometime..... Always

CONSENT DOCUMENT FOR RESPONDENT

"**Women and children's right to food in context of South Africa: Review and analysis of implementation indicators**" is a topic of a research project initiated by the programme of food security from school of Agriculture, Earth and Environmental Sciences, University of KwaZulu-Natal/Pietermaritzburg, that aim to investigate the possible impact of inadequate right to food policy implementation regarding women and children's access to food. Across the world, women are treated unequally and less value because of their sex. Considering the role of women have in the household, with regard to food production, food preparation and child care, gender inequality in access to and control of resources may well result in misallocation of scarce resources. This situation can also lead to household food and nutrition insecurity. Your voluntary commitment and participation to this research by signing this consent document will allow us to achieve our objectives and the same time support effort already great undertaken by our government in finding solutions addressing multiple issues relate to people wellbeing. We would like to ensure you that your confidentiality will be protect and participants are free to withdraw from the research at any time without any negative or undesirable consequences to themselves.

I, (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT

DATE

Contacts:

Mpiana Bukasa Andy, PhD student

Cell Phone number: 0717664428

Annette Van Onselen, Supervisor

Telephone number: 0 33 260 6154

Unathi Kolanisi, Co Supervisor

Telephone number: 0 33 260 6342

Caregivers' questionnaire

REPUBLIC OF SOUTH AFRICA

University of KwaZulu-Natal

KEY INFORMANT INTERVIEWS (caregivers)

1. Identification

- 1.1. Question number:
- 1.2. Age of respondent:
- 1.3. Gender of respondent:
- 1.4. Municipality:
- 1.5. Interviewer name:
- 1.6. Organisation.....
- 1.7. Family size:

2. Social grant expenditures

2.1. Do you or your child receive any kind of grant from Government? **Y/N**

2.2. If yes which kind of grant?

- | | | | |
|------------------------------|----------------------|----------------------------|----------------------|
| f) State maintenance..... | <input type="text"/> | Care dependency grant..... | <input type="text"/> |
| g) Grant-in-aid | <input type="text"/> | Foster care grant..... | <input type="text"/> |
| h) Social relief of distress | <input type="text"/> | Disability grant..... | <input type="text"/> |
| i) Grant child allowances | <input type="text"/> | Grant for old person..... | <input type="text"/> |
| j) Child support grant... | <input type="text"/> | War veteran's grant..... | <input type="text"/> |

2.3. How many in total do you receive for grants?

2.4. How do you expend money from these grants? (By different kind of grants)

a. State maintenance: -----

b. Grant-in-aid: -----

- c. Social relief of distress: -----

- d. Grant child allowances: -----

- e. Child support grant: -----

- f. Care dependency grant: -----

- g. Foster care grant: -----

- h. Disability grant:-----

- i. Grant for an old person: -----

- j. War veteran's grant: -----

3. Caregivers coping strategies

- 3.1.** Has your household encounter a food shortage in the last seven days? **Y/N**
- 3.2.** Have you some time rely on food from neighbor or relative? **Y/N**.....
- 3.3.** Have you some time rely on food that you borrow or bag from someone? **Y/N**
- 3.4.** Have you some time rely on food parcel from an organization? **Y/N**.....
- 3.5.** Have members of your household skipped a meal in the last seven days? **Y/N**
- 3.6.** Have members of your household skipped a meal for a whole day? **Y/N**.....
- 3.7.** Do you have another strategy that you use to cope with household food shortage? -----

4. Caregivers perception

4.1. What perception or understanding do you have of the right to food?

4.2. Are there some supplementation programs that help women to recover their right to have access to adequate food? Y/N.....

4.3. Have these programs been implemented? Y/N.....

4.4. What would be the main factors that affect women access to adequate food?

4.5. What are the most vulnerable groups?

Key informant guide

REPUBLIC OF SOUTH AFRICA

University of KwaZulu-Natal

KEY INFORMANT INTERVIEWS (Different departments)

5. Identification

- 5.1. Question number:
- 5.2. Age of respondent:
- 5.3. Gender of respondent:
- 5.4. Municipality/District/Province:
- 5.5. Interviewer name:
- 5.6. Organisation.....
- 5.7. Family size:

6. Is there a National strategy which implementing the right to food? Y/N.....

If yes what are the key indicators of evaluation?

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.....

7. What policies and interventions in right to food that are realized in favor of women and children in your Department? Support your answer with some examples.

.....

.....

.....

.....

[illegible]

8. What perception do you have regarding the right to food? (some strength and weakness)

[illegible]

Strengths: -----

Weakness:

9. Which groups of the population are most vulnerable to the no realization of the right to food?

[illegible]

10. Do you ever hear about a right to food-related complaints filed in your Department?
If yes what about?

[illegible]

11. Are there relevant institutions that are explicitly dedicated to implementing the right to food?

12. Give us some challenges that affect the right to food implementation or are the operational process?

13. Give us the 2015 mortality rate?

14. What could be the causes of that mortality?

Focus discussion guide

REPUBLIC OF SOUTH AFRICA

University of KwaZulu-Natal

FOCUS GROUP DISCUSSION QUESTIONS

15. Identification

15.1. Municipality:

15.2. Interviewer name:

15.3. Group's organization.....

16. Do you ever hear about right to food?

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17. What perception do you have concerning the right to food?

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18. Some strengths and weakness of the right to food

18.1. Strengths

This image shows a full page of primary-ruled paper. It consists of multiple sets of three horizontal dashed lines, which are commonly used in elementary school notebooks to guide handwriting practice. The lines are evenly spaced and extend across the entire width of the page. There is no text or other markings on the paper.

18.2. Weakness

This image shows a full page of primary-ruled paper. It features ten sets of horizontal dashed lines, each set consisting of three parallel lines. These lines are evenly spaced vertically across the entire page, providing a guide for letter height and placement in handwriting practice. The background is white, and there are no margins or other markings present.

[illegible][illegible]

Ethical clearance letter



11 July 2016

Mr Bukasa Andy Mpiana 212559013
School of Nursing and Public Health
Howard College Campus

Dear Mr Mpiana

Protocol reference number: HSS/0257/016D

Project Title: Women and children's right to food in context of South Africa: Review and analysis of implementation indicators

Full Approval – Expedited Application

In response to your application received 14 March 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Dr Annette Van Onselen & Dr U Kolanisi
Cc Academic Leader Research: Professor Onesimo Mutanga
Cc School Administrator: Ms Marsha Manjoo

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
Website: www.ukzn.ac.za

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