Children, food and nutrition
Growing well in a changing world

EASTERN AND SOUTHERN AFRICA
A CHANGING WORLD

It is twenty years since *The State of the World’s Children* last examined children’s nutrition, and, in that time, much has changed.

We have changed where we live: more families have left behind the countryside and moved to cities.

We have changed our roles: women are increasingly joining the formal workforce, balancing work responsibilities with their role as primary caregivers, and often with little support from families, employers and societies.

Life on our planet has changed: climate change, the loss of biodiversity, and environmental damage now raise concerns over whether we can feed this generation of children sustainably, never mind the generations to come.

And we have changed what we eat: we are leaving behind traditional diets and embracing modern diets that are frequently high in sugars and fats, low in essential nutrients.

This is the backdrop to children’s malnutrition today. Like so much else, it, too, is changing. A word once inextricably linked in the public’s mind to images of hunger and famine, malnutrition must now be used to describe children with stunting (short stature for age) and wasting (low weight for height), but also those suffering from the ‘hidden hunger’ of deficiencies in essential vitamins and minerals as well as the growing numbers of children and young people who are affected by overweight or obesity.

These are the children who are *not* growing well.

Their numbers are worryingly high. Globally, one in three children under the age of 5 is stunted, wasted or overweight and, in some cases suffers from a combination of two of these forms of malnutrition. In Eastern and Southern Africa it is over two in five.

The triple burden of malnutrition

Undernutrition continues to affect tens of millions of children. Its presence is visible in the stunted bodies of children deprived of adequate nutrition in the first 1,000 days and beyond. These children may carry the burden of early stunting for the rest of their lives and may never meet their full physical and intellectual potential. Undernutrition is also evident in the wasted bodies of children when circumstances like food shortages, poor feeding practices and infection, often compounded by poverty, humanitarian crises and conflict, deprive them of adequate nutrition and, in far too many cases, result in death. In 2018, 149 million children under 5 were stunted and almost 50 million were wasted. In Eastern and Southern Africa, 29 million children under 5 were stunted and 5.4 million were wasted.

Deficiencies of essential vitamins and minerals – hidden hunger – rob children of their vitality at every stage of life and undermine the health and well-being of children, young people and mothers. The numbers of children and women affected by various forms of hidden hunger are striking. Recent global estimates by UNICEF and partners indicate
that at least 340 million children under 5 (one in two) suffer from hidden hunger.

The number girls and boys with obesity between the ages of 5 and 19 have soared since the mid-1970s, rising by between 10- and 12-fold globally. **Overweight and obesity**, long thought of as conditions of the wealthy, are now increasingly a condition of the poor, reflecting the greater availability of ‘cheap calories’ from fatty and sugary foods around the world. They bring with them a heightened risk of non-communicable diseases, like type 2 diabetes. Analysis carried out as part of the Global Burden of Disease study suggest that diets lacking adequate nutrition are now the leading cause of death worldwide.

**Surviving, but not thriving**

More children and young people are surviving, but far too few are thriving.

To understand malnutrition today requires a focus on food and diet at every stage of a child’s life. The picture that emerges is a troubling one: **Far too many children and young people are eating too little healthy food and too much unhealthy food.**

These problems start early on: In their first six months, only two out of five children are being exclusively breastfed globally (56% in Eastern and Southern Africa), depriving them of the best food a baby can get. When it comes to the ‘first foods’ that infants should start consuming at around the age of 6 months, these too are, in far too many cases, not meeting children’s needs: Less than one in three children between 6 and 23 months worldwide and one in four in Eastern and Southern Africa are eating foods from the minimum number of food groups that can support their rapidly growing bodies and brains. For the poorest children, the proportion falls to only one in five.

**Making food systems work for children**

At current levels, the impact of food production on the environment will only grow, with food demand set to increase by at least half by mid-century. This demand will have to be satisfied against the backdrop of a world that, after decades of decline, is seeing a slow rise in hunger, with 820 million people worldwide suffering from undernourishment in 2018.

Understanding how food systems work is essential to improving our diets. But far too often, the interests of a very important group of people are left out of food systems analysis – children. This is a dangerous omission. Poor diets have lifelong impacts on children’s physical growth and brain development. That is why they must be at the heart of our thinking about food systems. If food systems deliver for children, they are delivering for us all.

Good nutrition can break the intergenerational cycles through which malnutrition perpetuates poverty, and poverty perpetuates malnutrition. Children who are well nourished have a firm foundation from which they can develop to their full potential. And when children do that, societies and economies develop better, too.

Our goal must be to give children diets that are **nutritious, safe, affordable and sustainable.**
Where are children not growing well?

FIGURE 1  |  Prevalence of children under 5 who are not growing well (stunted, wasted or overweight), Eastern and Southern Africa (ESA)

Note: Country data are the most recent available estimate between 2006 and 2018; where only data prior to 2000 are available, the dark grey color denoting no recent data is used. The designations employed in this publication and the presentation of the material do not imply on the part of the United Nations Children’s Fund (UNICEF) the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.

‘Growing well’ is defined as free from stunting, wasting and overweight.


1 in 3 is not growing well

Over 2 in 5 are not growing well

Children under 5

GLOBAL

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<thead>
<tr>
<th>149M</th>
<th>49.5M</th>
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<tbody>
<tr>
<td>Stunted</td>
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ESA

<table>
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<th>29M</th>
<th>5.4M</th>
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<tr>
<td>Stunted</td>
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What are young children eating?

The importance of first foods

**Figure 2** | Percentage of children aged 6–23 months fed food groups, by type, Eastern and Southern Africa (ESA), 2018

![Diagram showing the percentage of children aged 6–23 months fed food groups, by type.](image)

- **62%** of children aged 6–23 months in Eastern and Southern Africa are not being fed much-needed nutrients from animal source foods.

- **44%** of children aged 6–23 months in Eastern and Southern Africa are not fed any fruits or vegetables.

When children start eating soft, semi-solid or solid foods at 6 months old, they need nutritious and safe diets with a range of nutrients to grow well.

**Figure 3** | Percentage of Children aged 6–23 months eating at least 5 of 8 food groups (Minimum Dietary Diversity), by country, 2018

<table>
<thead>
<tr>
<th>Country</th>
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<td>Eswatini (Swaziland)</td>
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3 in 4 children do not eat foods from the minimum number of food groups in Eastern and Southern Africa

**Figure 4** | Percentage of children aged 6–23 months fed food groups, by type and age, Eastern and Southern Africa, 2018

- **Children 6-11 months** are eating less diverse diets compared to children 12-23 months of age.

Note: The regional and global estimates were generated using the most recent data available for each country between 2013 and 2018. UNICEF regional and global estimates are population weighted averages using the 2018 estimates from the World Population Prospects, 2019 revision as weights.

A great start to the day – and for life

Unlike many other children in Malawi, when 15-month-old Tapiwa Mhone has her breakfast, she gets more than just breast milk and maize flour porridge. Her mother, Grace Mhone, has begun adding fruit and micronutrient powder to her daughter’s food, which has helped Tapiwa make impressive progress.

“I was amazed to see Tapiwa gain one kilogram within a month,” says Grace. “Now I have ample time to participate in other community activities since Tapiwa is healthier.”

Grace received training on complementary infant feeding from the community care groups in the town of Nkhata Bay. These groups deliver vital support to mothers on issues like preventive health, water and sanitation and nutrition. Through the support, ideas and discussions shared in her group, Grace has changed how she feeds her daughter, including mixing in micronutrient powders, which are part of the intervention supported by UNICEF.

“Before I started participating in the community groups, there were times when I felt my child would become seriously malnourished and die since her weight was constantly dropping,” says Grace. “She used to have frequent bouts of illnesses. That scared me a lot.”

Unfortunately, far too few children in Malawi and across Eastern and Southern Africa are benefiting from adequate complementary feeding. While 77 per cent of children in the region are introduced to complementary foods at around the right time – between six and eight months – the quantity and the quality of most of their diets is not adequate enough to ensure good growth. There is a heavy reliance on breast milk complemented with maize flour porridge and very low consumption of animal-source foods, fruits, legumes and vegetables. Only one in five children in the region are fed a diet meeting minimum dietary diversity and only two out of five eat the minimum number of meals.

For this to change, more and more mothers like Grace must be taught what to feed their children, including learning about the various food groups that make meals nutritious and how often to feed their children. In Malawi UNICEF is supporting the government, within the Scaling Up Nutrition movement, to implement a comprehensive package of 13 high-impact interventions. The aim is to ensure women are empowered with the skills and knowledge to promote optimal growth and development through infant feeding practices.
An agenda to put children’s nutrition first

This agenda is driven by two imperatives. First, children have unique nutritional needs and can suffer unique harm from malnutrition. Putting children's needs first is key to ensuring that every child and young person has the nutrition they need to get the best start in life. Second, all children and young people will need nutritious, affordable and sustainable diets if societies are to meet the economic, social and environmental challenges of our changing world in the 21st century.

1 | Empower families, children and young people to demand nutritious food

Demand affects supply as food producers respond to consumers’ behaviours and aspirations. When healthy options are affordable, convenient, and desirable, parents and caregivers make better food choices for children. As children grow older, knowledge and information can make them powerful agents of change. Stimulating demand for nutritious foods means not only educating consumers on the benefits of healthy diets, but also leveraging cultural and social aspirations.

2 | Drive food suppliers to do the right thing for children

Demand alone is not enough: Healthy food must also be available, affordable, safe, and convenient. Food producers and suppliers have a key role to play, and so do governments, which must create a level playing field for all producers and suppliers, ensuring their actions align with children’s best interests. Food systems are diverse, and so are solutions. But all food production and consumption must become sustainable if we are to protect children’s nutrition today and tomorrow.

3 | Build healthy food environments for all children

The personal and external food environments are where children and their caregivers interact with the food system. While the forces of supply and demand shape food environments, context-appropriate actions such as mandatory front-of-pack labelling and protection against exploitative marketing and mandatory labelling can help create food environments conducive to nutritious diets for children.

4 | Mobilize supportive systems to scale up nutrition results for every child

As well as food systems, four other key systems must be mobilized to deliver nutrition services, improve nutrition practices and achieve nutrition outcomes at scale. The health, water and sanitation, education and social protection systems must all deliver interventions in a coordinated fashion. A systems approach to children’s nutrition can help ensure that children and families have access to healthy diets and that children receive the nutrition services they need to develop to their full potential.

5 | Collect, analyse and use good-quality data and evidence regularly to guide action and track progress

Lack of adequate data prevents governments from responding with effective policies, strategies and programmes. Accurate and timely data is needed to understand malnutrition, take coordinated, evidence-based action, and hold all actors accountable. Data collection methods and frequency must be transformed to expand what we know about the diets and nutrition of children, adolescents and women at every stage of life. Data systems must become responsive and develop a culture of data sharing and transparency.
What do adolescents and young mothers think about nutrition and eating habits?

BACKGROUND
8 workshops were implemented in Ethiopia and Zimbabwe with adolescents and first-time mothers to discuss eating habits, food and nutrition, and barriers to eating well.

ADOLESCENTS
“Lack of money and awareness makes it difficult to eat well”

–Boy, 16, Ethiopia

“Healthy foods are not being sold at the shopping centre.”

–Group discussion, Zimbabwe

MOTHERS
“I cannot even afford to give my baby unhealthy foods as I do not have the money.”

–Age 20, Zimbabwe

“Availability of vegetables and fruits in the market [is a problem.]”

–Age 20, Ethiopia

For more information, the full report is available at www.unicef.org/sowc2019

www.unicef.org/esa

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