Introduction: food insecurity in South Africa

In South Africa the cause of hunger and malnutrition is not due to a shortage of food but rather an inadequate access to food by certain categories of individuals and households in the population. Statistics South Africa has shown that food insecurity is not an exceptional, short-term event, but is rather a continuous threat for more than a third of the population. The vast majority of South Africans buy their staple foods from commercial suppliers, rather than growing it themselves, and are therefore dependent on having (direct or indirect) access to cash.

Among the poor, who by definition suffer the brunt of the lack of jobs in the South African economy, the main sources of cash are insecure piece jobs, the government’s social welfare safety net (primarily in the form of old age pensions and child support grants) and private transfers from working relatives and neighbours. In addition to cash, the “bundle of entitlements” which enables individuals and households to feed themselves also includes access to land (especially in rural areas) for supplementary food production and accessing natural resources for the harvesting of woodfuel, wild foods and livestock production. Other entitlements include access to family and community networks for sharing available food.

Locating food insecurity in rural South Africa

There are strong links between vulnerability to food insecurity and chronic poverty: poverty undermines the ability of people to develop livelihood strategies, adaptive behaviours and coping strategies which help to ensure long-term food security. A map of apartheid South Africa depicting the boundaries of “homeland” areas is essentially identical to the map of contemporary South African poverty indicators, as depicted below. Areas with more than 80% of households being in a state of poverty are likely to be food insecurity “hotspots” of South Africa.

Those vulnerable to food insecurity are found in two, broadly defined, marginalized groups. The first group - the economically marginalized - lack land, capital and tools, livestock, literacy and other formal skills. They make up the ‘working poor’ or the ‘under-employed poor’. The second group – the socially marginalized – are vulnerable because of gender (women and girls); age (children and the elderly) or by illness or disability. This group is often also economically marginalized and form the core of the chronically poor. They usually have fewer coping options at their disposal.

Examples of groups that are more vulnerable to food insecurity are:

- Remote rural populations (vulnerable due to excessive reliance on a single livelihood source, lack of diversification options, high transport costs or poor information);
- Families with members who are chronically ill due to HIV/AIDS, tuberculosis or malaria (vulnerable due to a lack of labour, higher rates of unemployment, the disposal of assets to cover medical costs and who are more reliant on non-employment income like pensions);
- People with disabilities (vulnerable due to a lack of access to production or earning opportunities and social exclusion);
- The elderly (vulnerable due to loss of assets, an inability to use their assets productively, additional burdens of care for the young, the ill or other dependents and dependent on state grants for survival);
- Children under five (vulnerable especially to under-nutrition, malnutrition and infectious diseases);
- Widows and divorced women (vulnerable due to loss of previous partner’s contribution to household livelihood, loss of access rights to assets such as land, low levels of paid employment among women, responsibility of having to look after children);
- Female-headed households (vulnerable for the same reasons as the preceding category);
- Women and girl children (vulnerable because of gender roles that assign them most of the responsibilities for household reproduction).

The predisposing factors leading to vulnerability differ across these groups. Some of them have to do with household demographics and food distribution issues within households; others with social and institutional access rights; yet others have to do with the depletion of available household labour or a lack of livelihood options. Some groups may be chronically vulnerable, requiring support on a routine basis; others may experience transitory vulnerability.

Food insecurity and poverty in Sekhukhune

A pilot study named FIVIMS.ZA was implemented in 2004-05 in the Greater Sekhukhune District Municipality, incorporating the Integrated Sustainable Rural Development (ISRD) node of
Sekhukhune.

The area was chosen by the national Department of Agriculture largely because of its close proximity to Pretoria (200km). The study would also allow the testing of linkages between food insecurity and high levels of income and asset poverty. Sekhukhune, lies within a former Bantustan area and more recently has been incorporated fully into the Limpopo Province. This province is regarded as the second poorest province in the country - 89% of its population live in rural areas, compared to the national average of 46 percent.\(^3\)

The livelihood survey implemented in Sekhukhune in July 2004 confirmed a great deal of the perceptions about the vulnerability to food insecurity in the area. For example, it was clear that the groups identified above are those that are more likely to be food insecure or vulnerable to food insecurity in the study area.

The concentration of poverty in the north eastern areas of the district highlighted the broad locality of food insecurity. It must however be stressed that even in areas depicted as being better off, and thus less food insecure, evidence of localized chronic poverty and food insecurity is still found. One example is farm workers employed on large commercial farms.

Income and expenditure

The livelihood survey indicated four common sources of household income in Sekhukhune: government-provided Old Age and Child Support Grants (each being received by a third of households);\(^4\) remitted income from migrant labourers (31%) and income from regular wage employment (27%). The remaining types of social assistance (Foster Care Grant, Disability Grant, Care Dependency Grant and Compensation Funds) all had a limited coverage with none being present in more than five percent of households surveyed. This also applied to other income sources, including pension funds from work, selling of production and non-production related assets, and the receipt of gifts in kind. Four percent of households reported that they received no form of income during the month prior to the survey.

Expenditure on food constituted the largest share of household expenditure - some 42% of total monthly income. Other shares were on clothing (9%), education (8%), fuel for energy (7%) and burials (4%). It was revealing that over half the respondents (54%) indicated that their household ran out of money to buy food.

Food Production

Although over 40 percent of households indicated that they grew their own crops, it is clear that this is largely for supplementary purposes. A large proportion of Sekhukhunde district is not suitable for crop production. The other major constraints to agricultural production for household food security (for consumption or sale) were mainly a lack of money but also access to seed, fertiliser, and water. This clearly indicates the importance of purchased food for household food requirements. Many households in Sekhukhune and in South Africa are simply not in a position to address their food needs through household-level food production, as production levels are not sufficient.\(^4\)

Nutrition measurements

Data from the 2000 National Food Consumption Survey (NFCS) confirmed that the majority of South African households live in poverty with a limited variety of foods available in their homes. Further, one out of two children enjoyed an energy intake of less than two-thirds of their bodily requirements.\(^5\) Stunting and underweight, the country’s most prevalent nutritional disorders, are most severe in children between one and three years, caused by inadequate intake of proteins, vitamins and minerals. Limpopo has high levels (81 percent) of food insecurity as measured by malnutrition\(^6\), with studies indicating that Sekhukhune has 40 percent of children aged one to six as stunted, 15% wasted and 21% as underweight for their age.\(^7\) This indicates that Sekhukhune is one of the most vulnerable districts in terms of chronic child malnutrition.

Anthropometric measurements taken during the livelihood survey in Sekhukhune confirmed provincial statistics showing high rates of stunting (36%) for different age groups of children between 13 and 215 months. Similarly, almost a fifth (19%) of children between the ages of 13 and 215 months were underweight. These figures mirrored those of the NFCS and two other recent studies in the district.\(^8\) Fetakgomo municipalities was identified as particularly severe with stunting prevalence ranging between 30 and 39 percent for children two years and older while between 10 and 19 percent of children between 24 and 71 months were considered underweight. The prevalence of wasting in Fetakgomo was 17 percent. These figures are considered high by World Health Organisation standards and when compared to other studies undertaken in South Africa it is clear that food insecurity is an issue of concern in Sekhukhune.

The livelihood survey indicated that household members often skipped meals because of a lack of food (53%), children ate less than they needed to because of a shortage of food (51%) and that they sometimes went to bed hungry because of a lack of money to buy food (36%).

Conclusions

The pilot study concluded that food insecurity in Sekhukhune is largely driven by:

- A relatively great reliance on purchased food;
- A relatively high dependence on wages and remittances;
- Poor people’s lack of access to land and other assets essential for economically sustainable food production;
- The meagre contribution of subsistence agriculture to household food needs; and
- A disproportionately higher exposure to inflation and price shocks.

This suggests that a wide range of interventions is required - ranging from emergency food relief and other forms of social protection, to measures aimed at ensuring more effective participation of people in the formal and informal economies.

The nutrition indicators suggest the need for a concerted response to mal-nutrition. In particular the causes of malnutrition should be addressed. These include inadequate and inappropriate knowledge and inadequate supply of nutritious foods. The use of locally available community resources, coupled with culturally appropriate nutrition education that is community-based, could change attitudes and beliefs of mothers and care-givers with regards to feeding and caring practices. A focus on improving water, sanitation and inadequate health services and improving access to nutritious foods through agricultural interventions would help to address these problems. The national and provincial Departments of Health and Agriculture need to pro-actively address these issues.


\(^4\) Labadarios, D; Steyn, N; Maunder, E; MacIntyre, U; Swart, R; Gericke, O, Huskisson, J; Dannhauser, A; Voster, HH; Nesamvuni, A. (2000)  “The National Food Consumption Survey”, South Africa.

