The nutrition transition and the right to adequate food for adolescents in South Africa

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Executive summary

Changes in diet and nutrition along with other lifestyle changes have during the last decades affected the pattern of diseases and nutrition problems in many developing countries, the phenomenon known as 'The Nutrition Transition'. As people move into cities, their lifestyles and food supplies change leading to changes in their diets. Urban diets show trends toward greater consumption of rice and wheat, more milled and polished grains, food higher in fat, more animal products, more sugar, and more processed food. Various nutrition studies on adolescents in South Africa have shown that overweight and obesity are increasing, possibly as an outcome of the nutrition transition that is affecting the country. Researchers in South Africa have expressed a need for more studies, policies and programmes that can facilitate prevention and early diagnosis of malnutrition in all its forms including those resulting from unbalanced diets that exists among adolescents.

This thesis uses a human rights based approach as a mean of making a contribution to this need. The overall aim was to expand the knowledge of the nutrition transition processes and changes that influence adolescents in South Africa, and to explore what relevant measures exist and are/or planned for the future. Perceptions regarding adolescents' diets, dietary pattern changes, body images and physical activity have been investigated from the selected right-holders' as well as corresponding duty-bearers' perspectives. Further, a conceptual framework has been used to systematise their understandings of the situation and ideas regarding possible actions and measures. The rationale behind the study was to create awareness and thus facilitate the establishment of an environment that can enable adolescents in South Africa to increasingly enjoy their right to adequate food given the challenges of the nutrition transition.

The right to adequate food is laid down in international human rights law especially through the International Covenant on Economic, Social and Cultural Rights as well as the Constitution of South Africa, one of the most progressive constitutions in the world through its Bill of Rights. The right to food is realised when everybody has physical and economic access to adequate food or means for its procurement at all times. "Adequacy" refers to nutritional adequacy, food safety and cultural accessibility. Further the accessibility of such food needs to be sustainable and must not interfere with the enjoyment of other human rights. One of the major strength of a human rights based approach is that the State and other responsible actors for the realisation of the right can be held accountable for not fulfilling their duties and responsibilities.

A case study approach was chosen in the present study as it is exploratory and flexible by nature, making it well suited for investigating human rights dimensions. The data were collected through focus group discussions with the selected right-holders (grade 10 isiXhosa-speaking females from public schools in the Cape Town area), key informant interviews with the selected duty-bearers (government staff, school staff members, NGOs, research units staff and others working within the relevant fields) and review of selected government documents, in terms of relevant reports, legislation, scientific papers, regulations, statements, policies and programme plans.

Four city school and three townships school with learners residing in both formal and informal settlements in the Cape Town area were selected and invited. A total of 25 grade 10 isiXhosa-speaking females (14-16 years old) from two city schools formed three different focus groups (7, 8 and 10 learners in each group). Nineteen key informant interviews with staff members from two city schools and one township schools in the Cape Town area, the Children's Resource, Education and Training Centre in Cape Town, the Medical Research Council Chronic Diseases of Lifestyle Research Unit and Exercise Unit and government employees at both national and provincial level working with either the School Nutrition Programme at the Department of Education or the Integrated Nutrition Programme at the Department of Health were carried out in the period between March 2006 and August 2006. The main focus of the document review was places in the leading responsible government sectors for nutrition and food which are the Department of Health and the Department of Agriculture. Other supporting sectors were also investigated, such as the Department of Sports and Recreation, the Department of Education and the Department of Social Development.

The most important nutritional and related health concerns that emerged from the data collection were related to the breakfast skipping and unhealthy tuck shop food/school lunch. In the light of human rights these findings transferred to lack of availability and access of adequate food at schools, home, and in the community. In addition, this study showed that there was lack of availability and access to physical activity opportunities during and after school hours for adolescents.

The focus group discussions revealed that traditional norms and preferences are changing both regarding the dietary habits and perceptions concerning the ideal body size/image. Social factors (social norms and a need to "*fit in*") appeared to considerably affect the behaviour of the learners, something that became apparent both through the focus group discussions and key informant interviews. The traditional food seems to be losing its importance, while the fast food and more modern/Western food seem to be connected to affluence and social acceptance. Learners seem to experience pressure to buy and eat unhealthy foods in order to show that they can afford it. The conventional view that "*big is beautiful*" is shifting. Both traditional and more Western body perceptions co-existed among the focus group participants. For example being thin was still connected to illness and unhappiness, which may pressure this population to gain weight. On the other hand, the media was promoting thin body ideals, which in turn may pressure children and adolescents, especially females to go on a diet or develop disordered eating behaviours.

Several other important issues emerged from the findings such as lack of enough and satisfactory awareness, motivation and authority to act with regard to the right to adequate food amongst both the right-holders and duty-bearers in question, poor access to and control of resources at all selected levels, and unsatisfactory internal and external communication and coordination.

The document review findings showed that issues of the nutrition transition and double burden of nutrition-related disease in South Africa have not been a priority for the government up to this point. Studies show that these problems are significant and present a true health threat to the South African adolescents of all ethical groups. However, with the emerging policies and plans e.g. the school tuck shop policy and Youth Fitness and Wellness Charter, it seems that the government is trying to progressively address these matters in a serious manner.

Methodological constraints that may have biased the data collected in this study relate to language barriers (an assistant was used during the focus group data collection, who also translated and transcribed the focus group recordings); the fact that focus group participant were from city schools only and thus from somewhat better resources household than learners from township schools; limited amount of participants in each of the group and the fact that some participants may have responded in a way they thought the interviewer wanted them to respond. Despite these limitations, a strong degree of consistency was seen between the statements within each group of participants which indicates that the data collected is *trustworthy* and *dependable*.

The nutrition transition in South Africa is of complex nature because of large differences that exist amongst different ethnic, gender and socio-economic groups, high HIV/AIDS prevalence and high level of poverty. The social context of young people is diverse and there exist numerous socio-cultural realities, ethnic differences and family values and structures which all need to be taken into account when designing policies and programmes in the country. A large proportion of South African youth has been very negatively affected by decades of disadvantage and disempowerment during the Apartheid. The effects are seen in the form of crime, substance abuse, disease, violence and poverty. A feeling of unity needs to be strengthened to erase and overcome the destructiveness of the former regime. Policy decisions should be based on an understanding of the existing diversity and address different needs in different parts of the country. Nutrition and related behaviour measures should try to accommodate heterogeneity that exists in South Africa without discriminating and stigmatising the people. The people need to feel that they are free to preserve their own food habits and related cultural heritage and traditions, but there should be no impediments for those who wish to identify with cultures other than their own either.

The main focus of the government sectors and other working within the field of adolescents' nutrition and health should be placed on improving the school tuck shops and increasing the level of physical activity during school hours. Further, the media and food industry need to be encouraged to work with the

government in order to influence adolescents to make healthy choices and remove the perceived link between higher social status and eating foods that are largely unhealthy. Cultural perceptions regarding food, ideal body sizes and physical activity also need to be addressed without this leading to disrespect and affecting people's cultural pride and human dignity in a negative manner.

Last, but not least nutrition and health professionals will need to remember that adequate food for all is not just a basic need; it is also a human rights concern. No country can afford to ignore the burden resulting from unhealthy nutrition and physical inactivity, nor can it deny shared responsibility in working towards improving the current situation. It is recommended that human rights and their principles are purposively used in the future because they offer guidelines in what way matters of inadequate food and nutrition can be addressed in terms of policy formulations, implementation, evaluation and monitoring. Further, human rights create a universal platform with recognized standards where governments and national and international organisations can support and assist each other when needed. All these factors provide superior and hopefully sustainable means of counteracting the negative effects of the nutrition transition present among adolescents in South Africa.

Table of contents

List of figures and tables

Abbreviations

ACC/SCN	Administrative Committee on Coordination/Sub-Committee on Nutrition
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
BRISK study	Black Risk Factor Study
CESCR	Committee on Economic, Social and Cultural Rights
CRC	Committee on the Rights of the Child
CRETC	Children's Resource, Education and Training Centre
FAO	Food and Agricultural Organisation of the United Nations
GC	General Comment
GC4	General Comment no. 4 adopted by the CRC on Adolescent Health and development in the context of the Convention on the Rights of the Child
GC12	General Comment no. 12 adopted by the CESCR on the Right to Adequate Food
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
HRAP	Human Rights Approach to Programming
HRBA	Human Rights Based Approach
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IGWG	Intergovernmental Working Group for the elaboration of *Voluntary Guidelines to support the progressive realisation of the right to adequate food in the context of national food security*
INP	Integrated Nutrition Programme
LDL	Low Density Lipoprotein
MDG	Millennium Development Goals
MRC	Medical Research Council
n.d.	not dated
NFCS	National Food Consumption Study
NGO	Non-Governmental Organisation
NYC	National Youth Commission
NYS	National Youth Service
OBE	Outcomes-based education
OHCHR	Office of the High Commissioner for Human Rights
RDP	Reconstruction and Development Programme
REC	Research Ethics Committee
RSA	Republic of South Africa
SAYC	South African Youth Council
SCN	United Nations System Standing Committee on Nutrition
THUSA study	Transition, Health and Urbanisation in South Africa Study
UCT	University of Cape Town
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Programme
UN	United Nations
UNICEF	United Nations Children's Fund
VG	Voluntary Guidelines to support the progressive realisation of the right to adequate food in the context of food security
WHO	World Health Organisation

Clarification of terms

Actor
A role-player or stakeholder; here working with adolescents and within the areas of food, nutrition, sports, physical activity, health, education and school.

Duties: obligations and responsibilities
Engesveen (2005a-c) has in her thesis made a distinction between "obligations" and "responsibilities". The same has been applied in the present thesis. Obligation is reserved for States which by ratifying a human rights convention are legally bound to implement the conditions that enable people to enjoy their rights. Responsibility is used for other duty-bearers who have not ratified any human rights covenants, but still have a moral responsibility towards creating enabling environments for human rights fulfilment.

Junk food
High energy, high fat, high salt fast food, also normally low in micronutrients and fibre.

Learner
"Learner" is used instead of "pupil" as it is the preferred term in South Africa. It has been adopted by the official authorities since the adoption of the new educational reform founded on outcomes-based learning.

Malnutrition in all its forms
World Health Organisation is using the term "malnutrition in all its forms" to refer both to malnutrition (undernutrition) caused by inadequate food consumption, poor nutrient absorption or excessive loss of nutrients and malnutrition caused by unhealthy, unbalanced, energy-dense and sometimes nutrient-poor diets. Malnutrition can find place with both inadequate and adequate energy levels, as intake of other nutrients can be low independent of energy levels.

Parent/Caregiver/Guardian
Many South African children do not live with their biological parents, but with grandparents, relatives or family friends referred to as guardians or caregivers. The terms are used interchangeably in the present thesis.

Primary and secondary education in South Africa
National Department of Education is responsible for education across the country as a whole, while each of the nine provinces has its own education department (GCIS 2005). South Africa has both public (95.8 %) and private/independent (4.2 %) schools. School life spans 13 years although the first year of education, grade R or "reception year", and the last three years, grade 10, 11 and grade 12 are not compulsory. Primary school is from grade R to grade 7, while secondary school is from grade 8 to grade 12.

Population groups in South Africa
Statistics South Africa (2001) provides five ethnic categories by which people can classify themselves during official censuses: black African (or only black or African), white, coloured, Asian/Indian, and unspecified/other. In South Africa the term coloured is mostly used to refer to people of mixed-, or Khoikhoi (indigenous) descent, while the term black is used for black Africans. "Coloured" was one of the ethnical groups designated under the Apartheid system of racial segregation, along with "black", "white" and "Indian". Although controversial the groupings are generally not considered offensive in South Africa and are still used.

State
The term "State" refers here both to the central government authority and the entire governmental executive apparatus at all levels. It is interchangeably used in the meaning of "governmental". The author has decided to consistently capitalise State, although the concept in some places is more generic than specific.

Township
In South Africa this refers to the often underdeveloped urban residential areas that, under Apartheid, were reserved for non-whites who lived near or worked in "white-only" areas. These areas often have informal houses made of tin, cardboard and wood referred to as squatter camps. Serious social problems include a high rate of poverty, unemployment, HIV/AIDS and disturbing levels of crime and gang activity.

Tuck shop
A common term in South Africa used for a small, food-selling retailer. Tuck shops typically sell sweets, popcorn, crisps, fizzy drinks, pies, sausages and other fast foods, although they can sell fruits, sandwiches, toast, soups and other warm meals as well.

South African grocery shops and restaurants

Checkers	Widespread medium-priced grocery shop
Kentucky Fried Chicken/KFC	Fast food restaurant mainly serving various fried chicken options, chicken burgers, coleslaw, French fries, potato wedges, mashed potatoes and corn on the cob.
Pick'n'Pay	Widespread medium-high-priced grocery shop
Shoprite	Widespread low-price grocery shop
Spur	Steakhouse restaurant chain mainly serving beef burgers, steaks and ribs.
Steers	Fast food burger restaurant chain mainly serving flame grilled beef and chicken burgers
St Elmo's	Pizza restaurant

South African/isiXhosa terms

African salad	Maize porridge with sour milk
Amasi	Sour milk
Amerhewu	Thin, slightly fermented sour porridge made with maize meal
Braai	South African word for barbecue
Chip-roll	Fried potato chips in white bread, often served with mayonnaise and ketchup
Gatsby	Baked French loaf bread filled with potato chips, meat or polony, cheese and sometimes vegetables
Imifino	Wild spinach and other wild leaves (indigenous plants). Often cooked and served with pap for supper.
Mealie	Maize/corn
Morvite	Instant breakfast sorghum porridge
Samoosa	Deep-fried small, filled triangular-shaped Indian pastry (often spicy)
Samp	Dried corn kernels that has been stamped or coarsely broken, but not ground
Pap	Traditional porridge made from mealie-meal (ground maize or other grain)
Pens	Stomach of sheep
Pie	Baked savoury normally filled with cheese and chicken, kidney, mushrooms or mince.
Trotters	Pigs feet
Umgqusho	Samp and beans
Umhqamulo	Cows head
Umphokoqo	African salad (maize porridge with sour milk)
Vetkoek	Fried dough/fat cakes

INTRODUCTION

The present thesis links nutrition with human rights and focuses on the right to adequate food of adolescents in South Africa in the context of the nutrition transition. The emphasis is on the black population as it is the largest population group in South Africa and one of the most vulnerable to the nutrition transition and its consequences. Moreover, the thesis examines measures taken or planned by the State towards the realisation of the right to adequate food in the chosen context, and proposes recommendations for improvement of the situation.

The right to adequate food is laid down in international human rights law especially through the International Covenant on Economic, Social and Cultural Rights (ICESCR) as well as in the Constitution of South Africa, one of the most progressive constitutions in the world through its Bill of Rights. It implies that the State and other responsible actors for the realisation of the right can be held accountable for not fulfilling their legal duties.

Various nutrition studies on adolescents in South Africa have shown that overweight and obesity are increasing, possibly as an outcome of the nutrition transition that is affecting the country (Department of Health 1998b, Medical Research Council 2003). The nutrition transition concept has been extensively explored and explained by Popkin (1994). It is characterised by a shift away from diets based on indigenous staple grains or starchy roots, locally grown legumes, other vegetables and fruits and limited foods of animal origin, towards diets that include more processed food, more foods of animal origin and more added sugar and fat. This dietary shift is often accompanied by reduced physical activity and consequently a change in body composition and disease patterns. According to Drewnowski and Popkin (1997) the nutrition transition processes are a consequence of globalisation and urbanisation, but also shifts in income, prices and food availability, the modern food industry and the mass media influence.

Researchers world-wide (Delisle et al 2000) and in South Africa (Medical Research Council 2003) have expressed a need for more studies, policies and programmes that can facilitate prevention and early diagnosis of malnutrition in all its forms that exists among adolescents including those resulting from unbalanced diets. This thesis uses a *human rights based approach* (HRBA) as a mean of making a contribution to this need.

A HRBA initially developed within UNICEF provides a theoretical framework to work from, which needs to be specifically operationalized and contextualised for different situations. It implies, as explained by Jonsson (2003) that human rights principles such as equality, participation, empowerment, transparency and accountability guide all processes relevant to assessment, analysis, project design, implementation and monitoring. One aspect of this approach is a *role and capacity analysis* of responsible actors and monitoring of their performance in meeting their duties as well as their capacity for doing so. *Role analysis* identifies the responsible actors, their duties in implementing the conditions necessary for the enjoyment of a given right by the group in question, and the actors' actual performance relative to these duties. *Capacity analysis* implies an investigation of the capacity of these actors to meet their respective duties in a given context.

A HRBA is helpful in identifying gaps that can explain at more depth why the authorities and those more specifically responsible are not fulfilling their duties. Further, the approach is used to assess and analyse a given situation and identify desirable future measures, policies and programmes that can lead to an improvement. It can be used as a practical tool to monitor the State and other actors' performance regarding nutrition-related human rights as proposed by the United Nations Sub-Committee on Nutrition (SCN) (2001) and tested by Engesveen (2005a-c).

In the present thesis several dimensions of the approach have been applied. A conceptual framework has been developed to support the author in the development of the objectives and research questions, and in the analysis and discussion of the findings.

The work over many years to contribute to the conceptualisation and promotion of the right to adequate food, including by scholars at the Department of Nutrition at the University of Oslo has been an essential motivation for linking the nutrition transition with the human right to adequate food in this thesis. Another key inspiration is the recent set of the Voluntary Guidelines (VG) to support the progressive realisation of the right to adequate food in the context of national food security, prepared by an intergovernmental group and adopted by the FAO Council in 2004 (FAO 2005).

The present thesis will contribute to expanding the current knowledge and awareness about the right to adequate food and its practical use to improve the nutrition situation for specific groups that may be negatively affected by the nutrition transition.

PART I

BACKGROUND, OBJECTIVES & METHODOLOGY

1. Background

1.1 The nutrition transition and the developing world

Developing countries have experienced an accelerating level of urbanisation during the last decades, causing rapid livelihood changes. The rates of the nutrition transition in those urban areas are greater than ever experienced before (Popkin 1994, 1999). As people move into cities, their lifestyles and food supplies change and this in turn leads to changes in their diets. Urban diets show trends toward greater consumption of rice and wheat, more milled and polished grains, food higher in fat, more animal products, more sugar, and more processed food. This means fewer vegetables, pulses, potatoes and other roots and tubers. Their diets shift from ones rich in fibre, minerals and vitamins towards ones rich in energy, sugar, fats and cholesterol. The urban environment is also marked by a greater disconnect between places of work and residence, which makes free time scarcer, at least for those employed. As a consequence less time is spent cooking proper meals and more food is purchased outside the home, even for poor households. Urbanisation brings not only changes in diet but also a more sedentary lifestyle and a different social and cultural environment (Egolf et al. 1992; Lasker et al 1994).

Together these processes make urban populations in lower income countries more susceptible to overweight, obesity and lifestyle related non-communicable diseases (Popkin 1998). This has assisted the epidemiological transition, characterised by the shift in the disease pattern from a high prevalence of infectious diseases associated with undernutrition, periodic famine and poor environmental sanitation to a high prevalence of chronic and degenerative diseases associated with urban-industrial Western life styles (Popkin 2002).

1.2 The double burden of disease

Researchers have shown that urban populations, especially in developing countries, while still facing food insecurity, underweight and micronutrient deficiencies, often show signs of dietary excess with overweight, obesity and non-communicable diseases as a consequence (Murray and Lopes 1996, Popkin 1998). This development has led to what is called *the double burden of disease*. The double burden of disease is threatening the third world and its health budgets increasingly each year (Popkin 1998; Popkin and Doak 1998). Underweight and overweight have in addition been found to coexist in the same households (urban, rural, rich *and* poor) especially in countries in the middle ranges of per capita GNP (Popkin 2002, Doak et al 2005). Children in these households are often stunted and undernourished, while mothers are overweight and obese.

By the year 2020 non-communicable diseases are expected to account for 73 % of deaths and 60 % of the disease burden in the world (Murray and Lopez 1996). Four of the most prominent death causes as presented in the World Health Organisation (WHO) report (WHO 2002) are cardiovascular disease, cancer, diabetes and chronic obstructive pulmonary disease. All of them, except the latter are related to lifestyle changes that are part of the nutrition transition such as unhealthy diets, overweight and physical inactivity. Low and middle-income countries suffer the greatest impact. The WHO report (ibid) stated that 77 % of total number of deaths attributable to non-communicable diseases in the world in 1998 occurred in developing countries. Women in poor countries seem to be especially vulnerable to overweight and it has been shown that the

prevalence of overweight among both rural and urban women predominate over the prevalence of underweight (Mendes et al 2005).

Even though the world faces challenges associated with infectious diseases and undernutrition, especially among women and children, it does not imply that we can hide from the increasing health problems linked with unhealthy diets and overweight. These "new" issues ought to be addressed more aggressively and systematically, especially regarding vulnerable groups which have been less in focus, such as adolescents.

1.3 Adolescents[1] and the nutrition transition

Adolescence is often defined as a formative period during which many life patterns are learned and established (Senderowitz 1995). It is a time of intense physical, psychosocial, and cognitive development and not only a stage between childhood and adulthood. It is also a unique and important developmental period requiring specific programmes and policy attention.

The world's adolescent population – 1200 million persons 10-19 years of age according to numbers from World Bank (2007) – faces a series of serious nutritional challenges not only affecting their growth and development, but also their livelihood as adults (Kurz and Johnson-Welch 1994). As explained earlier, many studies (Popkin and Doak 1998, WHO 1998) have documented changes in diet and increases in overweight among adults in the third world. The same has been shown for adolescents in developing countries, especially in urban areas (Adair and Popkin 2005, Popkin et al 1996, Schneider 2000).

Overweight and obesity during adolescence can have many negative consequences, such as psychosocial implications, a negative impact on adolescents' interest or ability to participate in physical activity, and effect on risk for overweight, obesity and related diseases later in life (Must and Strauss 1999, Maffeis and Tato 2001).

In urban areas all over the world, snack foods, fast foods and high-energy soft drinks are made easily accessible and available to adolescents. In general they have a preference for palatable foods and since these foods are made popular through advertisement it has ultimately impacted their dietary intakes resulting in high total intakes of fat and sugar (Delisle et al 2000). Their diets are in addition often high in sodium and low in fibre, which could be related to their low fruit and vegetable consumption. Moreover, adolescents' meal patterns have been altered since they eat more away from home and habitually buy food from fast food restaurants, street vendors and small local eateries that frequently sell fatty, cheap and unhealthy meals and snacks (Adair and Popkin 2005). Studies on adolescents' diets have shown that their energy intake is too high (Bahzan et al 2005, Durrani 2005, Esfarjani et al 2005, MacKeown et al 2005). Their diet quality on the other hand is inadequate leading to intakes of iron, vitamin A, vitamin D, calcium and zinc below the recommended daily allowances.

A review and discussion paper prepared by Delisle et al (2000) for the WHO found the following nutritional problems among adolescents to be of biggest concern: undernutrition in terms of stunting and underweight, reduced catch-up growth, intrauterine growth retardation in pregnant adolescent girls, overweight and obesity, anaemia and iron, iodine, vitamin A, calcium, zinc and

[1] By international legal definition proposed by the UN, anyone under the age of 18 is a child. Adolescents are those between the ages of 10 and 19, while youth are defined as those between the ages of 15 and 25.

folate deficiency. Poor eating habits combined with e.g. menstruation, pregnancy, HIV/AIDS and decreasing physical activity levels contribute to accentuating the potential risk for adolescents of poor nutrition. The authors of this paper pointed out that adolescents have been given little health attention, except for reproductive health concerns as they are a "*difficult to measure and hard to reach*" population and do not have same high prevalence of infections compared to young children and of chronic disease compared to ageing people. Furthermore, they found that very few developing countries were addressing issues of unhealthy nutrition and overweight among adolescents in an organised and vigorous manner. This is of concern, as it has been shown that obesity in adolescence tends to persist into adulthood (Freedman et al 2005). Delisle and others (2000) identified an urgent need for specific strategies and approaches targeting the adolescent population, especially considering that adolescence can be a window of opportunity to gain important and lasting knowledge on healthy nutrition and lifestyle. The authors' conclusion was that current nutrition programmes for adolescents need to be reviewed and revised to take into account concerns, challenges and consequences of the nutrition transition processes taking place around the world.

1.4 Human rights

The contemporary human rights system created by the United Nations (UN) after the Second World War is a world-wide agreement on standards and steps necessary to achieve a more equitable world where everyone may live and develop in accordance with human dignity. This system of norms[2], institutions and procedures is wide reaching and an extensive overview is not attempted in this thesis. Relevant aspects are briefly presented as a frame for the more specific focus on the right to adequate food and adolescents. The general parts are mainly based on the "Basic handbook in human rights for UN staff" (OHCHR 2001).

1.4.1 Basic principles

An individual has a human right simply because he/she is a human being. The human rights system clearly implies that there is no hierarchy of rights and that all rights should be regarded as being of equal priority (UN 1993). Denial of one right invariably impedes enjoyment of others, leading to the recognition by the UN Member States that human rights are *universal*, *inalienable*, *indivisible*, *interrelated* and *interdependent* (ibid).

Human rights establish that whenever there is a right, there is a corresponding duty to fulfil that right. *Right-holders* are those individuals or groups whose universally recognised rights are or are not being catered for by the societies they live in, and whose rights are thus being upheld or violated. *Duty-bearers* are those individuals or institutions that must uphold the specific rights. The ultimate responsibility rests with the State, but it is not the straightforward welfare function of the State vis-à-vis the citizens. All members of society – individuals, families, local communities, non-governmental organisations (NGOs), civil society and private business sector are expected to help with the realisation of human rights.

[2] The concept of "norm" in the context of human rights means "ideal" as applied in the legal and natural sciences. It is not the same as the concept of norm as used by social scientists where it often refers to "the most typical as regards to choices and behaviour within a given culture or social group".

Working with human rights means having a simultaneous focus on both *outcome* and *process* (Jonsson 2003). The aim is to achieve a desired outcome through a high quality process. High quality processes are understood as participatory and creating enabling environments in which people are helped to take care of themselves and thereby not excessively burdening government institutions and services. Human rights principles such as *sustainability*, *participation*, *empowerment*, *equality*, *non-discrimination*, *transparency*, *accountability* and *effectiveness* should guide all processes including assessment, analysis, policy making, programme design, implementation, monitoring and evaluation.

1.4.2 Instruments

In 1948 the United Nations (UN) adopted the Universal Declaration of Human Rights (UDHR). This was the first international effort to establish human rights for individuals and implicitly place duties on the states, although not yet in a binding form. The UDHR established that all human beings are born with rights without distinction as to race, colour, language, religion, political or other opinion, nationality, ethnicity or sex.

Many states wished to go beyond the declaration of rights and create instruments that would legally bind states to take steps towards their realisation. Two such instruments were developed and adopted in 1966; the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). They both entered into force in 1976. Together with the UDHR these documents form the International Bill of Human Rights. Subsequently other conventions (treaties) have been adopted focusing on specific groups, such as the Convention on the Elimination of All forms of Discrimination against Women and the Convention on the Rights of the Child, which entered into force in 1981 and 1990 respectively.

In the years since the adoption of the ICCPR and ICESCR, civil and political rights have attracted much attention, while economic, social and cultural rights have often been neglected. This was never the intention when the UN General Assembly adopted the UDHR.

A major explanation for the division of rights into ICCPR and ICESCR and their different prioritisation in human rights promotion and protection can for a large part be traced to the political nature of the Cold War polarisation between the East and the West. During the 1990s and the present decade this situation changed, which can be seen through the work of the UN and other organisations which now give increasing attention to economic, social and cultural rights.

1.4.3 Mechanisms and monitoring

A State that has ratified a human rights convention is called a State Party to that convention. This means it has committed itself to the obligation to implement the rights contained therein and can be held accountable if it fails to do so. It is additionally required to submit periodical reports stating progress made and problems encountered in the implementation of the rights under the relevant treaty.

For each of the seven UN conventions, or treaties, that have entered into force the UN has established respective *convention committees* or *treaty bodies* to monitor the implementation of the human rights provisions contained in those treaties. The treaty bodies or committees are composed of independent experts of recognised competence in the field of human rights. They are acting in their individual capacity and not as representatives of their governments, although they are elected by representatives of State Parties. The main functions of the treaty monitoring bodies are to examine reports submitted by States and to consider complaints of human rights

violations. The reports are examined in the light of information received from a variety of sources including NGOs, UN agencies and other experts. After considering the information, the treaty body issues Concluding Observations containing recommendations for action by the State Party enabling better implementation of the relevant treaty.

As part of their mandate, treaty bodies formulate and adopt General Comments that comprehensively clarify the content of specific rights. Although not legally binding General Comments set standards for States' implementation of obligations and indicate how treaty bodies interpret the rights during monitoring. One such example is General Comment no. 12 (GC12), the present most authoritative interpretation of the right to adequate food, written by the Committee on Economic, Social and Cultural Rights (CESCR 1999).

Besides these *conventional* mechanisms, there exist *extra-conventional* mechanisms for monitoring, such as independent experts, working groups, Special Procedures including Special Rapporteurs, special representatives and complaint procedures.

1.4.4 The nature of human rights obligations

The State obligations under international human rights law are normally expressed as obligations to *respect*, *protect* and *fulfil* (UN 1990). This categorisation has been widely accepted by organisations and scholars working within this field.

The obligation to *respect* is 'passive' in character in that it often requires a certain type of abstention for interference. By respecting their citizens the State accepts that they search for their own solutions to survival and no interference should take place as long as the law is not being broken.

Obligations to *protect* and to *fulfil* oblige States to undertake certain actions. The State needs to actively *protect* its citizens against third parties who can negatively affect their ability to live in accordance with their rights. Examples in the area of food include protection from fraud, unethical marketing and trade and dumping of dangerous products.

The obligation to *fulfil* includes State obligations to *facilitate* and *promote* opportunities by which the rights can be enjoyed and *provide* such opportunities when the other obligations are insufficiently met. The facilitation can include enacting laws, implementing budgetary and economic measures, or enhancing the functioning of judicial bodies and administrative agencies. This also means that human rights laws should be enforced by judges who have adequate training and are supported by sufficient court staff. Other institutions, such as human rights commissions, an ombudsman, or a parliamentary commissioner, may also be established. The State should also promote the right to adequate food, for example by appropriate education concerning an adequate nutrition for its population. The obligation to provide is important both during emergencies and under normal circumstances. During emergencies as a result of war, draught or flood people are not able to survive by normal means and therefore the State must give assistance. Under normal circumstances the State needs to fulfil the rights for certain groups in the society, such as sick, children without parents and elderly who are *not* able to take care of themselves.

By ratifying the ICESCR (UN 1966) a State assumes the obligation to take steps "*to the maximum of its available resources*" in order to achieve "*progressively the full realisation*" of the rights in the Covenant (Article 2).

Non-state duty-bearers do not ratify international human rights conventions and do not carry any legal human rights obligations. Nevertheless, they have a responsibility to act as stated in the preambles of the ICCPR and ICESCR: "*the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights*".

1.4.5 The right to adequate food and recent developments

The right to food has been recognised since the adoption of the UDHR where Article 25 declares that "*…everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food…*".

Nearly twenty years later, this was further developed in the ICESCR by recognising "*… the right to everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions…*" (Article 11). Closely related to these rights are the right to health (Article 12), the right to work (Article 6) and the right to social security (Article 9). The aim of these rights is to ensure that all human beings and in particular socially and economically vulnerable groups, such as children and women have access to the resources, opportunities and services needed to achieve an adequate and dignified standard of living.

Children are additionally given their own specific rights in the Convention on the Rights of the Child (UN 1989). Article 27 states that "*State Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development*".

Given the importance of food for people, this right has been subject to pioneering work in the resurgence of attention to economic and social rights. It was the first of the economic and social rights to be thoroughly studied within the UN human rights system as presented in the report "The right to adequate food as a human right" (UN 1987). This report became the starting point for a series of investigations into the rights contained in the ICESCR.

The vital role of the right to adequate food was given special attention in 1996 when world leaders assembled in Rome for the World Food Summit. The results are contained in two major documents, the Rome Declaration on World Food Security and the World Food Summit Plan of Action (FAO 1996). The latter called for a clarification of the concept of the right to adequate food. The work that followed led in 1999 to the formulation of the GC12 on the right to adequate food by the UN Committee on Economic, Social and Cultural Rights (CESCR 1999). The normative definition is based on the definition of food security as adopted by the World Food Summit.

GC12 states that: "*The right to adequate food is realised when every man, woman and child, alone or in community with others, has physical and economic access* (physical and economic accessibility) *at all times to adequate food or means for its procurement*" (paragraph 6). This implies both "*the availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals* (nutritional adequacy), *free from adverse substances* (food safety), *and acceptable within a given culture* (cultural accessibility)" and "*the accessibility of such food in ways that are sustainable* (long-term accessibility) *and that do not interfere with the enjoyment of other human rights* (indivisibility of the human rights)" (paragraphs 8-13).

Nutritional adequacy implies that the diet as a whole contains a mix of nutrients for physical and mental growth, development and maintenance and physical activity that are in compliance with

human physiological needs at all stages throughout the life cycle and according to gender and occupation. Measures may therefore need to be taken to maintain, adapt or strengthen dietary diversity and appropriate consumption and feeding patterns, including breastfeeding, while ensuring that changes in availability and access to food supply as a minimum do not negatively affect dietary composition and intake.

Unfortunately, the GC12 definition of the right to adequate food does not link food security and the right to adequate food to other conditions for nutritional well-being of individual, while we know that health, clean water, adequate care and education all are closely related to human nutritional status and should not be overlooked when working with the right to adequate food.

The World Food Summit: *five years later* in 2002[3], called for an international alliance to accelerate action to reduce world hunger. A significant outcome for the right to adequate food was the recommendation to the FAO Council to establish an Intergovernmental Working Group (IGWG) to elaborate a set of Voluntary Guidelines (VG) to support the progressive realization of the right to adequate food in the context of national food security (FAO 2002). Five IGWG meetings followed, which led to the VG, formally adopted by the FAO Council in 2004 (FAO 2005).

The VG is a human rights based practical tool addressed to all States and not only the States that have ratified the ICESCR. They represent the first attempt by governments to interpret the right to adequate food and to recommend actions to be undertaken for its realisation in the context of national food security. They are meant to be of help in developing strategies, policies, programmes and activities that affect the right to food.

Food security is seen as the context for the realisation of the right to food, and important priorities are thus the creation of an enabling environment, access to sustainable resources and assets (water, land, nutritious food, labour, services, and sustainability), assistance without discrimination of any kind and accountability. Furthermore, partnerships with NGOs, private sectors and international community are given strong emphasis throughout the VG. They cover the full range of actions that can be adopted by the governments at the national level in order to improve national food security and create an environment in which people can feed themselves with dignity.

In VG 10 on Nutrition, it is recommended that States should take measures to maintain, adapt or strengthen dietary diversity and healthy eating habits. Furthermore, States need to take steps to prevent unhealthy and unbalanced diets that may lead to overweight, obesity and degenerative disease. Changes in availability and access to food supply should not negatively affect dietary composition and intake. Price monitoring, market regulation, food production assistance, nutrition promotion and education, employment of people and many other measures can ensure this. All stakeholders, communities and local governments should get involved in the design, implementation, management, monitoring and evaluation of programmes, so that the production and consumption of healthy and nutritious foods is increased. States should encourage inter-sectoral collaboration, so that people can be enabled to make full use of the dietary value in the food they eat and achieve nutritional well-being. Measures to eradicate discrimination and unfair distribution of food within communities and households, especially with respect to gender should be adopted. Individual practices, customs and traditions also must be taken into account.

3 The World Food Summit: five years later took place six years after the World Food Summit in 1996 because of the 9/11/2001 terror attacks in New York and the fear of the Italian government to host the Summit shortly thereafter during the same year.

Other important guidelines are Guideline 1 on Democracy, good governance, human rights and the rule of law, Guideline 11 on Education and awareness raising, Guideline 12 on National financial resources and Guideline 17 on Monitoring, indicators and benchmarks.

1.4.6 Human rights of adolescents

The primary instrument for protecting and fulfilling children's rights is the Convention on the Rights of the Child (UN 1989), which was adopted by the UN General Assembly in 1989. It reflects an international consensus on standards for ensuring the overall well-being of all children.

Convention on the Rights of the Child

The Convention on the Rights of the Child is an exceptionally important tool for those who work towards improving the conditions of life for children and adolescents throughout the world. It incorporates the full range of human rights, civil and political rights as well as economic, social and cultural rights, of all children.

The Convention requires that States at all time act in the best interests of the child. The Convention on the Rights of the Child states that all children and adolescents have the right to have the opportunity to develop to their full potential. Their rights to life, survival, maximum development, and access to health and health services are also acknowledged in the Convention. The four main guiding are *non-discrimination* (Article 2), *best interests of the child* (Article 3), *survival and development* (Article 6) and *participation* (Article 12). These principles guide the way each right is to be respected, protected and fulfilled, and serve as a constant reference for the implementation and monitoring of children's rights.

The principle of *participation* affirms that children/adolescents are full-fledged persons who have the right to express their views in all matters affecting them and requires that those views be heard and given due weight in accordance with their age and maturity. It recognises their potential to enrich the decision-making processes, to share perspectives and to participate as citizens and actors of change. These decisions are to be made through their own informed choices, meaning they need to be provided with enough information. Another important element is that parents, teachers, caregivers and others interacting with children are no longer seen as mere providers, protectors or advocates, but also as negotiators and facilitators. Adults are expected to create spaces and promote processes designed to enable and empower children to express their views, to be consulted and to influence decisions.

General Comment no. 4 (GC4) by the Committee on the Rights of the Child

The Committee on the Rights of the Child (CRC) has pointed out that adolescents as right-holders have not been given enough attention by State parties. In the follow-up of this the Committee formulated General Comment no. 4 on adolescent health and development in the context of the Convention on the Rights of the Child (CRC 2003). It identifies the main human rights that need to be promoted and protected in order to ensure that adolescents can enjoy the highest attainable standard of health and prepare adequately for adulthood and their role in the society at large. It acknowledges the responsibility, rights and duties of parents (or other persons legally responsible for the child) and that adolescents need to be recognised by the members of their family environment as active right-holders with their own capacity to become full and responsible citizens. The importance of a safe, supportive and enabling environment is heavily weighted. This consists of addressing the environment of the adolescent; including family, peers, schools, services, media and national and local policies and legislation.

According to the GC4, States must create a safe and supportive environment for adolescents, ensure that adolescents have access to essential information needed for their rights to be fulfilled, ensure that health facilities, goods and services are of appropriate quality, available, accessible and acceptable, and ensure that adolescents can participate actively in planning and programming for their own health and development. In paragraph 22 it is stated that adolescents have the right to access adequate information essential for their health and development and for their ability to participate meaningfully in society. It is the obligation of the State to ensure that all adolescents are provided with accurate and appropriate information on how to protect themselves and practice healthy behaviours. Skills on how to plan and prepare nutritionally balanced meals and physical activity are specifically mentioned in this section. The factors that increase their risk and vulnerability should be taken into account including aspects such as poverty, HIV/AIDS, family breakdown and instabilities in society. The State should adopt a multi-sectoral approach and seek international cooperation when promoting and protecting adolescent health and development.

1.4.7 Human rights and development

In recent years there has been a marked shift in the UN approach to human rights. In 1997, the UN Secretary-General Kofi Annan launched a "Programme of Reform"(UN 1997), which recognized that human rights should cut across all programmes and activities of the UN system. The United Nations Development Program (UNDP) (1998) issued policy guidelines for integrating human rights with development shortly thereafter. Since then, the concept of development has been increasingly linked to human rights by the UN and other agencies, stating that they are interrelated, interdependent and indivisible.

At the turn of the millennium, the Millennium Summit adopted the Millennium Declaration. The respect for all human rights formed the normative basis for the Declaration. Further, the Millennium Development Goals (MDG) were developed and adopted at the Summit. Unfortunately there has been a lack of association between the MDG and human rights in practice, although they are significantly related.

Use of human rights based approaches in development work represents a major paradigm shift from the earlier needs based approaches (Jonsson 2003). While peoples' needs can be met through charity, human rights are seen as inherent to the human being and need to be realised as a matter of justice. Human rights based approaches imply the identification of specific duty-bearers who can be held accountable for not meeting their obligations and responsibilities and they give people the right to claim the capabilities they need to have a dignified life. As achieving these capabilities is often what human development entails, human rights and development reinforce each other and should be continuously linked.

Active use of human rights as a basis for development for all is still a rarity today even though the UN has for many years stated that human rights should be integrated in governments' policies and programmes in all fields.

1.4.8 Nutrition and human rights based approaches

Frequently food is seen as something people need. As emphasised by Jonsson (2003) this is probably a consequence of decades with needs based approaches, where needs are identified and fulfilled in any way possible. Often this is performed through benevolence, which does not take rights, responsibilities and accountability into account. Actions based on human rights are to be

seen as moral and legal obligations, which are carried out through compassion, solidarity and respect for human dignity.

Human rights based approaches offer a framework for analysis and action in the field of nutrition and health. Further, the legal human rights instruments in force today are explicit about how rights can be used to improve living conditions of right-holders, but they are not being sufficiently recognized or utilised.

As already mentioned, all human rights are *universal*, *indivisible*, *interdependent* and *interrelated*, meaning that a holistic approach is needed when working for their realisation and fulfilment. In securing the right to adequate food, States are obliged to take steps towards the realisation of other, related human rights; such as right to non-discrimination, participation, health, education, work, social security, cultural rights and many others. Implementation of those rights will usually affect the enjoyment of the right to food indirectly. It also enhances human rights principles such as non-discrimination, equality, participation, empowerment and access to appropriate information and significantly enhances human dignity, democracy and draws attention to the poor and most vulnerable groups in the society.

Human rights based approaches empower and give voice to particularly vulnerable groups who fall outside and do not benefit from the more usual development processes. They identify the people in need, seek their participation, promote good governance and empower the people and the local community. Further, they recognise and promote social equality, equality between women and men, between minority and majority and promote equal opportunities and choices for all with the intention that everyone develops to their unique potential and has a chance to contribute to society. They give new powers to the right-holders to claim their rights so that they become part of the solution and not just objects waiting for help. Most importantly appropriate duty-bearers can be approached as accountable for not doing what they are legally supposed to do. This is probably the most significant and powerful contribution of this approach, compared to other approaches being used in programming and planning today.

2. The context

This chapter presents the contextual information relevant for this thesis and gives a more general description of South Africa and its applicable background. The information is important because the study setting impacts on participants and researchers and can affect findings and their interpretations. South African and isiXhosa terms and words used in this and next chapters have been explained at the beginning of this thesis (*clarification of terms)*.

2.1 A glimpse of South Africa and its population

The Republic of South Africa (figure 1) is located at the southern tip of the African continent. It has nine provinces each with its own legislature, premier, and executive councils. The administrative capital is Pretoria, the legislative capital is Cape Town and the judicial capital is Bloemfontein.

Figure 1: Map of South Africa

South Africa is a middle-income country with a rich supply of resources, and includes well-developed financial, legal, communications, energy, and transport sectors and a modern infrastructure (CIA 2006). In many respects, South Africa is developed; however, this is mainly localised around four cities: Cape Town, Port Elizabeth, Durban and Pretoria-Johannesburg. Outside of these areas, development is marginal and poverty is significant despite various governmental policies (GCIS 2005). Large income gaps and the highest rates of inequality in the world with a Gini index[4] of 59.3 designate South Africa as a developing country. Other essential problems are unemployment (25.5%), lack of housing, poverty (50% living below poverty line), corruption, HIV/AIDS and crime. These social issues are closely related to one another and to a

4 This index measures the degree of inequality in the distribution of family income in a country. The index is calculated from the Lorenz curve, in which cumulative family income is plotted against the number of families arranged from the poorest to the richest. The more unequal a country's income distribution, the higher is its Gini index.

certain degree they are the legacy of Apartheid. Hence, although the era of Apartheid has ended, South Africa is yet to recover from its consequences.

The results of the second democratic census indicated that there were almost 45 million people living in South Africa in October 2001 (Statistics South Africa 2001). Of these, 79 % were black (African descent), 9.6 % white (European descent), 8.9 % coloured (mixed white, Malay and black descent) and 2.5 % Asian (mostly Indian descent).

The South African population consists of eleven official language groups that all have diverse origins. Nine official languages belong to the African population groups. These include the Nguni people, comprising the Zulu, Xhosa, Ndebele and Swazi; the Sotho-Tswana people; the Tsonga and the Venda. Many of these ethnic groups have descended from the Bantu speaking peoples who migrated from West Africa to other parts of Africa around 4000 years ago. South Africa's white population descends largely from the colonial immigrants of the late 17th, 18th and 19th centuries – the Dutch, German, French Huguenot and British. Linguistically it is largely divided into Afrikaans- and English-speaking groups. The term *coloured* is very controversial, but still used for people of mixed descended from slaves brought in from east and central Africa, the indigenous Khoikhoi and San, Africans and whites. The majority speaks Afrikaans.

2.2 Relevant historical background and Apartheid in South Africa

White settlements, starting in the 17th century, were confined primarily to a small area of the South-Western coast of South Africa throughout the 18th and early 19th centuries (U.S. Library of Congress n.d.). They expanded further in the middle of the 19th century. With the founding of the South African Union in 1910, two colonial powers, the British colony and the independent Boer Republics were united. Its constitutional provisions reflected a society in which whites had achieved a monopoly on wealth and power. Segregation became a distinctive feature of South African political, social and economic life as shown by various laws and acts presented below which reduced the rights of the black majority in the country.

In 1913, *the Natives Land Act* divided South Africa into *white* and *black* areas (GCIS 2005). It made it illegal for blacks to purchase or lease land from whites except in the homelands restricting the blacks' possession to 13 % of South Africa's land. In 1923, *the Natives (Urban Areas) Act* laid the foundations for residential segregation in urban areas and influx controls. It divided South Africa into "prescribed" and "non-prescribed" areas. This Act strictly controlled the movement of the blacks between the two areas. Each local authority was made responsible for the black population in its area and boards were set up to regulate the influx of black workers and to order the removal of the ones not in employment. Cities became almost exclusively white as a result.

In 1948, the pro-Afrikaner National Party came to the power installing the system of Apartheid. It began passing legislation enforcing an even stricter policy of white domination and racial separation. In 1950 *the Population Registration Act* required people to be identified and registered from birth as one of four distinct racial groups: white, coloured, Bantu (black African), and other. It was one of the pillars of the Apartheid system. *The Group Areas Act* also from 1950, forced physical separation of people by creating different residential areas for different races. In a final consolidation of Apartheid, the non-urban black areas were grouped together into homelands to create separate nation states for the different ethnic groups.

Popular uprisings in townships in 1976 and 1985 helped to convince some government members of the need for change. Many Apartheid laws were abolished in 1991 after a long series of

struggles. An extensive cycle of negotiations followed, resulting in a new constitution, which came into being in December 1993. The country's first non-racial elections were held in April 1994, resulting in the installation of Nelson Mandela as president. Mandela's government faced the challenge of restructuring the economy and redistributing economic benefits, providing housing and health care, and improving employment possibilities and educational opportunities. Thabo Mbeki, the deputy president during Mandela's presidency was elected as the new president in 1999 and re-elected again in 2004.

2.3 The nutrition transition in the African population

Dietary patterns in a historical context

South African dietary patterns are different for the various population groups in the country, but they have all influenced one another throughout the history. Non-African immigrants and colonial powers; the Dutch, Arabs, Malaysian, Indians, English, Portuguese, French and German have all played a crucial role in South African food culture.

The San, the only truly indigenous people of South Africa, were living in the area together with the Khoikhoi before the colonisation of South Africa. The San were hunter-gatherers, while the Khoikhoi were the first pastoralists likely to have developed their pastoral culture through contact with migrating Bantu speaking agro-pastoralist tribes (Coetzee 1982). The men were mainly responsible for the cattle, while the women took care of the land and the crop. After the first European settlements these original lifestyles and dietary patterns gradually changed. Today, many rural Africans (referring here to the Bantu speaking population) now work on white-owned farms or they have migrated to towns and cities seeking other employment.

Traditionally, the rural African population ate two main meals a day (Coetzee 1982, Vorster et al 1997). The first meal was a late morning meal, which consisted mostly of *amasi*. The second large meal was usually served after dusk and consisted of a cereal dish and vegetables or meat stew. In addition, they would have a smaller meal during the day which was normally a thin porridge cooked from cereals (sorghum, millet or maize meal) served with *amasi*. A fermented cereal beverage *amerhewu* was consumed in large quantities both to reduce thirst and hunger throughout the day.

As poverty has been prevalent in South Africa for many years, the rural African diet has not been particularly diverse and nutrient-dense. Maize or locally called *mealie* has long been the Bantu inhabitants' staple food. Each African community still makes and prefers *mealies* in a slight different way. The maize porridge *pap* can be stiff or thin and served to all meals. It can be plain or with *amasi* or dished up with beans, meat or vegetables stews. Meat has not been a big part of the traditional diet, but it has been used when affordable and for special occasions. Most common vegetables have been sweet potato, pumpkin, butternut, squash, onion, tomato, cabbage and wild vegetables/plants/weeds *imifino*. They are often cooked and prepared in a stew served with *pap* and sometimes meat or meat gravy.

The traditional diet in South Africa has many nutritional advantages compared to the Western diets. Traditional grain preparation methods produce a more nutritious product than machine milling, although it is important to mention that commercially available maize meal in South Africa is fortified and thus adds many important micronutrients to the South African diet. The dark green leaves and vegetables found in the fields are rich sources of carotene, vitamin C, iron, magnesium and calcium. They are also a good protein source for those who cannot afford to eat a lot of meat and milk products. The use of fermented milk products is largely positive as these

products reduce bacterial contamination and can be health beneficial, although they are rich in saturated fats and energy.

Pre-Apartheid and Apartheid laws and acts have had a profound effect on African dietary patterns. *The Natives Land Act* forced the Africans to subsistence farming in very small areas, leading to overstocking and overgrazing, while *the Natives (Urban Areas) Act* compelled them to travel into the white areas to purchase food or they had to rely on local hawkers for food procurement as they were forced to live in restricted segregated urban areas. Already in 1939, Fox (cited in Bourne 1996) stated that the black African diets were changing because of their contact with the Western civilisation and he noted that "*the changes (…) are bound to continue at an ever-increasing pace, both in the changing diet of the more sophisticated country Natives, and in a much more extreme form, amongst town dwellers*".

The population of South Africa has, because of the political transformation in 1994, undergone a major and rapid change of political, epidemiological and socio-demographic dimensions. Urbanisation has brought with it many problems as it has placed huge demands on land, water, housing, transport and employment. Poor townships and informal settlements in the periphery of larger cities have contributed to living conditions that have affected food access, preparation and consumption of many urban households and populations in the country. This has especially affected the black African population, for which the rate of urbanisation has been particularly rapid since the abolition of *the Native (Urban Areas) Act* and *the Native Land Act* legislation through *the Abolition of Influx Control Act* in 1986.

Dietary trends and changes

The BRISK (Black Coronary Heart Disease Risk Factor) study (Bourne et al 1993) was conducted in 1993 among adult African men and women living in the Cape Peninsula. Here it was revealed that the participants' diet was of relatively poor quality and that the use of different food groups was narrow. The authors also found the participants' diet to be affected by the nutrition transition with a movement to a progressively atherogenic Western diet when compared with rural African populations. The nutrition transition processes in the black population were additionally confirmed in a review article from 2002 (Bourne et al 2002), where it was found that that the traditional African diet was being abandoned for a Western diet, characterized by decrease in carbohydrate and fibre and an increase in fat. Bourne and others (ibid) concluded that South Africa needs to deal with the increasing onset of chronic diseases of lifestyle, especially focusing on poor urban populations.

Vorster and others (2005) showed that the urban groups in South Africa lived a more Western lifestyle and were therefore more affected by the nutrition transition, while the rural groups had a more traditional way of living and eating. A need for more research that would lead to a better understanding of the nutrition and health transition in South Africa was expressed. Here it was stated that South Africa needs interventions that focus on the improvement of health and nutrition status of both rural and urban subjects without leading to overweight and other chronic nutrition-related disease.

2.4 The double burden of disease in South Africa

The THUSA (Transition and Health during Urbanisation in South Africa) study was designed to assess the relations between the level of urbanisation and measures of health status in the black adult population (aged 16-70 years) of the North Province in South Africa. Here it was found that the level of overweight and obesity was higher in urban groups, as was the level of hypertension, diabetes and stroke all of which can be consequences of too much body fat

(Vorster et al 2005). Many other studies have shown that overweight and obesity are very common and increasing especially among black women in South Africa (Bradshaw et al 2002, 2004, Department of Health 1998b).

Besides the high levels of overweight and obesity among certain groups in South Africa, there is still a high prevalence of hunger, underweight and stunting among children demonstrating a double burden of disease in the country (Bourne et al 2002, Jinabhai et al 2005b, Vorster 2002). Overweight and obesity have been found to coexist with underweight and stunting in the same households in poor urban areas, further complicating the picture (Steyn et al 1994).

There exists a complex burden of disease in South Africa, which differs not only between different age and gender groups, but also between ethnic groups and between urban and rural dwellers. The South African National Burden of Disease Study from 2000 (Bradshaw et al 2004) showed that communicable diseases (diarrhoea, lower respiratory infections and tuberculosis), degenerative diseases (stroke, ischemic heart disease and hypertensive heart disease), injuries (homicide and accidents) and HIV/AIDS make up the main components of the multiple disease burdens in the country. The multiple burden of disease was additionally confirmed by the results from the Causes of Death Profile Report based on the number of deaths in 1996 (Bradshaw et al 2002). This report showed that 24.3 % of females and 16.6 % of males died of cardiovascular disease, while infectious diseases accounted for 12.9 % and 13.3 % of females and males respectively.

2.5 Adolescents in South Africa and the nutrition transition

South Africa is a young population in that more than 40 % of its population is under the age of 20 (Statistics South Africa 2001). Around 20 % is between an age of 15 and 24 years. As large nutrition surveys in South Africa have focused mainly on infants, young children and adults there is not much extensive information on adolescents' nutrition status and food patterns in the country (Department of Health 2000, Vorster et al 1997). Recent national studies with a focus on adolescents' nutrition and nutritional status are: the South Africa Demographic and Health Survey (Department of Health 1998b), National Food Consumption Survey (Department of Health 2000), Birth to Twenty Study (recent data on adolescents are presented in the review by Pedro and others (2006)) and South African National Youth Risk Behaviour Survey (Medical Research Council 2003).

Dietary trends

The results from the Youth Risk Behaviour Survey, a cross-sectional national study among public secondary school learners in South Africa illustrated that the adolescent participants during the week preceding the study frequently consumed fresh fruit and vegetables, milk, maize and meat. On the other hand their daily consumption frequency of unhealthy foods such as fast foods, cakes, biscuits, sweetened cool drinks and sweets was high, pointing towards a more Western diet.

The Birth to Twenty study is the largest and longest running study of child and adolescent health and development in Africa. It includes several thousand children living in Johannesburg-Soweto area (urban township). A recent analysis of these data by Pedro and others (2006) confirmed that adolescents in South Africa do not have an optimal diet for their health and development. It was found that they consumed diets high in fat, sugar, processed food and animal products, but of little variety and low in fruits, vegetables and diary products. Nutrient deficiencies of iron, calcium, vitamin A, iodine and zinc were prevalent, while intakes of protein and complex carbohydrates were not satisfactory. Infectious disease such as HIV/AIDS and issues such as

alcohol, eating disorders, pregnancies and food-borne disease were identified as the main nutrition-related concerns in this group. It was concluded that a nutrition transition had taken place among the children in the study during a period between 1995 and 2003.

Undernutrition and overweight trends

South African studies on adolescents' nutritional status have shown that both underweight and overweight are prevalent in this group (Department of Health 1998b, Medical Research Council 2003). In addition the same studies confirmed large gender, demographic and ethnic differences in underweight and overweight prevalence among adolescents which further complicates the situation.

The results from the Demographic and Health Survey indicated that wasting, underweight and stunting were highly prevalent among African adolescent boys. The Youth Risk Behaviour Study of 13-19 year old adolescents in South Africa showed that 15.6 % of males and 3.9 % of females were underweight. Stunting was also more prevalent in males (15.6 %) than in females (8.1 %) and more males than females suffered from wasting, 7.6 % and 1.3 % respectively. It was seen that urbanised and industrialised provinces of Northern Cape, North West, Limpopo and Free State displayed higher levels of undernutrition than other provinces in the country. This high prevalence of undernutrition suggests high levels of poverty and underdevelopment especially in the African communities where the prevalence was highest.

The prevalence of overweight in the Demographic and Health Survey was highest among white, coloured and African urban females, while the prevalence of obesity was highest among coloured and African rural and African urban females. The Youth Risk Behaviour showed that 25 % of females and 6.9 % of males were overweight, while the prevalence of obesity was found to be 5.3 % among females and 2.2 % among males. Both overweight and obesity were most prevalent among urban adolescents of both genders with the highest prevalence in the Western Cape, Kwa-Zulu Natal and Gauteng. Another longitudinal study of 7-19 years old rural African schoolchildren (Cameron and Getz 1997) showed that obesity was prevalent and greatest among females throughout the age range, indicating that rural areas in South Africa experience nutrition transition. The rising prevalence of overweight among adolescents in South Africa suggests increased consumption of energy-dense foods and decreased levels of physical activity confirming the nutrition transition.

Research has suggested that undernourished children may be vulnerable to overweight and obesity as they get older and are exposed to more energy-dense diets (Popkin et al 1996). This was supported by findings in South Africa that reveal co-existence of stunting and overweight among children and adolescents (Medical Research Council 2003, Mukuddem-Peterson and Kruger 2004, Jinabhai et al 2005a, 2005b). A study by Kruger and others (2004) conducted in the North West Province among school girls showed that stunted girls had lower weight and skin fold thickness than non-stunted girls. There was no higher prevalence of overweight among the stunted girls, but the stunted girls were less physically active. Further, the stunted girls stored relatively more subcutaneous body fat at a given energy intake and level of physical activity than could be expected. The author concluded that this trend must be investigated in more detail, as both abdominal obesity and physical inactivity during adolescence are risk factors for chronic diseases of lifestyle, such as cardiovascular disease and diabetes type 2.

Physical activity trends

Physical activity can help to reduce all cause mortality, prevent overweight, cardiovascular disease and diabetes type 2 and possibly decrease incidence of some cancers (Bauman 2004). It has been seen that active children generally display healthier cardiovascular profiles, are leaner

and develop higher peak bone masses than their less active counterparts. These positive effects tend to carry over to the adulthood.

The South African Youth Risk Behaviour Survey was the first nationally representative study investigating physical activity and inactivity trends among adolescents. Here it was found that more adolescent males than females engaged weekly in vigorous (30 minutes, 5 times a week) and moderate (20 minutes, 3 times a week) physical activity. White learners were more active than both black and coloured learners. More than a third of all participants performed too little physical activity to gain any health benefit. More than a fourth of all participants watched more than three hours of television every day. Together with the dietary aspects of the nutrition transition, the low level of physical activity can explain the increase in overweight and nutrition-related diseases in South Africa.

Implications of the "new" trends

South African studies have thus indicated that early stages of a complex nutrition transition are present among adolescents, which makes them vulnerable to an epidemic of chronic disease when they reach adulthood. Analyses of the Demographic and Health Survey data have also suggested that women in South Africa start to get overweight and obese early in life (15-24 years), which is additionally disturbing. Obesity prevalence still seems to be low in all groups in the country, although research suggests that this it is expected to increase because of South Africa's obesity-promoting environment (Chopra et al 2002).

It is necessary to recognise both under- and overweight patterns and causes as the health and economic consequences of both are overwhelming in the South African population. The understanding of these issues has important implications for planning of nutrition policies and nutrition-related interventions. The current focus and budget of health services in the developing countries, including South Africa addresses primarily the prevention and treatment of undernutrition rather than overweight and obesity (Popkin and Doak 1998). This poses a unique challenge to the South African government to engage more in problems associated with the nutrition transition, i.e. coexisting underweight and overweight, physical inactivity and body misconceptions.

2.6 Adolescents and human rights in South Africa

In relation to South Africa, adolescents' socio-economic rights are derived from international, regional and national law: the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the South African Constitution, respectively. South Africa has signed, but not ratified the ICESCR. According to the South African Constitution, Section 39 (1) (b) the courts are nevertheless obliged to take the international law into account when interpreting national law.

Convention on the Rights of the Child

South Africa ratified the Convention on the Rights of the Child in 1995 and it is therefore legally bound to "*undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the present Convention. With regard to economic, social and cultural rights States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation*" (Article 4).

The State must "*respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention*" (Article 5).

African Charter on the Rights and Welfare of the Child (ACRWC)

Less than a year after the adoption of the Convention on the Rights of the Child, the ACRWC (Organisation of African Unity 1990) was adopted by the 26th Assembly of Heads of State and government of the Organisation of African Unity (African Union from 2001) in 1990. Coming into force in 1999 and ratified by South Africa in 2000, the ACRWC was the first regional treaty on the rights of the child.

In Article 1 it is stated that all member states shall recognise the rights, freedoms and duties enshrined in the ACRWC. They need to undertake the necessary steps to adopt legislative or other measures necessary to give effect to the provisions of the ACRWC.

Article 14 is the most relevant for health and standard of living, as it states that "*every child shall have the right to enjoy the best attainable State of physical, mental and spiritual health*".

Further the State Parties must "*undertake to pursue the full implementation of this right and in particular shall take measures to ensure the provision of adequate nutrition and safe drinking water*" (Article 14 (2) (c)). According to Article 14 (2) (h) it is important that the State ensures that "*all sectors of the society, in particular, parents, children, community leaders and community workers are informed and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents*".

Article 20 calls on States to assist parents in meeting their children's rights, including through material assistance.

Constitution of the Republic of South Africa

The new South African Constitution (Constitutional Assembly 1996) was approved by the Constitutional Court in 1996 and took effect in 1997. The foundation for the establishment of a society based on democratic values, social justice and fundamental human rights was laid down by the Constitution. It is the supreme law of South Africa. No other law or government action can supersede its provisions. South Africa's Constitution is one of the most progressive in the world and enjoys high regard internationally. The Bill of Rights enshrines the rights of all South African people and affirms the right of every person to human dignity, equality and freedom. As a result human rights lie at the very heart of the democracy in South Africa and bind the legislature, the executive, the judiciary and all organs of the State (Section 8). Most importantly, the rights are justiciable, meaning that the courts can enforce the rights provided in the Bill.

The South African State must take *reasonable* legislative and other measures, within its *available resources* to achieve the *progressive* realisation of all socio-economic rights as imposed in Section 27 (2). Further, it must create an *enabling* environment which makes it possible for people to gain access to the rights and improve their quality of life, remove barriers in the way of people gaining access to the rights and adopt special measures to assist vulnerable and disadvantaged groups in gaining access to the rights. *Progressively* means that an immediate realisation of the right is not expected, but that the state must take steps to achieve this goal as "*expeditiously and effectively*" as possible (Yacoob 2000). A *reasonable* measure is a measure that realises all aspects of the right over time; that is rational, comprehensive and coherent;

inclusive of all significantly vulnerable groups in society; coordinated and flexible enough to respond to both short- and longer-term needs, and effectively implemented and transparent. Human rights obligations do not require the State to do more than its resources permit. *Progressive* and *reasonable* need both to be seen in light of country's *available resources*. The State needs to be able to illustrate that it has performed to the very best with the resources that are at its disposition (ibid).

The right to have access to *sufficient* food and water for everyone is mentioned in Section 27 (1) (b) in the Constitution. Although the UN uses the expression *adequate* food and not *sufficient* food, there is no reason to think that these two words differ in their meaning. As mentioned earlier the government of South Africa is obliged by the Constitution (Section 39 (1) (b)) to take international and foreign law into account when interpreting their national law.

The government has not yet specifically interpreted the meaning of the right to food obligations. The closest interpretation made is of the right to adequate housing (Section 26 (1)) in the *Grootboom* case given by the Constitutional Court (Yacoob 2000). Its interpretation of the right to housing is a central guiding tool for the right to sufficient food since most socio-economic rights provisions are drafted in a similar fashion.

According to the Court the State must take actions to realise socio-economic rights progressively over time and these actions must be rational, comprehensive, coherent, balanced, flexible, coordinated, transparent, effectively implemented and efficient. The measures taken by the State must address all aspects of the given right, as elaborated in both the Constitution and other relevant international documents. The Court also stated that socio-economic rights must be interpreted in their textual, social and historical context.

In addition to the right to sufficient food, all children in South Africa have, according to Section 28 (1) (c) of the Constitution, the right to basic nutrition, which entitles them to require of the State to ensure the level of nutrition that enables survival and basic development. Parents have the first duty to make sure that their children receive proper nutrition, but the State must take steps to ensure that parents can provide for their children's nutritional needs. If parents are not able to make this happen, the State must ensure that these children receive proper basic nutrition either by supporting parents or by providing food directly to children. The scope of this right is not yet entirely clear, but the Constitution implies that the State's duties regarding this right are of higher intensity than for some other socio-economic rights of adults. This is because Section 28 (1) (c) is not internally qualified with regard to resource constraints, reasonable measures and progressive realisation mentioned in Section 27 (1) (b). This can be interpreted to mean that the State has a *heightened* duty to show that its nutritional policies and programmes at all times prioritise the basic nutritional needs of children over other broader societal, economic and political demands, and over the food needs of other people (Brand 2004).

The right to sufficient food and the right to basic nutrition are as all other human rights, coupled with states obligations to "*respect, protect and promote*" as established in the Section 7 (2) of the Constitution.

South African Human Rights Commission and the Constitutional Court

The Human Rights Commission in South Africa is an independent and impartial body established in 1995. Its main objective is to monitor human rights and relevant measures taken by organs of the State. According to the Constitution (Chapter 9, Section 184), the Commission "*must respect human rights, promote their protection, development and attainment and monitor and assess their observance*". It has "*the power to investigate and report on the observance of human right, take steps to secure appropriate redress where human rights have been violated,*

carry out research and educate". It must also "*require relevant organs of State to provide the Commission with information on the measure that they have taken towards the realisation of the certain right in the Bill of Rights*".

The Commission publishes annual reports, which include assessment, critique and recommendations regarding the progressive realisation of all socio-economic rights in South Africa. Together with the Constitutional Court, the Commission has played an imperative role in monitoring the compliance of government with socio-economic right obligations. The Constitutional Court can in addition order appropriate remedial actions in relation to these rights (ref: the *Grootboom* case).

Even with such strong legally binding provisions and human rights supporting environment, the South African government and people have not used human rights to their utmost potential. This is partly because many are unsure about what this potential really entails and how one can utilise the provisions in practice. Use of human rights as a tool for improving people's lives requires new ways of thinking and working, and is explained in the next chapter.

3. Conceptual framework

The conceptual framework for this thesis has been developed in the light of the comprehensive approach explained by Jonsson (2003) in his book "Human rights approach to development programming". It is beyond the scope of this thesis to describe this approach in full detail, but certain relevant parts are discussed below. They have drawn heavily on the above mentioned book written by Jonsson.

3.1 Causal and situation analysis

All decision-making processes should start with a firm assessment of the problem. This *situation analysis* should consist of an *assessment* and an *analysis* of the existing situation that lead to informed a*ctions* to reduce or solve the problem. This process has been named *the triple A (AAA) approach*. It represents a continuing learning process and self-evaluation as it is a cyclic method and should lead to re-assessment, better analysis and improved action. Full involvement of relevant right-holders and duty-bearers should be demanded throughout, placing human rights and its principles at the heart of the whole process. In addition to the involvement of the right-holders and duty-bearers, *motivation*, *responsibility*, *authority* and *resources* to act need to exist in the whole community. These elements are part of capacity as discussed in more detail below.

The situation analysis should not be performed without previously having worked on a *causal conceptual framework* of the problems to be solved. This gives an in depth understanding of how problems come about and what their determinants are before one decides what the best options for doing something about them are. During the 1980s such a conceptual framework for understanding the causes of malnutrition in a holistic and multi-sectoral manner was developed within UNICEF and adopted in their strategy for improved nutrition of children and women in developing countries (UNICEF 1990). The framework as presented in figure 2 has later often been referred to as the *UNICEF framework* and has for long been a basic analytical tool in the area of applied nutrition.

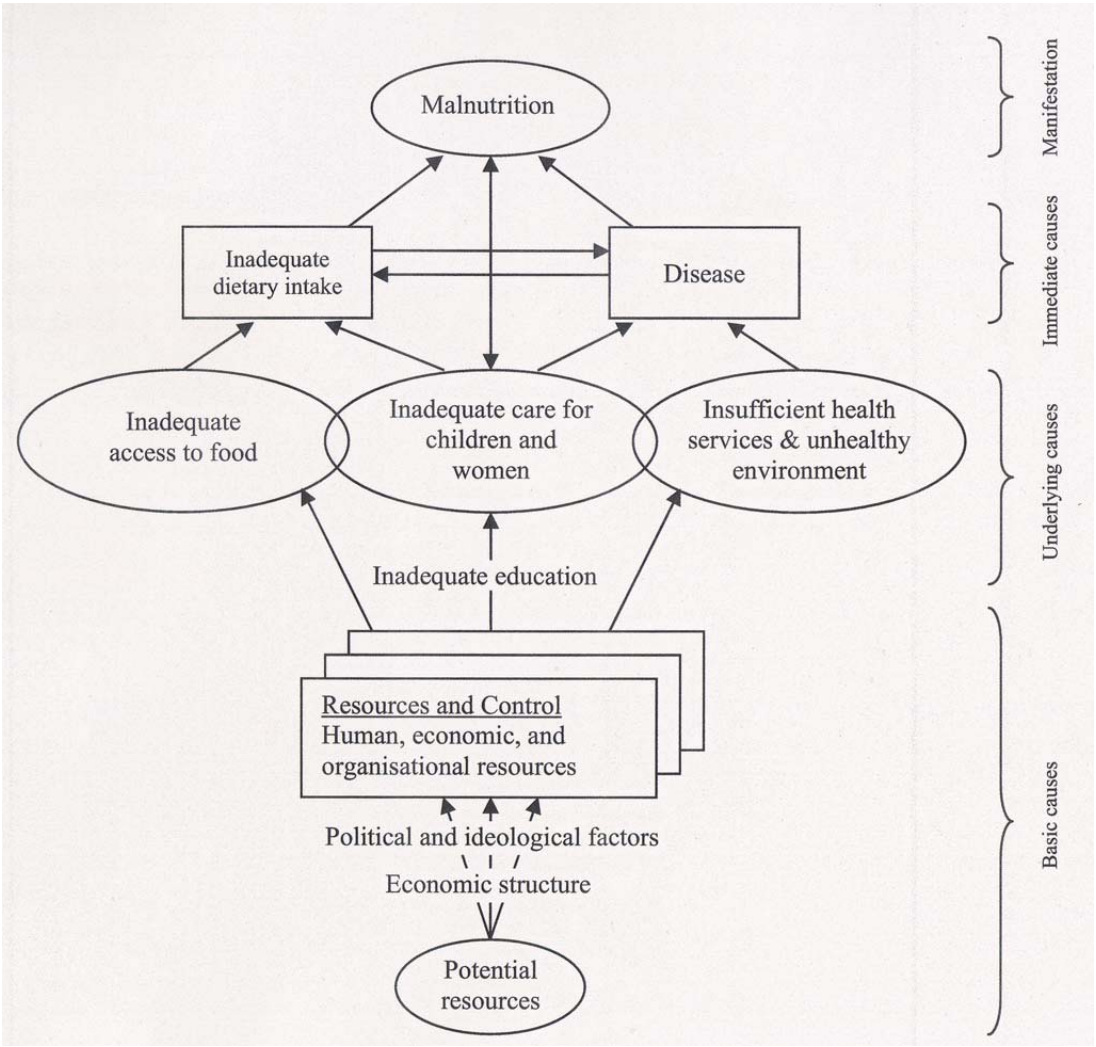

Figure 2: UNICEF conceptual framework on the causes of malnutrition
(adopted from UNICEF 1990)

The idea behind the framework is that malnutrition is the final *manifestation* of interaction between causal factors at *immediate*, *underlying* and *basic levels* in a society. The *immediate causes* of malnutrition are inadequate dietary intake and/or disease. The *underlying causes* are inadequate access to food (household food insecurity), inadequate care for children and women, and/or, insufficient health services and unhealthy environments. The *basic causes* include the processes taking place at multiple levels in society and range from access to and control of economic, human and organisational resources at the household level, to the potential resources of the country and how economic, political and ideological factors influence resource control and management.

The original UNICEF framework is a causal framework. It can be reversed to take a normative form in order to identify what basic, underlying and immediate *conditions* instead of *causes* need to be in place to ensure the desired *outcome*, which in this case is optimal nutrition and nutrition-related health for adolescents.

Delisle (2006) adapted the UNICEF framework to adolescents in the context of obesity and other nutrition-related chronic diseases (figure 3). She proposed that *economic factors* (for example food supply, access to food and advertising), *cultural factors* (for example family, peer and social influence) and *psychosocial factors* (for example self-esteem, dieting and body image) together influence adolescents' dietary patterns. Together with sedentary lifestyle, alcohol,

smoking and genetic predisposition they may cause obesity and other nutrition-related chronic diseases among this group.

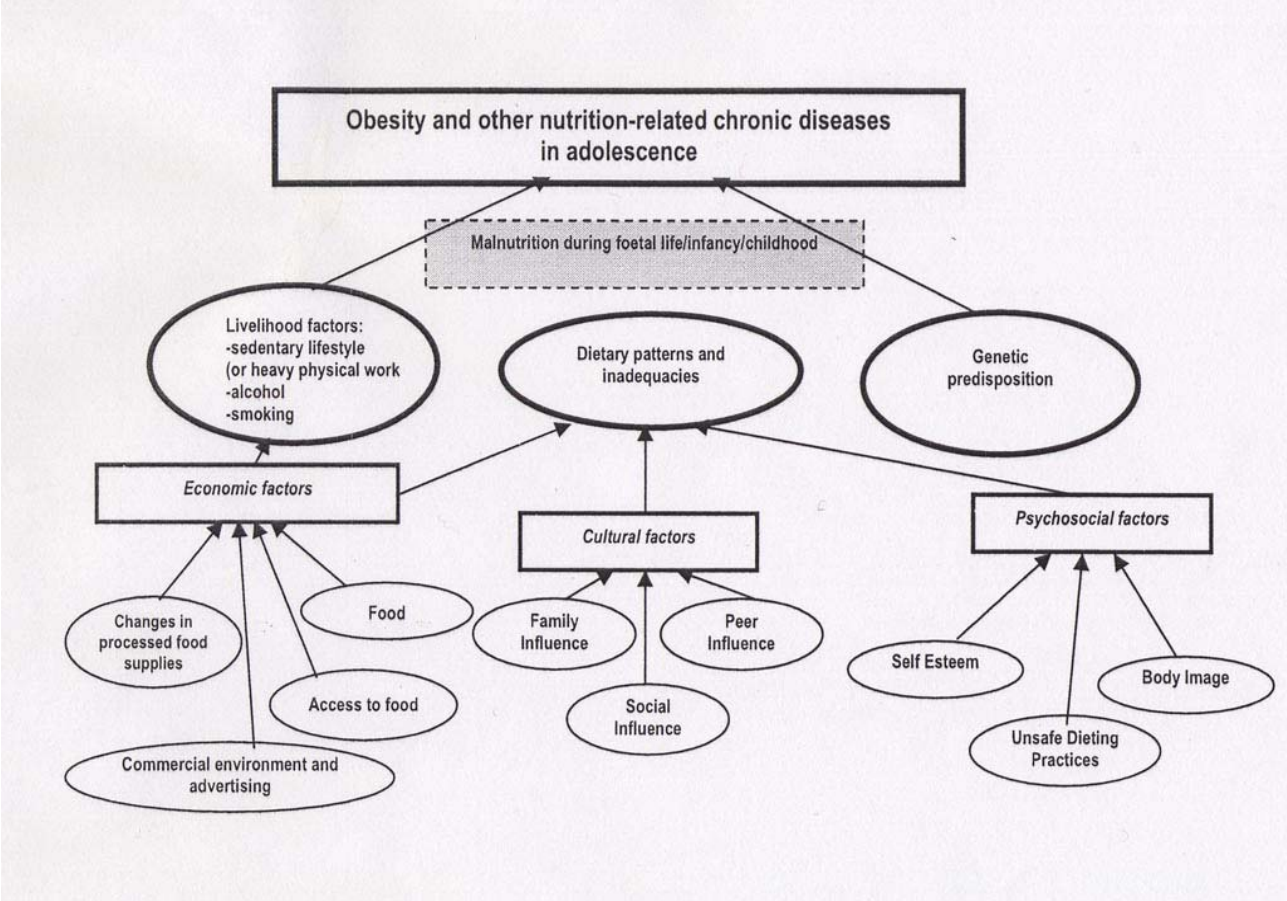

Figure 3: Conceptual framework for obesity and other nutrition-related chronic diseases in adolescence
(adopted from Delisle (2006))

3.2 Role and capacity analysis

A *role and capacity analysis* methodology was initially developed by UNICEF and later proposed by the SCN's Working Group on Nutrition, Ethics and Human Rights for work on developing appropriate indicators for monitoring of the realisation of nutrition-related human rights (SCN 2001).

In a *role analysis*, right-holders and their rights and corresponding duty-bearers and their duties, responsibilities and obligations are identified. Jonsson (2003) recommends that for each right to be analysed, a list of right-holders and duty-bearers should be prepared. Duties, responsibilities and obligations should be further divided in *respect*, *protect* and *fulfil*. This should be limited to the right-duty relationships likely to be most relevant to the situation at hand, in order to avoid too complicated results of the analysis. In many cases the duty-bearers identified are themselves right-holders in relation to other rights. The role analysis consequently reveals the complex relationship and links that exist between the two groups.

Kent (2004) explains the relationship between right-holders and duty-bearers, as *nested rings of responsibilities* illustrated in figure 4 for a child. A young child is a right-holder; the first-line responsible duty-bearer is the mother, while the next are the father and other family members.

There are also duty-bearers for children's rights further up the ladder: communities, institutions (i.e. schools, hospitals, media, shops, NGOs, companies and work places), and district, provincial, national and international authorities. As a child grows older, the priority of all duty-bearers is to help the child to become responsible for itself.

Figure 4: Nested rings of responsibilities
(adapted from Kent (2004))

One very important aspect is that the duty-bearers themselves often have rights that need to be met by other duty-bearers to enable them to meet their duties. According to Kent when there is a failure to meet duties at a certain level, the duty-bearers at a more distant level should not replace the closer ones, but rather strengthen them so that they can perform and meet their duties or responsibilities. One should also aim towards strengthening the right-holders so that they can claim their rights.

For a duty-bearer to meet its duties and for a right-holder to claim its rights, they have to have a *capacity* to do so. This applies to individuals, households, communities, organisations, institutions, all parts of the government and society as a whole.

Jonsson (2003) has more extensively explained the concept of capacity. He defines it as accepting the *responsibility* to act, having *the motivation* to do so, having the legal, social, political and cultural *authority* to perform, having the ability and access to and control of the *resources* required and having the ability to *communicate*, make *rational decisions* and *learn* from experience. Resources can be structured into three types; human (skills, motivations, willpower, knowledge, etc), economic (land, tools, income, etc) or organisational (family, friends, NGOs, etc).

Being motivated implies that a person feels that he/she *should* act. Having authority makes a person feel that he/she *may* act, while access to and control of resources makes a person feel that he/she *can* act. The other steps can assist the process of meeting duties/responsibilities. Duty-bearers and right-holders can join forces and build bridges through good communication, and understand and address problems and evaluate actions through rational decision-making and

learning. This framework may be used to analyse the duty-bearers' capacity to meet their duties *and* to analyse the right-holders' capacity to claim their rights.

For each right and for each of the corresponding duties highlighted in the role analysis, the reasons for why duties are not met need to be explored in a *capacity analysis*. The *gap* often exists because a particular duty-bearer cannot meet her/his obligations because a duty-bearer higher up is violating some of her/his rights. A basic underlying assumption is that one right is being violated because right-holders lack the capacity to claim their right and/or duty-bearers lack the capacity to meet their obligations. An essential factor is that a person cannot be held accountable for violating, or not complying with, a right if he or she lacks the capacity necessary to perform her or his duty. For a person or institution to be held accountable all previously explained conditions of the capacity must be satisfied. Capacity analysis can help to identify the real root of the problems and facilitate formulation and implementation of corrective measures, leading to an improvement of the situation and thus increased enjoyment of the human rights in question.

The outcome of the whole analysis should be a selection of strategies for action. These actions should either reduce or close the capacity gaps that have been identified earlier in the process. Capacity development and strengthening can lead to empowerment of the community as whole and help people to solve their own problems in both a more sustainable and dignified way. The process by which this can be done is called a *community capacity development*. It aims to strengthen, enhance and nurture a community's ability (capacity) to take control of its own future and achieve desired outcomes over time through the interactive Triple A approach already explained.

3.3 Rights-based conceptual framework

The original UNICEF framework offers a useful conceptualisation and connects human rights to food, health and care to combine for nutritional well-being. On the basic level, however; it concerns processes without explicitly considering who is responsible for providing the rights and why the responsible actors are not performing as they should. It does therefore not present an opportunity to make an actor accountable nor does it reveal how this issue should be addressed. On the other hand, the nested ring of responsibilities and the role analysis make it easier to visualise and identify duty-bearers. The relations between right-holders and duty-bearers that exist within the ring of responsibilities create an opportunity to analyse the root of the problem in detail by introducing the capacity concept. As a result the notion of *accountability*, a mandatory human rights principle, becomes incorporated into the analysis.

Based on the above, Engesveen (2005a) linked the UNICEF framework to the nested rings of responsibilities, the level and nature of obligations and the concept of capacity in an all-inclusive framework (*rights-based conceptual framework for good nutrition*). She tested the approach in her comprehensive study in connection with hospital-based practices to ensure good breastfeeding in the Maldives (Engesveen 2005b). Although the analysis in the present study has not been as complete, the work of Engesveen (2005a-c) has been an important inspiration.

A framework was prepared for this study by combining the UNICEF framework with the Delisle's conceptual framework and incorporating it into the Engesveen's framework. It is presented in figure 5.

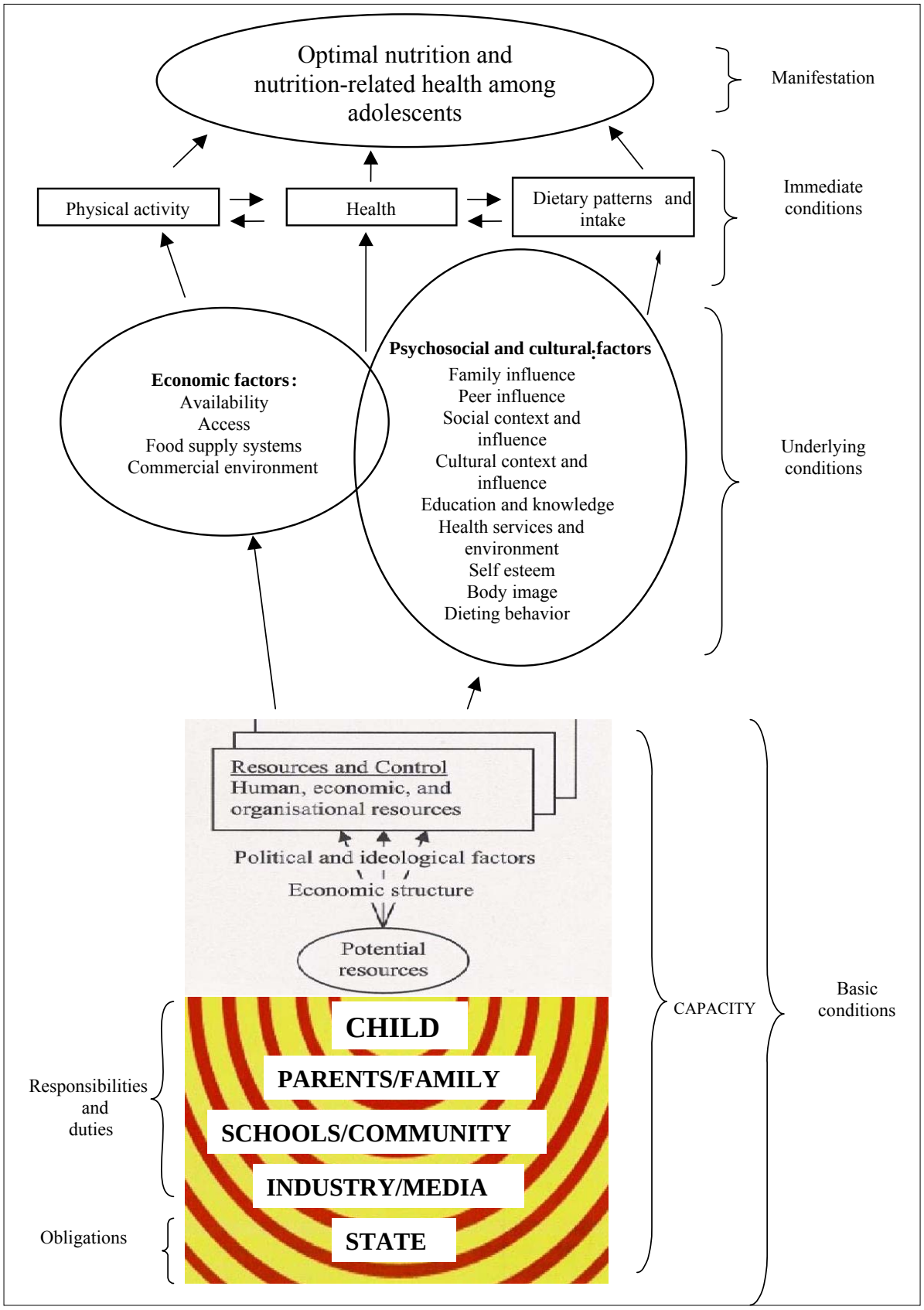

Figure 5: Rights-based conceptual framework for optimal nutrition and nutrition-related health among adolescents
(adapted from UNICEF (1990), Engesveen (2005a) and Delisle (2006))

3.4 Right-holders and duty-bearers relevant for this thesis

The holders of the right to adequate food in this thesis were adolescents; a group of grade 10 isiXhosa-speaking females attending public schools in the Cape Town area, as presented in more detail in chapters 5 and 6.

A range of responsible actors and duty-bearers can be identified in relation to the right to adequate food of adolescents:

- Adolescents have reached an age where they have certain responsibilities towards the realisation of their own right to adequate food.

- Family or other legal caregivers are the closest duty-bearers with responsibilities. The family needs encouragement and support from their surroundings to practice their responsibilities.

- Communities have responsibilities to create a supporting environment for the adolescents to enjoy their right to adequate food. They share this responsibility with schools, NGOs, shops, media and industry.

- The government of South Africa is the ultimate duty-bearer with legal obligations to realise human rights. It is obliged by the Constitution to implement measures towards the enjoyment of the right to adequate food, as explained in chapter 3.

The selected duty-bearers for this thesis were the government, schools, NGOs and other relevant institutions. Parents and families were not included as participants in this study for practical reasons, but their importance in the realisation of the right to adequate food of adolescents is acknowledged.

If the right to adequate food of adolescents is to be realised certain conditions need to be in place. Both right-holders and duty-bearers have to perform according to their responsibilities and duties as specified in the national, regional and international law. This can only occur if they have a capacity to act as explained in chapter 3.2. A framework indicating the necessary conditions for optimal nutrition and nutrition-related health for adolescents, adapted from Engesveen (2005a) is presented in figure 6. Boldly framed boxed are addressed and discussed in the present thesis.

The interpretations of legal provisions and frameworks presented in chapter 1.4, chapter 2.6 and this chapter have been used in the development of the aim, objectives and research questions for this thesis. In addition, they have supported the analysis, discussion and formulation of the recommendations.

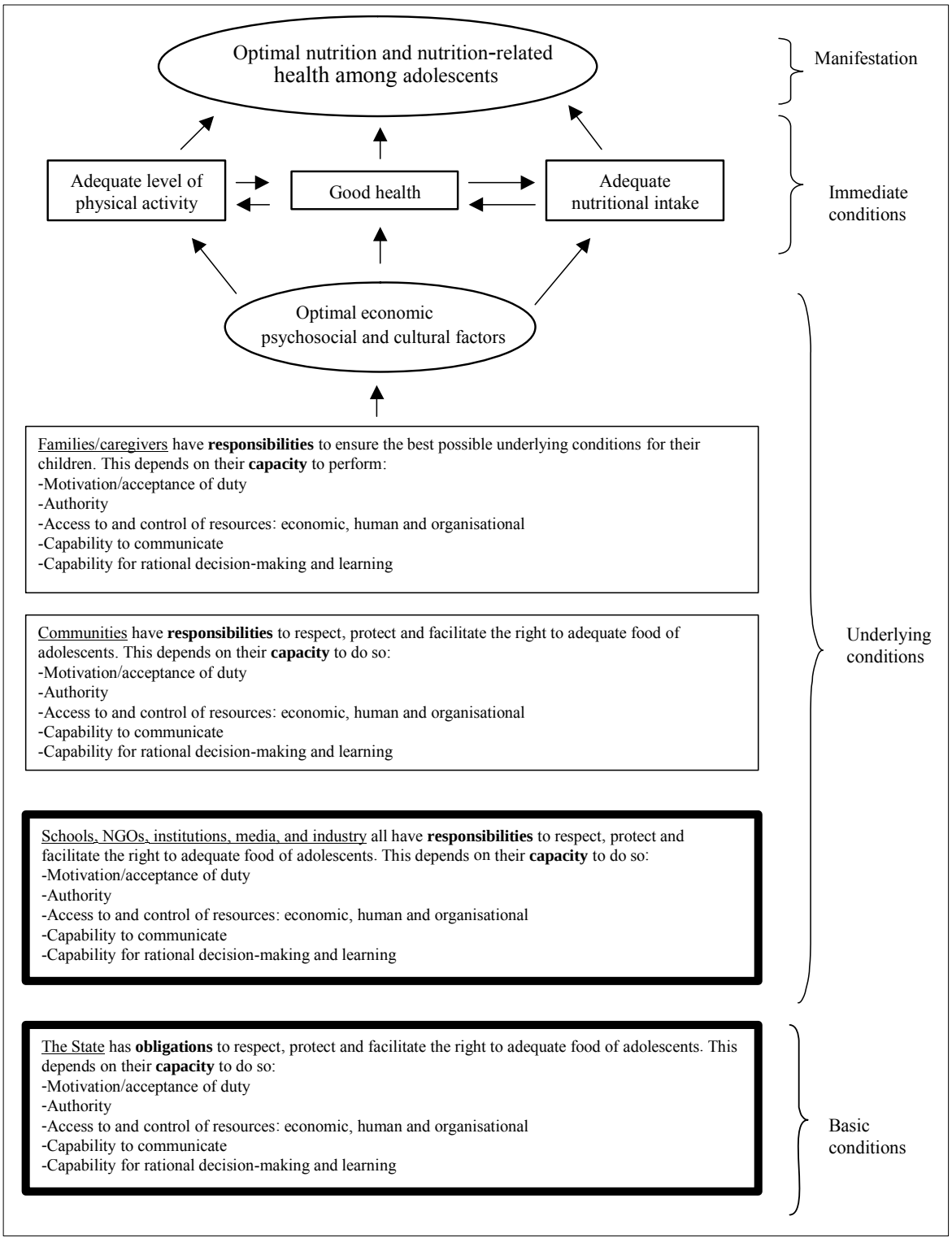

Figure 6: Framework for identifying conditions for optimal nutrition and nutrition-related health among adolescents
(adapted from Engesveen (2005a))

4. Aim and objectives

The overall aim of this study was to expand the knowledge on the nutrition transition processes and changes that influence adolescents in South Africa, and explore what relevant measures exist and/or are planned for the future. The rationale is that such information can facilitate the establishment of an environment that can enable adolescents in South Africa to increasingly enjoy their rights to adequate food and nutritional health given the challenges of the nutrition transition.

In order to understand the nutrition transition processes it is crucial to identify driving and stimulating forces behind them, furthermore to examine peoples' motivations behind their behaviour and their perceptions regarding nutrition transition related issues, such as changing dietary patterns, physical activity levels and body ideals. With this in mind, the more specific objectives of this study were to:

1. Identify perceptions related to adolescents' diets, dietary pattern changes, physical activity and body images. This was to be studied from both the selected right-holders' and duty-bearers' perspectives.
2. Use a human rights approach to systemise right-holders' and duty-bearers' understanding of the situation and recommendations regarding the improvement of dietary habits and physical activity levels among adolescents.
3. Discuss implications of the findings for the realisation of the adolescents' right to adequate food.
4. Make relevant recommendations for future activities and measures in the light of human rights and the findings.

5. Focus areas and research questions

The chosen focus areas within the conceptual framework are highlighted in figure 7.

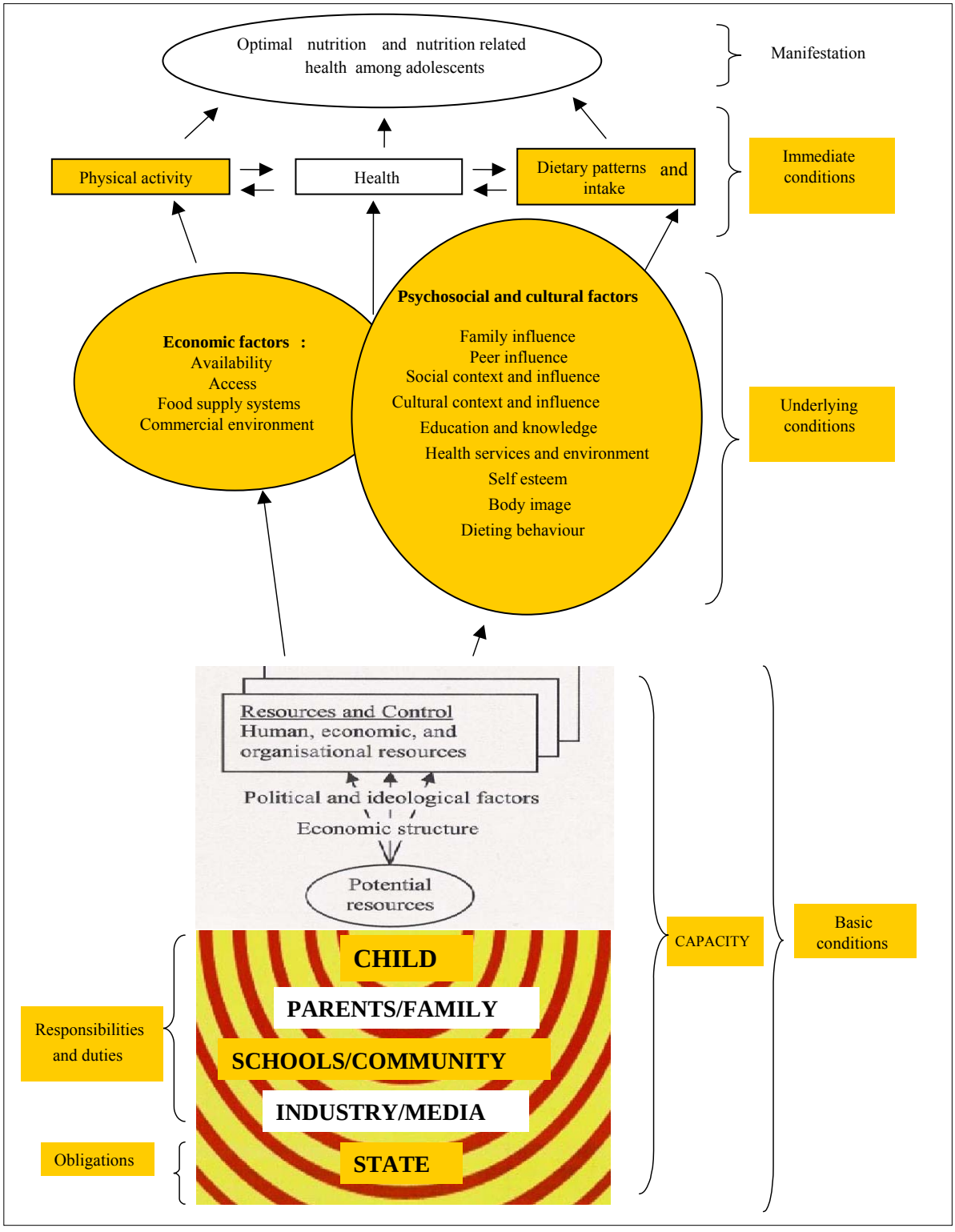

Figure 7: **Focus areas within the rights-based conceptual framework that are considered in this thesis**

With these focus areas in mind, two sets of research questions were developed, one related to the right-holders and one related to the duty-bearers.

Related to the right-holders (grade 10 isiXhosa-speaking females from public schools in the Cape Town area):

1. How do they describe their current dietary patterns and food preferences? What are their perceptions of their traditional diet vis-à-vis more Westernised foods?
2. How do they relate to healthy dietary patterns and physical activity? What do they perceive as barriers to these?
3. How do they relate to their own body, dieting and different body images?
4. Do they have any ideas on future measures that could improve adolescents' dietary patterns and physical activity levels?
5. How do they describe their human rights and responsibilities? How do they describe others responsibilities with regard to their own rights?

Related to the duty-bearers (government staff, school staff members, NGOs, research units' staff and others working within the relevant areas):

6. How do they describe the current nutrition situation amongst adolescents in South Africa? What can they say about adolescents and their relationship to traditional South African food compared to the more Westernised food?
7. How do they see the current physical activity level to be amongst adolescents in South Africa? What do they perceive to be the most important barriers to adolescents' unhealthy dietary patterns and physical activity levels?
8. How do they describe and explain adolescents' body image perceptions and dieting behaviour?
9. How do they describe human rights of adolescents and their own and others' responsibilities related to these rights?
10. What government-initiated and other relevant measures are addressing unhealthy dietary patterns and physical activity levels of adolescents in South Africa? How do the duty-bearers and other actors perceive these measures? Do they have any relevant future visions and plans?

6. Methodology

6.1 Study design

This study was conducted by the author, under the auspices of the Department of Nutrition at the University of Oslo, the Division of Nutrition and Dietetics at the University of Cape Town (UCT) in collaboration with the Child Health Unit at the UCT, and the Medical Research Council (MRC) of South Africa. The planning of the research proposal started in Oslo, Norway, while the final formalisation took place in Cape Town, South Africa. The data collection was primarily carried out in Cape Town from September 2005 till May 2006. It was completed in Oslo in August 2006.

The case study as presented by Robson (2003) has been chosen as the methodological approach. Robson defines it as "*a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence*". This approach was considered suitable, as it is essential to examine each nutrition transition setting separately in its real life context for a proper understanding. In addition, the case study approach is by nature exploratory and flexible, making it well suited for investigating human rights dimensions. It normally has four main aspects:

- a conceptual framework (chapter 3)
- a set of research questions (chapter 5)
- a sampling strategy (chapter 6.3.)
- several methods and instruments for data collection (chapter 6.2 and 6.4.)

6.2 Data collection methods

The following methods have been used in this study:

- Focus group discussions with the selected right-holders (grade 10 isiXhosa-speaking females from public schools in the Cape Town area) (research questions 1-5)
- Key informant interviews with the selected duty-bearers (government staff, school staff members, NGOs, research units staff and others working within the relevant fields) (research questions 6-10)
- Review of selected government documents, in terms of reports, legislation, scientific papers, regulations, statements, policies and programme plans (research question 10)

Field notes complemented the focus group discussions and key informant interviews.

According to Robson (1993) multiple data collection methods, both quantitative and qualitative methods can be used in case study approach to supplement each other. Qualitative methods were chosen as their advantage is that they aim to get close to a selected group of participants, capture what they do and how they interpret their world, and understand their perspectives (Burns 1997). In addition they can give an in-depth understanding of a situation and give room for participation, a necessary component of the human rights analysis. Through participation and involvement, it is possible to empower the participants and increase awareness on the issues in focus.

6.3 Participants and sampling

A *purposive sampling method* (Glesne 1999, Patton 1990) was used to select both the focus group participants and the key informants.

6.3.1 Schools

Four city schools and three township schools with learners residing in both formal and informal settlements in the Cape Town area were selected and invited to the study.

It was decided to select participants attending urban schools because it seemed more likely that the learners attending these schools were exposed to the Western culture and nutrition transition processes. All schools were public schools.

Two invited city schools could not participate, as they were too busy with other projects and administrative work. Two township schools never replied, but did later state after several reminder calls not to have received the invitation. At that point it was regrettably too late to send out a new invitation, as there was neither enough time nor funding for it.

Three schools (School 1, 2, 3) agreed to participate. School 1 and 2 were city schools, while School 3 was a township school. Both focus groups and interviews were conducted at two of the schools (School 1 and 2), while only interviews were conducted at the third school (School 3) due to resource and time constraints.

Learners attending School 1 and 3 were predominantly from isiXhosa-speaking areas in the outskirts of Cape Town, while School 2 in addition had many learners from Afrikaans-speaking areas in Cape Town. All three schools received money both from their learners through schools fees, and from the government. Full annual school fees at School 1 were R5000, at School 2 R4100 and at School 3 R200. School fees got calculated for each learner depending on his/her family's annual gross family income. As many of the learners came from poor backgrounds, schools had problems with obtaining the school fees from the learners. Only few learners could afford to pay their school fees and many learners finished their education with large debts, which schools never managed to acquire. The government subsidised only those learners who fell under a certain poverty line, meaning only the poorest of the poorest in the country. These factors contributed to the schools having little money to operate with.

Researchers at the Medical Research Council and the Faculty of Health Sciences, UCT with experience from secondary schools fieldwork assisted in the school selection process. The contact with the schools was initiated via phone. Invitation letters (appendix 6) together with the study protocol summary were sent out via mail or fax or handed out in person, all depending on the schools' requests. The participating schools appointed contact teachers with whom the author consulted and had discussions throughout the project. Written permission was obtained from the schools before the initial contact with the learners was made.

6.3.2 Focus group participants

A total of 25 grade 10 isiXhosa-speaking females (14-16 years old) from School 1 and 2 formed three different focus groups (7, 8 and 10 learners in each group). A more detailed overview over the participants and their places of residence is presented in table 1.

Table 1: The focus group participants, their school locations and places of residence

	Group A, School 1	**Group B, School 2**	**Group C, School 1**	**Total**
Age range	15-16	15-16	14-16	-
Place of residence:				
Khayelitsha	4	3	3	**10**
Langa	1	1	1	**3**
Guguletu	1	3	3	**7**
Eerste Rivier	-	-	2	**2**
Blue Downs	-	-	1	**1**
Blouberg	1	-	-	**1**
City centre	1	-	-	**1**
Total number of participants	**8**	**7**	**10**	**25**

Recommendations of Morgan and Krueger (1997) were followed in the planning of the focus groups. The teachers informed their classes about the focus groups and who could take part. The learners who showed interest and fitted the criteria were selected for the study. During February 2006, 20 learners at each school received an invitation. The original invitations in English (appendix 7) were translated into isiXhosa by a professional agency. In addition an isiXhosa-speaking adult read through them before they were given to the focus group participants to ensure that the language was correct and easy to understand. The invitation contained information letters, consent forms and a short questionnaire, which was used to exclude those not suited for the study. Exclusion criteria were diabetes type 1, known food allergies, special diets prescribed by their physicians, physical and mental disabilities and identified chronic medical conditions that affected their diets and dietary patterns as such participants would have been a special group which in itself could have given results too extreme or atypical for the group in focus.

Learners who agreed to participate, where parental consent was obtained and who did not meet any exclusion criteria made up the final group of participants. The final participants received a confidential note from their teachers and/or a phone call regarding the date, time and place of the focus groups sessions.

The final participants were predominantly living in townships on the outskirts of Cape Town, including Khayelitsha, Langa and Guguletu, Eerste Rivier and Blue Downs (table 1). These townships are predominantly isiXhosa-speaking with the exception of Eerste Rivier which is mostly Afrikaans-speaking.

Langa (*the sun*) was built in 1927 as a consequence of the *Urban Areas Act* passed in 1923. It is the oldest township in Cape Town and was the location of much resistance during the Apartheid years. Guguletu (*our pride*), along with Nyanga (*the moon*), were established in the 1960's due to the overcrowding of Langa, which was the only black residential area for Cape Town at the time. Khayelitsha (*our new home*) was built in 1983 intended by the government to provide housing to all legal residents of the Cape Peninsula. Studies have revealed that most of the townships suffer greatly from Apartheid's impoverishing effects (Swardt et al 2005). They are also a testimony to the failure of the post-Apartheid government to alleviate the poverty in the country, as unemployment, crime and HIV/AIDS rates in the townships are alarmingly high.

Socio-economic details of the girls in the study are not known, but by looking at their places of residence some assumptions can be made. The participants were probably not the poorest of the poorest in South Africa since they managed to afford the transport costs daily. Transport costs from Khayelitsha, where most girls were resident to the city centre is around R20. This indicates

that their families had a regular access to a certain household income. Nevertheless, considering that unemployment rates in the townships are high, wages low and that most learners at the schools in the study could not afford to pay the school fees, it is expected that the focus group participants live in a certain degree of poverty.

As Morgan and Krueger (1997) recommend having only one gender and age difference of no more than two years in focus groups with adolescents, only grade 10 females were selected. Adolescents at this stage are in their mid-teens and mature enough to have some knowledge, experience and opinions of relevance to the themes in question. Black females were chosen as they are the most vulnerable to the process of the nutrition transition, as shown in the studies referred earlier. There are several different groups of black population in South Africa. IsiXhosa-speaking participants were chosen as this group makes up most of the black population in the Western Cape Province. Adolescent females are in addition usually more interested in nutrition and body weight than boys. They were thus considered to be more information-rich and capable of adding interesting information.

6.3.3 Key informants

The authors' supervisors and their colleagues working within the relevant fields helped with the selection of different key informants. Invitations (n = 99) were sent out by mail, fax or e-mail from March until August 2006. All invited parties could forward the invitation to their colleagues working within the relevant fields if they wished to (*snowball or chain sampling method* (Glesne 1999)).

As many interviews as possible or until the information obtained was satisfactory, with regards to the objectives of the study, were conducted. Not all invited and intended key informants were interviewed due to them being preoccupied with their work, not interested in the study or unavailable/unreachable. Several reminder phone calls were made and many reminder e-mails were sent in order to get as many participants as possible. Those who accepted the first invitation and returned the consent form received the final invitation with date, time and place of the interview.

Nineteen interviews were carried out by the author in the period between March 2006 and August 2006. An overview over the key informants' backgrounds, the number of invitations sent out and the number of conducted interviews is presented in table 2. Further details on the interviewed key informants follow below.

Table 2: Invited key informants' backgrounds, number of interview invitations sent out and number of conducted interviews

Type of key informants invited	**Number of invitations sent out**	**Number of interviews conducted**
NGOs and youth organisations	10 invitations to 10 organisations	1 group interview with 10 participants and 2 individual interviews with the Children's Resource Centre
Main editors of free of charge youth magazines distributed to secondary schools around South Africa	4 invitations to 4 magazines	-
Dieticians	8 invitations to 8 dieticians	-
Western Cape government (Department of Health, Department of Education and Youth Commission)	10 invitations	Department of Health (2 interviews) Department of Education (1 interview)
National government (Department of Health, Department of Education, Department of Sport and Recreation and Youth Commission)	12 invitations	Department of Education (1 phone interview)
Independent State organisations working with children/adolescents and human rights	8 invitations to 2 organisations	-
Research and universities units working with human rights, adolescents, health promotion and nutrition	19 invitations to 7 units and universities	2 research units at the MRC (2 interviews)
Schools: principals, Life Orientation teachers, student counsellors and other relevant workers such as tuck shop owners	28 invitations to 7 schools*	10 interviews at 3 secondary schools
TOTAL	**99 invitations**	**19 interviews**

*The same seven schools that were invited to be a part of the focus group section of the study were also invited to the interviews. Each of those seven schools received four invitations in the main invitation envelope: two for Life Orientation teachers in grade 10, one for the principal and one for the school counsellor.

The school staff members

Ten interviews were conducted with the following school staff members from three different schools in the Cape Town area: two principals (School 1 and 2), two student counsellors (School 1 and 2), four Life Orientation teachers (one from School 1, one from School 2 and two from School 3), one former Physical Education teacher, now working as school sports coordinator (School 1) and one tuck shop manager (School 2).

Both principals from School 1 and School 2 had extensive experience with teaching and they had been at the schools for four and eight years, respectively. The two student counsellors from School 1 and School 2 had a few months and two years working experience at the schools, respectively. All teachers had from eight to twenty-seven years long working experience from the specific schools. Besides being teachers, they were engaged in voluntary work at the schools, such as HIV/AIDS group and sports activities. Some worked as school department heads or assistants. The school tuck shop manager had been running the school tuck shop for four years.

Children's Resource, Education and Training Centre (CRETC)

One group interview and two individual interviews were carried out with the coordinators working at the Children's Resource, Education and Training Centre (or just Children's Resource Centre) in Cape Town within the areas of food security, environment, health and physical activity.

The author decided to conduct a group interview instead of individual interviews because it proved difficult for the participants to find time in their busy schedules for individual interviews. The group interview took place during the author's initial visit to the Children's Resource Centre and lasted for one hour. It had ten participants at the most. Some had to leave early because of work commitments and not every one could speak fluent English and answer all the questions. The staff members showed a lot of interest in the study and wanted to contribute with their knowledge. They had a lot of experience from working with adolescents and had an opportunity to add important information to the study. The interview was therefore conducted, although it was not originally planned to have any group interviews in the present study.

The Children's Resource Centres has existed since 1985 (CRETC 2003). It is a membership organisation consisting of around 3000 child members (7-15 years old), 400 youth members (older than 15 years of age), parents and programme coordinators. The members constitute the Children's Movement; a social movement of children. The organisation believes that children can make a contribution to the improvement of society if they follow a set of good values - respect themselves, others and their environment. Human rights, participation and dignity of children underlie all of their work. Consequently, members of the children's groups are responsible for building the Children's Movement themselves. Adult coordinators and other workers are there to support the children.

The Children's Resource Centre was formed so that different children's groups around the country could belong to a structured organisation. The Centre is responsible for organising and implementing training programmes for its members, both children and adults. The Children's Resource, Education and Training Centre venue in Cape Town was set up in 2001. It has provided education and training to their members, developed and produced the curriculum and teaching material and functioned as an advisory office.

In 1999 the Children's Resource Centre decided to start a Youth Section composed of youth aged 15 years and older who had joined the organisation as children. Today this section has around 400 members and it has played a big role in building and maintaining the organisation.

Medical Research Council

One interview was conducted with an employee at the Chronic Diseases of Lifestyle Research Unit responsible for nutrition-related activities at the Unit. Another interview was conducted with an employee from the UCT/MRC Exercise Unit. Unfortunately the recordings from the latter interview were accidentally deleted before they were transcribed. The interview recordings could not be used for the data analysis, although the field notes and the email correspondence contained data that could be used.

The Medical Research Council's vision is to "*build a healthy nation through research*". It is a national research organisation that provides information, gives recommendations to the government and engages with human capacity development.

Government departments

Four government employees at both national and provincial level were interviewed, working with either the School Nutrition Programme at the Department of Education or the Integrated Nutrition Programme at the Department of Health. All key informants had field experience from earlier in their career. Some of them were still involved with schools and community visits at ground level, while others mainly coordinated the programmes from their offices.

The government of South Africa consists of national, provincial and local spheres, which are distinctive, interdependent and interrelated (GCIS 2005). The national departments are responsible for the formulation of policies, norms and standards, and monitoring and evaluating. The provincial departments have sustainable power to run their affairs, but are guided by national polices, within which they have to set their own priorities and implementation strategies.

The Department of Health aims to promote the health of all people in South Africa through prevention of diseases and promotion of healthy lifestyle, while the vision of the Department of Education is to provide access to lifelong education and training opportunities for all South Africans.

6.4 Data collection

6.4.1 Focus group moderators

The author moderated the focus groups together with a hired 21-year-old female Xhosa born and English speaking psychology student. She was recruited with help from two of the author's supervisors in Cape Town and a psychology PhD student at the UCT. The assistant also helped with the focus group preparations, functioned as an interpreter when necessary and translated and transcribed the focus group recordings. She did not have any particular experience from moderating focus groups, but she did have some experience from translating and transcribing interviews. She had a similar background as the focus group participants in the present study.

Good levels of understanding, group management and interpersonal skill are needed to moderate a focus group effectively (Morgan and Krueger 1997). The focus group moderators aimed at allowing participants to talk to each other, ask questions and express their doubts and opinions, while having very little control over the interactions other than keeping participants focused on the topics. It was ensured that the groups were as participatory and flexible as possible. It was explained that the goal was to explore what they were thinking and that we were interested in their personal suggestions, experiences and feelings. As interaction between the participants is a

vital part of a focus group, this was encouraged through saying that everybody's opinions and discussions were welcomed during the sessions.

6.4.2 Pilot focus group

A pilot focus group with eight grade 10 isiXhosa-speaking female participants was carried out during February 2006 at School 1 during school hours. It was ensured that these participants were as much like the participants of the main focus groups as possible; they were of same gender, ethnicity and age and with a similar background as the participants of the main group. The pilot group met twice with both sessions lasting 1 hour and 40 minutes. English and isiXhosa were used simultaneously during the sessions, depending on what language the participants chose to speak at any given time. The sessions were recorded and supported by field notes.

The pilot group was used to test and accordingly adjust the preliminary focus group discussion guide. Furthermore the moderators practised their tasks and responsibilities during the pilot sessions, which made them better prepared for and more aware of their roles.

The pilot focus group data were not included in the analysis, though these findings were comparable to the findings from the main focus groups.

6.4.3 Focus groups

All together, seven sessions with the three groups were conducted in February and March 2006 at the participants' respective schools during school hours (appendix 1). Two groups met twice each, while one group met three times. Each session lasted from 1 hour 50 minutes till 2 hours 25 minutes. English and isiXhosa were used simultaneously, as the participants were fluent in both languages. The sessions were recorded using a digital recorder. Field notes on non-verbal communication, additional questions, summary points and other relevant issues were written to supplement the recordings.

The groups were moderated with the use of a discussion guide (appendix 2). Recommendations by Morgan and Krueger (1997) were followed when designing and developing questions for the guide. The main themes were dietary patterns and preferences, healthy nutrition, physical activity, body, action recommendations and human rights. The girls were given a single-use camera after the first session. Each girl had the camera for one day and could take four photos of the meals consumed on that day. Some of these photos are presented together with the findings (chapter 7).

The participants were offered food and drinks throughout the sessions. This is perceived as hospitality in their culture and hopefully it made the focus group environment more open and trustworthy.

Further, the participants were told they could speak both isiXhosa and English during the sessions depending on what they favoured. This was done in order to make communication and interaction between the participants more fluent and easier than if they had to speak English all the time as it is not their first language.

The focus groups honoured the participatory aspect of a human rights based approach. The purpose was to show that the involvement of right-holders in the issues concerning them and their participation in the decision-making processes can be useful. Among the sources of inspiration for designing and conducting focus groups was the children's participation

component of the study "Monitoring child socio-economic rights in South Africa: achievements and challenges" by The Institute for Democracy in South Africa (Ewing 2004). Some photos of the focus group sessions are presented in appendix 9.

As elaborated by Morgan and Krueger (1997) focus groups are "*carefully planned discussions*" with a selected group of individuals designed to obtain perceptions on the topic in question in a "*permissive and non-threatening environment*". The aim is not to gather information on individual reactions, but to generate information through interactions between members of the group (Litosseliti 2003). Focus groups can bring forth and highlight a diversity of views, feelings, beliefs, attitudes and reactions within a group context.

As focus group research is by its nature open-ended and cannot be entirely predetermined a preliminary focus group discussion guide was developed, tested and changed accordingly during the pilot project. It is essential to state that the guide found in appendix 2 was adjusted as the fieldwork progressed and new relevant issues emerged. As more groups were conducted, the moderators became more active in exploring new issues and searching for relevant information and thus new and more in-depth questions were posed to the participants.

Focus groups can be more or less structured depending on what the goal of the project is. This first session was more structured with questions being more specific and detailed. The second session had a smaller number of broadly focused questions, which invited participants to explore the topics in-depth. Each group was split in three smaller groups to work with suggestions on different action recommendations. This group work lasted 30 minutes. The recommendations were so discussed in a group as whole.

After completion of the study the participants received, as a reward for taking part in the study, a letter of gratitude together with South African Food-Based Dietary Guidelines pamphlets, "These are your rights" booklet on children's rights (de Villiers n.d.) and a summary on healthy nutrition in adolescence written by the author. The participating schools were given a flip chart on Food-Based Dietary Guidelines, which can be used as both an information and educational tool. All Food-Based Dietary Guidelines material was obtained through the Department of Health (national and provincial office). "These are your rights" booklets were obtained through the Department of Justice and Constitutional Development and regional UNICEF office.

6.4.4 Key informant interviews

Each interview lasted for approximately 60 minutes and was recorded with a digital recorder. An *interview guide approach* (Patton 1990) with some pre-set questions was used. The interview guide (appendix 4) was built on the literature on qualitative research and interviewing methods from Oppenheim (1992), Glesne (1999) and Gillhan (2000). It served as a checklist to make sure that all relevant topics were covered. It provided a framework within the questions were developed and adapted since they were somewhat different depending on the participants' background, occupation and position. All interviews were conducted in English because all participants could speak and understand English fluently.

The purpose was to find out what the key informant thought, felt, knew and why about the issues in question (see chapter 5 for research questions). It was seen as important to cover what the participants thought about adolescents and their nutrition, physical activity and body perceptions. Another central issue was to explore participants' perceptions regarding the human right to adequate food of adolescents and corresponding duties or responsibilities. Past, current and planned measures and actions concerning adolescents and their nutrition and physical activity were also discussed.

6.4.5 Document review

A selected document review was performed in order to explore the most important and recent efforts and plans addressing the nutrition transition consequences on adolescents in South Africa and likewise their right to adequate food.

To find and collect information and documents of relevance the following Internet searching engines were used: Pub Med, Google and UCT library's searching engine ALEPH. Other Internet sites used were mainly the official Internet sites of the South African government (http://www.gov.za), the Department of Health (http://www.doh.gov.za), the Department of Education (http://www.education.gov.za), the Department of Agriculture (http://www nda.agric.za), the Department of Social Development (http://www.welfare.gov.za) and the Department of Sport and Recreation (http://www.srsa.gov.za). The relevant documents were accessed either through the Internet or through the UCT Main Library and UCT Health Science Library.

The search words used were: adolescent, youth, health, nutrition, food, dietary patterns, diet, healthy lifestyle, nutrition transition, chronic diseases, physical activity, sport, physical education and Life Orientation. The words were used alone or in combination with words like law, legislation, white paper, green paper, policy, guidelines, curriculum, programme, government, education, Medical Research Council and South Africa. The last search was performed in June 2006, meaning that documents published after this date, have not been included in the review.

The relevant documents were examined and a short summary of each document is presented in chapter 9. The documents are further discussed in chapter 13 in the light of the right to adequate food and human rights approach.

The realisation of the right to adequate food is affected by many factors and it is dependent on the realisation of many human rights. It was therefore both difficult and beyond the scope to provide an overview of all documents, acts, policies and programmes addressing directly or indirectly the right to adequate food of adolescents in South Africa.

When considering adolescents' rights one should look at policies and programmes that affect parents and other legal caregivers. Programmes that aim at reducing poverty among adults, such as social grants and programmes related to employment, housing, water and land will affect the children as well. Although these measures have not been looked into in detail, their importance is recognised.

The focus was placed on the leading government sectors and their reports, laws, acts, regulations, government statements, white and green papers and other policy documents and programme plans that concentrate on the issues linked directly to adolescents, their nutrition, dietary patterns and related unhealthy behaviour such as physical inactivity.

The leading responsible government sectors for nutrition and food and thus the right to adequate food in South Africa are the Department of Health and the Department of Agriculture. The national and provincial Nutrition Directorates at the Department of Health are responsible for running nutrition programmes, but in addition they act as advisors to other government departments and organisations. The Directorate of Health Promotion and the Directorate for Chronic Diseases, Disabilities and Geriatrics, both at the Department of Health are also responsible for developing relevant policies and monitoring and evaluating programmes. There are many other sectors supporting nutrition research and advocacy in South Africa such as the

Department of Sports and Recreation, the Department of Education, the Department of Social Development and the Department of Water Affairs.

6.5 Data analysis: focus groups and interviews

The digital recordings of the focus group sessions and interviews, material from the group works and field notes were all incorporated into the analysis. All recordings were transcribed verbatim in English. The assistant transcribed the focus group recordings, while the author transcribed the interview recordings.

The *inductive content analysis* was performed, which involved systematic examination of the transcripts to identify emergent key words and sections, and then further code, group, classify and develop major themes, categories and concepts. The coding and further analysis were guided by the aim and research objectives of the study and followed recommendations of Burns (1997), Glesne (1999) and Krueger (Morgan and Krueger 1997).

The purpose of the present data analysis was to interpret the data, enlighten the reader and raise the level of understanding on the issues in focus without distorting the original findings.

The transcripts were read through once without any changes being made. During the second read-through, key words referring to the participants' key responses were written in the margins to get an overview over the main issues that emerged during the discussions and interviews. On the basis of the key words, a list of codes was written. The transcripts were marked every time a code appeared. Additional codes were added to the list as they appeared in the data. The transcripts were then spilt and reassembled into different sections which consisted of similar codes. Sections were so organised into themes and categories (sets of similar themes). The author searched for consistent patterns and relationships, grouped the categories further together, and looked for a deeper meaning. This process started with a hard copy of the transcripts and coloured marking pens, but the codes were eventually transferred to the computer file. The Microsoft Word was used to cut, paste and rearrange the original transcripts according to the codes that emerged.

The focus groups were coded session for session before they were merged together according to codes and themes. It was possible to trace the statements to the original groups and sessions throughout the analysis. The interview transcripts were first analysed question for question and then arranged according to the groups of actors they belonged to. The transcripts were ultimately organised according to the research questions. Other researchers were asked for their insights and perspectives throughout the process (*peer reviewing*).

The focus group and interview findings are presented in chapter 7 and 8 respectively.

The participants' experiences, perceptions and feelings are illustrated through quotations to bring the readers closer to the data. Further, the statements also indicate that there is a connection between the actual field data and the written text thereby increasing the soundness of the interpretations. Frequency (*how often was it said?*), extensiveness (*how many people said it?*) and intensity (*how strong was the point of view?*) were considered when selecting the quotes. When non-verbal communication like the energy level, enthusiasm, involvement and body language was considered relevant, it has been mentioned in the text.

The conceptual framework presented in chapter 3.4, figure 5 was used to facilitate interpretation of the findings where applicable. The focus group participants suggested what the government,

schools and parents/family could and should do in order to improve adolescents` dietary patterns and increase their physical activity levels. The majorities of their suggestions referred to the underlying level and have been arranged according to the economic, psychosocial and cultural conditions as proposed by the framework. Since the girls did not mention any suggestions that referred to the basic level it was omitted from the framework when presenting the data (chapter 7). Further, some of participants' statements were very general and non-practical, and have not been presented. The key informant statements were arranged in the identical matter; except that their suggestions were referring to both underlying and basic conditions.

6.6 Validity considerations

The data collection and analysis were planned to be as *systematic* and *authentic* as possible in order to minimise *bias* and increase *trustworthiness* (validity) of the findings. Recommendations given by Glesne (1999), Holloway (1997) and Morgan and Krueger (1997) were followed as much as possible.

Credibility (internal validity) of a study refers to the ability of capturing the multiple realties of the setting in focus. In the present study this was attempted though summarising each focus group session and interview and checking with the participants if these summaries were appropriate. Furthermore, *triangulation* occurred at several levels. First, the data was collected through several methods, including key informant interviews, focus group discussions and document review. Second, several kinds of participants were included in the study, e.g. learners, teachers and government staff members. Third, two researchers and four supervisors, representing both natives and foreigners were engaged in the study. These factors provided an opportunity to analyse and interpret the findings from numerous different perspectives.

There always exists a danger of being unable to separate one's own experience from those of the study participants. To avoid this, the author consulted more experienced researchers in the relevant fields and they discussed the findings and their interpretations together (*peer debriefing*). Moreover, a debriefing with the assistant took place after each focus group session in order to discuss what can have influenced the participants and their responses and in what way.

Transferability (external validity) was increased through choosing a situation and setting typical for its kind in order to be able to relate the findings to similar surroundings.

Dependability (reliability, consistency and accuracy) was attempted through a detailed description of the context and research methodology so that the reader can follow the research path. Much contextual information has been provided in chapter 2 and the decision-making process and thought trail have been made as uncovered as possible in the present chapter so that the readers are able to judge the data quality for themselves. Further, the participants' statements and document citations can be tracked back to their origin; the field notes, recordings, transcripts and/or documents.

It was important for the author as a female and European nutritionist to distance herself from her knowledge, experiences, insights and ideas concerning nutrition, human rights and all other issues addressed so that the participants' views and perceptions could be adequately taken into account. Hopefully this has increased the *conformability* (objectivity) of the study and contributed to the findings, interpretations and conclusions being grounded in the data.

At the end of each session the participants of the focus groups were given an evaluation form (appendix 7). Here they could anonymously state both positive and negative aspects of the group. This helped with getting an overview of the impact the moderators and the rest of the group had on each of the participant and their statements. The same was prepared for the teachers (appendix 6) and key informants (appendix 8).

6.7 Ethical considerations

The study was performed in accordance with the principles of the Declaration of Helsinki and the laws of South Africa. The UCT Research Ethics Committee (REC) approved the study and the procedures for obtaining written informed consent from human subjects. No participants were enrolled into the study until the protocol with all its appendices was approved in writing. For data verification and quality control purposes, regulatory authorities and members of the UCT REC could gain access to participant data if requested, but only under conditions of strict confidentiality. The author maintained responsibility for informing the UCT REC in writing of any amendment to the protocol. The Western Cape (regional) Department of Education was approached to obtain permission for the use of public schools for research purposes. Principals of the respective schools were approached in order to execute the project at their respective schools during school hours and they gave their written permission before the study commenced.

To avoid a feeling of exclusion amongst the learners who were not invited and/or selected an information letter was given to the schools. Here it was explained that the study had limited resources and that it was only possible to select and focus on a small and specific group of learners. No participants entered the study without them signing the consent form after a full and adequate explanation of the study, including possible risks, had been provided. No minors entered the study without their parents/legal guardians signing the consent form. The girls missed some school hours while they participated in the focus groups. The teachers were also conferred with this issue beforehand and gave their authorisation. The girls and their parents/legal guardians were informed about missing school hours in the information letter. They all gave their permission before the groups were conducted. All signed consent forms were treated with confidentiality. For those who wanted or needed it, the interpreter was available to answer all their questions in isiXhosa. The participants had the right to withdraw from the study at any stage without stating a reason. The data generated was stored in a password protected computer file and locked filing cabinet in a manner that maintains participants' confidentiality. Confidentiality and anonymity of the participants have been assured by using anonymous names in all publications of the findings. The key informants from the Medical Research Council, Children's Resource Centre, Department of Health and Department of Education gave their permissions for using their institution names in the present thesis.

Ethical considerations for focus groups and interviews are the same as for most other methods of social research (Morgan and Krueger 1997). A particular ethical issue to consider in the case of focus groups is the handling of sensitive material and confidentiality. At the outset the moderators clarified that each participant's contributions will be shared with the others in the group and the participants were encouraged and reminded to keep confidential what they had heard and discussed during the group.

All approvals, information letters, and consent/assent and permission forms can be found in appendices 5-8.

PART II

PRESENTATION OF FINDINGS

7. The focus group findings

7.1 Living conditions and daily schedules

The girls described what their houses looked like and whom they lived with. Most of them lived in brick houses with at least one of their parents, aunts, uncles and/or grandparents and frequently their siblings, nieces, nephews and cousins. Only one girl lived in a so-called shack with her family. They explained that their parents or grandparents were primarily from the rural areas in the Eastern Cape, but that they had moved to the Western Cape during the last 10 years, due to the perceptions that there are better work and education opportunities and thus more possibilities for a better life in urban areas. Their families did not have any food gardens or livestock in the Western Cape, but some said that they had cows, pigs and chickens in the rural Eastern Cape areas.

Their school day would start around 8-9 a.m. and last till 3-4 p.m. Only one girl had the opportunity to walk to the school as she lived in the city. The other girls had to take trains or shared taxies to get to their schools, which could take an hour or two especially during peak hours. They left their homes around 6 am, which for many made it difficult to eat breakfast and prepare home-made lunch. They were seldom home from school before 5 p.m. They came home later if participating in any school sports after school hours. The girls would stay indoors after school hours to do their homework, cook food, eat, relax, phone their friends and watch television before going to bed. The sunset in Cape Town is around 8 p.m. in the summer and 6 p.m. in the winter time, after which it is unsafe and very uncommon to walk around, especially for young girls living in townships.

Girls explained that they in the weekends spent a lot of time with their family and friends. Further, it was normal to spend 2-3 hours every Saturday cleaning the house, doing the laundry and cooking for the rest of the family. They perceived dressing up, watching television, listening to music, walking around the township with their friends, eating *junk food* and going to malls to be an important part of the weekend. When asked about their dietary patterns in the weekends they said they normally ate a lot of *junk food* (fried chips, pies, sausages) and *braaied* (barbecued) meat.

7.2 Meals and foods: daily habits, perceptions and barriers to change

Breakfast

Generally participants believed that young people should eat breakfast to stay healthy, think clearly and have energy for the day. Some girls said that they had breakfast before they left for school in the morning. In describing their breakfast habits they used many modern/Western foods, such as: "*muesli with yoghurt or corn flakes with cold milk*" (Group A, School 1), "*morvite or weetbix in warm milk and bacon and eggs*" (Group B, School 2) or "*rice-crispies with cold milk*" (Group B, School 2). This can be seen on the photographs the girls took of their breakfast (figure 8). During the weekends or public holidays they often had hot breakfast, for example eggs with bread and bacon, instant-noodles or porridge.

Figure 8: Photographs taken by the girls of food they ate for breakfast

The participants who did not eat breakfast blamed it on the lack of time in the morning saying:

> "*We would eat breakfast more often if there was time for it in the morning. The whole family should eat together in the morning*" (Group A, School 1)

When a girl said "*I was late for school yesterday morning so I just grabbed an apple*" (Group C, School 1), the girls who normally had breakfast mentioned that lack of time often made them skip breakfast.

Lunch

Participants had clear ideas on why one should have lunch:

> "*We should eat lunch to keep us awake, healthy and strong*" (Group A, School 1)

> "*Young people should eat lunch to be able to concentrate at school*" (Group B, School 2)

Their knowledge on benefits of healthy lunch did not seem to affect their eating behaviour, as they daily consumed unhealthy *junk food* with high fat and sugar content during school hours. The girls expressed a great joy for lunch, even though they understood that what they ate for lunch was not healthy or good for them.

Most girls said they bought lunch at the school tuck shop with the money they received from their parents. Only one school had a vending machine, while both schools had either a tuck shop or food vendors selling food at the school ground. When asked if they brought dinner leftovers from the day before with them to the school, it became clear from their comments that this was not common. They said that they very seldom did this, except for fruit (apples, bananas, pears or grapes) which most of the girls brought with them daily. Those girls who did bring a cheese and ham sandwich or plain bread from home still told that they bought unhealthy food at the tuck shop during the breaks.

Favourite lunch food was potato chips, pies, cakes (muffins, doughnuts and cookies), sweets (chocolate, lollypops and candy), sausage rolls and chip rolls. They normally bought a cool drink, but rarely juice or water to drink with their lunch. When asked what they ate during a school day, these were their typical responses:

> "*First break I have a chip- roll and a cool drink, and second break I buy another cool* (sweetened) *drink and chips.*" (Group B, School 2)

> "*Normally I have a steak and kidney pie with mineral water*" (Group A, School 1)

"*First break I eat the food that I had prepared at home, second break I buy myself chips and a doughnut.*" (Group B, School 2)

Photographs taken by the girls of their lunches/snacks (figure 9) reaffirmed their comments.

Figure 9*:* Photographs taken by the girls of food they ate for lunch or as a snack

Lack of availability at schools, home and in the community were mentioned as important barriers to healthy lunch patterns.

"*We would eat better lunch if we didn't get the money from our parents or if our parents made us good food to bring to school for lunch.*" (Group C, School 1)

Fast food and snacks

When talking about snacks a girl said "*fast food and snacks should only be eaten in occasions and not all the time, as they are fatty*" (Group A, School 1) and another girl supplemented her with "*junk food does not have as much vitamins as needed either and you never know who makes these foods and what they put in them…you could even get germs*" (Group A, School 1).

Many of them said that they bought snacks at shops close to the central station on their way to school and home. This would often be *gatsbies*, pies, chips or sausages.

Several of the girls expressed that lack of money prevented them from eating more of "*the tasty junk food*".

Supper

Most girls' stated that their families purchased most of the food items at grocery shops such as Pick'n'Pay, Checkers, Shoprite or at local markets. Most of the larger shops were 20-30 minutes walking distance from their homes, though some had to travel with shared taxies to get to the nearest shops. The majority of the participants said that their mothers or grandmothers were responsible for the main preparation of the food, although the girls sometimes prepared pasta, rice, mince meat, *umphokoqo*, *samp*, sausage or eggs for their families in the weekends.

Traditional food such as *pap*, *umphokoqo*, *samp* and *umgqusho*, and vegetables such as spinach, butternut and pumpkin were commonly eaten for supper. Some photographs that the girls took of their suppers are presented in figure 10. One can see from the photographs that even though the girls said they ate vegetables daily, their vegetable portions were not large compared to the dietary recommendations (from 30 to 40 % of the dinner plate). *Pap*, gravy and meat/chicken seemed to make up the biggest part of their dinner plates.

Figure 10: Photographs taken by the girls of food they ate for supper

Eating outside home

Eating out at the restaurants was common once or twice a month in the weekends after "*the pay day*". Their families would then go to Spur, Steers, McDonalds, Kentucky Fried Chicken (KFC) or St-Elmo's in the city centre or a shopping mall. The girls also indicated that it was becoming a new township trend to eat a lot of red meat during weekends at township taverns. Photographs taken by the girls of the food eaten at these taverns confirm their statements (figure 10). They described that both children and adults went there to enjoy the "*braaied*" meat together and that it was very popular and enjoyable. Many girls from the groups went there in the weekends with their friends.

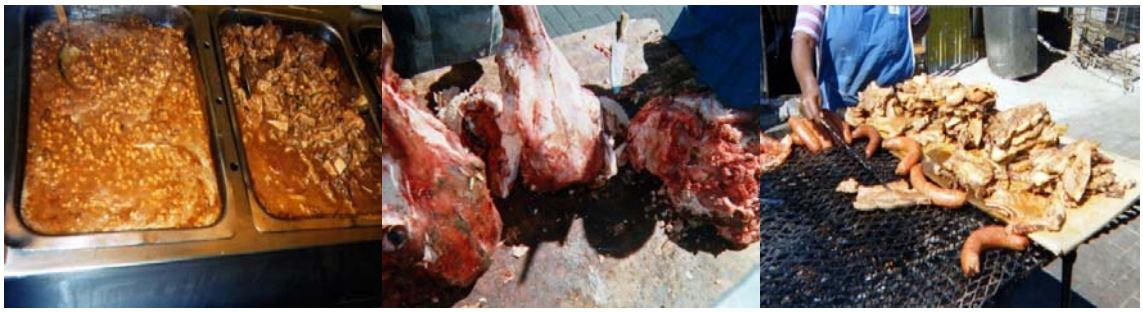

Figure 11: Photographs taken by the girls of food they bought and ate at the township taverns

7.3 Traditional foods: perceptions and descriptions

Some girls considered the traditional food to be healthier than other food, while the other girls disagreed and said that the oil (often hydrogenated fish oil) they use in their traditional food was not good for their health. They also said that Xhosa people use too much oil when preparing their meals.

> "*I think Xhosa food is healthy because other food is not the same anymore, it is changing and it is getting more and more processed, and more chemicals are put in.*"
> (Group B, School 2)

"*African salad is good for you. It has lots of iron, which can make you strong. Iron builds muscles and gives you energy as well.*" (Group B, School 2)

"*I would say that our food is healthy. You can see it, because our grandparents lived long and were healthier than what people are now.*" (Group A, School 1)

"*I do not think that our Xhosa food is healthy. Our families like fatty food made with lots of oil and we use it a lot when we make our food.*" (Group A, School 1)

Several girls talked enthusiastically about their traditional food, while a few said that they sometimes would like to eat more "*exciting*" food e.g. cakes, sweets, hamburgers and potato chips. Some of them were also tired of eating the same "*Xhosa*" food every day.

Different versions of *pap*, *amarhewu* and *amasi* were to a great extent enjoyed by a large number of participants. *Imifino* on the other hand, wasn't very popular. Many of them said that their grandparents enjoyed these "*plants*", but they themselves could not stand the smell of it.

Maize was a significant component of their diet. The girls ate different forms of maize porridges daily as part of most of their meals. In addition some of them ate bread, pasta, rice or potato (fried chips or mashed potatoes) for dinner instead of *pap*. They mentioned that the meat prepared was often boiled chicken, but beef, liver, sheep's head, cow's head; *umhqamulo*, pig's feet; *trotters*, stomach of sheep; *pens* and sausage were also commonly served.

7.4 Food preferences

The girls were very fond of food and took pleasure in talking about it. They said that they liked the food they ate at home, especially *umphokoqo*, *samp*, *pap* and *amarhewu.* One girl has been a vegetarian for two years, ever since she got "*tired of it* (meat)*…and since meat is cruel to the animals*". She explained that she would prefer organic food and vegetables every day, but her aunt did not want to prepare the correct food so at the moment she did not enjoy her food. The other girls did not seem to be affected by her health conscious comments. When we asked them what they would eat if they could choose themselves many of them said "*junk food*" (pizza, sausage, chips and food bought at the Spur and the KFC) or "*sweets*" (cakes, chocolate and ice cream).

Their statements reflected that the taste and smell of food was important to them:

"*I like the food that I eat because it's nice when I taste it*" (Group B, School 2)

"*I like it because it either smells nice or it looks appetising*" (Group B, School 2)

Fried, cooked and raw food

One girl pointed out that she liked pizza, fried chips and pies because they were easy and quick to make. In general, they seemed to enjoy fried food more than boiled food. Fish, potatoes and chicken were frequently fried in either fish oil or butter. When we asked them why they preferred fried food, they mostly said that boiled food tastes less than fried food. One girl told that she eats fried foods because her friends do it all the time and her family always prepare it. During the discussion they indicated that they would eat less fried food if they needed to loose weight or if they could buy cooked food or food with lower fat content that tasted as good as the fried food.

Fruit and vegetables

Fruit or fruit juice were consumed almost daily by most of the girls. It seemed that the girls preferred fruit over vegetables. Banana, grapes, apples, mango, plums and peaches were the most commonly eaten fruits. The participants would bring fruit/juice with them to school or eat it in the evening after dinner, which is reaffirmed by some of the photos that the girls took (figure 9).

Vegetables were preferred boiled. The discussion revealed that raw vegetables were perceived as "*white people's food*" and very few girls said they would eat them. Their families made vegetables almost every day for supper, but not all of the girls would eat them. Most commonly eaten vegetables were pumpkin, butternut, potato, carrots, cabbage, spinach and tomatoes (figure 10).

> "*Veggies need to be made in a tasty way and they need to look good and tempting if we are to eat them more. Our parents also need to cook them for us every day.*"
> (Group C, School 1)

7.5 Healthy dietary patterns: perceptions and barriers

The girls described "being healthy" as "*giving your body what it needed*", "*looking after it*", "*sleeping enough*", "*exercising*" and "*eating healthily*". They had basic knowledge on healthy dietary patterns, although some statements were not completely in agreement with biomedical knowledge like "*if you eat sugar every day you can get diabetes*" and "*starch is very fattening*". The girls linked fruits, vegetables, cereals, whole grain bread, fish, chicken and low fat products to healthy food.

When talking about "healthiness", this was commonly linked to that fact that people should be healthy in order to live longer and avoid disease. Some girls linked being healthy to looking beautiful and having a perfect body. Weight gain, diabetes and heart problems were mentioned as consequences of being unhealthy, though they seemed more occupied with the notion that food affected their appearance:

> "*You should not eat junk food like chips, sweets, chocolates, and all that stuff because they make you fat and give you pimples.*" (Group A, School 1)

They were aware of their dietary patterns not being good for their health in the long run and most of them indicated that they wanted to change their eating habits to healthier ones. For instance in one group the girls said:

> "*I do care about it because the mistakes that I make now in my diet will affect me when I'm much older*" (Group A, School 1)

> "*I would also like to eat healthier food because as time goes by you can get sick from diabetes and other diseases, but if you eat healthy food it could help you mentally*"
> (Group A, School 1)

Overall it seemed that girls enjoyed the unhealthy food so much that this made it difficult for any positive changes regarding their diet to take place. In Group C (School 1) the participants had a discussion about happiness and strongly emphasised that it was more important to think about other things in life than healthy eating habits:

"*It's not that important to me to eat healthy because you find that there are far more important things that need your attention, such as your family, safety and school.*" (Group C, School 1)

"*Eating healthy is not of outmost importance for me because even if I did eat healthy my life would still be the same therefore I would never change my diet as I enjoy the food I eat.*" (Group C, School 1)

Some girls pointed out that black people are not very concerned about healthy diets and lifestyle, while others mentioned that it was lack of money and education and not their determination that was stopping black people from being healthy.

"*It's very rare that you find our grandmothers and grandfathers taking a walk or jogging, whereas white people do it all the time.*" (Group B, School 2)

"*We black people don't care, we just eat anything. Sometimes it's just a matter of not having enough money to buy the healthy foods and they* (the white people) *are more health educated than us.*" (Group B, School 2)

There was a general agreement among the girls that the food you eat may give signals about whom you are and that it can affect your status in the society. One girl said that" *there should not be stereotypes that connect being rich and wealthy to buying fried foods. Maybe we would eat more healthy then*" (Group A, School 1). Other girls in the group agreed with her.

As money and poverty can be a sensitive issue, it was not discussed much, although it did come up several times during the sessions. The girls explained that their families received at least one government grant each month, for either their grandparents or younger siblings. This gave the impression that they had some money at home for food, but that they could not get the most nutritious and healthy food for the money their families had. Lack of money therefore appeared to be an important barrier for buying what they wished for. For example they said that "*financially, we are okay, but we cannot afford to eat healthy food all the time as that would be too expensive*" (Group A, School 1) and "*my mother brings a lot of goodies* (sweets, cakes) *or she buys a whole chicken at the end-of the month when she gets paid*" (Group A, School 1). Another girl said, "*it often happens that kids don't have money to buy food at the tuck shop*" (Group B, School 2). The other girls nodded to this comment.

Some girls discussed if the price was important for whether they ate healthily or not. They could not agree on this issue. One girl said:

"*It* (healthy food) *is expensive, but if you really set your mind on being healthy then you could buy it*" (Group A, School 1).

Another girl in the same group explained that bad financial situation can result in people not caring about healthy food as they have no other choice but to buy what they can afford, healthy or not:

"*We have a tight budget and healthy foods are pricey. That is why most people don't really care about it*" (Group A, School 1).

7.6 Physical activity: perceptions and barriers

The girls have many reasons for why they and other young people should be physically active. The most prevailing reasons were that physical activity and sports are healthy and that they can help you live a longer life without disease.

Netball, softball and dancing were the girls' preferred activities. Most of them enjoyed doing sports and they did sports through their respective schools twice a week. Most girls felt that they should be active as often as possible, but mentioned several explanations for why this was not possible. Inaccessibility, unavailability and lack of time were the key barriers:

> "*I think that people my age would be more active if more places opened where they could play netball, soccer, tennis, softball and etc. In this way the kids would be able to be active in a sport they liked and they would not even notice that they are being healthy. We also need to have money to buy the equipment and transport needs to be provided.*"
> (Group B, School 2)

Those who were inactive signalised that they were embarrassed and ashamed of what others thought of them:

> *"I like sport, especially soft-ball, but since I'm fat I wouldn't think its okay for me to be running up and down with my weight problem. I'm afraid people will laugh at me."*
> (Group A, School 1)

The girls in one group had a big debate about what was more important: to stay at school and take part in sport activities or go home and listen to the "*latest township gossip*". It seemed that many of them thought it was important to get home as soon as possible after school, but not only because of the gossip. Travel distance, public transport problems, concern about safety and schoolwork were mentioned as important factors for going straight home after school hours. When they were back in the townships they did not go out to play and be active, but they would rather stay inside and do their homework, make dinner and/or watch television.

Many participants indicated that they loved watching television and that nothing could make them stop doing this. Others explained that children in townships have no other choice than to watch television, because it is dangerous to walk outside and there are no good leisure time activities where they lived. Some were more active at weekends as they cleaned the house and went out with their families and friends, but they still preferred watching television and eating *junk food* instead of being active.

Physical education training as academic subject has been taken out of the secondary school curriculum in South Africa. Some girls maintained that this had made them less active. Not all agreed that it should be brought back in, since not everybody liked and enjoyed sports and should therefore not be forced to be active.

One girl, a head of sports explained that she has been trying to get the sports back into the school-schedule so that everybody who wanted could participate in a sport they enjoyed and get home before it was too late in the afternoon. She was active both during weekdays and went swimming and exercising in the weekends. Her friends responded by saying that many other people would like to go swimming and exercising, but they cannot as it is expensive and they do not have the money.

7.7 Perceptions on body and dieting

The prevailing response in all three groups was that happiness (spending time with family and friends, and having money, clothes and food), eating a lot and lack of exercise made you gain weight, while unhappiness, stress, HIV/AIDS and other problems would "*eat you up inside*" (Group C, School 1).

The majority of participants considered comfort, happiness and love for yourself to be more important than body weight:

> "*Regardless of the weight, if you love yourself then that's an ultimate because if you love yourself you will not have a problem with what people have to say.*"
> (Group A, School 1)

They were asked on what an acceptable size for a girl their age and for a grown-up woman is. Regarding a girl their age, they mentioned it was important that she felt "*sexy*", "*comfortable*" and "*happy*" and "*loved herself*". Some girls also said that she should not be too thin, but not too fat either. Regarding a grown-up woman they said that she should look dignified, wear nice clothes, but she should not be too thin. One girl pointed out:

> "*I think that a grown-up shouldn't be too small in terms of their body. There must be a clear distinction of whether the person is a child or an adult because people will not respect them if they look young.*" (Group A, School 1)

The girls commented on a thirteen pictures of different girls and women (appendix 3) with regards to their body sizes. Through their comments it seemed that they were more focused on clothes and make-up than on the actual body size and weight of the girls and women on the photo. Most of them first made a comment on what the girls and women were wearing and then commented the body. With regard to the body sizes some of the girls said:

> "*They are all perfect to me because each and every one of them is proud of themselves.*"
> (Group B, School 2)

> "*She* (picture number 10) *is encouraging other people who are the same size as her that it is OK to have that weight, and that they should not care what other people are saying*"
> (Group B, School 2)

> "*I like her* (picture number 10) *because the woman is proud of herself even though she is not thin.*" (Group B, School 2)

The girl on picture number 6 was mentioned in Group B (School 2) as an example of a perfect young woman. Other girls said that it did not matter what body size a young woman is: "*as long as she is happy and proud of herself she is perfect*".

As mentioned, the participants expressed that older women who were mothers needed to have a different appearance than younger girls. This view came through in their commenting of the pictures as well:

> "*The woman on this picture* (picture number 7) *seems to be a mother. I think that is how a mother should look like*" (Group C, School 1)

> "*The body number 11 is appropriate when you are still in your 20ies.*"
> (Group A, School 1)

Larger size for grown-up women and mothers was linked to respect, dignity, protection and motherhood and both picture number 10 and picture number 4 were linked to this.

Two girls had different opinions about the woman on one of the photographs (number 8):

> "*I would not mind my mother looking like her, because she is not fat, but still she has the dignified look a mother should have*" (Group A, School 1)

> "*No, she should not be a mother. She would take all our boyfriends away because she looks more like a sister*" (Group A, School 1)

Most girls said they liked their own bodies. The overall impression from Group A and C (both from School 1) was that more girls wanted to gain weight than to lose weight. The girls, who wanted to gain weight, said that their parents and grandparents said that they looked like boys. They felt that their legs were too thin and that they looked sick and wanted to gain weight so they could look better when wearing short skirts. Further, some girls from Group B (School 2) seemed more occupied with losing weight and looking good than girls from Group A and C (both from School 1).

The participants listed a number of dieting methods that they or they friends used when on a diet: starvation, eating less, exercising more, drinking more water or using dieting pills. Although most of them had been on a diet once or more in the past, they did not give the impression of being occupied with dieting to any great extent. In general, they said that dieting was not something they talked a lot about with their friends. There did not seem to be a high pressure from their close friends to go on a diet or to be thin. On the other hand, they expressed that the influence of the media and peer pressure often caused people of their age to start dieting.

Most participants said that their parents and families discussed dieting at home in order to warn them about harmful side effects. Only one girl experienced pressure from home to lose weight. The rest of the girls said that their mothers always told them that they looked good just as they were.

The participants in Group B (School 2) differed from the other groups as half of the girls wanted to loose weight. They pointed out that they did not like their bodies, as they could never fit into the right clothes. This group also spent more time talking about body images and body weight than the other groups. They discussed that the girls in the magazines they read were too skinny and did not look natural. One girl said that the "*American girls*" in the magazines and on the television all looked perfect, but that they had too much make-up for their age. Another girl pointed out that girls in South Africa would never wear that much make-up when 15 years old and said that this has created pressure on them to look like models even though it was not natural for their culture. Later on in the same group they had a big discussion about what boys looked for in a girl, and how girls thought about this a lot and therefore wanted to change their bodies and appearances. They could not come to any agreements, but the majority meant that boys liked skinny girls, while a few girls meant that boys liked girls who had beautiful faces and "*big boobs and big bums*". We had to stop the discussion before it got out of hand because the girls were very engaged in the topic.

7.8 Participants' ideas about possible measures by parents/family, school and the government

The focus group participants suggested what parents/family, schools and the government could and should do in order to improve adolescents` dietary patterns and physical activity levels. They acknowledged the importance of these measures and their statements reflected that everybody in a society has a responsibility to engage in these matters together. Their key suggestions have been placed in the conceptual framework and presented in figure 12 for parents/family, figure 13 for schools and figure 14 for the government.

Several girls linked food and lack of physical activity facilities to other problems in the society like poverty, lack of access to water, HIV/AIDS, diseases and crime. One girl explained some of the connections by saying:

> "*I think that the crime is related to nutrition because if a child is hungry and lives in the streets, they will have to steal to be able to afford food. These children can also easily get HIV and other diseases, because they have nobody to take care of them.*"
> (Group B, School 2)

Parent and family influence (psychosocial and cultural factors) was perceived as important by many girls as several of their ideas and recommendations involved parents or family. They recommended that their own parents should daily prepare healthy and tasty food, buy less *junk food* and more fruits and vegetables and give their children less money for lunch. A lot of them meant that parents needed to be good role models and teach their children what was healthy and not. Many of their suggestions and statements reflect that they perceived parents as responsible for improving their self-esteem and teaching them to be proud of themselves.

Some girls tended to say that more education and knowledge (psychosocial and cultural factors) were necessary both for the parents and children if they were to have a healthy diet and be active enough. Many did not think that the government had all the responsibility, since they suggested that parents needed to educate their children and schools needed to educate both parents and children. Few of them also explained that children themselves had a responsibility to learn what correct behaviour was for them. Some girls indicated that it was important that children learn how to cook and prepare healthy food and help their parents with these tasks at home.

Through the discussion it became clear that many girls thought that schools were partly responsible for improving the availability and access (economic factors). They referred especially to the food sold at tuck shops and school physical education training and sports facilities. Some girls suggested that the schools should convince tuck shops owners to start selling healthy foods, like fruit, sandwiches, juices and water. Another important recommendation was to improve the sports facilities and introduce compulsory physical education training at the schools.

Further, many girls suggested that the school should educate both parents and children about nutrition. They also suggested changing the health environment of the schools by having a dietician or nurse available to teachers, parents and learners. These are the social factors in the framework.

The media seemed important to the girls as they suggested that the government needed to create more health awareness programmes and campaigns through television, radio and magazines should be made to educate both them and their parents (psychosocial and cultural factors).

As part of improving the availability and access (economic factors) to nutritious food some girls suggested that the government should work with the food industry and make healthier products with less sugar and fat available to everybody. The government should also provide school meals for free to get learners to eat fruit, vegetables and other healthy foods daily. Some girls were very clear on pointing out that the government should provide poor and sick people with not just any food available, but healthy and tasty food.

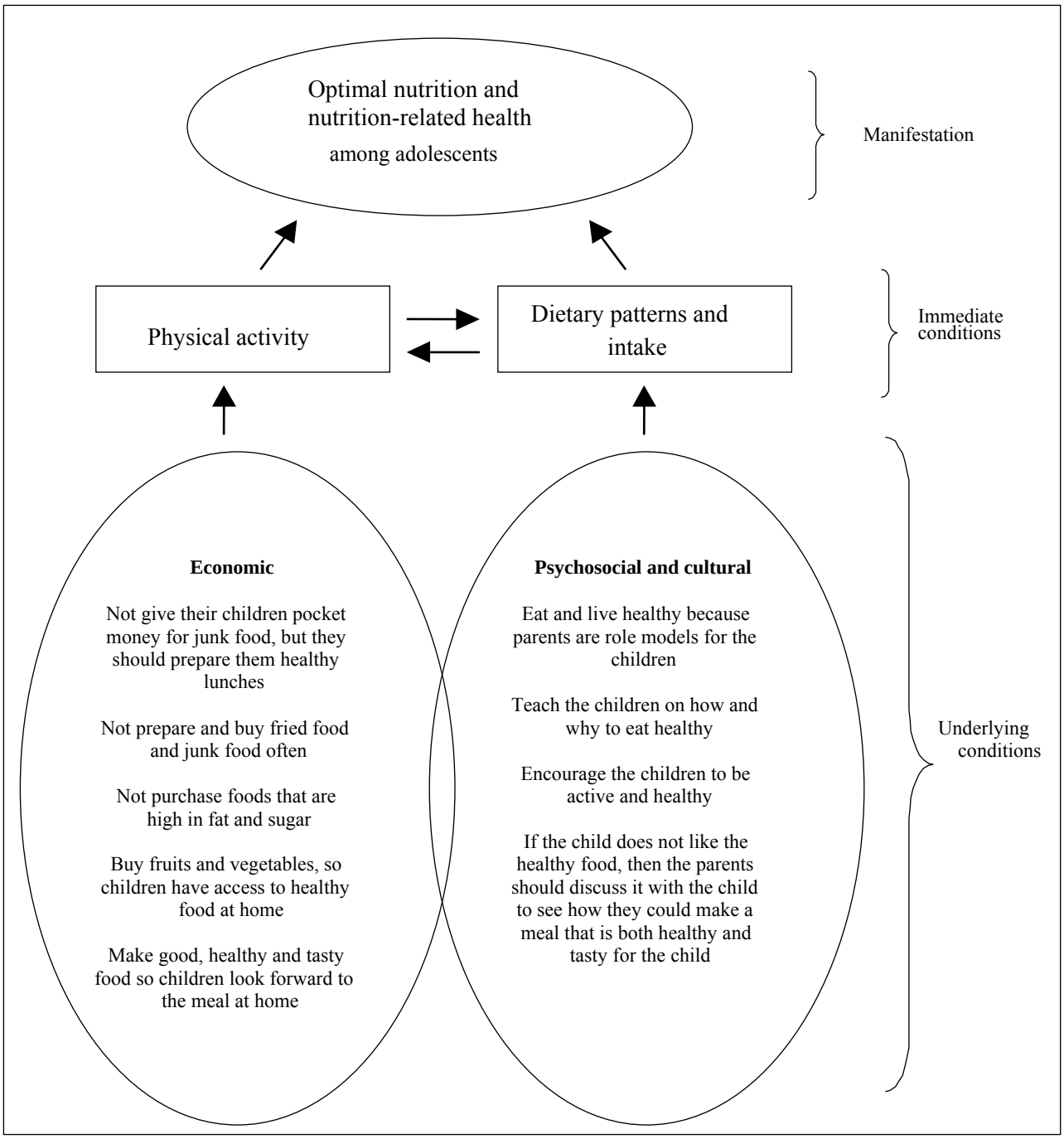

Figure 12: Selected ideas proposed by the focus group participants on what parents/family should do to improve dietary patterns and physical activity level of adolescents placed in the conceptual framework

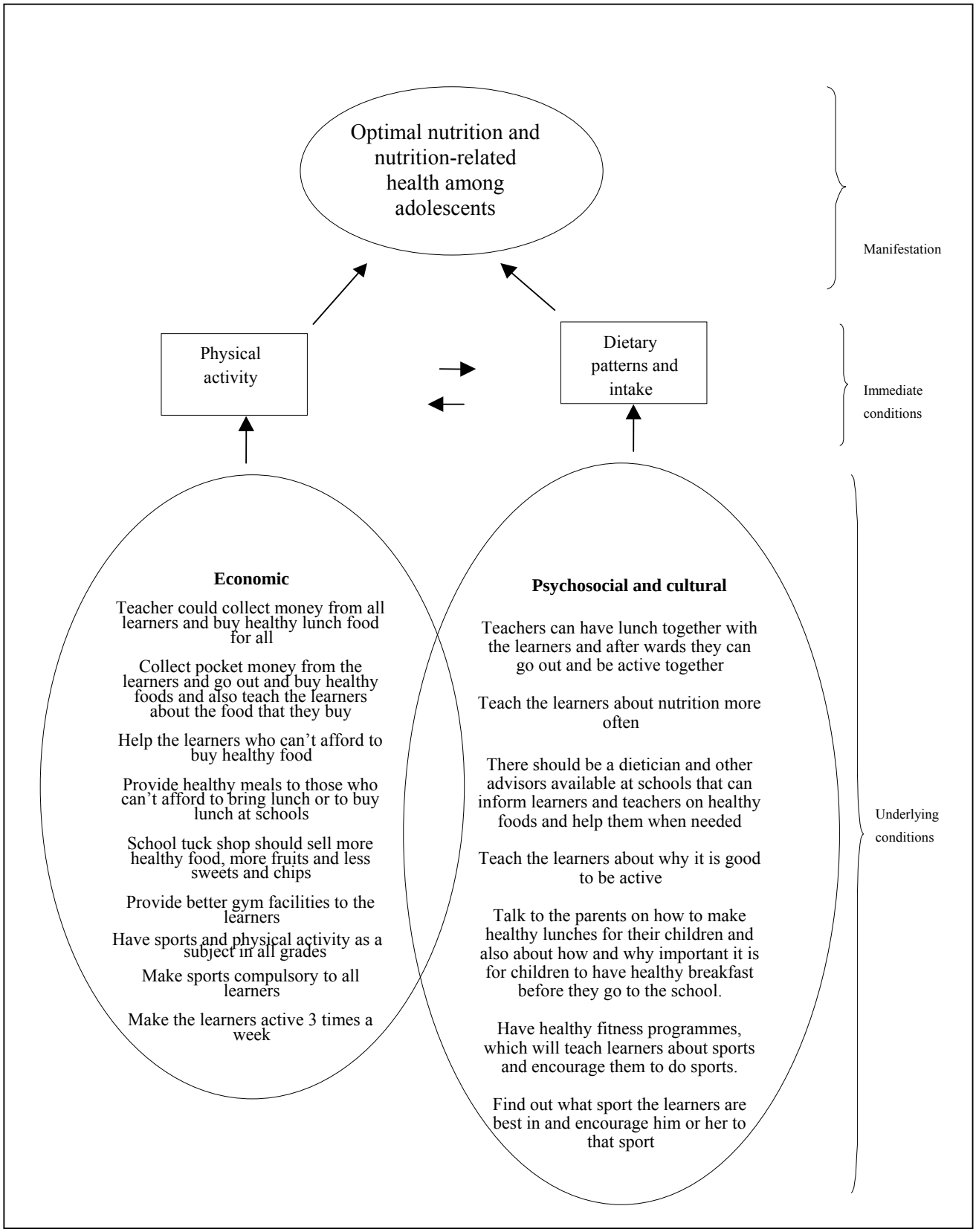

Figure 13: Selected ideas proposed by the focus group participants on what schools should do to improve dietary patterns and physical activity level of adolescents placed in the conceptual framework

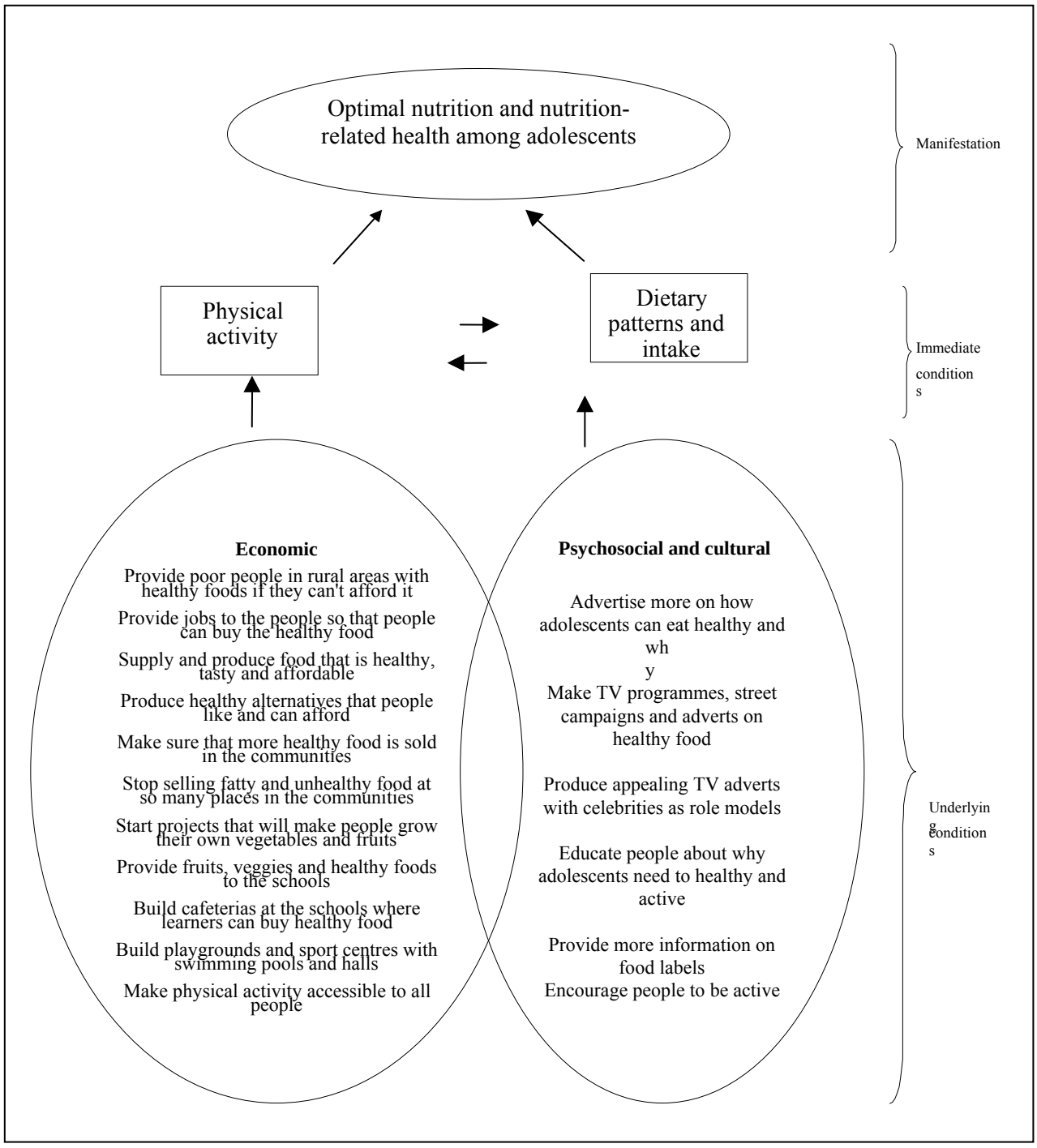

Figure 14: Selected ideas proposed by the focus group participants on what the government should do to improve dietary patterns and physical activity level of adolescents placed in the conceptual framework

7.9 Perceptions on human rights and responsibilities

The participants had heard about human rights from before, though not all could say what human rights really entailed. Their interpretation was that both people and democratic governments invented human rights for the people. Most of the participants linked human rights with the South African Constitution and the Bill of Rights. It became apparent that they respected the existence of human rights, as many of them said that their parents and grandparents did not have the same rights when they were young and that they were lucky to have them today. They pointed out that they had learned about human rights through the Life Orientation education and media.

According to the girls, the most important aspect of human rights was that they gave people a freedom to a dignified life without discrimination where they were allowed to express their feelings and opinions:

> "*I think that a right is something that allows you dignity, because back in the days, people were not treated the same, after that, rights were drawn up and now we have the right to things that we never had before. A right is something that unites us as human beings*" (Group A, School 1)

The girls tended to say that human rights were about what people were allowed to do and not, about equality and about people's access to certain commodities, such as water, food and housing. It was very essential to them that they had a right to speak up, be heard, loved and respected.

Many of the girls' statements reflected the fact that sexual and physical abuse was common in their environments. They were particularly aware of their right to say "no" and their right to safety and protection.

> "*If we didn't have human rights, other people would take advantage of the situation by hurting you knowing that there is no one to actually fight for you and there is nothing you can do about it. They would take advantage of you and put you down because you don't have anything protecting you*". (Group A, School 1)

> "*Human rights are very important because if someone happened to harass me sexually I wouldn't be able to make a complaint if it weren't for human rights*" (Group B, School 2)

The most enthusiastically discussed rights were their rights to own opinion and to participate in the decision-making that affects them. Group A (School 1) had a long discussion about the latter right. Some girls thought that they were too young to decide for themselves, while the other girls said that it was their right to do so even though they were only teenagers. One girl in Group C (School 1) said that she thinks that teenagers are too young to be making any kinds of decisions. To that another girl said:

> "*You are never too young to make your own decisions. I think that you should be allowed to be a part of a decision-making if it involves you and your future, but some important decisions have to be made by your parents*" (Group C, School 1)

When discussing human rights responsibilities, the participants expressed that their parents were responsible for taking care of them, but that they had to look after themselves when possible. If their parents cannot take care of them, they thought it was the governments' responsibility to take over their parents' role.

The participants pointed out that it was important that they as teenagers respected themselves and each other. Most of them believed that you only had rights as long as you respected other people's rights. Some girls explained that ones rights can be taken away if one violates others' rights, but not all girls agreed. Some said that human rights cannot be taken away no matter what you do.

During the discussion it became apparent that several girls were aware of the fact that they had a right to complain when somebody violated their rights and that this can be brought to court. Most of them explained that they would first complain to their parents, then to their teachers or student counsellors/social workers. If that was not enough the girls explained that they would go to the police with their case, which could take it further to the court if needed.

When discussing the right to food the participants in all three groups agreed that their parents were responsible for buying and preparing healthy meals for their families. They indicated that they themselves also had a responsibility to eat the healthy food that was prepared and bought.

The girls talked about the government being responsible for implementing nutrition awareness programmes for both children and adults in South Africa, but explained that the governments first and foremost were responsible to look after the poor and sick people who did not have enough food to eat. The majority of the girls meant that the government should provide food if people cannot afford food or do not have somebody in their family that can. On the other hand, they could not agree on what kind of food the government should provide. Some girls were convinced that it was not important what kind of food it was, as long as it prevented you from dying of hunger. Other girls argued with this statement and said that the government needed to provide healthy and safe food to people who cannot afford it. They pointed out that the food must not make them or their families ill. In addition they said that the food the government provided must be culturally and socially acceptable; for example they said that the government cannot give meat to vegetarians, pork meat to Muslims or "*unfamiliar*" food to people.

8. The key informant interview findings

8.1 The situation at the schools in the study: teachers' perceptions

The school staff members told that learners at their schools had several social problems, for example they said that: the learners got abused at home, their homes were broken, there was a lot of poverty, they had alcohol abusive families, aggression was common especially amongst boys, and there was some alcohol and drug (especially cannabis commonly known as *dagga*) abuse among the learners. In addition, School 3 had to deal with several teenage pregnancies each term. A student counsellor at School 1 expressed what she sees at the school:

> "*…the problems I see here are horrific…physical abuse and sexual abuse…because their parents haven't in general been taught or they also come from bad homes themselves…because of socio-economic problems…because of where they stay…and because of poverty in those areas and lack of skills…their parents just don't know any better. The problems I see here are not problems I see at other schools…at the other schools I have been, I had children who had fights with their friends and your normal teenage problems, but here I get basic problems, abuse, rape, trauma that they have experience with their friends being shot…it is HECTIC what they go through here...*"
> (Student counsellor, School 1)

She also explained that their learners came from poor backgrounds where survival and basic needs were much more important than healthy nutrition and lifestyle:

> "*…a majority of our learners come from the townships…so they are from very poor backgrounds…Because of poverty they are not worried about eating healthy, they are just worried about having food…you eat what is there…it does not matter if it is healthy or not…and they don't care about walking and moving around and doing stuff that is good for their bodies and their health…they are worried about what they are going to eat tonight and about safety issues…*" (Student counsellor, School 2)

A few other teachers from both School 1 and School 3 mentioned that children came to them for food during breaks. Several said that especially black boys were skinny and asked for food often. One teacher at School 3 told that she had heard of children not having food at home for days. Poverty, unemployment, HIV/AIDS, single parenting and large families were proposed as reasons for children not having enough food:

> "*…the children come to me and ask for food and they ask me to make them sandwiches...it must be that they either don't have money or they don't like what they have at home...I am not sure which it is...when you speak to them you find out that they go to sleep without food many times and that there is no one working at home…*"
> (Life Orientation teacher, School 3)

8.2 Perceptions concerning the nutrition situation amongst adolescents

The nutrition transition processes

When asked to explain the nutrition changes they had seen in South Africa during the last years the key informants mentioned several typical nutrition transition processes, such as increased urbanisation and Westernization of dietary habits. The changes were also connected to the earlier Apartheid legislation and poverty in South Africa.

> "*…if you look at the South African society years ago, it was far more rural, particularly amongst black people…I mean they were banned from settling in the city through the legislation…but now, what you see is this pattern with urbanisation and with this you also see a trend towards more Western habits and not the good ones unfortunately, but the bad ones…there are still big differences in food habits, but you see merging of these different habits and that I find very interesting…so urbanisation has brought people from different ethnic and other backgrounds and you see merging of different cultures and a blending…*"
> (Principal, School 2)

> "*...our lifestyle has changed quite a lot since 1994. You see poor people coming from the rural areas, coming to look for jobs and they settle in urban areas which have a totally different lifestyle…this of course has effects on their health...*"
> (Department of Health, provincial level)

Most key informants mentioned that it was common amongst the poor to believe that adopting unhealthy dietary habits, such as consuming a lot fast food meant that you were wealthy. School staff expressed their views as follows:

> "*…they* (the children) *have moved from their traditional way of eating to modern food and to KFC food that is expensive and non-nutritious...the poorest of the poor use this food for status… there is almost a kind of superior social status attached to being able to eat at the fast food places, at the restaurant…*" …" (Life Orientation teacher, School 1)

> "*…in terms of the dietary changes, I find that the children and the people that have been able to improve their lifestyle since Apartheid, those are the people who actually now buy all the fatty foods, take-away, fast food and that are eating in the restaurants. Because as I said this is the kind of thing that people think comes with higher status. And I also think it is the case of parents being deprived of such things when they were children…they see coming to the tuck shop as luxury, so they do want to give their children the luxury of buying a pie and a cool drink and whatever…*"
> (Life Orientation teacher, School 2)

The government staff member expressed that it is popular amongst the children to eat junk food because of the social pressure that exists the country:

> "*…I don't want to use a cruel word…but food is like a social symbol…what you eat has to be within the time…and this is why some schools have actually reported that teenagers are shy to go and collect food…and when it comes to junk food you know that it has become an in-thing to go to McDonalds' and eat there… junk food has become a social symbol…*"
> (Department of Education, national level)

Undernutrition versus overweight

At all three schools the interviewed teachers saw that some children were hungry and underfed, especially the younger black boys. Still they said that overweight and obesity were prevalent and noticeable at School 1 and School 3, especially amongst the black girls.

> "*…I have counselled like one or two people here who I knew were hungry and without food and it is generally the boys, who are underfed, who haven't eaten for two or three days because there is no food at home and no food here. On the other hand, you see a lot of obesity and low self esteem amongst the overweight learners. We have a lot of overweight children here…especially amongst the black girls…*"
> (Student counsellor, School 1)

They could not explain the gender difference in overweight and underweight, but they expressed that boys were more active than girls. Several teachers explained that boys who worried about their looks did not want to lose weight, but gain muscles. In addition, they commented that it was not culturally expected of boys to be overweight as it was for the girls.

> "*…boys are, like all boys very into building muscles and look good…but I have never seen any of them refuse to eat to look that way…they are more into going to gym and taking supplements…*" (Student counsellor, School 2)

In School 2 they saw a trend amongst the girls to lose weight from grade 8 to grade 12 because many girls went on a diet in that period of time. At this school the staff experienced a lot of teasing amongst the girls regarding their body weight and a lot of peer-pressure on the girls to look as supermodels seen in the magazines and on television.

> "*…when I think about it, we do not have that many overweight kids in this school…we actually don't have it…not many…and lot of them start here as chubby and now they are very thin…you watch them as they go here and they are very thin when they hit grade 12…it is all about their dance* (the 12 grade dance) *and they have to look their best and they perceive it as the biggest thing in their whole schooling career and they start working towards that from grade 10 start…*" (Life Orientation teacher, School 2)

Most of the Children's Resource Centre staff worked with the primary school children in the townships. They did not see a lot of overweight among these children, but they could see it was becoming a greater problem than before. It seemed that lack of food at home and hunger was a larger concern than overweight. The staff emphasised this by saying that the children were asking for food:

> "*... if we don't cook, the children ask for food…it is almost like they need us there to get food…there is lack of food at home and the children come to school hungry and without food...*" (Staff member, Children's Resource Centre)

When asked about the contradiction of learners being poor, but overweight being prevalent amongst them, several school staff members explained that the traditional African diet makes people gain weight easy:

> "*…their* (the black peoples') *diets and what they have eaten from years back is pap and mealies and starch and carbohydrates…and that is what they eat…and not many vegetables…it is potatoes and meat, if they have meat and it is samp…samp is what they eat for breakfast…and this food is cheap…it is cheap to eat those kinds of foods in South Africa as opposed to vegetables and that makes them gain…*"
> (Student counsellor, School 1)

Increasing overweight was recognised as a problem at the government level as well and they had noticed "*…that it starts earlier than before and in teenage years and progresses after that…*" (Department of Health, provincial level). The government key informants saw this as a big challenge, especially considering the fact that there were big differences between the different ethnic groups and genders in South Africa.

General dietary patterns

The school staff members perceived learners' diets to be generally very unhealthy. They saw that learners came hungry to school, that they cannot concentrate for long and that they consume a lot of *junk food* bought from the school tuck shop in the school hours. A principal explained that children had adopted new eating habits which were not good for them:

> "*…a lot of their eating habits are just bad habits, because they think those are good habits, because they are so-called Western habits and our black kids have lost a lot by taking over this eating culture…*" (Principal, School 1)

The teachers could not for sure say how children felt about their traditional food because they seldom ate this food during school hours. Some teachers said that children still enjoyed their traditional food, but their prevailing perceptions was that the learners appreciated the more modern foods more than or just as much as their traditional foods:

> "*…they (*learners*) love pap and gravy and umqusho...and they love their African Salad and imifino…but they love KFC too...*" (Life Orientation teacher, School 3)

> "*…pies and chips are much cooler than samp and beans…*"
> (Life Orientation teacher, School 2)

The Children's Resource Centre staff members saw the same problems at the primary schools as the teachers saw at the secondary schools: children were eating the wrong foods, the school tuck shops were selling unhealthy foods and the consumption of *junk food* was high during the school hours. They expressed that many problems were caused by parents not knowing what was healthy for their children, not having time to make proper meals or not being able to afford the healthy food.

The interviewed nutritionist researcher at the Medical Research Council said that there were big differences among different groups in South Africa. She mentioned the difference in overweight and underweight between young males and females in the country. During her work she has in addition experienced that urban children had a diet that was more varied and that food access was better in the cities than in the rural areas. On the other hand, she explained that this has also had a negative effect on children's diets:

> "*…they* (urban adolescents) *tend to follow a much more westernised diet…with a lot more fat and sugar and stuff like that…and I think overall teenagers tend to have this common junk and fast food culture…and it is certainly growing in leaps and bounds here in South Africa…*" (Researcher, Medical Research Council)

Breakfast

Learners' habit of breakfast skipping was one of school staffs' biggest concerns with regards to nutrition. They told that they witnessed hungry children who fell asleep in the classrooms in the mornings. During the breaks the children would buy unhealthy foods at the tuck shop to try to stay awake. It affected their ability to learn and one teacher expressed her worries about this issue:

> "*…when it comes to nutrition the first problem we have is that children come to the school on empty stomachs...breakfast is not a popular thing...and they get sick and dizzy in the morning... they take sweets and chips on an empty stomach every time. They get tired, they don't have enough energy, their concentration goes down and they get hungry by lunch time and they are no longer listening...they are just waiting for that bell to ring, because they are hungry…*". (Life Orientation teacher A, School 3)

According to the teachers it was lack of time in the mornings, lack of enough food at home and lack of awareness among children and their families that caused children not to have their breakfast before leaving for school:

> "*...firstly there is no food at home...secondly I would say that most families don't shape their children into the culture of eating breakfast...and another factor is that in black communities most parents are working parents and there is no one there to see to it that children take their breakfast...*" (Life Orientation teacher A, School 3)

Lunch at school

Several teachers explained that in the past, the learners went home during their breaks and ate home-made lunch at their homes. Today this was not permitted in the Western Cape because it was dangerous to walk alone in the streets. In addition, it was not very practical to go home during lunch hours any more as many children lived far away from their schools.

The school staff members all said that the learners in the past used to bring lunch with them to school more often than today. Some teachers thought that this change was due to the opening of the school tuck shop and fast food "*invading*" the country.

> "*…before, the kids weren't worried about bringing their food to the school and they could not buy from the hawkers here at the school…may be that is one reason for the change…we supported their bringing of the food to the school…and this group of learners today can't compare to that…they have changed totally in terms of their eating styles…they go for this food, like chips and vetkoeks…*"
> (Life Orientation teacher B, School 3)

Some teachers gave other explanations and said that the stigma attached to bringing lunch to school was primarily responsible for lack of lunchboxes currently seen. They said that it did not use to be embarrassing to bring dinner leftovers for the school lunch ten years ago, but that this was the case today. Several teachers told that girls today often threw their lunches away or gave them to the boys because they did not want to be seen with a home-brought lunch. Boys on the other hand did not seem to care about the type of food they ate as long as they had *something* to eat.

> "*…our children have this problem of peer pressure, like if you bring your own lunch box, other children laugh at you and they mock you...so instead of them bringing a sandwich, they would prefer to buy a vetkoek…*" (Life Orientation teacher A, School 3)

In addition, it was believed that children's parents worked long hours in order to support their families and that they had to leave for work early, often before the learners left for school.

> "*…another issue is that most of the kids here come from single-parent families and there is a lot of time-pressure in those families and their parents don't have enough time to pack their lunches, so they get the money to spend at the tuck shop…it didn't use to be like that before…*" (Life Orientation teacher A, School 3)

According to many teachers, children spent a lot of money on buying *junk food*, soft drinks and sweets from the school tuck shop. They did not understand that some children had that much money to spend because most of them came from poor families.

Even though all schools primarily had learners that were living in the townships, it seemed that there existed significant socio-economic differences between the children attending the schools. A student counsellor meant that they had two groups of children at their school. One group of children had parents who did not want or who had no time to make lunch for their children. Instead these parents gave their children lunch-money. The second group were the children who did not have much food at home and were thus hungry throughout the day or possibly got some food from the other children during the school day.

The key informants complained about school tuck shops being unhealthy. One government field workers said that principals "*often had no idea of what was being sold there*" and that they often responded saying "*ahhh…the children like the food and the women that sell the food are making money…this is nothing we need to change…*".

The Medical Research Council staff member pointed out that the Unit where she worked had performed a study on the school tuck shop food in Cape Town. The results were very "*shocking*" because they did not expect to find that unhealthy food at school grounds. She told that her research group and many others at the MRC wished to develop a tuck shop policy with the Department of Health, which could hopefully contribute to better nutritional quality of the food sold at South African schools.

The key informants at the government level also expressed that their departments and units were worried about the school tuck shops in the country, both in regards to the nutritional quality and food safety of the items sold there. The participants genuinely wanted to develop a policy as soon as possible or at least to create good guidelines that schools can draw on.

8.3 Perceptions regarding physical activity

The lack of physical education training in South African secondary schools together with the increasing modern lifestyle seen among children and adolescents were big concerns among the key informants.

The teachers explained that the physical education training was only a small part of Life Orientation because very few teachers were qualified to teach the subject correctly. Consequently these teachers rarely took learners out of the classroom to be active and play sports.

It seemed that the school sports were popular at all three schools, especially amongst the boys. On the other hand, the school staff members wished there were more resources for equipment and tournaments to motivate the learners. Further, since the school sports were only for those who were interested in sports, could stay at the school after school hours *and* could afford the equipment, many key informants wished for better accessibility and availability to physical activity opportunities for all children in South Africa.

The Children Resource Centre staff members expressed that there were few playgrounds and recreational areas in the townships where they lived and worked. They also mentioned that it was becoming more and more popular to go to the malls during weekends instead of spending time in the nature, which used to be normal and more accepted in the past.

The key informants indicated that many girls and boys spent their free time at home watching television. They were particularly worried about South African girls being inactive because it was not socially expected of South African girls to participate in sports and be active to the same degree as for South African boys. According to some of the key informants this was especially true for black and coloured population. Some key informants said that safety was another essential barrier to physical activity among females in South Africa:

> "*...it is not safe to walk around in the townships … if you are taking a walk, you are not safe…you can get raped or robbed…it is definitely not safe…especially not for our girls…*" (Staff member, Children's Resource Centre)

8.4 Perceptions regarding adolescents' body images and dieting levels

The staff members at School 2 were worried about the amount of dieting they witnessed. Further, they worried about girls doing drugs in order to lose weight:

> "*…there are lots of misbelieves out there… such as the effect of dagga smoking and the drugs and how this can make you lose weight…*" (Life Orientation teacher, School 2).

The dieting was not seen as that big of a problem at School 1, but the teachers did think that the learners were affected by the Western world and more occupied by their weight and looks than before:

> "*…our learners are westernised from the media and they think that thin is better…*" (Teacher, School 1)

Some school staff members explained that black people have a different view on body weight and body size. A student counsellor expressed her views as follows:

> "*…traditionally and culturally, it is seen, the way I understand it that in the black community it is quite a status thing to be overweight…it is a compliment…I have worked with people and heard them say* "*Hey, you look fat today!*" *and they mean it in a good way, which for us* (white people) *is HORRIBLE to hear…but for them it is good, as they like ladies with big bums and whatever else that is big…*" (Student counsellor, School 1)

The school staff members could see that the notion of what an ideal body should look like had changed over the years, especially amongst the black girls who did not want to be fat any more as opposed to their culture in the past.

> "*…there has been a huge shift among the black girls…their perception of shape has changed…the traditional view is they should be fairly well built and rounded, but this has shifted…the girls who look like this today are mocked by the other black girls…they want to look more like the girls in magazines today and they want to be skinnier than before…*" (Principal, School 2)

Nevertheless it appeared that the traditional view was still present even among the adolescents:

> "*…one of the boys told me the other day: "Miss, fat is acceptable in our culture…it is what women should look like, because then they are healthy and they will have children"…*" (Principal, School 2)

The Children's Resource Centre workers were worried about the media's effect on adolescents. They meant that it was contributing to adolescents not accepting themselves and loving themselves as they were. They saw a lot of dieting and eating disorders amongst the girls in the different townships in the Cape Town area. According to them, this was very disturbing because South African youth needs to believe in their own abilities and qualities in order to fight the poverty and other problems present in the country. The key informants wished for more motivation from the government level that would stop the South African youth from comparing themselves to the American and European people. According to them this has made the South African youth think that they should be just like *them* (the American and European adolescents) in order to be happy and successful in life instead of being "*proudly South African*" [5].

8.5 Measures aimed at improving dietary patterns and physical activity levels of adolescents

8.5.1 School nutrition education as a tool for improving the dietary patterns

Many teachers perceived the nutrition education in schools to be essential, but not enough for the improvement of dietary habits of adolescents because their behaviour was not only the schools' responsibility. Their families and communities also needed to encourage and teach adolescents to adopt a healthy lifestyle.

> "*…we teach our learners about nutrition, but very few, only one or two, actually grasp it and make changes in their life…and I think that the kids who grasp it, have awareness about health, diet and nutrition from home and their parents so for them it is more natural to change, but for the others no. And most of our students come from Cape Flats and largely the diet over there is very very unhealthy… you need to change the community before you are going to be able to change the children…*"
> (Life Orientation teacher, School 2)

Most teachers felt that learners knew a lot about nutrition and were interested in learning about it. On the other hand, they explained that learners did not seem concerned enough to change their diet. Teachers perceived that learners were more interested in fashion, friends and things that had an immediate effect on their looks and bodies than in what they were going to have for lunch and supper.

> "*…the age group that I mostly deal with is grade 8,9 and 10…and for them nutrition is not a problem that they need to deal with now…they have more issues that are more important to them, like sex and their friends and their career choices…They think* "*I will think about it when I get there ...may be we should change the teaching approach…may be there are certain issues that are nearer to them…we need to come closer to them…*"
> (Life Orientation teacher, School 2)

[5] Proudly South African is a campaign to promote South African companies, products and services which are helping to create jobs and economic growth in the country. It has become a term among South African people with regards to being proud of who they are.

8.5.2 School initiatives

Live right, eat right – a teacher's initiative

One teacher at School 1 organised an initiative where learners could learn about nutrition and healthy lifestyles during the school lunch break. They received advice regarding healthy body weight, physical activity and healthy eating habits. There were about 20 girls in the group. They met once a week for one whole year in 2005, but unfortunately the teacher did not have time to continue the group in 2006. According to the key informants at that school, the girls in the group were pleased with the initiative and they thought it was a shame that the project had to stop. It gave the overweight girls a chance to lose weight in a controlled manner, while the girls who did not need to lose weight learned more about nutrition and healthy food in general. In addition, this teacher wanted the girls to learn not only about healthy nutrition, but also about healthy body weights and about the importance of sports and activity.

The tuck shop project at School 2

School staff members at School 2 reacted to the unhealthy foods being sold at the tuck shop. They experienced a lot of opposition from both the learners and employees in the beginning, but demanded a change and together with the tuck shop owner they came to an agreement in 2005. Lollypops, gum with sugar and single sweets were thus not allowed to be sold in the tuck shop anymore. As a result the tuck shop owner introduced more fruit, dried fruit, nuts, yoghurt, whole-grain sandwiches, healthier muffins, water, juices and soups in the shop.

The tuck shop owner accepted the changes, although she was worried about losing money and customers. After a while she experienced that learners bought more fruit and asked for whole-wheat sandwiches. She told that the children liked to buy fruit, water and sandwiches, although they according to her still preferred "*their junk food*". She expressed that she wanted learners to be healthy and had therefore put the price of fruit down to R2. Unfortunately, she threw away a lot of fruit at the end of the week because she could not see everything. Further, she had not noticed that learners bought any less *junk food* compared to before. She explained that the children now bought sweets outside of the school gate instead of from her, but she was happy they at least could not do this in the school hours any more.

> "*…I have sausage rolls and pies and samoosas…this is very popular with the kids…Some of them buy fruit very early in the morning…they are very fond of grapes for some reason…I know exactly what kids buy…and if they go over the gate, they will again buy junk food. If you go outside of here, you will find food papers lying around, bubblegum papers and a lot of other junk…which means that they buy this outside of the school… I can't control them outside of the gate… they have told me straight that if they can't buy sweets here, they will go to the 7-11 or wherever and buy it… they even sell the sweets among one another here on the school ground…they were very unhappy when I stopped selling sweets…but I am happy with this new solution…I want to take care of them by selling them the healthy food…*" (Tuck shop owner, School 2)

The interviewed school staff members did not think that the assortment change has made any profound difference on learners' dietary habits. But they did observe that some of the learners appreciated the healthy alternatives and as the school counsellor said "*at least they* (learners) *have a choice now*".

Meals provided at the schools

School 3 had organised warm meals for their learners at a nearby church during lunchtime in the past. The meals were balanced and varied with meat, *pap* or rice and vegetables. This initiative lasted for three months only because the church's funds ran out. The teachers thought that this

was very regrettable since children now do not have any options of healthy meals during school hours.

School 1 normally organised warm or cold meals for their learners during school hours, especially in the winter time. They served either warm soup with bread or jam and peanut butter sandwiches depending on what was available. Teachers and other school staff members helped with the food preparation, while NGOs often helped with sponsoring of the food and equipment. The school staff members were not sure if the programme was to continue in 2007 since it was becoming a problem that children did not come to obtain the free meals. The teachers' perceptions were that children were ashamed of being hungry. They would rather pretend to have enough food than to come and collect the food from the teachers.

> "*...the really hungry kids didn't come, because they were too proud to be seen there...I don't know, but that was my perception...it was mostly boys that used to come and eat the bread and they would rush to get there...the girls wouldn't go because it wasn't dignified enough for them...*" (Life Orientation teacher, School 1)

8.5.3 The Children's Movement/Children's Resource Centre initiatives

The Health Centres

More than forty Child-to-Child Health Centres have been set up around South Africa by the Children's Resource Centre. They are working with awareness raising and empowerment of children and adolescents. The centres are run by so called health teams where children themselves are in charge supervised by adult coordinators.

The Children's Resource Centre's mission is to have one health centre at every school where children can educate other children, empower each other and participate in the decisions affecting their lives. Their long-term vision is to engage the whole community in this project including other children, their parents and the schools to work together and improve children's living conditions.

The main focus of the centres is personal hygiene and health issues surrounding that, although nutrition is drawn in when applicable. For example in 1998 the child health teams from Khayelitsha conducted a nutrition project where a nutrition survey was performed and soup kitchens or food gardens set up to provide nutritional support to other children in the area. The survey was conducted by children members and was suppose to contribute to awareness raising, participation and empowerment of this group.

The Children's Resource Centre has also tried to change some of the school tuck shops through the health centres. This proved difficult at times since the tuck shop owners were afraid of losing their income. Nevertheless, a small number of primary schools have opened "*nutritional tuck shops*" with the help from the Department of Health and the Department of Education. A female staff worker explained the concept and the problem surrounding it:

> " *...chips and stuff like that are not allowed in the new tuck shops any more…you can only get fruits and healthy foods there…that is slowly starting, even though the children don't really want to buy…they only want their chips and sweets and things like that...*" (Staff member, Children's Resource Centre)

Environment Programme and School Food Security Programme

The Environment Programme was initiated by the Children's Resource Centre in 1985 in order to train children to grow their own food gardens and keep their communities clean. The programme expanded to schools in 2003 and was named the School Food Security Programme. The school gardens are used to produce food for consumption and not commercial gain. Learners take care of the gardens and one program coordinator expressed that she felt that the children enjoye the programme:

> "*...you could really see that they took ownership of it* (the garden) *and they worked in the garden and kept it clean and took out the weeds on regular basis…that was really fantastic…it was so empowering for the kids and some of them went home and started their own gardens and planted seeds...*" (Staff member, Children's Resource Centre)

At one school, the organisation has started to prepare warm lunch meals for the learners as the program coordinators experienced that some children were hungry and in need of having breakfast and lunch at the school. The staff members have seen that girls were often too shy or embarrassed to receive the free food. One staff member stated:

> "*...I think that sometimes the girls are shy…they wouldn't come and take the plate with food that we give them even though they are hungry…boys are not like that…if they are hungry, they want to eat and they will come to take their food…and they won't let anything stay in their way of eating…with girls it is different…they are shy...*"
> (Staff member, Children's Resource Centre)

At the time of the interview the organisation was receiving funds from a local private investor for groceries and equipment. In the past, they used to have a vegetable garden at this school as part of their Food Security Programme, where the self-grown vegetables were used to supplement the meals. They were forced to stop with the gardens in 2006 because of resource constraints and practical issues, but were hoping to start again in 2007.

The National Girl Child Organisation

The National Girl Child Organisation was established in 2003 to empower girls to discuss problems facing them, raise awareness, and unite and enable them to participate in their own lives. The main focus of the organisation has been on avoiding teenage pregnancies and HIV/AIDS and on increasing gender equality and education for all. Some of their programmes have included nutrition/health education and information, and gardening.

Their future plan is to expand the programme to as many both primary and secondary schools in South Africa as possible with the intention of creating a network of female learners who can support and learn from each other.

8.5.4 The Department of Education initiatives

Recent developments in the School Nutrition Programme

Recent developments in the National School Nutrition Programme were discussed during the interviews with the Department of Education at both national and provincial level. These data are presented below. Older programme documents were examined as part of the document review and these findings are presented in chapter 9.4.

The key informants informed that the work regarding nutrition education and curriculum support had just started recently. Training of government workers had been initiated through workshops

and seminars and some of the material had been produced. The key informants explained that the plan was to distribute this education material to all schools during 2006 and 2007 in order to support the already existing Life Orientation nutrition curriculum.

The staff member from the Department of Education at the provincial level pointed out that the need for feeding at secondary school level had finally been acknowledged nationally. Consequently, the school feeding at 17 disadvantaged secondary schools in the Western Cape was initiated in January 2006. The present interview was conducted only two months after the initiation of the programme and the key informant could not say much about the possible impact of the feeding programme on the learners.

As part of the National School Nutrition Programme and another programme called the Sustainable Food Production Programme, the Department of Education has established food gardens at many primary schools and a few secondary schools around the country. It has been cooperating regularly with the Food and Trees for Africa, a South African NGO in order to make the programme as sustainable and effective as possible.

The informant from the Department of Education at the national level said that the focus over the next five years would be on food quality improvement and on the overall impact of the programme on learners in terms of increased learning abilities and school attendance rates. The key informant said that the meals would follow the South African Food-Based Dietary Guidelines and offer culturally and socially acceptable food that was locally consumed. Further the Department of Education wanted, together with the Department of Health to encourage the use of fortified flour, indigenous foods and clean water and discourage the use of industrialised foods that were highly processed and not very healthy.

8.6 Future measures: ideas and plans

The key informants from all levels expressed that the focus on underweight was still large in South Africa, while overweight was an area which "*needed to be worked on*". They had several visions on what should be done in order to improve the food habits and physical activity levels of adolescents in South Africa. Their suggestions have been placed in the conceptual framework and are presented in figure 15.

Many key informants emphasised that everybody needed to get involved with the issues concerning adolescents, their dietary patterns and physical activity levels. One school teacher expressed what she felt by saying:

> "*…what is really important when you want to make a change in teenagers' lives is that you have to change, not just the schools, but the parents and the community as well…*"
> (Student counsellor, School 2)

Their suggestions were predominantly referring to the underlying level (economic, psychosocial and cultural factors), although there *were* some factors at the basic level that needed to be further developed according to some key informants.

Most of the suggestions were about improving the tuck shops and sport facilities at the school. Teachers also emphasised that the awareness and knowledge level needed to be raised both amongst the teachers and learners. None of the schools had any specific nutrition initiative plans for the future. The main work was to be done through the Life Orientation and possibly warm meals during wintertime, which would provide the learners with a better alternative and create an

environment where it was possible for learners to make a more informed choice regarding their nutrition habits.

The Children's Resource Centre coordinators had many recommendations for the government. Many statements reflected that the key informants wished for a more holistic and integrated approach in their work with children and communities. Most of the suggestions involved financial support, more cooperation with other organisations and the government, better research, increased focus on education that can help empower the youth and programmes that were effective and sustainable. Since several of their programmes targeted only primary school children the organisation was hoping that they with time could focus more on older children and adolescents. At the moment this was not possible because of lack of both financial and human resources. Their vision was to educate the current children members with the intention that as they grew older they will be able to coach other adolescents in their community on how to live a healthy and responsible life. They emphasised the importance of educating the children so that they can make an informed choice regarding their lives in general and nutritional habits in particular.

The researcher from the Medical Research Council wanted a stronger focus on changing the unhealthy dietary patterns and physical activity levels among children and adolescents, for example through policy regulations (basic condition), better nutrition education at both primary and secondary schools and more cooperation with the private sector (as sponsor), the media (through education) and the food industry (through price and product regulations).

Several government workers believed that the focus on adolescents was going to increase with the new Policy Guidelines for Youth and Adolescent Health in place (see chapter 9.2.4). A development of a tuck shop regulation policy (basic condition) was viewed as a most essential nutrition-related matter with regards to adolescents in South Africa.

According to key informants from the Department of Health, their department had discussed the tuck shop concern frequently within and outside of the department, especially with the Department of Education. They have been trying to work together to facilitate a successful and sustainable solution.

The key informants from the Department of Health emphasised that the food industry, through price and product regulations and the media, through information and education were important actors within the area of nutrition and adolescents. It was said that the Soul Buddyz[6] and the Department of Health have worked and were still working together concerning nutrition among children and adolescents in South Africa. This work was to be strengthened in the future.

The key informants from the Department of Education expressed a wish for better communication and coordination between different government departments (basic condition). At the provincial level a wish for a tuck shop policy (basic condition), improved nutrition quality of the school feeding menus, additional vegetable gardens and a better nutrition education programme not just for the learners, but also for the school staff members was expressed. Their plans for the future were to focus more on the nutrition education and curriculum support, not

[6] South African multimedia entertainment programme for children that educates them and promotes their health and wellbeing. It consist of television, radio, childrens' club, education material and parenting booklets. See chapter 9.2 for more details about the programme.

merely regarding the schools participating in the National School Nutrition Programme, but regarding as many schools as possible.

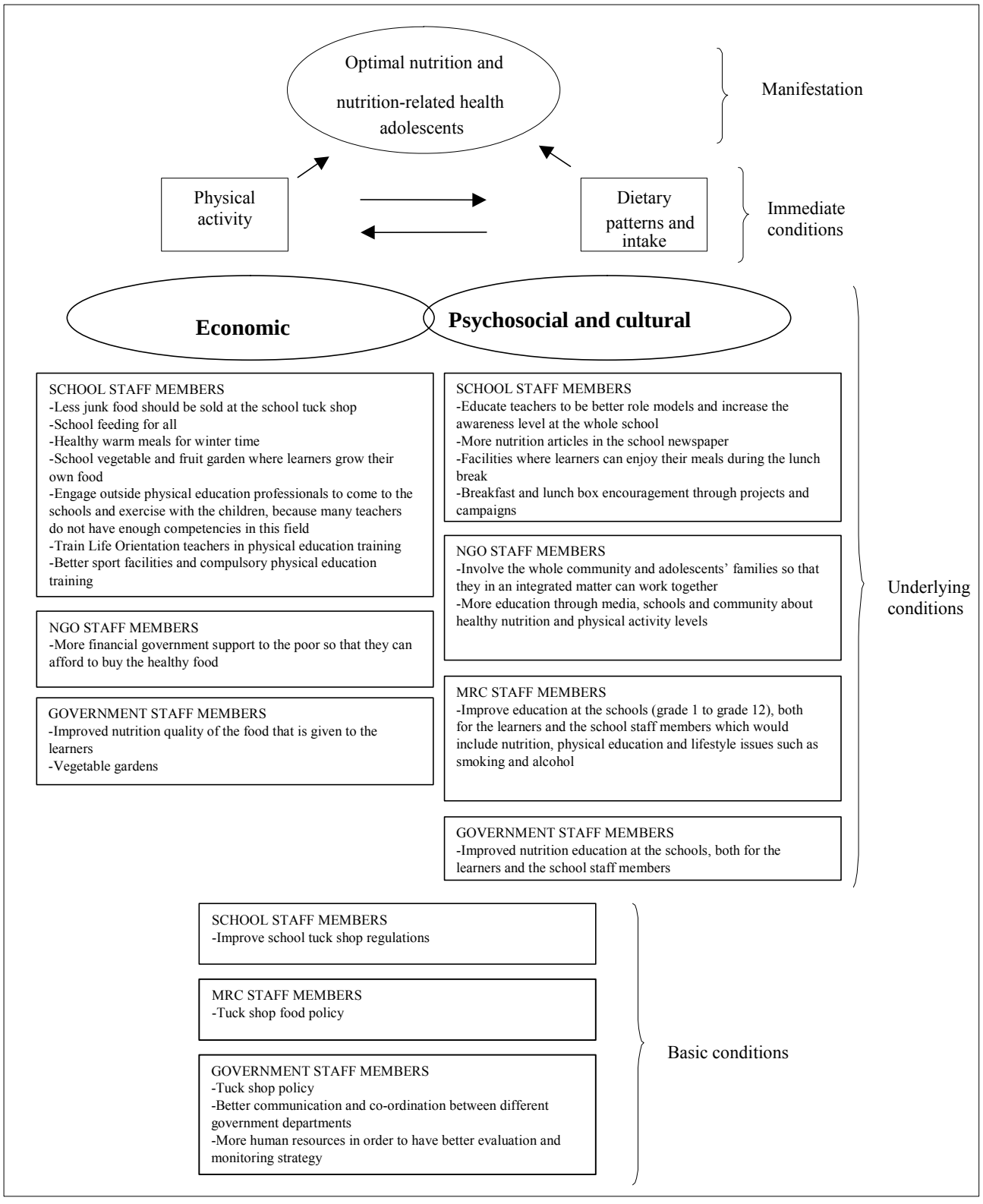

Figure 15: Selected ideas proposed by the key informants on what should be done to improve dietary patterns and physical activity level of adolescents placed in the conceptual framework

8.7 Perceived advocacy barriers: motivation, resources, communication

Working with adolescents

The key informants seemed to believe that it was important to address the issue of unhealthy nutrition and physical activity among adolescents. They acknowledged the importance of empowering this group and letting them participate in the processes that affect their lives. Many key informants pointed out that the government and others should not give up on teenagers because they were often "*very open to try new things*". Further, it was mentioned that one positive aspect of working with adolescents was that they were old enough to understand more complex issues and often a very rewarding group to work with.

Nevertheless, many key informants thought it would be better to start intervening at the primary school level as it was demanding to work with teenagers because of their attitudes and other interests than nutrition and health.

> "*...they* (adolescents) *are concerned about the new school, new friends, their career, sexuality, the opposite sex, feeling accepted and things like that…nutrition is not something that they worry about…except that they are concerned about being thin and looking good…but they are not worried about their health...*"
> (Life Orientation teacher, School 2)

The Children's Resource Centre staff worked with children and youth daily, either through the schools or projects and programmes that they had around in the communities. The staff felt that it was important to focus on both younger and older children, as they all needed encouragement and help. The involvement of parents, community, youth organisations and media in an integrated and holistic manner was considered essential for success and improvement of the current situation. They expressed that it was important to be honest with young people, give practical advice and show them respect. One female staff member said:

> "*…as teenagers they need to know that people care, because that age is very confusing and that is when many things can get messed up…they need to lean on somebody and trust somebody...*" (Staff member, Children's Resource Centre)

The Medical Research Council researcher said that their future projects would focus on older primary school children. She elucidated why she thought they were a good target group by saying:

> "*…they cannot be so young that you cannot really explain things to them, but they cannot be so old that they have already established set eating habits…at primary school we can start empowering them in dealing with issues that they are going to face in secondary school…*" (Researcher, Medical Research Council)

Working with nutrition and physical activity

The interviewed school staff members were interested in nutrition, but they did not believe that the rest of the school staff was sufficiently engaged. Teachers often explained that lack of time was a big problem for them today. They had countless responsibilities and tasks they must do and no time left to really enjoy their work. At one school the teachers told that everybody was so busy that the communication between the staff was insufficient; they never had time to discuss and learn from each other. One teacher wished for better school environment where the school

staff could exchange ideas and work together to improve the conditions at the school. School staff members wanted to do a lot more about unhealthy school meals, but because of time and human resource constraints, they could not see it happening in the near future.

> "*…there is too much work... teachers get paid for doing the academic work and if they don't do it, it has an effect on their job, so that has to get first priority...*"
> (Life Orientation teacher, School 3)

The stigma attached to getting food for free was seen as another big practical problem. The teachers did not think it would matter if the free food was "*more modern and healthy*", for example fancy sandwiches, fruits and yoghurts, because they perceived that learners did not feel comfortable getting any kind of food for free. One teacher at School 3 where they have a government sponsored feeding programme explained that she had to approach the learners and explain the importance of the morning meal. She told them that eating together was good way of meeting their friends, with the purpose of getting more learners to come and receive the food in the mornings.

Many teachers wished that they could change the school tuck shops, but as the shops were privately owned this proved difficult in practice. One teacher explained the dilemma by saying:

> "*…how do you do this when the person running the tuck shop is an outsider and how do you do all of this and still make sure that her business gives her enough money to survive...*" (Life Orientation teacher, School 2)

Some teachers, especially at School 3 emphasised that they had trouble getting parents motivated as many homes were broken and learners had big social problems resulting in their parents not being interested enough or not having time to engage in their children's lives.

Lack of motivation and resources were given as the main barriers for lack of action at their schools by most of the interviewed school staff members.

> "*…I don't think there will be other initiatives that we can do. It depends not just on me, but everybody else too, because you realise that you can't do everything...*"
> (Life Orientation teacher, School 2)

> "*…it's not that I am not interested...but I just can't fight the battle alone…*"
> (Life Orientation teacher, School 1)

> "*…the first problem is always money…if government were to make decent amount of money available so that every child who is at school is entitled to food…*"
> (Student counsellor, School 2)

The principals were frustrated with not having enough resources to run the school properly. They told that parents did not have enough money for the school fees and that government did not give enough financial support because it expected the school to receive the money in form of school fees. The city schools in particular struggled with getting the governments' support, as they were still perceived as "*white schools*" (which they were during the Apartheid era). The principals pointed out that the government did help some schools, but mostly previously disadvantaged schools in the townships. As mentioned in chapter 6, these factors have contributed to the schools running on very little money. They cannot afford to plan or run measures for improvement, for example regarding tuck shops and physical activity facilities.

"*…I think the government is doing something, but only at certain schools and they are targeting the previous disadvantaged schools and they don't see this school as a previous disadvantaged school, even though there are a lot of previously disadvantaged kids that attend the school... there is still a perception out there that we are a white school that has a lot of money and that we can sort ourselves out...so the government is not going to help us...we have asked...*" (Life Orientation teacher, School 1)

"*…we applied for a school feeding scheme last year to support us with bread and spreads and to that the government said "no, it's for the poor people"…but our learners are from the poorest areas in Cape Town…they scrape the money to get here to school…and there is no money for other certain things in their homes…the government has got this idea that inner city schools, like this schools have got lots of money…but this is not true…our learners cannot even pay their fees…*" (Principal, School 1)

Lack of human and financial resources were the main programme obstacles at the Children's Resource Centre as perceived by the key informants. Many of their staff worked voluntarily, which has created sustainability problems. The motivation level among the staff members was perceived to be satisfactory, but frustration was a common feeling, as they never felt that they had the resources to perform to their very best. The organisation did receive some government support, but this was not sufficient to fully fulfil their goals.

Generally, the key informants from the Children's Resource Centre experienced that South African teenagers were discouraged by problems in the society and that not many were interested in living a healthy life, as it would not make a big difference for the overall quality of their lives. Further they expressed that they missed that "*old feeling of unity*" that used to exist in South Africa in the past, especially during the Apartheid resistance struggles.

"*…Teenagers in South Africa feel doomed, because of the poverty mostly…the young people do not feel that they can change their situation, so they just let everything happen…they just do not seem to care about their health and wellbeing…*"
(Program coordinator, Children's Resource Centre)

The key informants from the Children's Resource Centre perceive that schools, parents and community played an important role in supporting and motivating the South African teenagers. They tended to say that the unmotivated government resulted in unmotivated parents and teachers, and accordingly unmotivated communities and children. In addition, they mentioned poverty and lack of knowledge and education to be important contributors to the general lack of motivation seen in South Africa.

The key informant from the Medical Research Council regarded the present South African government to be much more motivated for nutrition interventions than the previous government ten years ago. She mentioned that this was noticeable as many national and smaller nutrition surveys have been performed recently. She was further positive for what the future would bring in the nutrition field as the new government had been working on nutrition education, research and advocacy, and expressed a wish for policies and interventions which focus on many of the current nutrition problems including overweight and related diseases.

Some government workers said that the school environment was an important place for interventions, but that there was a need for improvement in communication and coordination.

"*...we need to work together with the other departments, because there is no use if you come in from the health sector and you start working with children and within the curriculum they are taught something different…we need to make sure that the messages*

> *are consistent…somehow it should be a joint effort between Health and Education...*"
> (Department of Health, provincial level)

At the government level it was explained that the financial and human resource constraints were the most significant contributors to lack of nutrition interventions aimed at adolescents. Lack of good and persistent cooperation with internal and external professionals was another perceived barrier.

Social and cultural barriers were declared to be important. For example, one local government fieldworker said that the School Feeding Programme experienced problems to begin with as many girls in particular did not want to collect their free meals. She expressed her concern by saying:

> "*...when we started the programme, especially during the first months we thought that we had made a mistake because it looked like nobody wanted the food...the needy learners were even shy to come out though they needed the food. We had thought that they (adolescents) would accept the feeding, but it is different with adolescents compared to younger children...adolescents need to show their friends that they can afford to buy food at the tuck shop and they do not want to collect what we give them...that is a big challenge for us, but we need to look into it more to see how we can address the problem...*"
> (Department of Education, local level)

Nevertheless, she explained that the Western Cape Department of Education experienced that secondary schools asked for more food just two months after programme start, despite a slow set off. Unfortunately this was not possible in 2006 as their budget covered meals for maximum 200 learners at each secondary school.

The interviewed government workers revealed that both learners and school employees perceived vegetable gardens at schools as something positive, but problems such as lack of water, human resources and funds made it difficult for gardens to sustain during the whole year. Some schools cooked meals for their learners from the food produced in the gardens, but again this was not always possible because not all schools had the right facilities, for instance a kitchen, enough employees, access to water and storage areas. Where there was no water, the government workers told that they tried to encourage the schools to engage in small livestock farming.

8.8 About human rights and responsibilities

General human rights perceptions

During the interviews with the school staff members it became apparent that they all valued human rights, although not all were aware of their practical purpose. Many were frustrated with the fact that South Africa has everything on paper, but that nothing gets implemented and monitored.

Many school and Children's Resource Centre staff members were especially concerned with children's right to education, protection and respect. They were worried about the fact that many children would never go further than high school, as their parents cannot afford further education. In addition they expressed concern about lack of jobs for people in South Africa, which contributed too many learners "*giving up on their future*" before they even grew up. Many of the statements reflected that learners they work with came from difficult backgrounds with a lot of abuse, poverty and crime in their communities and homes. The key informants were

concerned about the children and pointed out that not enough was being done to protect children's rights in South Africa.

The Medical Research Council employee saw human rights as an important framework and a basic foundation, but she admitted that both her colleagues and she did not know enough to actually use human rights in their work. She wished for more training in the field in order to "*understand the depth and the potential of what it actually involves*".

Many government workers emphasised that human rights are an important tool in their work. They clearly stressed that they were especially important for South Africa, because of the Apartheid history where many people did not have rights at all. Some mentioned that this has left a large imprint in the society, as some citizens, especially those born during Apartheid still thought they did not have rights and thus they did nothing to claim them. In their opinion it should be the governments' priority to make people aware of their rights and what they can do to claim them. They also pointed out that many government workers do not understand what human rights are about and that they should follow up on this issue.

> "*…we* (Department of Health) *definitely do refer to the Constitution in our work, but may be not enough…I think I can acknowledge that…it is an area that is very interesting the more you read on it…and it is probably the area I would say that we need to build capacity within ourselves as policymakers…that is something we should address…we need to understand the Right to Food within its context well enough…I think that it would be rather challenging if the people would take us to the court without us looking more into this issue beforehand…*" (Department of Health, provincial level)

Views on the right to adequate food and responsibilities

All key informants had heard about the right to food and basic nutrition, but few of them could explain the deeper content of the right.

Some interviewed school staff members believed that children's right to food included their right to healthy nutrition at both home and school. First and foremost the key informants thought that parents had a responsibility to teach their children what was healthy and not, but they also said that parents should make lunch to their children instead of giving them money. Many teachers were worried that today's parents had too little time for their children as they work hard to earn enough money for basic needs and survival. They did not think that many parents were worried about children's right to healthy food, seeing that these families had bigger problems to be concerned about.

> "*…in my mind a parent should keep an eye open and have that kind of responsibility for their children...number one, to feed…to educate…to send them to school…that should still come from home…that is my opinion…it does not happen though…*"
> (Life Orientation teacher, School 1)

Several said that schools had a responsibility to provide food to those who could not afford it and to offer healthy options to those who brought lunch-money with them from home. Some teachers mentioned that many of the school staff members were not good role models for the learners, as they ate a lot of unhealthy food themselves. In addition, the interviewees pointed that the media has contributed to unhealthy food becoming acceptable and popular amongst children and adolescents.

The key informant from the Medical Research Council understood a responsibility of the Medical Research Council to be to perform research in the field of nutrition and physical activity and cooperate with the government in order to improve the current situation in South Africa.

The government workers pointed out that many government departments had a responsibility to work together on the issue of unhealthy nutrition and lack of physical activity. In this regard they mentioned the Department of Agriculture, the Department of Social Services, the Department of Health and the Department of Education. In addition they explained that parents have a primary responsibility to feed their children with the right food, although the government needed to help when this was not achievable.

> "*…when you look at the learner's right it is not only up to the Department to meet that right…the Department of Education is doing something about the right to food…they serve the learner at school, but other people have their own responsibilities as well… Department of Agriculture can also do their part by making sure that learners have vegetables that they can grow… at home the parents have their responsibility to supply food to the learners after and during school holidays and we are not feeding the children… the right must be met by all stakeholders and not only the Department of Education… Social Services supply some packages to poor families…*"
> (Department of Education, provincial level)

Perceptions of learners' human rights views

As most of the teachers were trained in Life Orientation, they were partly responsible for educating the learners about human rights. Through the teaching they experienced that learners very well understood what their rights and entitlements were, but that they did not accept the responsibilities that followed with the rights. Some teachers suggested that this had to do with South African history, where people did not use to have any rights. According to the key informants, people now blame the government for everything that was and is wrong and thus expect that the government deals with all the problems. They also pointed out that it was in "*teenagers' nature*" to not feel any responsibilities and therefore they did not see how the problem could be solved.

> "*…I think they* (learners) *are very very well familiar with their rights…they can directly say that that is against our right and we don't want to do it…but they forget their responsibilities…they purposely forget…they understand the right, they know the responsibility, but they prefer to ignore the responsibility…*"
> (Life Orientation teacher, School 2)

Many Children's Resource Centre staff also experienced that many children and adolescents could not grasp the content of responsibilities that follow with human rights. Therefore they tried to emphasise this in their work:

> "*…when I work I focus more on children's responsibilities, because they already know their rights, but they need to know what their responsibility is too…and the right to have food and their responsibility not too waste food because there are many children that don't have food…and I tell them that if they get food from us, they cannot throw it away…it is important to tell them that, so that they know what they need to do when they have a right to something…*"*you are getting your right, but what are you doing with it?*", "*Are you wasting it or are you sharing or are you trying to help somebody who needs it more than you?...*" (Programme coordinator, Children Resource Centre)

The same programme coordinator explained that it was demanding to make South African children understand their responsibilities when they clearly experience that many of their rights are being violated by the government, parents and society as whole. She especially mentioned children's rights to education, to proper food and water, and respect.

Government staff did not seem to express the same concern for children and youth not being aware of their responsibilities. They were more worried about older people not being aware of their rights, which made them more vulnerable to exploitation. One government key informant believed that today's children and youth are aware of their rights because they have had the Constitution and the Bill of Rights in their upbringing from the very beginning.

Thoughts on participation

As part of the new teaching reform in South Africa, the teachers described that learner participation has become more apparent. One teacher told about the *outcomes-based education*; a teaching form where teachers are facilitators, while learners are suppose to develop and learn by doing their own research, projects, presentations and papers, most often in terms of group work. School staff members' statements indicated that most learners enjoyed the new reform, although not all were happy with having to work in groups all the time and were taking advantage of other members of their groups. Many teachers were worried that not all staff members were properly trained in the method contributing to less quality in the education.

> "*…you have far too many teachers stuck in* "*chalk and talk*" *and they are not prepared to change their ways…it does not matter who says what and why...I have a very different angle of things…I think you have to use these new things, because it is such a valuable tool if you know how to use it properly…and I am very much for this new way of learning, but if you do not use it and if you are not interested and if you are so stuck in the old way of teaching that it is not useful…this goes in particular for the old staff members…*"
> (Life Orientation teacher, School 2)

> "*...the kids perceive the group work and cooperative learning as an easy way of getting good marks…mostly because a lot of teachers are not trained properly…they think that it is just to put the kids in the group and let them do their own things and they have not figured out that there are instructions... that you need to facilitate things and that is not just kids working together in a group… very few of them really know what co-operative learning actually is about and they do not want to change their ways…fortunately the new staff are more prepared for it, mostly because this is part of their education and training from the varsities and from the beginning of their carriers...*"
> (Life Orientation teacher, School 1)

9. The document review findings

This chapter starts with an overview over youth measures taken by the new democratic government of South Africa after the abolishment of the Apartheid. These measures are relevant because they form the foundation for all youth measures in the country. The chapter continues with a presentation of measures that directly address unhealthy nutrition and nutrition-related health issues amongst adolescents.

9.1 The new government and youth measures

Reconstruction and Development Programme

The Reconstruction and Development Programme (RDP) was a socio-economic policy framework implemented by the first democratically elected South African government in 1994 (RSA 1994). It focused on poverty alleviation and economic growth. Women and children were regarded as the most vulnerable groups and the focus was on meeting basic needs of the people, reducing the poverty and inequalities in the country and empowering the people through this process. The Bill of Rights is emphasised throughout. The RDP also set out the basis for development of a youth policy, national youth coordinating institution and autonomous national youth governing body in South Africa.

National Youth Commission

The National Youth Commission (NYC) was established in 1996 to "*coordinate, promote and monitor youth development through the implementation of an integrated youth development framework*" (NYC 2007a). This establishment was a very important milestone in South African history as it marked the recognition of youth as an important part of the country's development and future. Since its establishment the Commission has worked on development of a national youth policy and within fields of education, health, training, participation, and positive youth engagement in community and society.

National Youth Service

The National Youth Service (NYS), another youth initiative established after the Apartheid, seeks to contribute to the enhancement of youth as present and future social capital in South Africa. It is defined as the "*involvement of young people in activities which provide benefits to the community whilst developing the abilities of young people through service and learning*", especially focusing on disadvantaged communities (NYC 1998). The underlying principle is that: "*young people are disengaged because of a sense of powerlessness and irrelevance as opposed to apathy or disinterest; overcoming this sense of powerlessness and irrelevance requires access to opportunities for participation as individuals as well as a generation; their sense of efficacy increases when they are connected to issues that matter and key civic actors and institutions are encouraged to see young people as valuable resources; and meaningful opportunities to participate must be provided today to secure tomorrow*" (NYC n.d.).

The work is carried out by the National Unit, the National Youth Service Partnerships and the Partnership Project Team (ibid). The latter, chaired by the Minister in the Presidency responsible for youth, supervises actions at the national level. The National Youth Commission is home to the National Unit, but the Unit draws from the expertise of exiting public institutions such as the South African Youth Council, the National Youth Commission, government departments and agencies, and non-governmental and private sectors. The Provincial Youth Commissions play a

significant oversight and coordinating role in the implementation of the NYS, and provide an important link between the different levels of government.

An important aspect of the NYS projects is the training of technical assistants whose role is to ensure the quality of project design. Under the supervision of relevant National Unit programme managers, these technical assistants support government departments at the national, provincial, and local levels to scope the service area, draw the relevant stakeholders into a consultative planning process around the project, determine an implementation plan for the project, develop the budget, and produce the project documentation.

So far, their projects have spread across the health, construction, environment, education, agriculture and social development sectors involving around 12 000 participants. This suggests that the South African NYS has provided opportunities for young people as stated in their mandate.

National Youth Policy

The South African Youth Policy was developed in 1996 (NYC 1997). The motivation was to form a framework for youth development across the country. The policy was shaped by broader national policy initiatives, and values and principles enshrined in amongst others the South African Constitution, the RDP and the Charter of the United Nations. These include non-discrimination, empowerment, participation, recognition of cultural diversity, sustainability, transparency and accountability.

The key strategy areas in the policy were: education and training, health, economic participation, safety, security and justice, welfare and community development, sport and recreation, arts and culture, environment, tourism, and science and technology. No specific referrals to nutrition and its consequences were mentioned. In the policy, the government announced the significance of youth participation, but also the importance of cooperation and coordination of all government departments, the non-government sector and youth groups in youth development.

South African Youth Council

The South African Youth Council (SAYC), a national non-governmental non-profit body of youth organisations was formed in 1997 in order to assist the civil society in policy and programme development (SAYC 2007). It represented the interest and aspirations of various youth organisations affiliated to it and provided support for a broad range of youth organisations including political, student, religious, cultural, sporting and voluntary.

The SAYC's mandate is to work with problems the youth in South Africa are faced with, such as unemployment, lack of access to education, substance abuse, diseases and teenage parenthood. Programmes of the Council are for the time being centred on democracy education and human rights, reconciliation and nation building, policy development work, youth policy implementation and HIV/AIDS awareness program.

Youth Charter

The Youth Charter of South Africa "*binds all South African youth, in all their diversity, and government, to ensure the effective realisation of National and Local Youth Policy*" (NYC 2007b). It is there to ensure the youth's participation, good communication between the government and the youth in South Africa, and to support the youth and develop policies and programmes that address important youth issues. Socio-economic and developmental issues and cultural, recreational and sports activities are explicitly mentioned in this charter and so is an allocation of resources to sustain such actions.

9.2 The Department of Health

Strategic priorities 2004-2009

Some of the relevant strategic priorities of the Department of Health for the period 2004-2009 were to promote healthy lifestyle and improve the management of both communicable and non-communicable diseases (Department of Health 2004b). These are to be achieved through healthy lifestyle campaigns, school programmes, strategy developments and improvement of family practices that influence health. The National Department of Health budget for 2005/2006 was R9.825 billion, which is an 11 % increase compared to 2004/2005 (Burger 2005). The main budget share was allocated to the Integrated Nutrition Programme (INP), the management of HIV/AIDS and tuberculosis, training of health professionals and research, hospital revitalisation, improving hospitals-management capacity and quality of health care.

Integrated Nutrition Programme

A nutrition committee was appointed in South Africa in 1994 by the minister of health. The INP was developed in 1995 based on the Committee's recommendations to develop a nutrition strategy in the country.

The INP facilitates an inter-sectoral approach to solving nutrition problems in South Africa by using the UNICEF Conceptual Framework (Department of Health 1998a). The overall responsibility of the programme rests at the National Directorate for Nutrition, Department of Health. They are also responsible for policy formulations, nation budgeting, monitoring, evaluation, research, reporting, coordination, training and technical support. The provincial and regional/district governments are responsible for their own planning, budgeting, capacity building, communication, monitoring, evaluation, research and reporting.

The overall vision of the programme is optimum nutrition for all South African and it is to be reached through the implementation of integrated nutrition activities (Department of Health 1998a). The programme functions through primary and secondary nutrition interventions, school-based and community-based nutrition programmes, education and growth monitoring. The relevant focus areas are disease-specific nutrition support, nutrition education, promotion and advocacy, food service management, household food security, nutrition information system, human resource plan, and financial and administrative systems. One of the relevant goals of disease-specific nutrition support is to reduce morbidity and mortality associated with nutrition-related diseases of lifestyles, specifically overweight, obesity, coronary heart disease, hypertension and diabetes mellitus.

Development of the South African Food-Based Dietary Guidelines and development of nutrition-related information, education and communication materials are some of the present accomplishments of the INP. One new focus area from 2005 is among others youth and adolescent nutrition where the focus is to be on nutrition in schools, obesity, sports nutrition and eating disorders (Department of Health 2001a).

South African Food-Based Dietary Guidelines

The development of Food-Based Dietary Guidelines for South Africa was initiated in 1997 and has been lead by a working group of volunteers (Vorster et al 2001). The guidelines were developed in a highly participatory and consultative manner, involving both focus group discussions with South African citizens from different regions and ethnic groups in the country and workshops, seminars and consultations with other relevant professionals. The Department of Health approved the guidelines in 2004 (Department of Health 2004a).

Their main message is to enjoy a variety of foods, to be active and to drink lots of clean and safe water. The guidelines encourage eating more starchy food, vegetables, legumes and fruits, while being careful with salt, sugar, alcohol and fats. They are in other words in agreement with the recommendations of international organisations such as the WHO recommendations stated in the Global Strategy on Diet, Physical Activity and Health (WHO 2004). Brochures have been developed both for health professionals and the consumers, where the specific Food-Based Dietary Guidelines are elaborated on in more detail in an easy understandable language.

The Department of Health has recommended that the government uses the Food-Based Dietary Guidelines in educating the citizens of South Africa on how to live a healthy lifestyle. It is further recommended that they become incorporated in the INP. The next challenge is to develop a policy on how to implement the guidelines in an efficient manner.

Transformation of the Health System

The White Paper for the Transformation of the Health System in South Africa published by the Department of Health (1997) was written in agreement with the health objectives in the RDP. The White Paper presented a set of strategies for meeting the basic needs of all South African people and acknowledged and highlighted the importance of the Integrated Nutrition Strategy and Programme. It recognised nutrition as a human right and emphasised the prevalence of both underweight and overweight in the country. The nutrition principle of the White Paper is that "*…nutrition for all South Africans should be promoted as a basic human right…nutrition programmes should be integrated, sustainable, environmentally sound, people and community-driven, and should target the most vulnerable groups…nutritional well-being should be promoted and monitored within nationally-defined goals. There should be a clear nutrition information strategy…*". Adolescent health is mentioned as a specific area of focus: "*there is a need to increase access to health care services for adolescents, with the emphasis on reducing substance abuse, depression, teenage pregnancies and sexually transmitted diseases*". Unhealthy eating habits, prevalence of overweight/obesity and physical inactivity are not specified as a problem area amongst this group. Adolescent nutrition is only specifically mentioned in regards to iron and folic acid deficiencies among (young) women. Nutrition education and promotion with the aim of positive behaviour change and awareness rising is meant for all the people in the country, and therefore also the adolescents even when they are not explicitly referred to. It is specified that such programmes should e.g. focus on the prevention and control of diseases of lifestyle. Another relevant aim is that a nutrition information system should be developed. It would "*identify the trends, nature, extent and severity of the nutrition problems and their causes and assist in monitoring and evaluating the impact of nutrition programmes and facilitate informed decision-making processes*".

Policy Guidelines for Youth and Adolescent Health

In 1999, the Directorate for Child and Youth Health was established within the Department of Health. A task team was formed, which in 2001 developed the first national policy guidelines for youth and adolescent health (Department of Health 2001b). They are based on the Convention on the Rights of the Child, the Constitution of South Africa, the African Charter on the Rights and Welfare of Children and many other national, regional and international acts and regulations. The purpose of the guidelines is "*to give guidelines to health workers in clinics, community health centres, youth centres and hospitals, firstly in preventing and responding to specific health problems in adolescence and youth … and secondly, promoting a healthy development of all adolescents and youth*". The guidelines are built on the fact that problems of adolescents are interrelated and that they need a multi-sectoral and multidisciplinary approach in order to be successful. Participation of adolescents and development of their capacities is regarded as essential. Family, friends, school, health facilities and communities are all seen as necessary

intervention settings and there is an emphasis on improving the social environment of the adolescence and society as a whole. Four general intervention strategies shape all recommendations in the guidelines: promotion of safe and supportive environment, building of skills, counselling and access to health services.

Nutrition is one of health priorities in the policy guidelines. It is recognised that underweight and overweight are areas of concern in the country and it is acknowledged that there are no specific nutrition intervention strategies targeting adolescents and youth. It is suggested that INP should be more streamlined and include adolescents and youth at risk. Nutrition education is mentioned and it is recommended that it should teach the adolescents about body weight, healthy eating habits, the value of traditional food, breast feeding, nutrition during pregnancy, muscle development and skin problems relating to diet. Other important areas mentioned are: to provide skills so that they can make informed decisions regarding their nutrition and food choice, to give counselling to those in need and to develop health services that provide surveillance, monitoring and support to the target group.

Health Promoting Schools Initiative

The Global School Health Initiative, launched by the WHO in 1995, sought to support health promotion and education activities at the local, national, regional and global levels (WHO 2007). This initiative was designed to improve the health of student, school personnel, families and other members of the community through health promoting schools. A health promoting school is a school that is constantly strengthening its own capacity as a healthy setting for living, learning and working. There are six major elements of a health promoting school according the WHO definition: development of a school health policy, school physical environment, school social environment, community relationships, personal health skills and health services. The aim of such school is to develop the knowledge, skills and attitudes among learners so that they make informed, responsible and healthy decisions and choices throughout their lives.

The Health Promoting School elements have been used as an entry point for the INP implementation in school settings in South Africa. This initiative has also shaped the School Health Policy, presented below.

School Health Policy

The School Health Policy aimed to facilitate the optimum development of learners from grade R to grade 12 (Department of Health 2002) by assisting the development of schools as "*supportive environments for health and development*" and by addressing "*barriers to learning that will hinder the learners' maximum education benefit*". The vision of the policy was "*to ensure the optimal health and development of school going children and the communities in which they live and learn*". The major health barriers to learning for children in South Africa were defined to be poor nutrition, poverty, environmental factors such as poor water and sanitation provisions, and disabilities including gross motor dysfunction as well as impaired vision or hearing.

Health promotion and education were crucial elements of the policy and it was acknowledged that they provide "*the best opportunity for impacting on the immediate and long-term health behaviour of children and youth*". The main focus was placed on the reduction of underweight, combating HIV/AIDS and education and reproductive health issues, since these were perceived to be the main areas of concern among this population. Yet, development of health knowledge and skills of school community members, and the development and delivery of health curriculum are two objectives relevant for this review. Healthy lifestyles and life skills were also issues directly related to unhealthy and unbalanced eating habits, and their consequences.

Soul City: the Institute of Health and Development Communication

Although not a pure government initiative, the Soul City institute is supported by the Department of Health and therefore included in this review. The information presented has been adopted from the Soul City institute's home page www.soulcity.org.za.

Their vision is "*to make an improvement in people's health and quality of life*" by taking a positive advantage of the mass media and developing education material through participation, research and evaluation. The Soul City series has been broadcasted not only in South Africa, but also other parts of Africa, Latin America, the Caribbean and South East Asia.

Their foremost goal is to address important health and development issues in South Africa though mass media education, empowerment and advocacy. Their programmes are meant to impact on social norms, misbelieves, attitudes and judgements at both individual and community level. They believe that good health is "*not simply a product of individual choices, but the product of an enabling environment in which the structural barriers to achieving health and development are removed*".

As with many other South African initiatives, the main focus of the Soul City institute has been placed on HIV/AIDS, poverty, violence, rape and crime/safety, but also on housing, smoking, alcohol, disabilities, cancer, nutrition, education and many other problems mirroring the situation in South Africa. They have developed two main real-life television series: Soul Buddyz, for children up to 12 years old and their parents and Soul City, for adolescents and youth. All the issues dealt with in the series are framed within the South African Constitution and the UN Convention of the Right of the Child. Each series is accompanied by a marketing strategy to generate awareness and create discussion around issues involved. An advocacy campaign is always included to "*help create enabling environment for change*". Further, they have produced radio shows, education materials for both children and parents, created children clubs, and performed research and evaluation relevant to their programmes, materials and audience.

Youth Fitness and Wellness Charter

The Youth Fitness and Wellness Charter initiative started in 2004 and was facilitated by the UCT/MRC Research Unit for Exercise Science and Sports Medicine (Medical Research Council 2006a). The Department of Health has also been supporting the initiative. The Charter has not yet been accepted by the parliament, but the process is in progress.

The Charters intention was to "*provide a philosophical underpinning for the development of policy and to give direction to the development of guidelines*". Among the key points were that "*all South African children and youth had a fundamental right to participate in physical activity, sport and play*" and that everybody at all society levels needed to work together to "*provide opportunities for children and youth to participate in safe physical activity and sport*". Other important points were the development of a physical education training curriculum, prevention of chronic diseases through improved fitness and nutrition and involvement of the media.

A proposed implementation strategy has been developed by the UCT/MRC Research Unit for Exercise Science and Sports Medicine (Medical Research Council 2006c). Here a development of a Charter Secretariat is proposed. Their role would be to manage all the implementation strategies and to serve as a link between the government and other South African service providers. Policy formulation, education of children, parents, caregivers and families, school, community and health service involvement, and evaluation and research are all suggested as important parts of implementation process. The work at schools is proposed to happen through the already mentioned Health Promoting Schools Initiative. The aim would not necessarily be to

introduce new interventions and programmes, but to raise awareness and facilitate interventions already in place.

"Vuka South Africa – Move for your health"

This campaign has been inspired by the WHO "Move for health" initiative. It has been named "Vuka South Africa – move for your health", which means "Wake up South Africa, move for your health". The national Department of Health, together with its partners (national Department of Education and Department of Sport and Recreation, private companies, tertiary institutions and non-governmental organisations) launched this campaign in May 2005.

Since its inception, there have been numerous planning meetings, culminating in stakeholders' workshop that was held in September 2005. This workshop served as a platform for future implementation of the Move for health programme, together with the monitoring and evaluation of the campaign.

The School Intervention Programme

The School-Based Intervention Programme to Reduce Diabetes Risk Factors in Disadvantaged Communities of South Africa (Medical Research Council 2006b) is a new program that will focus on chronic disease prevention among low-income groups particularly from rural areas in South Africa. It involves nutrition curriculum change, school environment change and parental involvement. As it is aimed at primary schools (grade 5 – 7) it will not be mentioned any further, but it is acknowledged that this programme represents a very important step towards addressing present problems of unhealthy nutrition, overweight and physical inactivity among South African children.

9.3 The Department of Agriculture

Integrated Food Security Strategy and Food Security Draft Bill

The RDP identified food security as one of the priority policy objectives (Department of Agriculture 2002). No single policy framework used to exist in South Africa dealing with the right to adequate food and no specific government department had focused on this right in particular (Khoza 2005). Government programmes and policies on food issues had been inadequately coordinated and implemented and there has been poor communication between relevant government departments. Therefore, in 2000 the government reprioritised the budget and decided to focus on improving the food security conditions of disadvantaged groups in the country. As a result, the Integrated Food Security Strategy and the National Food Security Draft Bill (the Draft Bill) were launched in 2002 by the Department of Agriculture and Land Affairs as a comprehensive strategy to address the national food insecurity.

The Integrated Food Security Strategy aimed "*to streamline, harmonise and integrate different food programmes into a holistic policy framework*". The vision was "*to attain universal physical, social and economic access to sufficient, safe and nutritious food by all South African at all times to meet their dietary and food preferences for an active and healthy life*". Unfortunately, implementation of the strategy has not been achieved, nor has IFSS been finalised yet.

The Draft Bill seeked to "*ensure that safe, nutritious and quality food is available, accessible to and utilized by the South African population, especially to the vulnerable groups such as women and children in rural areas, to lead to dignified life*" as stated by Khoza (2005). He argued that the Draft Bill was missing several crucial aspects: it prevented stakeholders from engaging

meaningfully with the Draft Bill, it did not provide enough for people in desperate needs, and there were no provisions for the setting of benchmarks and priorities. Last, it did not draw its definition of food security or the right to sufficient food on the General Comment no. 12.

If the Draft Bill ever does get submitted and accepted by the parliament, the government may be held accountable under the Constitution for failing to take legislative action. So far it has not been published anywhere yet nor has in been proposed to the parliament even though the draft was finished five year ago (Khoza, personal communication, 01 May 2007).

9.4 The Department of Education

National School Nutrition Programme

The Primary School Nutrition Programme was initiated in 1994 as a part of the RDP in order to improve health status among school-going children and improve education outcomes by enhancing active learning capacity, school attendance and punctuality by providing an early morning snack (Department of Health 1995). It was especially designed to provide primary school children with not less than 25 % of the recommended dietary allowance of energy from 7-10 year olds and not less than 20 % of the recommended dietary allowance of energy for 11-14 year olds. It also aimed to improve the micronutrient status of learners through supplementation.

In 2004 this programme was transferred from the Department of Health to the Department of Education since schools and education were a core competence of the latter department. The two departments would still work closely together, especially regarding menu options, nutrition education messages and nutrient content calculations. The name of the programme changed to the National School Nutrition Programme, as not only primary schools were to be involved (see chapter 8.5.5.). The programme as proposed by the Department of Education was designed to channel the largest percentage of money to the poorest schools within the poorest communities (Department of Education 1998 cited in Kallman 2005). Allocations for the poorer provinces with larger population were in addition planned to be much greater than for wealthier and smaller provinces.

The key objectives of the programme were to provide one meal or snack a day to learners at disadvantaged school, to promote sustainable food production at schools through food gardens and to provide nutrition education that promotes healthy lifestyles. Provinces may select their menus on the basis of social acceptance, availability and cost (Kallman 2005). There are today 22 approved menu options, for example a cold menu can be brown bread, margarine, peanut butter and a nutritious drink), while a warm menu can constitute of *pap*/*samp* and beans or soy with vegetables when possible. Louw et al (2001 cited in Kallman 2005) found that the meals were not as nutrient-rich as originally planned. This most often happened because quality and quantity of the food pr learner was compromised because the provinces wanted to cover as many schools and learners as possible.

The programme targets for 2005/2006 (Department of Education 2003 cited in Kallman 2005) were to increase the quality of the meals and coverage of planned feeding days, but not the number of schools receiving the food. For further information on future plans, see the key informant interview presented in chapter 8.5.5.

New national curriculum statement on Life Orientation

The White Paper on Education and Training from 1995 (Department of Education 1995) emphasised the need for major changes in South African education system in order to increase

its quality and efficiency. The main emphasis in the Paper was placed on moving away from the traditional aims-and-objectives teaching approach to *outcomes-based education* (OBE). It encouraged a learner-centred and activity-based approach to education and thus supported learner participation and engagement. Today, OBE is underpinning all new national curriculum statements, which have laid the foundation for the new education system in South Africa. These statements are also based on human rights, non-discrimination and social justice.

The new revised curriculum statements were finalised in 2003 for Life Orientation for grade 10 to grade 12 (Department of Education 2003). Life Orientation in South African is "*the study of the self in relation to others and to society*". It is there to guide and prepare learners for life and its possibilities from grade R to grade 12 through health promotion (e.g. nutrition), social development (e.g. human rights), personal development (e.g. self empowerment), physical development and movement (e.g. exercise) and career orientation.

The learning outcome 1 "*Personal well-being*" and learning outcome 3 "*Recreation and physical well-being*" are directly relevant for the present review. They are accomplished when "*the learner is able to achieve and maintain personal well-being*" and "*the learner is able to explore and engage responsibly in recreation and physical activities and to promote well-being*", respectively.

9.5 The Department of Social Development

The Department of Social Development has as a goal "*to build a caring and integrated system of social development services that facilitate human development and improves the quality of life f all South Africans*" (GCIS 2005). The aim of the Department of Social Development is to ensure the provision of comprehensive, integrated, sustainable and quality social-development services against vulnerability and poverty, and to create an enabling environment for sustainable development in partnership with those committed to building a caring society. It promotes and protects the rights of vulnerable groups, such as children, youth, women and people with disabilities through social assistance programmes, the Poverty Relief Programme, and a range of other social programmes in South Africa. The department works strongly in partnership with South African and international NGOs and the business sector.

Social grants

There are five major social security grants in South Africa. The Child Support Grants (R180 as of 2005) is only for children younger than 14 years. The Foster Care Grant (R560 as of 2005) is for children in foster care, while the Care Dependency Grant (R780 as of 2005) is meant for disabled children younger than 18 years of age. The Old Age Pension (R780 as of 2005) is for women older than 60 and men older than 65. This grant may indirectly support adolescents, in view of the fact that many adolescents are living together with their grandparents in South Africa. Eligibility for each grant is dependent on an income-based means test.

The grants are financed through general tax revenues, collected on a national basis. The grants are implemented and administered by a separate national government agency, the South African Social Security Agency.

9.6 The Department of Sport and Recreation

"***Getting the nation to play***"

The White Paper on sport and recreation in South Africa, "Getting the nation to play" was published for the first time in 1998 (Department of Sport and Recreation 1998) and revised in 2002 by the Department of Sports and Recreation (2002). Increased level of participation in sport and recreation activities is an important objective of the Paper. The paper recognises that the impact of sport and recreation extends to health, education, economy, crime, nation building and international relations.

Women and girls are seen as an area of priority and "*specific resources will be allocated for the development of sports skills and facilities for women and girls. Suitable candidates will be identified and introduced to leadership training and coaching in sport and recreation. Role models in sport and recreation will encourage participation of women and girls in sport and recreation.*"

Other priority areas of relevance include: "*to provide funds for the creation or upgrading of basic multi-purpose sports facilities in disadvantaged areas, develop the human resource potential required for the effective management of sport and recreation in South Africa and motivate the community to develop active lifestyles and to channel those with talent for development into the competitive areas of sport.*"

PART III

DISCUSSION & RECOMMENDATIONS

10. Methodology discussion

Strengths of the study

A major strength of qualitative research is that it generates rich data that reflect participants' perceptions, thoughts and beliefs. It thus offers in-depth information, which can yield a better understanding of the issues in focus than when using quantitative methods. In this study the information was in addition collected from several different groups of participants; adolescent girls, school staff members, researchers, and government and non-government staff. This made it possible to take a broad spectrum of observations and perceptions into account when interpreting the findings.

Limitations of the study

A weakness of qualitative research is that it is time and resource consuming, which restricts the total number of participants. As mentioned, several different groups of participants were selected for the study, which led to each group consisting of only limited number of participants. This may have decreased the strength of the data obtained.

The present study focused on the nutrition transition, which first and foremost takes place in urban and peri-urban areas in developing countries. The focus group participants were from the townships in the Cape Town area, but attending city schools. As already mentioned, this indicated that they are not the poorest people residing in these areas, but may be from somewhat better resourced households.

Originally it was planned to include at least two township schools in the focus groups, but because of time and resource constraints this did not prove possible. Learners attending township schools presumably would have been poorer. In addition, city schools are more likely to be better resourced than township schools. This means that learners attending township school have access to different types of food during school hours. For example not all township schools can afford to have a tuck shop, but vendors and hawkers on or just outside of the school premises sell the food. They often offer a somewhat different selection of foods compared with the tuck shops; they usually only sell sweets, *vetkoeks*, sweet cool drinks and maybe cheese and ham sandwiches. One may also expect that children attending township schools bring food to school more often since their parents have less money to give them for food, even though the teachers at the township school in the present study did not indicate that this was the case. As a result, the findings from the present study may have been different if the learners from township schools and consequently a more diverse sample were included in the focus groups.

Participants and sampling

The focus group participants were recruited though their schools and teachers. The teachers were asked to give the information letters to all isiXhosa-speaking girls in their classes, but the letters were only handed out to the girls who showed an interest in the study. These girls may have had a special interest in nutrition and health, but they may also have participated in the focus groups in order to miss out on their classes and/or receive free food and drinks. It is therefore difficult to say how representative this sample was for urban isiXhosa-speaking adolescents living in townships in the Cape Town area. However, the three focus groups in the present study provided more or less the same information, and this was also in the accordance with the information provided by the pilot group. This indicates that the data are reproducible within the described setting of the study.

The key informants interviewed in the present study were a selected group of actors that were devoted to nutrition, health and physical activity and engaged in working with adolescents and the improvement of the present situation in South Africa. Therefore the findings may not be valid for other actors working in the same field, but without the same level of passion. Parents and caregivers were not included in this study, but it is acknowledged that they are of enormous significance for adolescents' dietary patterns, nutrition and related behaviour.

The participants in the present study were selected because the author believed that they could contribute with constructive information and provide a deeper understanding of the issues in focus. Their perceptions and thoughts are considered to be transferable to other similar contexts and applicable to other comparable situations. A qualitative researcher frequently aims to put forward theories that can meaningfully explain a certain situation, but care should be taken when transferring these findings from one setting to another. A detailed description of the research context has been provided so that the readers can make informed judgements about transferability of the data.

Data collection

To understand the mechanisms behind a certain phenomena the researcher tries to understand the world from the participants' point of view, but participants' views also need to be related to their particular experiences and the social context that influences them. The author spent nine months in South Africa, which contributed to an increased awareness and understanding of certain aspects of the South African way of living and culture. There was sufficient time to visit the participating schools and organisations several times and enough occasions to passively observe the way people live their daily lives and interact with each other. In addition, the author attended an isiXhosa language course, where there were many lectures about the culture and customs of the Xhosa population. Furthermore, local supervisors, researchers and friends gave advice regarding local "*codes of conduct*" and possible "*pitfalls*". All these factors contributed to the fieldwork being a highly positive experience with only minor problems occurring, such as misunderstandings regarding dates and time and slow replies to study invitations.

The main aim of the focus groups was for the author to look deeper into the participants' perceptions regarding nutrition, bodies and physical activity. In addition the author wished to explore their knowledge, ideas and perceptions regarding human rights. The discussion guide was constructed in such a way that perceptions on nutrition and physical activity were discussed first, as these were less sensitive topics. Body images were discussed at the end of the first session when the participants felt more relaxed. The group work on the ideas for future measures took place during the second session, since the author felt that the participants needed some time to get to know the moderators and feel comfortable enough to be creative and cooperate with each other.

Moderating the focus groups was a challenging task. It required a lot of patience and concentration, especially because the groups consisted of adolescents. We were two moderators who assisted each other when needed. The author was the main moderator, but the assistant took over when the girls spoke isiXhosa. An advantage was that one of us was always free to take field notes. A disadvantage was that it might have been confusing for the participants to relate to both moderators. The moderators discussed this issue after the pilot group sessions and we agreed on how to divide our responsibilities during the main focus groups. We decided that only one moderator was to talk at any given time. Instead of speaking to each other during the sessions, we communicated through written messages or talked to each other during the breaks and debriefings. The girls did not mention that having to relate to two moderators was problematic, in the written evaluation forms nor during the session.

Each focus group met two or three times. Group A and Group C had fewer participants than Group B. In addition, the participants in Group B discussed most topics in detail and disagreed with each other on a number of points. As a consequence three sessions were conducted with this group.

The author felt that the communication between the participants was good and that the girls identified with each other. The participants in each group knew each other and some were good friends. They did not seem to be shy after the initial introduction and they eagerly discussed most of the topics. They did not agree on everything and had no hesitations in discussing their disagreements. Some parts, for example where they had to explain why they ate what they ate or what they thought about human rights needed more probing than the other parts. In such moments, it helped to give a somewhat provocative statement on the issues in focus, which participants agreed or disagreed with. This often initiated a further discussion. "Why" questions were in general avoided as they tended to produce rational answers. The second focus group session gave room for follow-up questions, which contributed to clearing up any confusion that emerged during the first session. It was also noticeable that the girls were more relaxed during the second session.

During the sessions the girls discussed issues enthusiastically, but not all issues were relevant for the topics of the study. It was challenging for us as inexperienced moderators to interfere timely, as we were afraid of interfering too early and disturbing the interaction between the participants. We had debriefings after each session where we considered what strategy to use next time in order to progress as moderators. Other both positive and negative dimensions of sessions were also discussed during the debriefings.

The focus group participants took photographs of their meals. These were partly used to verify that the meals eaten by the girls were comparable to the participants' statements on their dietary habits; which they were. They provided more insight into the dietary habits of the participants, but the single-use cameras also engaged and motivated the participants to be a part of the study and contribute to the data collection.

The evaluation feedback was predominantly positive. The girls wrote that they enjoyed being in the groups, learning from each other and discussing and working together. Some focus group participants mentioned that they did not talk about their most personal problems during the sessions, because they were afraid of being judged by their friends. These participants did not clarify what kind of problems they were referring to and it is therefore not possible to say if they would have been relevant for the study.

As the key informants were from different backgrounds, the interviews were not identical. Some issues that emerged required only a simple response, while other issues had to be explained in more detail. The semi-structured guide proved to be useful for this purpose. It made the interviews more organised and somewhat standardised, but an opportunity was there for other questions and more in-depth discussions if needed.

Invalid statements can have occurred both during the focus groups and interviews, either through unintentional error or deliberate lying. The participants knew that the author was a nutrition student and this may have introduced bias. The exact effect on the findings is not known, but one may expect that some participants answered in order to please or impress the interviewer. However, this phenomenon is not as prevalent in focus group discussions because participants may mutually correct each other.

Memory bias was reduced by taking careful field notes and recording all sessions and interviews. Using the recorder made it easier for the moderators to concentrate on the participants, their non-

verbal communication and enabled re-listening of the recording after the data collection. The drawbacks may be that some participants felt nervous and possibly less free to express their honest opinions. Nevertheless, none of the participants mentioned this as a problem in the evaluation forms.

Use of interpreter

As mentioned, a local female student was used as a moderator, interpreter and assistant during the focus group discussions. In the evaluation forms, the girls wrote that it was "*comfortable*", "*nice*", "*good*" and "*helpful*" to be able to speak isiXhosa when they wanted. Some also wrote that it "*made it easier*" and gave them a chance to "*clarify and explain*" their thoughts and views.

A few girls stated in the evaluation forms that the author should learn isiXhosa in order to understand everything that was said in the groups. There is a possibility that the girls felt they needed to speak English, even though the contrary was explained to them. Perhaps they would have spoken isiXhosa more frequently and expressed themselves in a different way if both moderators spoke the language.

The assistant served as a valuable link between the main moderator and participants. Her presence reduced the cultural distance and made the girls feel more relaxed and comfortable. The girls seemed to be fond of her and related to her without difficulty. She was familiar with the terms and issues brought up by the girls, which likely may have facilitated the communication during the sessions.

An instant interpretation from isiXhosa to English was not always performed during the sessions because we did not want to disturb the group dynamics. Consequently, the author and the assistant/interpreter moderated the groups simultaneously using a guide that contained major themes consisting of more detailed questions. The detailed questions were necessary to ensure that the assistant moderated the groups in the right direction when needed.

An interpreter can be a barrier to contact between the moderator and the focus group participants. The author did not feel that the communication with the participants was a problem since the girls were fluent in English. They spoke English frequently during the sessions, which made it easier to understand, follow and moderate the discussion.

The assistant may have biased the information by leaving out or changing some important details of what the participants told. However, the importance of correct interpretation had been explained to the assistant before the onset of the study and she read several books on the subject. Hopefully this reduced the possible bias.

Data analysis

The assistant transcribed and translated the focus group discussions shortly after they were carried out. The transcripts and findings were unfortunately not discussed between the assistant and author, since the author left for Norway shortly after the field work was completed and was not able to get in touch with the assistant after she completed the transcription. There were no funds available for hiring proofreaders, but the author did go through some of the recordings and compared it with the transcript as much as possible. There were no major mistakes, although a few parts where the girls were talking at the same time were not transcribed nor was it indicated in the transcripts that this happened. The author kept field notes during the data collection and was present during all the sessions. It was therefore possible to recall many details and setting moods and make use of these in the analysis, even if they were not found in the transcripts.

The author transcribed all key informant interviews. This was a time consuming, but an extremely informative since she got a chance to re-listen and re-experience the interviews several times.

The author did the coding of both the key informant interview and focus group transcripts in the present study. The transcripts were read through and rearranged several times which made it possible to see the statements in a different light than during the data collection. It allowed for detailed theme identification and categorisation of the findings, without losing touch with the context in which the responses occurred.

The advantage of computer software is that it offers an efficient and systematic sorting of the information so that the researcher can more easily see patterns and differences and maybe discover something new that would be hard to see only by reading the transcripts. The disadvantage is that there is a possibility of ignoring the contextual basis since the analysis is technical and variables are seen in isolation. This may be avoided by manual coding as performed in the present analysis. Computer coding software is frequently used in qualitative research to assist with the data analysis, but was not applied in the present study since the amount of data was not excessively large.

The conceptual framework presented in figure 5 was used to place the participants' ideas and suggestions regarding possible relevant measures in different levels (basic, underlying and immediate) and factors (economic, psychosocial and cultural). This enabled and simplified the discussion of their possible practical implications and usefulness (see chapter 12).

11. Findings discussion

The findings from the present study indicated that processes such as globalisation, urbanisation and Westernization contributed to the nutrition transition and influenced the diet of the focus group participants. The girls' diet seemed to consist of many modern/Western and often unhealthy fast food items. The teachers described seeing an increase in the consumption of the unhealthy tuck shop food during school hours in the past decades even though the children came from poor backgrounds. Other key informants also said that they had noticed the "*Western*" dietary habits and tuck shop food becoming more popular amongst children and adolescents in South Africa.

The overall quality of the girls' diet appeared to be unfortunate. Their diet and food preferences described in both the focus groups and the key informant interviews can promote overweight and the development of chronic diseases later in life. This is in agreement with the results from a study from Khayelitsha where it was pointed out that street vendors and tuck shops selling cheap unhealthy fatty meals and fried fatty foods to a large degree contributed to unhealthy food habits, especially among poor groups living in the townships (Puoane 2005). Other studies have also found that urban African populations have shifted to a nutritional pattern that predispose them to the development of heart disease in particular and non-communicable diseases in general (Bourne et al 1993, Bourne et al 2002, MacIntyre et al 2002).

On the other hand, many focus group participants said that they daily ate fruit, often consumed dairy products and regularly had vegetables for dinner. This may have a positive effect on their diet compared to rural adolescent population, especially regarding their micronutrient and fibre intake. Data from the THUSA study in the North West Province in South Africa support this assumption. Here it was indicated that the urban subjects had a higher intake of micronutrients and fibre compared to the rural group (Vorster et al 2005). Thus, urbanisation and the nutrition transition may not only have negative nutritional effects on populations affected by them.

Breakfast

Breakfast is normally considered the most important meal of the day. Some focus group participants told that they consumed breakfast most of the days, although a certain number of girls said that they skipped breakfast before going to school. Most key informants perceived the breakfast skipping to be a significant problem among the learners. Several teachers often experienced that learners were tired and hungry in the mornings. They believed that this affected children's learning ability and food habits as they tended to fall asleep in the class and ate a lot of high-sugar snacks throughout the school day in order to stay awake.

A study from the United States (Siega-Riz et al 1998) revealed that breakfast consumption among children has declined from 1965 to 1991. Temple et al (2006) found that almost 20 % percent of the learners in their study in the Cape Town area did not have breakfast before school. Other studies have also uncovered that it is quite common to skip breakfast among children and adolescents in South Africa (Wolmarans et al 1995), the United States (Nicklas et al 1993) and India (Chitra and Reddy 2007).

It seems that skipping breakfast is especially prevalent among female adolescents, as found in the United States (Siega-Riz et al 1998), Norway (Andersen et al 1995), Netherlands (Brugman et al 1998), France (Michaud et al 1990) and South Africa (Walker et al 1982). This difference was not seen among young children in Canada (McIntyre 1993) implying that it may be of

special importance to support and promote breakfast consumption early so that it continues throughout the teenage years.

Missing breakfast is more widespread among adolescents from lower socio-economic backgrounds, as found in the Netherlands (Brugman et al 1998) and the United States (Siega-Riz et al 1998). Walker et al (1982) examined breakfast habits of four different adolescent populations in South Africa and found that more urban black (21 %) than urban white (14 %) adolescents missed breakfast before school. The socio-economic status of these adolescents was not known, but since the urban blacks were residing in townships it is expected that their socio-economic status was lower than of the urban whites. In addition, Siega-Riz and others (1998) found that black adolescents in the United States were much less likely than whites to eat breakfast. The present and above mentioned data indicate that the focus group participants and similar populations in South Africa may be a special group at risk of skipping breakfast.

Lack of time in the morning and the fact that they did not feel like eating early in the morning, have been reported as important reasons for not consuming breakfast by urban adolescents in India (Chitra and Reddy 2007) and the United States (Sweeney and Horishita 2005). This is in accordance with the reasons indicated by the girls in the present study and was most likely caused by long travel distance to schools.

Street vendors, tuck shops and school-break meals

The demand for street food has increased as more people have moved into the cities and as especially women have less time to prepare meals (FAO 1991, 1997). The girls in the present study told that they were very fond of the food bought from street vendors and tuck shops, which was often high in energy from fat or sugar. This food was consumed both in the weekdays (before, during and after school) and in weekends. The findings indicated that this food played a significant role in their daily lives, both in terms of nutrition and social life. This is in agreement with studies of urban and peri-urban populations in Ghana (Maxwell et al 2000), urban low-income and low-middle income households in Kenya (Van't Riet et al 2001) and urban adolescents in Nigeria (Oguntona and Kanye 1995). Eating outside of home is not only common in developing countries; it is a world-wide phenomenon and one study from the United States (Nielsen et al 2002) found that eating outside of home is widespread and increasing among adolescents in particular.

The present study showed that learners mostly ate unhealthy food from the school tuck shop during the school hours. Focus group participants bought at least one meal each day from the school tuck shop or a street vendor on their way to and/or from school. The key features of these foods were a high content of fat and/or sugar, high caloric value and the relatively low content of vitamins, minerals and dietary fibre. A recent study (Temple et al 2006) performed at 14 schools in the Cape Town area revealed a similar situation. Eighty percent of the learners in this study consumed food during the school day, with the majority purchasing this food at the school tuck shop. This study revealed that buying food was more common among girls and those learners who did not bring food to school. Among those who purchased food at school, 70 % purchased no healthy items, supporting the findings from the present study.

While the girls were very fond of tuck shop food, many teachers would rather have the shops closed down because they believed that the food sold there was very unhealthy and often unsafe to eat. Not much is known about the effects of street and tuck shop food on overweight and obesity among poor urban populations in the developing countries, as food safety has been the major concern of both international organisations (e.g. FAO) and national authorities. In addition, researchers have focused on the positive effects of these foods regarding food security and economy. The FAO expert group has acknowledged that many low-income families would

be worse off in relation to food security if there were no food vendors to serve fast, inexpensive food (FAO 1991, 1997). As participants in the present study mentioned that parents did not have a lot of time to prepare food for their children, closing down the school tuck shops may lead to some children not having anything to eat at all during their school day. In addition, the learners in the present came from poor backgrounds and had to pay a lot of money to get to their schools and back. Without an opportunity to buy relatively cheep food these children will most likely go hungry during school hours.

Processes affecting dietary and meal patterns

Food choice is a complex process because it is embedded in culture and is affected by many factors internal and external to the person. As mentioned, an important feature that seemed to have an impact on the focus group participants' diets was their travel distance to their schools. During the Apartheid era the township learners did not travel far to get to their schools since they were not allowed to attend city schools. The focus groups participants were on the other hand living in the townships, but attending city schools. Long travel distance to their schools and unreliable public transport can have had an effect on their nutrition and physical activity level. Firstly, they left their homes early in the morning and had little time for breakfast. Secondly, they spent a lot of money on transport every day, instead on food and sport activities. Last, they could not take part in sports or other physical activity because they would then arrive home late in the evening when it was not safe to walk or play in the townships.

The girls placed an emphasis on being happy with what they were eating. Overall they seemed to enjoy their traditional meals in particular and food in general. This is in agreement with a study of black population from Khayelitsha (Puoane et al 2006) where food was found to play a central part in the culture, traditions and daily life. This population associated food with happiness, love, acceptance and humanity. It seemed that their traditional traits were important, even though many of them had adopted Western food habits. This emphasis on both traditional and the new foods was also evident in the present study, while the key informants expressed that learners today did not appreciate the traditional foods as much as in the past. To them it appeared that the Western foods were much more popular amongst the learners and that it was more popular to eat fast foods bought at the tuck shops and restaurants than to eat home-made dinner. The focus group participants' statements on the other hand indicated that the traditional food was accepted as part of their dinners/suppers, but not so much as part of their school lunches and snacks. The author was not able to find any other studies addressing this issue in further detail.

The majority of the focus group participants considered unhealthy tuck shop foods to be more socially acceptable than lunch brought from home. Both teachers and government workers had noticed that it was almost a norm to buy food at the school tuck shop, even for children from poor backgrounds. *Junk food* and sweets were connected with having higher status, being "*cooler*" and a sign of affluence. The above mentioned study from Khayelitsha (Pouane et al 2006) found a similar phenomenon; their participants expressed that eating a lot of fatty food and meat was a way of sending a message that one was wealthy and lived a successful life.

Some teachers in the present study told that they had seen children throw their lunch packs in rubbish bins because they seemed too embarrassed to eat the home-made food. A similar phenomenon was seen in the study conducted by the Children's Movement (1998) in Khayelitsha. Here the participants who ate cereals for breakfast and bread for lunch where laughed at by children who ate a lot of junk food and sweets during school hours. Social pressure from peers and friends to eat unhealthy foods was also mentioned as a barrier for healthful eating by a group of black adolescents from low-income families the United Stated (Evans et al 2005).

Interestingly, the girls in the present study expressed that they thought that raw salad and vegetables were "*white people's food*", but they did not think that fast food and *junk food* were for white people only. This indicates that even though the girls had adopted many new Western and non-traditional food habits, old traditions and food customs were still important for this population in South Africa. Muryn (2001) explored the meaning of modern and traditional food in more detail in her study in Tanzania. The young black women there linked the traditional food to closeness, safety and strength and it was seen as "*real food*". The more modern food, such as chips and chicken were seen as "*food for white people*" and "*luxury food*". This was not found in the present study to the same degree. The differences may be explained by the fact that Tanzania is not as affected by the Western culture and the nutrition transition as urban South Africa. On the other hand, the participants from both studies indicated that the modern/Western food tasted good and was a sign of being well-off economically. This suggests that this is a common phenomenon amongst poor populations in developing countries.

The girls expressed that the taste and appearance of food were important to them when selecting food. Taste and appearance have been also reported to affect urban adolescents' food habits in the United States (Neumark-Sztainer et al 1999). The same study found that availability, parental influence and perceived benefits of the food (e.g. for health, energy and body shape) were experienced to be important. The girls' statements in the present study reflect similar views, although they did not notably emphasise the benefits of healthy food in regard to health when choosing food. Many girls were more concerned about the way food affected their appearance, such as their weight and skin (acne) than their long-term health. This is partly consistent with findings by O'Dea (1999) where a concern of "*becoming fat/overweight*" when eating unhealthy was reported to be less frequent among students of low socio-economic groups than among other students. O'Dea did not on the other hand find that adolescents in her study had food concerns in relation to their skin (acne). She proposed that increased nutrition education in the United States might have dispelled the myth about food causing acne. This may not be the case in South Africa, where myths in regard to food still occur, as shown in the present study and by Temple et al (2006).

The focus group participants mentioned that they liked the tuck shop food because it was cheep, convenient and tasty. A study of street food habits among poor urban populations in Nairobi, Kenya (Van't Riet et al 2001) did not find that the taste of food was an important reason for buying street food. Another difference between this and the present study was that the population in Kenya mostly consumed street food for breakfast and not for lunch as found in the present study. This may be because the study population in Nairobi was older and mostly consisting of male consumers.

Some of the girls' statements also reflected that they often choose to eat certain foods simply because they were available at home. This is in accordance with the findings of Eikenberry and Smith (2004) in their study of low-income families from Minnesota, United States. In contrast, Befort et al (2006) did not find home availability to be associated with food intake in their study of fruit, vegetable and fat intake among non-Hispanic blacks living in the United States. The differences expressed may be there because of different socio-economic status or simply because of different ways of defining home availability. Befort and others suggested that availability in home alone may not be enough, but that it was necessary to make these foods visible and accessible in the home in order to influence consumption among adolescents.

It seemed that some participants had misconceptions about the traditional diets' quality. Many girls in the present study and some key informants seemed to believe that maize was "*fattening*" and should be eaten in smaller quantities than today. Both focus group participants and key informants expressed that the traditional food is often too "*fatty*" and "*starchy*" and in general

not very healthy. This was also found to be the case in a study among black urban women in South Africa (Charlton et al 2003) and in the above mentioned study from Tanzania (2001).

Barriers to healthy dietary patterns

A group of adolescents in the United States (Neumark-Sztainer 1999) believed that they were too young to worry about eating healthfully. This was not stated directly as a reason in the present study for not eating healthy, but some girls mentioned that only older people needed to worry about having healthy diets.

Focus groups with children and adolescents from low-income families in the United States (Croll et al 2001, Evans et al 2005) showed that important barriers for healthful eating were lack of availability of healthful foods, easy access to unhealthy food, bad taste of healthful food, unappealing look and lack of variety of healthful foods, and a general lack of concern to follow healthy eating recommendations. In their systematic review of adolescents' barriers to healthy eating Shephard et al (2006) showed that poor school meal provision, high price of healthy foods and adolescents' own personal preference for fast foods were mainly responsible for lack of healthy dietary habits among European and North American adolescents. The above findings seem to be in a good agreement with what was stated by the focus group participants in the present study.

The girls often expressed that even though fast food and *junk food* was not good for them, they would not stop eating them since they did not believe that changing their food habits would change the quality of their lives in a positive way. Mostly they expressed that they had other more serious things in life to worry about. These findings are supported by another study among adolescents and adults from low-income families in South Africa (Puoane et al 2006) and United States (O'Dea 1999).

In a household livelihood survey in Khayelitsha and Nyanga (Swardt et al 2005) it was found that 80 % of the households fell below the food poverty line of R560 per adult-equivalent per month, while one fifth of the households had less than R100 per month per household member. Forty percent of the participants' income was spent on food, which was the single greatest expense of the households in the survey. As explained before, the financial situation of the focus group participants was not known, but considering that they lived in the townships it is reasonable to believe that their financial situation was rather similar to the above. It is accordingly not surprising that the girls' in the present study mentioned that lack of money was one of the reasons for why they did not eat more healthy foods. This has also been found in other studies with participants from the low-income families in South Africa (Chartlon et al 2004) and the United States (Evans et al 2005).

Research from the United States (Drewnowski and Specter 2004) has shown that limited economic resources have an adverse effect on the overall quality and energy density of the diet. The falling price of vegetable fat and the rising price of fruits and vegetables are some of the economic factors that may have assisted the increased consumption of tuck shop foods in developing countries. Energy dense diets based on food with added sugars, fats or both appear to be more affordable than diets based on healthy foods such as fresh fruit and vegetables. On the other hand, experts suggest that availability and accessibility determine consumption of such foods rather than family income (FAO 1991). The present study supports these statements.

Studies from a township in South Africa (Puoane et al 2006) and poor neighbourhoods in Canada (Janssen et al 2006) implied that these areas do tend to have less opportunities for healthful eating which may potentially worsen the situation. Many statements in the present

study were in agreement with these findings, since the participants stated that there were not many chances to buy healthy food in the townships where they lived.

It has been claimed that the black population in transition in South Africa is not willing to change their "*new Western*" habits because they have been deprived of them for such a long time during the Apartheid (Walker 1995 cited in Labadarios et al 1999). Some of the girls' and key informants' statements seem to support this assumption. This phenomenon complicates any intervention and programme aimed at changing food habits of these populations.

The teachers felt that many parents were not involved enough in their children's lives because the parents were too young, worked too much or had many other problems to worry about in addition to their children. The girls did not mention this to be a big problem, probably because they were used to their home situation. On the other hand, they did mention that they seldom ate with their families because of lack of time and their parents' long working days. Studies of low-income families in the United States (Eikenberry and Smith 2004, Evans et al 2006, Neumark-Sztainer et al 1999, O'Dea 2003) confirm these phenomena.

Physical activity

The girls' seemed to know that physical activity was beneficial to their health. They expressed the lack of time and money, limited access to facilities and unavailability to be the major barriers to a higher physical activity level, although some girls stated that they just did not enjoy sports. In the South African Youth Risk Behaviour Study (Medical Research Council 2003) it was found that the lack of physical activity could be explained by unawareness of the health benefits of physical activity among the participants which is contrary to the findings in the present study. Other possible explanations were absence of physical education in many schools, large amount of television viewing, lack of access to equipment and facilities and a high crime rate, which are all in accordance with the statements of both the focus group participants and key informants.

A few girls from the focus groups expressed that they were too embarrassed of their bodies and therefore did not want to participate in school sports. This is in agreement with other studies of adolescent females from New Zealand (Hohepa et al 2005) and the United States (Rees et al 2006), and a review performed by Robbins et al (2003). These studies also indicated other problematic issues in accordance with what the girls in the present study told, such as constraints related to neighbourhood safety, cultural restrictions and inadequate school physical education.

Since the integration of physical education training into Life Orientation in 2002, it has been found that many South African schools do not have enough funds and time available for physical education, nor do they have enough qualified teachers (Van Deventer 2004). In addition, the inclusion of physical education in Life Orientation has been problematic because many teachers are not trained physical education specialists and therefore treat the teaching of the subject superficially. The key informants' statements confirm these findings. Especially the teachers were worried about this. Many of them experienced that the physical education training was not prioritised in Life Orientation and that there were few implementation and monitoring strategies in place to ensure proper quality.

Body perceptions and dieting behaviour

In the Western cultures, slimness is perceived as healthy, while overweight is often characterised as a disease in itself. The beliefs of black populations in South Africa seem to be different. The girls in present study connected being big to comfort, safety and pride. Another recent study among black health workers in Khayelitsha revealed that moderately overweight women were found to be attractive and "*proper*" and that this was associated with respect and affluence (Puoane 2005). Studies from South Africa have shown that both rural and urban overweight

black women did not want to lose weight since they regarded their increased body mass as a symbol of well-being (Faber and Kruger 2005, Mvo et al 1999, Puoane 2005). Perceptions of body weight were studied in the South African Youth Risk Behaviour Survey (Medical Research Council 2003) and revealed similar trends as shown in the studies on South African adults.

In general, the girls in the present study were content with the way they looked. It seemed that pressure from friends and family to lose weight was not present to a large extent. Their statements indicated that dieting was not something that occupied them greatly in their daily lives. Nonetheless, there were still some girls who wanted to lose weight and some girls who wanted to gain weight. Other researchers have found the same phenomena among young black women from Khayelitsha (Puoane et al 2006).

The author noticed that none of the overweight girls in the focus groups wanted to gain weigh and that only the obese/really overweight ones wanted to lose weight. Interestingly, the girls who wanted to gain weight were not necessarily thin, but in the normal weight range according to the author's professional opinion. The girls indicated that being thin meant that you were not happy and may be ill. The ones who wanted to gain weight wanted this because their families and friends were telling them that they resembled boys or did not look healthy. Thinness is often associated with HIV/AIDS in this population which seems to be a common barrier for losing weight and being slim (Charlton et al 2003, Puoane 2005) which may have a negative influence on overweight prevention programmes/interventions in the country if not addressed by the authorities in the near future.

Contrary to the above stated findings, the teachers at one of the schools in particular were worried about young female learners dieting too much. They often witnessed that both black and coloured girls skipped their meals in order to lose weight. Teasing of overweight girls was also a problem. This school had a lower total number of black learners and a higher number of coloured learners compared to the other schools in the study. Peer pressure can have powerful effects on body image perceptions and dieting among adolescents. Since the cultural beliefs about overweight are different among the coloured compared to the black population in South Africa (Caradas et al 2001) this may have influenced the black girls at this school to be more concerned about being thin and losing weight. One study from the United States (Abrams and Stormer 2002) supports this assumption, as it showed that urban black adolescents reporting a more ethnically diverse peer group had thinner body ideals and higher body dissatisfaction levels than other black adolescents.

Confusion, contradiction and inconsistency were often present during discussions about body ideals and perceptions in the present study; most girls believed that grown-up women should be overweight in order to be good mothers and wives, but they did not necessarily want to be as overweight themselves when grown up. Another paradox was that many girls connected overweight to health and happiness and thinness to disease, but they mentioned that overweight can give you diabetes and heart disease later in life. They also put a lot of emphasis on clothes, make-up and general appearance when talking about the way young girls and women should look. These findings indicate an incipient change in body ideal and related perceptions. The fact that the girls are caught in a stream between the traditional cultural values and values that are encouraged by the modern Western society present in South African urban areas can explain the change that is taking place. This is in agreement with the previously mentioned study from Tanzania by Muryn (2001).

South African studies (Carades et al 2001, Norris et al 2005) have shown that adolescent black females in general seem to be influenced by Westernization (magazines, movies and film stars) and therefore want to be thinner, and are more dissatisfied with their own bodies than before.

Dieting and body dissatisfaction can lead to disordered eating, even among the black population as shown by recent research in South Africa (Senekal et al 2001). Several other studies from South Africa (Caradas et al 2001, Grange et al 1998, Grange et al 2006) strengthen this hypothesis, as they indicate that the prevalence of abnormal eating attitudes is common in young females from all different ethnic backgrounds. This is somewhat surprising, as one would expect black females to be "culturally protected" from eating disorders because of their larger body ideals. Unfortunately, it seems that abnormal eating attitude and unhealthy weight control behaviours are not merely connected with the size of the ideal body and ethnicity. They also seem to be connected with the degree of own body satisfaction, socio-economic status, age and peer/media pressure to look a certain way (Abrams and Stormer 2002, Eisenberg et al 2005).

The role of media

Through the focus groups and key informant interviews it became clear that the media can have affected the girls' behaviours and lives in both positive and negative ways. Many girls suggested that the government should promote healthy food and physical activity through television programmes and advertisements. Their statements indicated that they learned about healthy nutrition and lifestyles through television documentaries and programmes, radio and magazines. In contrast, they said that television programmes made adolescents dislike their bodies and go on a diet since many celebrities and actors were skinny.

The author is aware of the ongoing international debate about role of media in shaping children's food habits and the associated nutritional health concerns; however a comprehensive review of this falls outside the scope of the present thesis. Therefore only some aspects of this debate are mentioned below, while several other important dimensions to this debate are noted, for example the discussions by WHO (2006) and SCN (2006) regarding the need to regulate food marketing directed to children in order to protect them from overweight and other possible negative consequences of unhealthy diets.

The media may also have negatively influenced the physical activity level of the focus group participants in the present study since the girls gave the impression of watching a lot of television. They may rather stay at home than go out and play with their peers or families. It has been found that young children and adolescents in the United States can experience back pain and acquire injuries from watching too much television and playing computer games (Henry J Kaiser Family Foundation 2004). This can become a problem in South Africa and other developing countries if the emerging trend of increased television watching and computer games playing does not get halted. However, for now, other physical activity barriers apart from the media may be of greater importance for adolescents living in townships in South Africa. These include high crime rates, lack of access to facilities and lack of "social pressure" to be active and do sports.

The key informants were worried that exposure to television programmes from the Western parts of the world and commercials staring celebrities and happy children/adolescents eating unhealthy foods had created perceptions on *junk food* being cool and connected this food to affluence and contentment. These effects were also found in the Henry J Kaiser Family Foundation's (2004) review of the role of media in childhood obesity. In addition they reported that children and adolescents snack more and often eat less healthy meals when eating in front of the television. This was not looked into in the present study and the effect is therefore not known.

Cassim (2006) writes that six out of the ten main advertisers in South Africa promote food. The South African Advertising Standards Authority is the body responsible for monitoring advertising through its Code of Advertising Practice. The Code contains a general prohibition

against misleading advertising and non-compliance may result in sanctions where it is stated that "*advertisements addressed to or likely to influence children should not contain any statement or visual presentation which might result in harming them*" and "*advertisements should not exploit the natural credulity of children or their lack of experience and should not strain their sense of loyalty*" (www.asasa.org.za). No consumer complaints regarding advertisements to children have been received in the recent years according to Cassim. She concluded that this suggest that advertising to children is not of major concern to viewers of these advertisements in South Africa. She expressed her concern since the present circumstances in South Africa are not satisfactory enough to ensure that children do not get harmed by advertising. On top, the South African civil society does not appear to pay attention to this issue nor is it a priority on the government's agenda.

12. Reflections on the participants' ideas for healthful eating and increased physical activity

Generally, it is argued that qualitative methodology empowers and enlightens people through their active participation in the research process. In a human rights approach, participation is a necessary part of the process *and* a necessary outcome. It has therefore been consciously used in the present data collection.

Both the focus group participants and key informants made a number of concrete suggestions on how to improve adolescents' dietary habits and physical activity levels, which have been systemised according to the conceptual framework presented in figure 5. To the authors' knowledge no other studies have included as many participants from different levels in addressing similar issues. The practical implications are discussed below.

What are the participants' ideas telling us?

Many girls emphasised that their parents should not give them a lot of pocket money for tuck shop food. Instead they wanted their parents to prepare healthy and tempting breakfasts and school lunches. Healthier home-made family meals and less available and accessible *junk food* at home and at school were also suggested. They wished especially for their parents, but also their teachers to encourage healthy lifestyles and become good role models by purchasing, preparing and eating healthy, but tasty and affordable food. These ideas are in accordance with what was proposed by other adolescents in the United States; a black urban group from low-income families (Evans et al 2005) and a mixed urban group (Neumark-Sztainer et al 1999). One group of adolescents from Australia (O'Dea 2003) placed more responsibilities on themselves; they suggested adolescents to plan their meals more, to self-monitor their eating habits, to make own lunch and bring it to school and to engage their friends in being team sports and other fun physical activities. The girls in the present study were not asked about what adolescents' could and should do, which may explain why they did not propose similar strategies.

There was a general agreement amongst the girls that it as important for parents to discuss different solutions together with their children, both with regards to nutrition and physical activity. These views reflect that South African children are aware of their rights to make own decisions and have own opinion. These aspects need to be catered for in future interventions so that adolescents do not feel that healthy nutrition and physical activity are imposed on them. This may also empower them and increase their feeling of worth, which would also be in accordance with a human rights based approach.

Further, the girls' ideas suggested that an improved availability and access to healthy and affordable food both at the schools (tuck shop) and in the communities (restaurants, food stores and shopping centres) may lead to healthier behaviour among this population. They also wished for improved physical education training, and better and more affordable sport facilities and play grounds at the schools and in the communities. This is in accordance with suggestions given by a group of urban adolescents from low economic background in New Zealand (Hohepa et al 2006), which indicates that poor people world-wide seem to lack access and availability to both healthy food and physical activity opportunities.

The aspiration for more information, through e.g. education, better food labelling, media, parents, schools and community suggested that the girls wanted both themselves and their parents to be more aware and knowledgeable about nutrition and related healthy lifestyles in order to make better choices. The girls put an emphasis on the media and suggested that they

should play a role in educating and informing the population. They proposed that the government should make television programmes, campaigns and advertisement on healthy food and its positive effects for example by using celebrities as role models. The media has mostly been investigated from a negative point of view; in that its food marketing and promotion causes increased consumption, preference, purchase requests and positive beliefs about energy-dense, low nutrients foods and beverages (Henry J Kaiser Family Foundation 2004). The girls' suggestions implied that they saw the media as important to their lives. The government and organisations working within the field of nutrition and nutrition-related health may need to focus more on the positive effect that media can have on dietary habits and physical activity to respond to adolescents' views and perceptions.

Several girls recommended the government to provide jobs, money or food to people who are too poor to afford to live a healthy life. This is in agreement with suggestions given by a group of urban black adolescents from low-income families in the United States (Eikenberry and Smith 2004) highlighting that poverty is a universal barrier to healthy eating.

Many key informants implied that they were unsure of how effective nutrition interventions would be as long as the social and cultural influences to eat unhealthy food and be inactive, and stigma attached to receiving meals at schools for those who are poor, were present in South Africa. This implies that there was a significant influence of social and cultural factors on dietary habits and physical activity levels of adolescents in South Africa, which need to be addressed seriously in future interventions.

The teachers suggested the implementing of school vegetable gardens, school feeding for all, better Life Orientation education, healthier school tuck shops and more physical activity at schools' premises. These suggestions imply that there is a true necessity to improve the situation at South African schools in relation to nutrition education, and access and availability to healthy food and physical activity.

The NGOs staff wished for an integrated approach where children, their families and communities work together, while the government supports the poor and provides more information to everybody. Such an approach is consistent with human rights principles. It further strengthens the fact that NGOs may offer a good support for the government. Their importance must not be forgotten and undermined.

Most government staff members tended to suggest better policies, both in relation to poverty, school tuck shops, and nutrition and physical training education. Further, they wished for better coordination and communication between government and other sectors. These suggestions are related to several basic conditions in the proposed framework, which is not surprising considering that those conditions are directly related to the government and its duties and responsibilities. In addition, the suggestions are in accordance with what other participants suggested was needed to be done by the government. This creates a good common platform for collaboration and development of relevant measures and actions.

How can the participants' ideas be helpful?

The above stated ideas imply that an intervention that targets both clusters of underlying conditions (the economic, psychosocial and cultural factors) in the conceptual framework as presented in figure 5 may positively influence the immediate conditions (the dietary patterns and intake, physical activity and health) among adolescents. In addition participants' ideas suggest that there are certain basic conditions that need to be addressed in South Africa, such as lack of resources and satisfactory policies.

The presented ideas may have implications for future research, policies and interventions programmes and may be used as background information for future interventions. It seems that many adolescents worldwide have similar suggestions and perceptions. These can be used as a starting point for more specific research, but interventions should always be adapted to the local context and target population.

One possible problematic aspect of involving adolescents in problem assessment and analysis may be that adolescents not always have an in-depth understanding of their own behaviour or challenges related to improvement of their dietary habits and physical activity levels. Many of their suggestions may be straightforward in their eyes, but they are indeed quite complex and involve linkages with schools, parents, policy makers, private sector and food industry. The usefulness of this kind of information is therefore limited, but their ideas do create a picture of what adolescents find important and how they perceive the situation. Their views provide important insights in their understandings of the reality and can indicate how much the government should do for example to raise adolescents' awareness and knowledge level. The government may also use adolescents' views as supplementary to develop more effective polices and programmes addressing the right to adequate food.

For many young people autonomy, respect and the ability to choose are highly appreciated and governments and adults should not underestimate their views just because they may be "*unrealistic*". The key informants' suggestions were more concrete and action oriented which is not surprising since they were adults and more reflective and knowledgeable than the focus group participants. This brings up an idea of adolescents, the right-holders and key informants, the duty-bearers working together in order to create realistic solutions to problems like breakfast skipping, unhealthy school tuck shops, unsatisfactory sport facilities, food advertising and so on.

Pitfalls of participation

Participation process should lead to capacity development, empowerment and increased confidence and feeling of worth. The participants open themselves and talk about their private feelings, thoughts and experiences. Through participating they may learn new things about themselves or discover things about other people that they did not know. Although it is merely a positive concept, participation can affect the study population in a negative way. It can lead to sadness, disappointment and stress if not performed with care and awareness.

According to the CRC General Comment no. 4 the adolescents have a right to express their views freely in all matters affecting them, especially within the family, school, and their communities. For this to take place, there has to exist an environment based on trust, information-sharing, capacity to listen and sound guidance. Clear ethical guidelines need however to be developed to ensure that children are not exploited in the participation process, for example to advance the political agendas of adults rather than the rights of children.

Last, it is important to remember that participation is a right and not an obligation; adolescents and others are not obliged to participate and should never be forced to do so.

13. Performance and capacity dimensions in the light of the right to adequate food of adolescents in South Africa

When using human rights approaches it is important to remember that human rights law is "law in the making". Innovative ways of thinking are constantly needed in order to discover how this law can be applied in practice and evolved further.

The idea of analysing systematically roles and capacities in relation to duty-bearers is fairly new. Hence, there have not yet been many efforts to break down the obligations or responsibilities of duty-bearers in specific settings, following the proposed methodology of UNICEF and SCN for such analysis to arrive at indicators for the realisation of the rights to food, health and care (see chapter 3.2 and chapter 3.3). In her master thesis, Engesveen (2005b) applied this methodology with the purpose of developing indicators related to realisation of children's right to adequate food through breastfeeding, which she tested out in a specific setting in the Maldives (Baby Friendly Hospitals) regarding a limited set of actors (State authority, hospital staff and mothers). The purpose of the present study was different, as a methodological development and discussion as such were not attempted. Further, the focus of this study was broader (nutrition, physical activity and body images), the chosen setting was more complex and a broader range of actors were included. It is not possible on the basis of the methods selected and data collected to do as comprehensive an analysis as presented by Engesveen.

As described in chapter 1.4 and chapter 3 the right to adequate food of adolescents implies that there a number of duty-bearers at different levels have outright obligations or responsibilities in relation to this right. Parents and caregivers have a primary responsibility to adequately feed their children, while others (school, community, institutions and State) have duties to create the enabling environment for this. The core idea of a human rights approach is that failure to meet duties at these different levels of obligations and responsibilities are due to a lack of capacity for taking action.

With this in mind, a human rights based approach has been adapted and applied in the discussion of State and selected civil society organizations' performance to date and identification of possible capacity gaps in relation to the right to adequate food for adolescents in South Africa affected by the nutrition transition. The elements discussed must be considered as guidelines and not as the "correct" or only answer.

13.1 Performance in meeting the human rights obligations

Overweight and obesity problems are not often mentioned or discussed in the relation to the right to adequate food in South Africa or elsewhere. This makes it difficult to assess, monitor and evaluate State performance in relation to this aspect of the right since there are no norms and indicators to which the current performance can be compared. The best existing tools are as presented earlier, the South African Constitution and its interpretations given by the Constitutional Court (chapter 2.6), the Convention on the Rights of the Child and relevant interpretations in relations to adolescents such as the CRC General Comment no. 4 (chapter 1.4.6), the CESCR General Comment no. 12 (chapter 1.4.5) and the Voluntary Guidelines to support the progressive realisation of the right to adequate food in the context of food security (chapter 1.4.5). The discussion below is founded on these provisions and the collected data.

Respect

It has been presented earlier that South Africa has recognised the right to adequate food and many other human rights trough the Constitution and other international and regional human rights legislation. South Africa's Bill of Rights is one of the most advanced in the world.

On the other hand South Africa has not ratified the ICESCR nor does it have *framework legislation* in regards to the right to adequate food. *Framework legislation* is proposed in the CESCR General Comment no. 12 as way of ensuring that the right to adequate food is implemented, monitored and evaluated to the best possible way. Further, the Constitutional Court implied (ref: the *Grootboom* case) that the State should develop *national framework legislation* for socio-economic rights to fully comply with the Constitution's provisions. Lack of such legislation means that monitoring and evaluation of the right to adequate food is not as optimal as it should be. Further, it gives the government too much room to decide on what the obligations are and how they should be met.

A strong legal framework regarding the right to adequate food is essential, but not sufficient to ensure the implementation of the right. Equally strong policy, institutional frameworks and implementation strategies are needed. These are discussed below.

Protection

No regulations regarding what may and may not be sold at the school premises exist in South Africa. This means that school tuck shops, street vendors and vending machines (often owned by international food companies, such as Coca Cola, Kraft and Nestlé) are not monitored nor evaluated in any way by the government in relation to their nutritional adequacy.

Without such policy framework, adolescents' right to adequate food is not optimal; there is a lack of availability of adequate food at school premises and the children are not protected against the third parties that may interfere with the enjoyment of their right to adequate food. The key informants from the government level indicated that the school tuck shop policy is under development. This being said, it does not mean that the schools may not develop their own policies regarding the issue.

Another important legislation missing in South Africa is sufficient legislation regarding food advertisements for children and adolescents. This aspect has not been looked into in the present study, but as referred to earlier several participants indicated that the general media influence in South Africa is immense. This negative influence can create several problems that may affect and work directly against the adolescents' right to adequate food. People, especially vulnerable groups such as children and adolescents are daily exposed to food advertisements of products that are unhealthy, but often cheap and accessible by even the poor in South Africa (Cassim 2006). In addition, these advertisements seem to link the unhealthy food to being rich and successful and create an unrealistic picture of the reality. Young people are particularly susceptible to this kind of promotion and the media would doubtfully spend the resources it does on marketing if it was not effective. The Committee on the Rights of the Child expressed their concern in the General Comment no. 4 about the influence of the marketing of unhealthy products and lifestyles on adolescents' health behaviour. They emphasised that the State is obliged according to the Convention on the Rights of the Child to protect adolescents from information that is harmful to their health, meaning that the South African government is not acting within their obligations at the present time.

Promotion and fulfilment (facilitation)

An overall policy framework for youth-related measures was created in South Africa after the fall of the Apartheid system and included as presented in chapter 9: the RDP, National Youth Policy and Youth Charter. Government institutions and organisations that came about in the same period were the National Youth Commission, South African Youth Council and National Youth Service. There were no references to overweight, obesity, unhealthy nutrition or physical inactivity in these documents, reflecting that other issues were more vital in South Africa at the time. On the other hand, these policies, documents and organisations offered a strong framework where adolescents and youth were highlighted as an important group that require and deserve the government's attention. This framework thus contributed to the promotion of adolescents' rights.

The Department of Health has developed the Integrated Nutrition Strategy with the Integrated Nutrition Programme as the main implementation tool. This is South Africa's most significant nutrition programme and also the programme that has taken the problems of the nutrition transition most into account. This can be seen through their information material and disease-specific nutrition support. Further, the recent development of the Food-Based Dietary Guidelines gives an opportunity to focus on the nutrition transition issues in the future. The guidelines take the traditional diets into account and focus on a broad range of issues in a way that is understood by all. The messages are practical, short and to the point and include not just matters around food, but also physical activity and healthy lifestyles in general. The recent School Healthy Policy and Policy Guidelines for Youth and Adolescent Healthy have both addressed overweight and related problems. The latter also provided recommendations regarding improvement of knowledge, skills and unhealthy lifestyles among adolescents. Together these policies and documents create a strong base from which the nutrition transition problems among adolescents in South Africa can be addressed. If measures are correctly implemented, monitored and evaluated, adolescents' right to adequate food will simultaneously be promoted and facilitated.

The findings indicate that both availability and accessibility to physical activity opportunities for all are lacking in South Africa. Although not directly relevant for the right to adequate food, adequate physical activity level is without doubt relevant for children's right to health and development. Further, children have a right to adequate food which must allow them to be physically active in compliance with their physiological needs. The acceptance of the Youth Fitness and Wellness Charter has yet to take place by the official authorities. If this does occur, it will indicate that the Government takes problems of physical inactivity and it consequences seriously. The Charter will provide another strong legal framework from which policies and programmes can emerge. The already proposed Charter Implementation Strategy includes essential points of entry for not just the government, but also schools, families, communities and the health sector. With an already existing White Paper on physical activity and sports, they create a supporting environment for facilitation of many of the children's rights in regards to their health and well-being.

The Department of Education has expanded the School Feeding Programme to a limited number of secondary schools in South Africa since the beginning of 2006. This is a very positive initiative since adolescents have a just as equal right to adequate food as younger children have. The programme itself is intended for the most vulnerable children in South Africa and its main goals are to improve school attendance rates and health status among these children by providing nutritious snack to alleviate temporary hunger. The focus of the programme has been largely on providing food and nutrition supplements to the poorest children, but not necessarily to *all* the malnourished children. The targeting strategy of the programme brings up several issues of concern, even though the programme is an admirable and pro-poor initiative. First, the poorest provinces get the greatest amount of money, meaning that they may be unjustly disadvantaged because the depth of their general poverty is greater. Thus two equally poor schools in two

different provinces will receive different amount of economic support. Further, the programme excludes children in need who attend schools in wealthier areas, as it may be the case for the city schools in the present study where children resided in the surrounding townships. On the other hand, the children that are given access to food may not receive food that is adequate according to their needs since children's nutritional status and needs are unknown. Last, although originally so planned, not all children at the targeted school receive the food because of lack of resources.

The findings from the present study indicate that the programme has also led to the stigmatisation of children who *do* receive food. This explains why the program has not been as successful as it may have been, as especially older children seem to be embarrassed about receiving such meals. Together these issues are in conflict with one of the most important human rights principles, namely *non-discrimination*. They also infringe with the governments' obligation to respect children's dignity and facilitate children's right to have access to adequate food and good health.

A human rights based approach requires that food is accessible to all. The above mentioned factors imply that not all children in need across the country do have equal access to adequate food. When people cannot provide adequate food for themselves by their own means, then plans or programmes should be put in place to address their inability to do so. South Africa has no social security system that supports women between the age of 14 and 60 and men between the ages of 14 and 65. Further, only the poorest are entitled to receive the Social Grants. Both of these aspects lead to the discrimination of vulnerable groups in the country and affect their access to adequate food.

South Africa has a strong civil society and numerous NGOs that play an important part in facilitating the realisation of the right to adequate food, both through awareness rising, education, implementation of programmes and provision of food when necessary. Most importantly they can advocate for policy change, monitor the implementation and help groups and individuals to claim their rights. The Children's Resource Centre and the Soul City Institute included in the present study provide examples of how these roles can be executed in practice while using participation and human rights as a framework.

It has already been stated that awareness-building and education are key issues when it comes to both realisation of human rights in general and the right to adequate food in particular. Adolescents have a right to access adequate information essential for their development. The South African Human Rights Commission has a role of raising awareness regarding human rights in South Africa, while the Department of Health builds awareness regarding nutrition and relevant health issues. Adolescents in South Africa are further educated on both nutrition and human rights matters through Life Orientation. It became apparent that both the focus group participants and key informants were positive to this subject. The teachers seemed to be satisfied with the new revised curriculum statement and they felt that learners were enjoying the group work and new learning outcomes. According to the teachers, a way of making adolescents understand the importance of healthy nutrition throughout their life needs to be developed to further strengthen the Life Orientation curriculum. In addition there appears to be a need to make adolescents more aware of their own responsibilities regarding human rights and teachers more aware of what learner participation really entails. All participants need to learn more about the right to adequate food in order to fully understand what their rights and responsibilities are. Better knowledge may increase their motivation and authority to act, which are important parts of their capacity to perform according to their human rights responsibilities. This is in more detail in the next chapter.

13.2 Aspects of the participants' capacity

As mentioned, in order to meet their obligations and responsibilities the right-holders and duty-bearers have to have capacity to do so. This means that they have to feel that they *should* (motivation), *may* (authority) and *can* act (access to resources). In addition they should have a capability to communicate and for rational decision-making and learning.

The focus group participants were aware of their rights and nearly all could in their own words express what it meant to have a right to something. They acknowledged their responsibilities towards themselves and others. Their human dignity, the right not to be discriminated and the right to have their own opinion were perceived as the most important aspects of human rights. It seemed that many girls knew that human rights cannot be taken away from a person and that people can complain if their rights were violated. Even though the girls were aware of their right to adequate food, they did not agree on what that actually meant in practical terms. These aspects point towards the fact that the majority of the girls were aware of their legal and political authority to act regarding human rights in general, but not the right to food in particular.

The girls understood that they had a responsibility to ensure that they consumed healthy food. This feeling of responsibility did not lead to proper action. Some suggested that adolescents did not have enough knowledge on how and why they should eat healthy. Others added that adolescents had other more important matters to worry about instead of healthy food and physical activity. Several girls said that they were not motivated enough to eat the healthy food, since the unhealthy food tasted much better, gave them a stronger feeling of satiety and was more available and accessible at schools and home, and in communities. The key informants expressed a concern for adolescents not knowing and truly understanding their responsibilities, but expecting that everything was done for them, either by their parents, teachers or the government. They therefore wished for more awareness and motivation around this matter.

The key informants in this study valued human rights, saw them as an important tool in their work and accepted that it was their duty to ensure the well-being of South African children. This seems to indicate a good level of motivation among this group. On the other hand, it became evident that many key informants did not know the practical value of human rights, which can undermine both their motivation and authority to apply a human rights approach to their work. Without a proper awareness on human rights, they cannot be utilised to their potential. Duty-bearers cannot perform their duty if they do not know what that duty entails or how they can progress. It is important that not only human rights experts and legal authorities have knowledge about human rights. This knowledge needs to be present in all levels in the society, especially among the duty-bearers directly involved with the children, such as school staff, field workers, NGOs, researchers, community workers and so on. Of course, the government workers at all levels also need to fully accept and internalise their duties and obligations. The key informants aspired for awareness raising, education, information and training of a range of different actors in human rights and human rights based approach.

Similar issues emerged when the key informants were asked about adolescents' right to adequate food. They were all aware of this right, but few of them could explain what this actually meant for people of South Africa in general and adolescents in particular. With regards to the responsibility they indicated that the parents had a primary responsibility. Further, they said that schools and the government should look after those children who cannot be looked after by their parents, which points to the fact that those key informants acknowledged their responsibilities and were motivated to act accordingly.

Several participants told that both adolescents and their parents may not be aware of the benefits of healthy nutrition and lifestyles and that healthy food may not be available close enough to their place of residence. These issues may lead to unsatisfactory motivation and authority to act. The majority of the girls told that their parents should prepare and purchase healthier food and motivate them to be healthy through educating them and being good role models, which may point towards the fact that their parents currently were *not* performing satisfactory with regards to these matters. Some school staff member expressed that it was not always easy to work together with the parents, because they were busy with work or not enthused to help their children with schoolwork and other important issues. This point to that there may be a lack of motivation amongst parents, although the causes are not known.

Through the findings it became apparent that the girls' families did not always have enough money to purchase healthy food, which indicates that lack of economical resources was a problem. Last, several cultural and social influences, such as perceptions attached to *junk food*, to being physically active and to being overweight, and stigma attached to receiving free meals may hinder the correct behaviour, which means there may be lack of cultural and social authority to act.

The schools were considered to have a responsibility towards the learners according to the participants. The focus group participants felt that the schools needed to provide poor learners with healthy food and that the school tuck shop should sell healthy, tasty and affordable alternatives for learners to consume during the school day. With regards to working with adolescents, the key informants thought that younger children were easier to work with since adolescents can be a very demanding group. Nevertheless, they did not think that adolescents should be ignored whilst working with nutrition and nutrition-related health issues, which shows that their motivation was present. It seemed that the schools did not have enough resources (human, economic and organisational) and some teachers indicated that lack of interest and motivation was a problem among teachers. Mostly this was the case because teachers were overworked and not aware of their responsibilities as teachers. It was said that some teachers did not believe it was their task to take care of learners, but that rather learners' parents were responsible for this. The school staff members often said that many teachers were not being good role models for learners with regards to being healthy, since they did not eat healthy themselves and were overweight and often inactive. Further, the school staff workers expressed that they did not feel that they could change the tuck shop because it was privately owned. These factors imply that lack of motivation and authority to act were prevalent problems at the schools. It furthermore became obvious through the interviews that communication and cooperation between the school staff members was not desirable.

Many key informants felt that lack of time and economic and human resources were mainly responsible for lack of sufficient action at their work places. At the school level, the biggest financial problem was lack of income from the school fees, because learners' families did not have enough money to pay. Another important problem was that city schools were perceived as wealthier than they really were by the government, because they were not situated in disadvantaged areas. As a consequence the two city schools in this study did not get much support from the government, even though their learners came from the poorest areas in Cape Town. The NGO staff members expressed that the level of motivation in their organisation was satisfactory, but that they wished for more financial and human resources. They also wished that they could raise the motivation level among adolescents in general, as they felt that South African youth was discouraged by all the problems and did not view their future positively. In their opinion it could all change, if the South African government would show their citizens that they truly care for their well-being. Some also mentioned that lack of education and knowledge and misconceptions also contributed to the lack of motivation in South Africa. The MRC staff

member on the other hand, was positive to the new government since they seemed to be aware of nutrition and related problems in South Africa, which she thought would get even better in the future with the new policies and implementation strategies in place.

Many girls saw it as the governments' responsibility to provide poor people with healthy food, especially children and people living in rural areas. According to them the government had a responsibility to raise people's awareness concerning healthy nutrition and physical activity and it must implement programmes at schools and in the communities to improve people's dietary habits and increase their level of physical activity. Government staff members acknowledged their responsibilities with respect to the right to adequate food. Nevertheless, they said that parents have the primary responsibility to feed their children according to their needs. They tended to say that lack of human, economic, and organisational resources was one of the main problems of the South African government and society as whole. Their experience was that motivation was greatly present among most of the staff members, although they did not perceive communication between different actors to be adequate. They wished for better cooperation between different departments and ministries. Their shared the school staff members' worries in regards to existing social and cultural factors that hinder the implementation of government policies and programmes.

13.3 Reflections on the nested rings of responsibility

Parents and other persons responsible for the child have the primary responsibility of the upbringing and development of their children. As presented, many focus group participants and key informants explained that South African adolescents and their parents could not worry about eating healthy when they needed to worry about their basic survival needs. Healthy food is not something people think about when they do not have enough money for food, when they are sick, when they have to worry about getting to school safely every day or when they do not have access to proper housing, water and sanitary conditions. Further, children cannot play outside nor be physically active because there are no facilities nor time for such activities. Millions of South African adolescents live in such conditions. According to human rights' law, this means that the community and government have even more responsibilities and duties in order to ensure that South African adolescents can enjoy their right to adequate food and nutrition-related health by assisting children/adolescents and their parents in the best way possible. As mentioned, when the right-holders are lacking the capacity to act it is the duty-bearers' responsibility to ensure that this capacity is improved.

The author acknowledges that although there is no hierarchy when it comes to human rights, scarcity of resources and institutional constraints demand that actions to realise certain rights in South Africa and elsewhere must be prioritised. There are many factors present in South Africa that make it difficult for the government to prioritise all aspects of the right to adequate food. Poverty contributes to the inability of poor families to have an adequate standard of living; there is a high level of unemployment, low wage income and lack of access to clean and adequate water, electricity, health care and other services. Further the number of people affected by HIV/AIDS is growing and crime and accidents contribute to a large number of deaths each year. However, overweight, obesity and related health problems must be taken into account, especially considering their growing prevalence and undesirable consequences among vulnerable groups, such as children and adolescents. As stated earlier the State is obliged to *progressively respect*, *protect*, *promote* and *fulfil* (facilitate, promote and provide) the right to adequate food of adolescents within its *available resources* using a *reasonable* set of legislative and other measures.

A human right never ceases to be a human right even when it is not possible to guarantee it immediately. If the national, in this case the South African government is lacking the capacity to act, then it is the international organisations' and community's responsibility to ensure that the right-holders' and duty-bearers' capacity is strengthened. Considering that contemporary human rights law emerged from the UN, the UN with its organisations has a responsibility to support countries world-wide in realising the right to adequate food and nutrition-related health when these countries do not have enough capacity to do so. Lee (2005) discussed the role of the WHO in implementing its Global Strategy on Diet, Physical Activity and Health[7] launched in 2004. She related the WHO's responsibility to its Constitution and international human rights law and recommended an establishment of an intergovernmental body that may "*enforce, interpret and provoke health-promoting domestic policies in the global market*". In her opinion, the international community needs to act in a much more aggressive manner than today in order to deal with the nutrition- and inactivity-related diseases world wide. The Global Strategy offers a very good starting point, but most national governments, especially in developing countries do not have enough resources, power and capacity to counteract the negative forces and impact of globalisation, international trade and transnational marketing. They are dependent on a stronger power to encourage and support public health issues on their behalf. In addition, Lee claims that the "*global dimensions of obesity and diet- and inactivity-related diseases limits the effectiveness of policies that countries may implement in an attempt to curbs the spread of these diseases among their populations*". Since many issues arising from the present study relate to these global forces (e.g. food marketing, international food industry companies, trade regulations, Westernisation of food habits), the role of the WHO and other international organisations becomes invaluable in dealing with the right to adequate food of adolescents in South Africa.

13.4 Some ethical considerations

The findings from the present study indicated that not all food was equally valued and respected by all in South Africa. It became apparent that the focus group participants connected the unhealthy food, such as the food sold at the fast food restaurants and tuck shops to being cool and popular. Further, according to them it could mean that you had more money than those who did not eat such food. The more traditional and home-made food was often connected to being poor, although it did seem that the traditional food was more accepted as part of dinner/supper than lunch and snacks. Many focus group and key informant interview participants expressed that children and adolescents did not want to be seen eating such food for lunch during school hours because they were shy or embarrassed. The South African government and other working within the nutrition field face a dilemma. Should the government promote the Western food that people have accepted or should they promote the traditional food that many people regards as being "poor people's foods" which they do not want to eat no matter how healthy and cheep it is? Can it promote healthy traditional food if this may lead to stigmatisation and discrimination of children that actually start eating as promoted? How can the government raise value of the traditional diets and remove the negative values that seem to be attached to it today?

Because cultural diversity is present in South Africa to a great extent, it cannot be overlooked when addressing the dietary habits, physical activity levels and body image perceptions of South African adolescents. Cultural background is one of the primary sources of identity. As cultures

[7] The goal of the strategy is to improve and protect health by guiding the development of an enabling environment for sustainable actions at individual, community, national and global levels which will lead to reduced disease and death rates related to unhealthy diet and physical inactivity (WHO 2004).

interact and intermix, cultural identities change which can be enriching, but also very disorienting especially for adolescents who are often very vulnerable. The government is further obliged by the Constitution and human rights law to respect, protect and fulfil people's right to culture, as long as this culture does not infringes with another human right. There is a need to create respect, protection and promotion of as many aspects of the South African diet-related traditions as possible in order to realise adolescents' right to adequate food and nutrition-related health without generating human rights violations, discrimination and stigmatisation. Throughout it is important to remember that human right must be approached in a way that is meaningful and relevant in diverse cultural contexts. For example, human rights can draw on established or traditional cultural values. One possible approach may be to use the already existing expression *the Rainbow Nation* which is familiar to people in South Africa *and* world-wide to create mutual respect for cultural dietary and other related differences seen in South Africa. The term *the Rainbow Nation* was intended by post-Apartheid government to encapsulate the unity of South African cultures and the coming-together of people of many different races with diverse customs and traditions. The rainbow is associated with hope and a bright future in the Xhosa culture, while it is connected to peace in the Old Testament. It symbolises a range of cultural groups, which are represented by discrete colours that blur into one another. The rainbow is incomplete without each of the colours, but none of the colours are dominant over the others. This and similar phrases, e.g. *Proudly South African* mentioned in chapter 8.4, can be adapted to relate to the different food cultures and related cultural heritages in South Africa without creating discrimination and stigmatisation of different populations groups and their traditions.

Another important issue that needs to be taken into account is that non-white South African population was denied access to many fast food restaurants and grocery shops in the cities during the Apartheid. They were not allowed to travel to the "white areas" to buy food nor could they afford to buy "white peoples' food" in the same degree as the white people. During the Apartheid they were almost "forced" to eat their traditional diets, without having a proper choice to eat what they liked or desired. Finally after decades of struggles they *are* allowed to move freely and *can* afford to buy the unhealthy fast food. Although the right to adequate food is a basic and essential human right, the right of choice, self-determination and free will are equally important. Does the government have the right to "deny" its population unhealthy food? Or do the previously disadvantaged groups actually *have a right* to eat unhealthy just because they finally *can*?

There are no right or wrong answers to these questions. The government needs to respect the free will of the individual, but it must at the same time ensure that its population is taken care of in the best possible manner. With regard to children and adolescents, the best interest of the child shall be the primary consideration. Further, the government's actions also need to produce more benefit than harm for the population and the environment as whole. It is up to each person to decide what is best for him/her, but he/she can only do this if the necessary capacity is in place for that individual to make an informed choice that is best for his/her health and well-being. The author believes that everybody in South Africa should be given the same opportunities to make the right choices which need to be based on well documented information/research that is understood by all, and respects and protects all groups in the country. In spite of everything, this *is* the governments' and health professionals' duty and obligation both with regards to the human rights and medical ethics.

14. Recommendations

The subsequent recommendations are based on the findings from the present study together with relevant national, regional and international human rights instruments and documents. It is important to state that ideally the duty-bearers and the right-holders should together participate in the planning of recommendations and interventions.

Monitoring of the right to adequate food

The monitoring of the right to adequate food is an essential part of the progressive realisation of this right. The Human Rights Commission in South Africa has in their annual reports on the realisation of the socio-economic rights frequently commented on the lack of appropriate monitoring system for the right to adequate food at national, provincial and community level in the country. The Commission asked for the adoption of *framework legislation* by the Government most recently in 2006 (South African Human Rights Commission 2006). An adoption of framework legislation would put forward that the government is taking the rule of law seriously and trying to fulfil its obligations for the progressive realisation of the right to sufficient food by creating a proper environment.

Although South Africa has a very explicit Constitution regarding economic, social and cultural rights, the ratification of IESCR would strengthen the government's commitment towards the realisation of these rights and make it necessary to report to the CESCR stating progress and measures taken towards their fulfilment.

Government, community involvement and parents

The context, in which many of South Africa's people live, prevents them from enjoying their rights and fulfilling their corresponding responsibilities. Adolescents and their families can do a lot to improve adolescents' food habits and physical activity levels, but many issues will prove difficult if they do not have the necessary capacity to act. It is crucial that the State helps realise the rights of the South African children and adolescents by designing, implementing and monitoring relevant legislation, policies and programmes. These actions should take all aspects of malnutrition (underweight, overweight *and* micronutrient deficiencies) into account.

Above all, the government of South Africa needs to continue with poverty alleviation programmes. It would not be only unethical, but also not in tune with their human rights obligations to provide education and information on healthy nutrition, physical activity, healthy food alternatives and so on without first also making all efforts to ensure that vulnerable groups can afford to buy (access) these goods. Since human rights are indivisible and interdependent every possible effort within the government's available resources should be made to make sure that the government food and nutrition policies promote, protect and support healthy lifestyles and food choices.

The period of adolescence provides a window of opportunity for effective interventions to encourage healthy and balanced nutrition, which together with a sound level of physical activity can prevent obesity. Government policies and interventions need to build on the experience from other health fields, such as smoking prevention and promotion of breastfeeding. They ought to focus on respecting and protecting the environment, cultural values and traditional food systems. There needs to be close cooperation between ministries, especially the Department of Health and Department of Education, and with the media and the food industry. All levels of the society should be involved including households, communities, district, regional, and national governments and international organisations.

Future polices and interventions should be focusing on the barriers and promoters to healthy eating and physical activity. Familiarity with and respect for food customs and culture are essential, since it is not in tune with the right to adequate food obligations to provide people food that is not acceptable or appreciated by their culture. All human rights and their principles such as participation, transparency, equity, non-discrimination and accountability should together with conditions for sustainability form the basis of the government's policies and measures.

An update of existing South African nutrition policies and programmes, such as the Youth and Adolescent Health Policy and the Integrated Nutrition Programme is recommended to take account of an increasing level of overweight and obesity among children and adolescents. In addition, adoption of the Youth Fitness and Wellness Charter together with its Implementation Strategy is advised as soon as possible. Throughout this process the South African government should take the international human rights law, its interpretations (e.g. General Comments), relevant guidelines (e.g. the VG) and existing international diet/nutrition/food policies and strategies (e.g. the Global Strategy on Diet, Physical Activity and Health) into account.

More specifically, there is a need for:

- Operationalisation and implementation of the already existing Food-Based Dietary Guidelines into the School Health Policy and the Life Orientation curriculum through collaboration between the Department of Health, Department of Education, schools, parents and learners.

- A comprehensive school tuck shop policy that would make sure that healthier food is sold at these facilities, while at the same time providing employment for the local population, especially women.

- Promotion of a healthy school lunch, with a special focus on home-brought lunch, as this may be a more affordable option for poor families. The stigmatisation connected to home-brought lunch and traditional food needs to be addressed.

- An improvement of the school feeding programme so that it does not discriminate between children, and takes problems of underweight *and* overweight among children and adolescents into account (e.g. nutritional assessment, supplementation and fortification). Further, the problem of children being too embarrassed to collect the free food needs to be dealt with.

- Physical education as a compulsory stand-alone subject in all grades both in primary and secondary public schools. An improvement of current school sport facilities and training of teachers in physical education should be included here.

- Cooperation with the media and food industry regarding food advertisements, labelling and health claims, and production of new and healthier products that are appealing, accessible and available to all if necessary through legal regulations.

- Cooperation with NGOs, local clinics, churches and other organisations regarding nutrition education and information, healthy feeding programmes, physical activity opportunities and development of school and community gardens.

- Collaboration and assistance from the WHO and other international organisations with regards to international trade regulations, and transnational food marketing and labelling.

Role of parents

Taking part in family meals seems to increase fruit and vegetable consumption among both black and white adolescents (Befort et al 2006). Government should therefore encourage parents to consume family meals with their children at least once a day if possible. Parents should also be discouraged to give lunch money to their children, especially in poor families since this money can be spent on making healthier family meals, lunchboxes and other necessities. As part of this, the government should promote the value traditional meals and home-made lunchboxes brought to school, while simultaneously trying to reduce current positive perceptions related to fast food and other unhealthy foods.

Parents can attempt to set a good example for their children by not eating too much fast food and serving home-made meals whenever possible. The girls' statements indicated that there is a need on educating their parents on what healthy food entails and not. The present study indicated that although vegetables were often eaten for supper, they did not constitute a large enough part of the meal (as seen by the photos taken by the girls). There are a lot of affordable healthy vegetables in South Africa that can be promoted, such as pumpkin, sweet potato, butternut, cabbage, onion and tomato. The awareness among parents and other family members needs to be increased around this subject. Last, the time spent in front of the television should be limited by parents, so that children can engage in other more health promoting activities such as homework, play, house chores and/or sports.

Nutrition education and information

Education of adolescents and their parents is an essential part of the realisation of the right to adequate food. The challenge is to ensure, in a world of unregulated information, that consumers are guided to scientifically sound information and that they have the basic skills and knowledge to appropriately evaluate and use the information they obtain. The South African Food-Based Dietary Guidelines offer an exceptionally good starting point for this work and education material has already been developed. The material is easily available through both provincial and national Department of Health offices.

South African children and adolescents, and their parents should especially be pursued not to abandon their traditional dietary patterns for the more urban Western diets. In addition, they should be advised on how to prepare affordable and healthy meals that are in accordance with their culture, customs and traditions. It is of importance to educate them about what effects different traditional foods have on their health in order to avoid confusion and incorrect behaviour. They should be encouraged to boil instead of fry and use less oil, sugar and salt and more starch and vegetables when making their traditional meals. It must not be forgotten that other forms of malnutrition, besides overweight, still constitute a large problem in South Africa. The population should be educated on how to increase their intakes of different micronutrients, while at the same time not exceeding their daily energy intakes.

The education of learners should happen through the Life Orientation classes, while both learners and parents should be educated through their communities as the communities play an essential role in contributing to the negative effects of the nutrition transition seen in South Africa.

The present study showed that the knowledge on the right to adequate food was not sufficient among the participants. Although all had heard of this right, few knew what the right really entailed. Human rights and healthy nutrition should be linked in nutrition education and information distribution in order to create awareness about the rights and duties of the right-holders and duty-bearers in South Africa. This would increase their capacity to act in a manner

consistent with their responsibilities and obligations. There *are* education materials in place in South Africa on the right to adequate food (e.g Socio-economic rights in South Africa: a resource book (Khoza 2007) and Knowing and claiming your right to food (Kallman 2004)), but the present findings indicate that there is a need for an increased awareness around them and a better distribution. The above booklet by Kallman does not directly deal with the nutrition transition aspects of the right to adequate food; this should be revised in future editions of the booklet. The FAO (2006) has together with adolescents developed an illustrative book on the right to food that deals with the right to food matters from eight developed and developing countries around the world. The four main messages are: 1) everyone has the right to obtain and enjoy food in a dignified way, 2) fulfilling the right to food means that everyone must have access to nutritionally adequate and safe food, 3) national governments must meet certain obligations on the right to food, and 4) all members of society have responsibilities in the realisation of the right to adequate food. The author proposes that this book gets adapted to the South African conditions and utilised as an inspiration source on how to make adolescents understand what the right to food entails and engage them it this important matter.

An effort should be made to decrease the negative and increase the positive contribution of the media to adolescents' lifestyles. Again, this should be cooperation between the food industry, media companies, NGOs and government. Measures such as a code of marketing should be developed to protect children from the aggressive food advertising and other related marketing. The corporate food sectors should be encouraged to promote healthy food alternatives and lifestyles. The food labelling information needs to be incorporated in the nutrition information dissemination in the way that is understandable to all and not just highly educated populations.

School feeding and breakfast

Studies from both developed and developing countries; the United States (Nicklas et al 1993, 2004, Rambersaud et al 2005), India (Chitra and Reddy 2007) and Jamacia (Grantham et al 1998) have shown that children who report eating breakfast have better nutritional profiles when compared to children who do not eat breakfast. Skipping breakfast has in addition been connected to overweight or obese children and adolescents and it may be related to dieting and disordered eating habits (Rambersaud et al 2005). An effort should be made to improve adolescents' breakfast habits since skipping of breakfast, unhealthy eating habits, overweight *and* disordered eating habits seem to be prevalent among many ethnic groups of adolescents in South Africa.

It becomes difficult to promote breakfast consumption among adolescent populations living in the townships, as they have to get up very early in the morning in order to get to their schools. Adolescents require enough sleep, so making them get up earlier in the morning to have breakfast is not a correct solution to the problem. Parents and other caregivers should nevertheless be encouraged to at least serve fruit, yoghurt or sour milk to their children in the morning. Since this group of adolescents is particularly vulnerable, they should be targeted by the National School Feeding Programme already in place in the country.

The National School Feeding Programme needs to take children's nutritional status into account when providing food at the schools. Schools may serve as an arena for BMI monitoring, through the systematic measuring of weight and height – on the annual basis perhaps. The government needs to focus on providing healthy food in accordance with learners' nutritional needs, and continue to promote school fruit and vegetable gardens and support nutrition education as part of the programme. The main benefit of school gardens is that children learn how to grow healthy food and how to use it for better nutrition. The food grown should be used to supplement an existing school feeding programme. School gardens also serve for environmental education and for personal and social development. Since many schools do not have enough land and water it is

important to encourage local communities and farmers to support the school where possible. Education on the importance of traditional diets and physical activity, and addressing social norms that can negatively affect children's and adolescents' nutrition status and health, should also be included in the programme. These issues should be incorporated into the Life Orientation curriculum. Others have recommended that the school feeding programme should be extended to include all children and adolescents and incorporated back into the Integrated Nutrition Programme and the Department of Health in order to be integrated with other related measures and as comprehensive as possible (Kallman 2005).

School tuck shops, gardens and lunch

Most food items purchased at the school tuck shop in South Africa can be regarded as unhealthy if eaten regularly over time; which *does* seem to be the case for many focus group participants in the present study. This implies that if the nutritional quality of this food were to improve, there may be a significant improvement in the overall diet of the learners. An emphasis should be placed on improving the nutritional quality and food safety of the foods sold at these facilities. Yet again, the stigmatisation of traditional foods needs to be addressed, since the present findings indicated that home-brought and traditional food especially as part of lunch and snack were not socially accepted by learners.

The school authorities are in a strong position to influence tuck shop owners and street vendors to sell safe and nutritious food to learners. The school staff members and the shop owners should also be trained in how to monitor the quality and safety of the food sold at the school premises. Moreover, the education of parents and learners is recommended, especially with regards to the importance of home-brought lunch and possible negative nutritional implications of the food sold to learners during school hours today.

Tuck shop facilities offer employment opportunities, support the local economy and community and empower women who often play a great role in preparing, marketing and selling the food (FAO 1991). This matter should be taken into account when dealing with the existing tuck shop problem.

Physical activity

Studies have shown that increasing the weekly number of physical education classes improves physical activity levels among both primary and secondary students (Henry et at 1999, Wilde et al 2004). In addition, it seems to help to involve children and adolescents in decision-making processes, with the intention of letting them decide what activities should to be undertaken (Wilson et al 2005). These issues require more attention and actions in South Africa than what the case is today.

Knowing that young females in South Africa are less active than young males and that they are especially vulnerable to becoming overweight and obese, barriers to physical activity need to be taken into serious consideration when planning and implementing relevant future policies and programmes in the country.

Body images, obesity management and dieting

One challenging aspect of obesity prevention and management in South Africa seems to relate to the perceptions of the African community regarding the positive values ascribed to obesity. However, a change is emerging in what is conceived as the preferred body shape among black adolescents in South Africa, which can create unnecessary dieting and eating disorders.

It is important to educate all populations in South Africa on healthy body weights. Given the substantial health risk associated with overweight, it is necessary to encourage overweight girls to eat healthy and be physically active. The challenge is to succeed without this causing low self-esteem, body dissatisfaction and disordered eating, which may have deleterious long-term psychological consequences on adolescents.

Future research

Several areas for future research evolve from this work. Further qualitative explorations of perceptions regarding traditional and more modern food, body images and physical activity, and reasons for those perceptions are needed to design good interventions and measures for prevention. Different barriers, determinants, promoters and facilitators need to be explored in more detail. More support for research on the media's effects on South African adolescents' food habits, physical activity and body image perceptions is necessary. Studies including other population groups in South Africa besides isiXhosa speaking females are also warranted since problems in other population and gender groups are most likely different and with dissimilar solutions.

The collected information regarding ideas on future actions and measures proposed by the participants provides an entry point for future research, especially for experimental studies which can investigate if the ideas are realistic and effective in real life. There is also a need for research on the operationalization of South African Food-Based Dietary Guidelines in schools and communities. Last, process and programme evaluation of programmes or other public health initiatives in South Africa designed to increase consumption of healthy foods and participation in physical activity are required.

CONCLUDING REMARKS

The present study has linked nutrition with human rights and focused on the adolescents' right to adequate food in the context of the nutrition transition in South Africa. Perceptions regarding nutrition, physical activity, body images and human rights have been explored from both the right-holders' and the duty-bearers' perspectives, by use of focus groups and key informant interviews respectively. In addition, a document review has been performed regarding government policies and measures regarding the issues in focus. The findings have been considered in the light of the right to adequate food of adolescents in particular and a human rights approach in general.

The most important nutritional and related health concerns that emerged from the data collection were related to the breakfast skipping and unhealthy tuck shop food/school lunch. In the light of human rights these findings transferred to lack of availability and access of adequate food at schools, home, and in the community. In addition, this study showed that there was lack of availability and access to physical activity opportunities during and after school hours for adolescents.

The focus group discussions revealed that traditional norms and preferences are changing both regarding the dietary habits and perceptions concerning the ideal body size/image. Social factors (social norms and a need to "*fit in*") appeared to considerably affect the behaviour of the learners, something that became apparent both through the focus group discussions and key informant interviews. The traditional food seems to be losing its importance, while the fast food and more modern/Western food seem to be connected to affluence and social acceptance. Learners seem to experience pressure to buy and eat unhealthy foods in order to show that they can afford it. The conventional view that "*big is beautiful*" is shifting. Both traditional and more Western body perceptions co-existed among the focus group participants. For example being thin was still connected to illness and unhappiness, which may pressure this population to gain weight. On the other hand, the media was promoting thin body ideals, which in turn may pressure children and adolescents, especially females to go on a diet or develop disordered eating behaviours.

Several other important issues emerged from the findings such as lack of enough and satisfactory awareness, motivation and authority to act with regard to the right to adequate food amongst both the right-holders and duty-bearers in question, poor access to and control of resources at all selected levels, and unsatisfactory internal and external communication and coordination.

The document review findings showed that issues of the nutrition transition and double burden of nutrition-related disease in South Africa have not been a priority for the government up to this point. Studies show that these problems are significant and present a true health threat to the South African adolescents of all ethical groups. However, with the emerging policies and plans e.g. the school tuck shop policy and Youth Fitness and Wellness Charter, it seems that the government is trying to progressively address these matters in a serious manner.

The nutrition transition in South Africa is of complex nature because of large differences that exist amongst different ethnic, gender and socio-economic groups, high HIV/AIDS prevalence and high level of poverty. The social context of young people is diverse and there exist numerous socio-cultural realities, ethnic differences and family values and structures which all need to be taken into account when designing policies and programmes in the country. A large proportion of South African youth has been very negatively affected by decades of disadvantage

and disempowerment during the Apartheid. The effects are seen in the form of crime, substance abuse, disease, violence and poverty. A feeling of unity (e.g. through the slogans *the Rainbow Nation* and *Proudly South African*) needs to be strengthened to erase and overcome the destructiveness of the former regime. Policy decisions should be based on an understanding of the existing diversity and address different needs in different parts of the country. Nutrition and related behaviour measures should try to accommodate heterogeneity that exists in South Africa without discriminating and stigmatising the people. The people need to feel that they are free to preserve their own food habits and related cultural heritage and traditions, but there should be no impediments for those who wish to identify with cultures other than their own either.

The main focus of the government sectors and other working within the field of adolescents' nutrition and health should be placed on improving the school tuck shops and increasing the level of physical activity during school hours. Further, the media and food industry need to be encouraged to work with the government in order to influence adolescents to make healthy choices and remove the perceived link between higher social status and eating foods that are largely unhealthy. Cultural perceptions regarding food, ideal body sizes and physical activity also need to be addressed without this leading to disrespect and affecting people's cultural pride and human dignity in a negative manner.

Last, but not least nutrition and health professionals will need to remember that adequate food for all is not just a basic need; it is also a human rights concern. No country can afford to ignore the burden resulting from unhealthy nutrition and physical inactivity, nor can it deny shared responsibility in working towards improving the current situation. It is recommended that human rights and their principles are purposively used in the future because they offer guidelines in what way matters of inadequate food and nutrition can be addressed in terms of policy formulations, implementation, evaluation and monitoring. Further, human rights create a universal platform with recognized standards where governments and national and international organisations can support and assist each other when needed. All these factors provide superior and hopefully sustainable means of counteracting the negative effects of the nutrition transition present among adolescents in South Africa.

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APPENDICES

Appendix 1

Focus group timetable

MONTH	**DATE**				
February	**6**	**7**	**8**	**9**	**10**
					Pilot school (School 1) visit *
February	**13**	**14**	**15**	**16**	**17**
	Pilot hand out (School 1) **			Pilot collect (School 1) *** Pilot select ^ girls	Call ^^ girls Pilot
February	**20**	**21**	**22**	**23**	**24**
	Group B, School 2 hand out	Session 1 Pilot (School 1)		Session 2 Pilot (School 1)	Group A, School 1 hand out Group B, School 2 collect Group B, School 2 select girl
March	**27**	**28**	**1**	**2**	**3**
				Group A, School 1 collect Group A, School 1 select girls	
March	**6**	**7**	**8**	**9**	**10**
	Call Group A, School 1 girls	Session 1 Group A, School 1		Session 2 Group A, School 1 Group C, School 1 hand out	Call Group B, School 2 girls
March	**13**	**14**	**15**	**16**	**17**
	Group C, School 1 collect Group C, School 1 select girls	Session 1 Group B, School 2	Call Group C, School 1 girls	Session 2 Group B, School 2	
March	**20**	**21**	**22**	**23**	**24**
			Session 1 Group C, School 1		Session 2 Group C, School 1
March	**27**				
	Session 3 Group C, School 1				

* Visit – The author visited the schools in order to inform the contact teachers of my study and its purpose. Here we discussed relevant issues. The contact teachers signed the permission forms after which the author officially commenced the study at that particular school.

** Hand out - The author gave the information letters and consent forms to the contact teachers and they handed it out to the learners
*** Collect – The author collected signed consent forms and filled in questionnaires from the learners that had returned the forms to the contact teachers
^ Select – The author selected the final participants based on the filled in questionnaires and selection and exclusion criteria
^^ Call– The author called the final participant in order to confirm their attendance and remind them of the focus group sessions

Appendix 2

Focus group guide

Focus group session 1 guide

INTRODUCTION and ICEBREAKER

When they come, give them a sandwich, a fruit and something to drink. Let them write down their common names on name tags and tell them to take a seat and enjoy the food till the others get there. Make small talk about how their day has been. Talk to them to get an idea of their personalities. Make sure who the participants are by cross checking with the list I have and ask about their age and their first language. Turn on the recorder after we have informed them about it. Write down where they sit. Note body language and personalities and make notes of these when relevant.

Hi my name is Dijana and this is Thembie. I am from Bosnia, but I live in Norway. Thembie is from East London, but she lives in Cape Town. We are both students. I am doing research for my degree and that is why I am here with you. My study is about food habits among young people in South Africa and government's programmes, projects and policies regarding young peoples' food habits. During our sessions Thembie and I will ask you some questions and we want to hear what your opinions and thoughts are regarding these questions. If you have any questions you can ask me now, during the breaks or at the very end of the session.

Thembie speaks Xhosa and English. She will translate for me. You can speak both Xhosa and English here today – whichever language feels more natural to you. Please do not worry about me not understanding everything right away. Here are some other important things to remember during today's session and next time we meet (write them at the black board). I want you to know that Thembie and I are here to learn from you and not the other way around. We are here to ask you some questions and listen to your answers. We will move you from one question to the next when the timing is right. The time is limited and I may have to break in and move us along to the next question, so we have time to get through all the topics we need to discuss. We want to know what you think, feel and know. We will participate in the conversation as little as possible. You are here to teach us about your world and nothing you say is wrong or stupid. We want you to speak even if your opinion is very much different from the others. Nobody is here to judge you in any way. You also have to respect each other's opinions during the groups – as there are no right or wrong answers to any of our questions. It is important that all of you get a chance to talk, but because we are recording the sessions it is important that only one of you talks at the time. I would also like you to turn off your cell phones so they do not disturb us.

We are recording the session so that we don't miss out on any of your comments. We will also take some notes during our discussion for the same reason. We will use our common names in the discussion, but none of your real names will ever appear in my report on this study. You have to be careful and protect each other privacy as well. Therefore it is best you do not to talk about any private issues that come up during the group outside of this room. I need to write this report for my degree and your school will receive one at the end of this year, so you are welcome to read it and look at it.

We will start our session any minute now, so if any of you need to use the toilet please do this now or wait for a break. We will have one break after one hour. We will finish for the day in approximately two hours. You will get one more sandwich during the break and some snacks during the session. Whenever you are thirsty please help yourselves with the drinks.

Just before we begin please remember that you all have your own stories and we are interested to hear all of them so let's start. We can start by you telling me what grade and class you are in and if you know each other well. Can you also tell me where you live and who you live with. Can you tell me where your parents and grandparents come from and how long they have been living in Cape Town?

THEIR OWN DIET AND PREFERENCES

We are interested in knowing more about the food that you eat. Can you tell us more about that?
You can start with what you ate yesterday?
Where do you buy and eat your food? Tuck shops, street vendors, vending machines, fast food, shops, home, KFC, McDonalds, Whimpy, Nando's, Elmo's, restaurants
What do you eat during weekends? Where do you eat your food during weekends? Do you eat outside of home with your family in the weekends? Where do you do this?
What food do you eat when there is a party or a birthday?
How many times do you eat every day? Can you tell me about different meals? Can you tell me about your breakfast? (Before school) School meal? After school? Supper? Before bed? Between meals? Drinks? (milk, juice, tea, water, soft drinks)
Some of you answered that you bring food with you to school – can you tell me more about that food?
What about food you buy here at school? What else do you eat at school?
What do you think about take-away food? Junk food? Pizza? Burgers? Chips? Fried food? Vetkoek?
How do you like veggies? What kind of veggies do you eat? How often do you eat veggies?
How do you like fruit? What kind of fruit do you eat? How often do you eat fruit?
What kind of meat do you eat? How often do you eat meat?
How do you feel about fish? What fish do you eat? How often?
What do you think of bread? What bread do you have in your house? How often do you eat bread?
How do you feel about milk and cheese? What kind do you have at your house?
What do you drink? Water, juice, soft drinks, amasi, milk How much do you drink during one day?
What kind of dessert or snacks do you normally eat? How often is this?
Can you tell us what kind of fat you use when you prepare your food? Oil, butter, margarine
Can you tell us what kind of spice and herbs you add to you food when you eat it/prepare it? Do you know what your mum uses when she prepares food or when other members of the family prepare the food?
Who prepares the food at your house? What food do you prepare? And you parents? How is the food prepared? Fried, cooked, baked, grilled, steamed
Where do you buy your food? When you are at home, how far do you have to go to buy food? What kind of food do they have at these shops? Where do you buy fruits and veggies?
How do you like the food that you normally eat? Can you tell me what food you like to eat? What do you like best about this food?
What kind of food would you eat if you could decide yourself? What would make you choose this food?

THEIR PARENTS'/GRANDPARENTS' DIET

In this part we are interested in what food the adults in your family eat? Can you tell us more about this?
What kind of food does your family buy?
Does your family eat lots of junk food? Do they buy their food at tuck shops and restaurants?
What kind of food do you have in your house? What kind of food do your grandparents eat? Your parents?
Can you tell me about any traditional/Xhosa food that you eat? How do you feel about this food? Which traditional food do you like to eat?
Which traditional food do you not like to eat? Can you tell me what makes you feel this way?

BREAK

PHYSICAL ACTIVITY

How often do you think young people should be active? Why do you think young people should be active?

How do you feel about sports, physical activity and exercise? How often do you do sports? Where is this? What kind of activity do you do at school? What do you do when you get home from school? What do you do in the weekends? What kind of activity do you prefer?

BODY IMAGES

What do you think affects your body shape/body weight? How do you think it can be changed or altered?

What is for you regarded as an ideal body size and shape for a girl your age? What makes you think this?

What should a grown-up women look like after she has had children? What makes you think this?

What are you views on the bodies of these people? Can you pick two you like and two you don't like and explain to the others your views?

How do you feel about your own body size and shape? How important is your weight and shape for you? Do you talk much about body weight and shape with your friends and family? What do you talk about then? How do you know what you should weigh?
How do you feel about being on the diet? Is this something you think about often? What does it mean to be on a diet? Can you tell us about different ways of dieting? Can you tell us if you know about any pills you can take to loose weight? What do you know about these pills?

BEING HEALTHY and SOURCES OF INFORMATION

Can you tell me what you think about when I say healthy? How do you feel about this way of living?
What can people do to keep themselves healthy?

What do you do to keep yourself healthy?

How can you tell that a food is healthy? What food do you think is healthy?

How healthy do you think Xhosa traditional diet is? Why do they think this?

Where can you buy healthy food close to where you live?

How affordable are healthy foods to you and your family?

People in South Africa sometimes don't have enough money to buy food they want to buy. How is the situation where you live? Food shortages, limited choice, hunger
Can each of you make up one meal that you think is healthy? Let's start with you. Breakfast, lunch, supper, snack. What do you others think about this suggestion? What would you change? How come?
If there is time ask them what comes to their mind when I say:

- IRON What do you think iron is? Where can you find it? When do you have enough in your diet? What happens if you do not eat enough of it? \
- CALCIUM What do you think calcium is? Where can you find it? When do you have enough in your diet? What happens if you do not eat enough of it?
- CARBS What do you think carbs is? Are all carbs the same? Where can you find them? When do you have enough in your diet? What happens if you do not eat enough of it? What happens if you eat too much?
- STARCH What is starch? How much of it should you have in your diet? Where can you find it? What happens if you do not eat enough of it? What happens if you eat too much?
- FAT How much is too much? Is all fat bad? What is good?) What happens if you do not eat enough of it? What happens if you eat too much?
- PROTEIN What do you think protein? Where can you find them? When do you have enough in your diet? What happens if you do not eat enough of it? What happens if you eat too much?
- SUGAR What do you think about sugar? How much sugar do you need in your diet? Where can you find it? How can you know that you are eating too much sugar? How can you find out that there is a lot of sugar in what you eat? What happens if you do not eat enough of it? What happens if you eat too much?
- LIGHT FOODS What does light food mean to you? Should they be a part of your diet? How much? What happens if you do not eat enough of it? What happens if you eat too much?
- FIBRE What do you think fibre is? Where can you find it? When do you have enough in your diet? What happens if you do not eat enough of it? What happens if you eat too much?
- DIETARY SUPPLEMENTS What do you know about them? How do you feel about them? How much of them should you have in your diet? What happens if you do not eat enough of it? What happens if you eat too much?

Where do you learn about healthy foods and lifestyles? (television, school, magazines, family, friends) Tell us more about programmes you watch and magazines you read.

EFFECTS OF DIET

Do you think that food has anything to do with being healthy? In what way?

Can you tell us why you think people should eat healthy? Why should girls your age eat healthy? If I say, "young people can eat everything they want because they need to grow" – would you agree or not? Why?

How do you think your diet affects you and your health? Can you share your thoughts with us? (Diabetes, obesity, heart disease, blood pressure, cancer, growth)
How do you think food you eat now affects you while you are young? What about then you get older? Short- and long-term effects
What food do you think can make you healthy? Sick? Thin? Fat? Strong? Week?
What does healthy weight mean? What about desirable and reasonable? What can happen if people do not maintain this weight?

PERCEPTIONS OF OWN AND PARENTS' DIET

How healthy do you think South African teenagers are?
How healthy do you think the adults in South Africa are?
Do you think there are any differences between different ethnical groups in South Africa when it comes to being healthy? Activity, food, weight, heart problems, diabetes…
How healthy do you think your own diet is? What about your family's diet?
What do you think of statements? Can you tell us more about why you think what you think?

- White people should eat different foods than black people
- Black women are more overweight than other groups in South Africa
- Black people do not like being active
- Young people in South Africa are not living healthy

SUMMING UP AND ENDING THE SESSION

We are now going to give you a short summary of today's session and you can tell me what you think about it. (Give statements about today and ask them if they agree or not with each one of them)

Before you go there are a few things I would like you to do?

1. I would like you to fill in these forms and take them with you next time we meet. It would help me make the groups better. There is one in each of these envelopes.
2. And at the end I have something for you. It is a disposable camera that has 27 pictures. I would like each one of you to have the camera for one day and take pictures of the food that you eat during that day. You can take 4 pictures each. Remember to take it back and give it to somebody else in the group. The person who gets it on Friday can keep it over the weekend. The last girl in the group can use the rest of the film. This would be helpful for my project as it can make me see what you eat and hopefully it will be fun for you. You just have to remember to only take pictures of food and not people and also to take it with you to school after you have had it for one day at home. How does this sound?

Do you have any questions or anything else to say before you go? Nice, thank you so much girls and remember to come back in two days.

DEBRIEFING

Have a de-briefing with Thembie on how things went and what she thinks could be changed for the next session. Talk about how different girls affected the discussion. Compare my thoughts with Thembie's. What was important and what should be included in the report? What should we do next time?

Focus group session 2 guide

INTRODUCTION

This session will last just as long as the last one and we again have two breaks. Also this session will be recorded, so please turn of your cell phones and talk only one at a time. Remember to be careful and protect each other privacy and not to talk about any private issues that come up during the group.

One more time, please remember our rules from last time. Our role here is to ask you the questions, listen and participate in the conversation as little as possible. We will move you from one question to the next when the timing is right. And last but not least we do want to hear all your opinions even if they are different from the others, but of course it is up you to decide when to talk and what to say.

Before we start, can I ask you how it is going with the camera?

FROM LAST TIME

Last time we talked about your food habits and your family's food habits. After the break we talked about physical activity and body images, before we moved on to healthy lifestyles and dieting. Today we will ask you a bit more about some things from last time that we didn't have a chance to talk about before we move on to something a bit different.
Do you have anything to add to what we talked about last time? Is there anything you didn't get to say last time that you want to say today (let them think for a while)

VIEWS ON CURRENT PROJECTS

We will start by you telling me what you know about what is being done to make young people eat how they are supposed to and be active? By governments? By schools? By other countries? By private companies? What do you like and what do you not like about these initiatives? If they do not come up with anything here, we can show them some different things that have been done in the country (Soul City, vegetable gardens, tuck shop initiatives, food guidelines, educational programmes at schools, fortifying food, changing prices –making sugar more expensive and fruits and veggies less expensive, work shops, magazines, make laws that make it hard for food companies to advertise for unhealthy food, teach people who to cook healthy food, write books, make healthy food affordable and accessible, Internet sites)

Can you tell us how you feel about changing your life so it becomes healthier? Is there anything that could change you the way you eat? What about your level of physical activity? What aspects of your diet and physical activity would you change? Why?
Can you tell us what you think about South African government spending money and other resources on trying to make young people eat healthy and exercise? How important do you think it is to make people live healthier? What about compared to other problems in the country? HIV, AIDS, poverty, unemployment, crime

GROUP WORK

You will now do something different. Imagine that it is your job to help the governments, your school or your parents with these questions. We want you to think seriously about your suggestions and the reasoning behind. You can work together in pairs if you want to. The goal is for you to have fun, use your imagination and to share your ideas with us. When you feel like having a break you can have one for 5 min, as long as you are back at the table in half an hour. We will let you know when time runs out.

BREAK

DISCUSS SUGGESTIONS

Can you tell me what made you write? What do you others think about? What would you recommend? What are your views on? …

HUMAN RIGHTS, CONSTITUION and RESPONSIBILITIES

Now we will move to something very different. Can you tell me what human rights are? WHERE DO HUMAN RIGHTS COME FROM/ WHO INVENTED THEM? WHAT DOES IT MEAN TO HAVE A RIGHT TO SOMETHING? WHERE DO HUMAN RIGHTS EXIST? WHO OWNS HUMAN RIGHTS? How important are human rights for you? What rights are the most important to you? Can you give your views on why human rights should exist?

WHERE CAN YOU READ ABOUT SOUTH AFRICAN HUMAN RIGHTS? What do you think a Constitution is? What does it say? Why do you have it in South Africa? (justice, honesty, respect) For who is it made? Who do you think wrote it?

WHAT ARE YOUR VIEWS ON THESE TWO STATEMENTS? Hang them up on the wall and read them at loud

1. All people have human rights
2. All children have human rights

WHAT DO THESE NEXT SENTENCES MEAN TO YOU? Read them at loud…

1. You have the right to be you
2. You have the right to be different
3. You have the right not to be hurt
4. You have the right not to work
5. You have the right to be heard
6. You have the right to respect and privacy
7. You have the right to choose what you want
8. You have the right to express you views and say what you like
9. You have the right to take part in making decisions that affect you
10. You have the right to money from the government
11. You have the right to land
12. You have the right to have a place to live
13. You have the right to education (what to they think this is?)
14. You have the right to good health (what is good health?)
15. You have the right to safe and clean water
16. You have the right to play
17. You have the right to relax
18. You have the right to enough and sufficient food

(What does enough and sufficient food mean for you? What food do you think you have the right to?)

WHAT CAN YOU AS A TEENAGER DO WHEN YOUR RIGHT IS VIOLATED?
WHO SHOULD ENSURE THAT YOUR RIGHTS ARE NOT VIOLATED?
governments should ... RESPECT PROTECT PROMOTE FULFIL ...human rights. What are your views on this? Who else should do this?

WHICH OF THESE STATEMENTS IS RIGHT? CAN YOU EXPLAIN YOUR CHOICE?
Hang them up on the wall and read them at loud

1. governments should take care of young people
2. Young people have a responsibility to take care of themselves
3. Young people have a responsibility to respect, be kind and help others
4. Parents have a responsibility to take care of their children
5. government should provide healthy food for young people
6. Parents should buy and give healthy food to their children
7. Young people should buy healthy food for themselves
8. Young people should ensure that they eat healthy
9. government should educate people on healthy foods to prevent overeating and obesity
10. governments are supposed to design programmes that make people eat healthy
11. governments are supposed to make sure that boys and girls get the access to same foods
12. Culture and food habits are to be respected when planning "eat healthy" programmes
13. Culture and food habits are not important when planning "eat healthy" programmes

SUMMING UP AND ENDING THE SESSION

We are now going to give you a short summary of today's session. Do you think this is an adequate summary? What would you change about it? At the end I would like you to tell me what to you is the most important thing we have talked about during our sessions?

Do you have any questions before you go? Thank you so much girls for coming. I would like you to fill in these forms and please return them to the reception. I will leave an envelope there for the forms; so just let the secretary know that they are for me. I would also like to meet you shortly one more time – one by one. Do you mind if I give you a call to ask you a few questions during the next two weeks? It will only take a few minutes, but it would be really useful if you could do this. And remember to give the camera to your teacher. I will be here at school next week to get it from her.

DEBRIEFING

Have a de-briefing with Thembie on how things went and what she thinks could be changed for the next session. Talk about how different girls affected the discussion. Compare my thoughts with Thembie's. What was important and what should be included in the report? What should we do next time?

Appendix 3

Photos of different body sizes used in the focus group discussions


9
4
8
10
1
3
2
12
11
13
7
5
6

Appendix 4

Key informant interview guide

INTRODUCTION	Handshake. Give them the refreshments. Smalltalk about the weather or the office – be professional, but friendly. Explain the purpose of the interviews and my research. I will record the interview for later analysis, but confidentiality and anonymity will be assured. I also want to remind you that I am not here to judge you in any way. I just want to understand and explore your views and opinions. I will now start with the interview.		
Study objectives	Core objectives are to explore your insights, understandings and perceptions of nutritional problems among adolescents and measures and approaches taken by your institution to address these issues. We will also talk about human rights instruments and principles that affect adolescents.		
Type of interview	Please remember that this is an open interview and that you can add whatever you think is relevant for my research. I have a few areas I want to explore, but you are my key informant, so please share the important information and your views with me. It is OK to talk about issues that I do not bring up, but that you think are related to my research and my objectives.		
CENTRAL CORE	Nutrition problems and consequences Awareness Understanding Knowledge	PROMBTS Black Poor Urban The Nutrition Transition Overnutrition Unhealthy foods Overweight Diabetes Heart disease Cancer Too much fat Too much sugar Too little fibre Too little fruit Too little vegetables Too little activity	I have a list of my questions here in front of me so that it can remind me of the main themes. Can I start by asking you what you know about the nutrition situation among adolescents in South Africa? What is your experience? Do you see any differences between genders and between ethnical groups? Are you aware of any dietary changes that have taken place in South Africa? Have you seen any happen during your carrier? What positive and negative consequences do these dietary changes have on adolescents in South Africa? What is your experience? How do you see nutrition and physical activity problems compared to other problems youth in South Africa have? Is nutrition important you? How do you see nutrition and physical activity being important when working with young people? How do you see that nutrition and physical activity can help South African youth?
	Rights of adolescents Awareness Understanding Knowledge	PROMBTS Convention on the Rights of the Child Constitution Right to food, housing, water, land Right to education Right to information Right to health Right to culture and to be different Right to express their opinion Right to participation	Now we will go over to the other part of the interview that concerns human rights … What approached and principles are important when working with youth? Which ones do you find important? Which ones do you use? Which ones do you not use? Why? Which ones can you see can be used? Which ones should be used? What is your view on human rights and human rights approaches? How do you see human rights relating to youth problems in South Africa? Can you tell me what you know about the rights of the adolescents? How can you see that human rights are related to nutrition and physical activity? What do you know about the rights of the adolescents to adequate food and nutritional health?
	Responsibilities (duties) Awareness Understanding Knowledge Opinions Acceptance of responsibilities	PROMBTS Respect Protect Fulfil (provide, facilitate) State duties Institutional duties Individual duties Parental duties Empowerment of youth Participation of youth Transparency Any cultural, traditional religious obstacles?	With rights come duties and responsibilities … Can you tell me what you have heard about these? What do you think are your institutions responsibilities when in comes to adolescents and their diet in South Africa? How much State support does your institution get? What is you experience? Is this ideal? How should it be?

	Legislation (acts, policies, documents) Awareness Understanding Opinions	Policy Guidelines for Youth and Adolescent Health WHO Global Strategy Voluntary Guidelines Guideline 10 on Nutrition	Are you aware of any policies or guidelines addressing adolescents and their nutrition and health? Can you tell me if you have any experience of using them in your work? Do you find them useful? In which way?
	Advocacy (projects, programmes) Awareness Opinions Attitudes Obstacles Motivation to act Capacity to perform	PROMBTS INP Soul City School Meals Vending machines Tuck shops Education/Information Price regulation Prevention vs. treatment Physical activity	It is said that the adolescence is a good time for intervention as kids form their nutrition habits during their teenage years and interventions can have a great impact on their diets and health in the future. What is your opinion on this? What experience do you have? Are they motivated? Do you experience that is easier working with children or adults? Should we focus on more important and acute issues during teenage years instead of focusing on nutrition and physical activity? How is the motivation level of your institution? Do have any opinions on parents' motivation? What about schools? What about the State? Can you tell me what your think about current nutrition and health programmes for adolescents? What are your personal experiences? What experience do you have with conducting programmes/projects/education on these issues? How should these programs look like according to you? Should they be universal? What should be different from today? Some people mean that vending machines and tuck shops in the school contribute to unhealthy lifestyle of the adolescents. Could you tell me what your views are concerning this? Do you think any other issues are important and should be addressed? The government has made good policies regarding adolescent health, but not many projects and programmes have been conducted. It has been said that the financial issues are one big obstacle. Any other obstacles and challenges that you think are of importance? What are you dreams and thoughts about these problems and how they should be addressed? Have you discussed this with other staff members members? How is their motivation? Do they support you? And now the last question … can you tell me anything about concrete future plans your institution has on addressing issues concerning adolescents and their nutrition? (Do you know how and where I can get a hold of that information?)
SUMMARY	Would you like to add something before we finish the interview?		
EVALUATION	Could you please fill in this form and fax it to me as soon as you finish?		
FURTHER INFORMATION	Is it fine with you that you call or email you if I have any further questions regarding the issues discussed? Do you know about people/places where I could get a hold of information that might be of interests for my study? Do you know of anybody else who might be of interest for my study? (Do you have their contact details?)		
CLOSURE	Thank you very much for the interview and for taking time out of your work to help me with my research. Would you like to receive the results before the thesis is submitted in order to review the information that you have given me? Would like to receive a copy of my thesis when it is done? Good bye and good luck with your work in the future.		

Appendix 5

Study permissions and approvals

Navrae
Enquiries
IMibuzo **Dr RS Cornelissen**

Telefoon
Telephone
IFoni **(021) 467-2286**

Faks
Fax
IFeksi **(021) 425-7445**

Verwysing
Reference
ISalathiso **20051222-0043**

Wes-Kaap Onderwysdepartement

Western Cape Education Department

ISebe leMfundo leNtshona Koloni

Miss Dijana Stupar
Department of Nutrition and Dietetics
Groote Schuur Hospital
OBSERVATORY
7925

Dear Miss D. Stupar

RESEARCH PROPOSAL: NUTRITION TRANSITION AND THE RIGHT TO ADEQUATE FOOD OF ADOLESCENTS.

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **1st February 2006 to 31st May 2006.**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2006).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9. Your research will be limited to the following schools:
10. A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

    The Director: Education Research
    Western Cape Education Department
    Private Bag X9114
    CAPE TOWN
    8000

We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 22nd December 2005

UNIVERSITY OF CAPE TOWN

Health Sciences Faculty
Research Ethics Committee
Room E53-24 Groote Schuur Hospital Old Main Building
Observatory 7925
Telephone [021] 406 6338 • Facsimile [021] 406 6411
e-mail: prcward@curaact.ac.za

22 December 2005

REC REF: 384/2005

Ms I Schloss
Nutrition & Dietetics
Health & Rehabilitation Sciences

Dear Ms Schloss

THE NUTRITION TRANSITION AND THE RIGHT TO ADEQUATE FOOD OF ADOLESCENTS

Thank you for your letter to the Research Ethics Committee.

It is a pleasure to inform you that the Ethics Committee has **formally approved** the above-mentioned study.

Please quote the REC. REF in all your correspondence.

Yours sincerely

PROF T. ZABOW
CHAIRPERSON

bngidi

UNIVERSITY OF CAPE TOWN

Health Sciences Faculty
Research Ethics Committee
Room E52-24 Groote Schuur Hospital Old Main Building
Observatory 7925
Telephone [021] 406 6338 • **Facsimile** [021] 406 6411
e-mail: preaward@curie.uct..ac.za

27 February 2006

REC REF: 384/2005

Ms D Stupar
Health & development Research Group
PO Box 19070
Tygerberg
7505

Dear Ms Stupor

PROJECT TITLE: THE NUTRITION TRANSITION AND THE RIGHT TO ADEQUATE FOOD OF ADOLESCENTS

Thank you for your letter to the Research Ethics Committee dated 16 February 2006.

It is a pleasure to inform you that the Ethics Committee has approved the consent form for the photographs and that confidentiality will be maintained. Approval is granted to continue.

Please quote the REC. REF in all your correspondence.

Yours sincerely

Wesley Kearley

for **DR. M. BLOCKMAN**
CHAIRPERSON, HSF HUMAN ETHICS

lemjedi

Appendix 6

Letters sent to the invited schools

The Medical Research Council UNIVERSITY OF OSLO UNIVERSITY OF CAPE TOWN

Friday, 10 March 2006

Dear Principal of the School,

I am a 24-year female student from Oslo, Norway in Europe now studying at University of Cape Town. As part of my Master's degree in Nutrition, I have just started a study on food habits and the right to adequate food among 15 years old Xhosa girls from Cape Town attending public schools. I would hereby like to invite your school to be a part of my study.

Enclosed in this letter is more detailed information on my study and also necessary documents that need to be filled if you want your school to participate in my project. Please read everything carefully if you think my study is of interest to you and your school.

I hope that you find my research of interest and that you are willing to let your school be part of my fieldwork.

Yours sincerely,

Dijana Stupar,
The researcher
072 264 7389

Appendix 6

INFORMATION LETTER FOR THE SCHOOLS

Title of the study: The nutrition transition and the right to adequate food of adolescents

Researcher: Dijana Stupar

Supervisors: Lesley Bourne, Ingrid Schloss, Michael Hendriks, Wenche Barth Eide and Margareta Wandel

Institutions: Division of Nutrition and Dietetics and Child Health Unit, University of Cape Town; Medical Research Council, South Africa; Department of Nutrition, University of Oslo, Norway

To whom it may concern,

My name is Dijana Stupar. I am a 24 year old female Master student in Nutrition from Oslo, Norway. I arrived in Cape Town (UCT) in September 2005 to conduct research as part of my Master's degree.

I am hereby inquiring for permission to conduct research at your school during March or April 2006. Your school has been selected as it has the kind of setting that I need for my study.

I am sending you the summary of my Study Protocol and the approval given by Research Ethics Committee at University of Cape Town. You are also receiving the approval from the Department of Education for conducting research at your school.

It is my plan to form 3 focus groups at 3 different public schools in Cape Town. Learners in grade 10 will receive basic information (written) about my study in both English and Xhosa, so that those who are not selected at the end know why this is the case and that they do not feel excluded and neglected. I will invite all Xhosa girls from grade 10 from each school to be a part of my study. From the girls who give their consents, whose parents give their consents, who are 15 years old and have no serious illness affecting their diet I will select **6-10 girls from each school** to form a focus group. Each group will meet twice for 2 hours each time. I would also like to conduct interviews with some teachers and other staff members from your school. Each interview will last for one hour.

Please sign the permission letter if you do want your school to be a part of my research. I will during the next days contact you by phone to see what your respond is or you can fax your respond back to me.

Before I can proceed with my research I need to agree with you on what is the best time and place for conducting the focus groups and on how to hand out and collect the Information letter and Consent forms from the learners. I would also like, if possible to establish contact with one reference person whom I can contact when needed. I will contact you as soon as possible regarding these issues after I receive your authorization.

I hope you find my study of interest and that you are willing to provide me with the required permissions and help. **If you have ANY further questions please contact me on 072 264 7389 or stupar@gmail.com**

Thank you very much for your time

With best wishes
Dijana Stupar,
The researcher

PERMISSION FORM FOR CONDUCTING OF RESEARCH

FOR THE STUDY "THE NUTRITION TRANSITION AND THE RIGHT TO ADEQUATE FOOD OF ADOLESCENTS"

Name of the school _____

Your position at the school _____

By signing my name below I, _____ (your name) give the permission to Dijana Stupar and her assistant to carry out the following research during March or April 2006 (*please select the option that you are permitting*):

□ 2 focus groups sessions lasting 2 hours each during school hours

Or

□ 2 focus groups sessions lasting 2 hours each during free hours or just after school hours

Or/and

□ 2-4 interviews with teachers and other relevant staff members lasting 1 hour each

_____ _____ _____

Authorisation signature Date Place

The Medical Research Council UNIVERSITY OF OSLO UNIVERSITY OF CAPE TOWN

Friday, 10 March 2006

Dear Principal of the School,

I am a 24-year female student from Oslo, Norway in Europe now studying at University of Cape Town. As part of my Master's degree in Nutrition, I have just started a study on food habits and the right to adequate food among 15 years old Xhosa girls from Cape Town attending public schools. I have earlier this year invited your school, both learners and the staff members to be a part of my study. Please note, that the current invitation is only involving you, life-orientation teachers and student counsellor and **not** the learners.

Enclosed in this letter is more detailed information on my study and also necessary documents that need to be filled if you want your school to participate in my project. Please read everything carefully if you think my study is of interest to you and your school.

I hope that you find my research of interest and that you are willing to let your school be part of my fieldwork.

Yours sincerely,

Dijana Stupar,
The researcher
072 264 7389

INFORMATION LETTER FOR THE SCHOOLS

Title of the study: The nutrition transition and the right to adequate food of adolescents

Researcher: Dijana Stupar

Supervisors: Lesley Bourne, Ingrid Schloss, Michael Hendriks, Wenche Barth Eide and Margareta Wandel

Institutions: Division of Nutrition and Dietetics and Child Health Unit, University of Cape Town; Medical Research Council, South Africa; Department of Nutrition, University of Oslo, Norway

To whom it may concern,

My name is Dijana Stupar. I am a 24 year old female Master student in Nutrition from Oslo, Norway. I arrived in Cape Town (UCT) in September 2005 to conduct research as part of my Master's degree. I am hereby inquiring for permission to conduct research at your school during March, April or May 2006. Your school has been selected as it has the kind of setting that I need for my study.

I am sending you the summary of my Study Protocol. I can fax the approval given by Research Ethics Committee at University of Cape Town and the approval from the Department of Education for conducting research at your school if necessary.

It is my wish to conduct interviews with the school principal, Life Orientation teachers and student counselor from your school. Enclosed in this envelope are four interview invitations with information letters and consent forms. Each interview will last for about one hour and will be recorder on tape for purpose of the analysis. If there are any more staff members that you think are suitable for my study, please contact me and I will provide more invitations. Please fax the filled in permission letter and signed consent forms (021-938 0342) if you do want me to carry out research at your school.

I hope you find my study of interest and that you are willing to provide me with the required permissions and help. **If you have ANY further questions please contact me on 072 264 7389 or stupar@gmail.com**

Thank you very much for your time

With best wishes

Dijana Stupar,
The researcher

Appendix 6

PERMISSION FORM FOR CONDUCTING OF RESEARCH

FOR THE STUDY "THE NUTRITION TRANSITION AND THE RIGHT TO ADEQUATE FOOD OF ADOLESCENTS"

Name of the school _____

Your position at the school _____

By signing my name below I, _____ (your name) give the permission to Dijana Stupar to carry out her research interviews with the school principal, student counsellor, life-orientation teachers and other relevant staff members lasting 1 hour each during March, April or May 2006.

_____ _____ _____

Authorisation signature Date Place

EVALUATION OF THE FIELDWORK FOR THE STUDY "THE NUTRITION TRANSITION AND THE RIGHT TO ADEQUATE FOOD OF ADOLESCENTS"

First of all, we thank you for all your help and support during our research project. We certainly do hope that your school has been positively affected by this study and that no harm has been made. It is truly important for us to get feedback from you so that we can improve the way we work. We are therefore hoping that you will find time to fill in this questionnaire and share your experiences and views with us. You can write outside of the marked area or on the separate sheet if you need more space.

Please fax the form back to us at 021 938 0342

CAN YOU IN A FEW SENTENCES STATE HOW IT HAS BEEN HAVING US AT YOUR SCHOOL? PLEASE BE AS SPECIFIC AS POSSIBLE

_____
_____
_____
_____

DO YOU FEEL THAT OUR RESEARCH HAS SOMETHING TO ADD TO THE RESEARCH COMMUNITY? PLEASE DO CLARIFY YOUR ANSWER

_____
_____
_____
_____

DO YOU HAVE ANY ADVICE ON HOW WE CAN MAKE THINGS BETTER NEXT TIME?

_____
_____
_____
_____

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US REGARDING OUR RESEARCH?

_____
_____
_____
_____

THANK YOU FOR YOUR TIME AND EFFORT,
DIJANA AND THEMBIE

INFORMATION LETTER FOR THE LEARNERS

Title of the study: The nutrition transition and the right to adequate food of adolescents

Researcher: Dijana Stupar

Supervisors: Lesley Bourne, Ingrid Schloss, Michael Hendriks, Wenche Barth Eide and Margareta Wandel

Institutions: Division of Nutrition and Dietetics and Child Health Unit, University of Cape Town; Medical Research Council, South Africa; Department of Nutrition, University of Oslo, Norway

DEAR LEARNERS,

My name is Dijana. I am a 24-year-old female student from Norway, Europe. I am studying at University of Cape Town this semester in order to finish my degree. I will therefore be doing a study at your school during autumn 2006. I want to inform you about this study, so that you know why only some students will be getting an invitation to it.

My study is focusing on **Xhosa girls from grade 10** and therefore will only they be invited to participate. Six to ten of those girls will meet two times for two hours each time during the next months, where we will talk about food that teenagers eat. We will also discuss some projects addressing the diet of teenagers in South Africa.

I would of have liked to include more students in my study, but sadly I only have money and time to select six girls from your school. They will be selected based on their age, their and their parents' permission to join the study and their answers to a few questions.

I am on beforehand really sorry if you are not to be selected and it is not my intention to cause any problems or difficulties for you and others with my study.

Thank you for your time and good luck with your schoolwork!

With best wishes,

Dijana Stupar,
The researcher

Appendix 7

Letters for the learners and their legal guardians

The Medical Research Council

UNIVERSITY OF OSLO

UNIVERSITY OF CAPE TOWN

Dear Learner and Parents/Legal Guardians,

I am a 24-year female student from Oslo, Norway in Europe now studying at University of Cape Town. As part of my Master's degree in Nutrition, I am during autumn 2006 planning to do a study on food habits among 15 years old Xhosa girls from Cape Town going to public schools.

Enclosed in this letter is more detailed information on my study and also necessary documents that need to be filled in if you want to be a part of this study. Please read everything very carefully if you are interested in finding out more about my project or taking part in it.

I hope that you find my research of interest and that you are willing to participate in my study.

Yours sincerely,

Dijana Stupar,
The researcher
072 264 7389

INFORMATION LETTER FOR THE GIRL INVITED

Title of the study: The nutrition transition and the right to adequate food of adolescents

Researcher: Dijana Stupar

Supervisors: Lesley Bourne, Ingrid Schloss, Michael Hendriks, Wenche Barth Eide and Margareta Wandel

Institutions: Division of Nutrition and Dietetics and Child Health Unit, University of Cape Town; Medical Research Council, South Africa; Department of Nutrition, University of Oslo, Norway

DEAR LEARNER,

WHY ARE YOU GETTING THIS LETTER?
You are getting this letter, because I would like you to be a part of my research project, which is a part of my postgraduate University degree in Nutrition. I am a female student from Norway in Europe studying at University of Cape Town. I am planning to do a study among 15 years old Xhosa girls from 3 different public schools in Cape Town during autumn 2006. I am interested in what they know and think about the food they eat and projects that deal with teenagers' health and nutrition. The girls will, in groups talk about these topics. After the study is finished I will write a paper about the study and its results. I hope that the results from my study can teach others and me more about why teenagers eat what they eat and how their diet can be improved if needed.

I am with this letter asking you if you want to be a part of this study, as one of the girls in the groups.

WHAT WILL THE GROUPS BE LIKE?
My study will have 3 groups with 6-10 girls from the same school in each group. Each group will meet 2 times during daytime at their schools. Each meeting will last for 2 hours. Snacks and drinks will be served. One other woman that speaks Xhosa and I will also be there. We will ask the group some questions and they will together discuss them.

WILL YOU MISS ANY SCHOOL HOURS?
If the groups take place during school hours, I will get the permission from your school to do so. However I will as much as possible try to avoid that you actually miss out of school time. I will talk to your school regarding your school time schedule and try to have the groups during free hours or immediately after school. If this is not possible, it is up to you and your parents/legal guardians to decide if you want to miss school or not. Remember that even if you say YES to be in the group now, you can later on change your mind at any time.

WHAT WILL YOU GET IF YOU TAKE PART?
There is no payment for taking part, but you will get snacks and drinks during the groups.

WILL OTHER PEOPLE KNOW WHAT YOU HAVE SAID DURING THE GROUP?
It is important that yours and others' privacy is respected at all times and therefore you should not talk about any personal information that is shared in the group after the group is over.

Only I will know your full name. All documents that contain your name will be kept private and destroyed after the study is finished. All information that you give during the groups will be recorded on (sound) tape, so that I can examine what has been said in more detail and learn from it. I might also take notes during the groups, as they will help me remember better. All tapes and notes will be destroyed after I have written the paper about my study. All names and other identifying information will be removed or changed and nobody will be able to trace any information back to you. Consent and Assent forms will be kept at a private place so that nobody, but me can access them. Some members of the University of Cape Town Research Ethics Committee may check the information from this study for quality control and check up if necessary, but this will be done under strict privacy.

WHAT DO YOU NEED TO DO?
In the envelope you just received you will find: two Information letters, two copies of Assent form, two copies of Consent form and one questionnaire. **Please read everything very carefully.** You need to take all the papers with you to your parents/legal guardians at home. They must read all the documents in this

letter and agree to you being a part of a group as you are still a minor. If you want to be a part of my study, you need to sign the Assent form and your parents/legal guardians need to sign the Consent form. This is so that I know that both you and your parents agree on you being in one of the groups. **Please make sure that a witness also signs the Assent and Consent forms.**

You also need to fill in the questionnaire that is included in this letter. It will give me some information about you and your nutrition and health that will help me decide if you can be a part of my study or not. For my study I need girls with somewhat different food and sports habits and this is why some of the questions in the questionnaire are about these issues.

I need you to return one signed Assent form and Consent form and filled in questionnaire to your school in the envelope provided. **Please do this as soon as possible.** I will come and collect the forms from your school within the next week. You can keep the Information letters and the other copies of the forms if you or your parents/legal guardians want so.

Both your parents/legal guardians and you can at any time change your mind and you do not have to give me any reason for not wanting to take part in the groups.

HOW WILL YOU KNOW THAT YOU ARE IN ONE OF THE FINAL GROUPS?
I have invited all Xhosa girls from grade 10 from 3 different public schools in Cape Town to my study. Only the girls from whom I receive the signed Assent and Consent forms **AND** are 15 years old **AND** do not have any diseases that affect their diet can be in the groups. I can only pick 6-10 girls from your school because of little amount of money and time that I have. Those girls will get one more invitation from me with the date (March/April 2006), time and place (your school) of the group meeting. **Please fill in your phone number in the questionnaire so that I can contact you with this information.**

WHO CAN I ASK IF I HAVE QUESTIONS ABOUT THE STUDY?
At any time now, before and during the study you can call me, Dijana Stupar at 072 264 7389.

Thank you for your time

With best wishes,

Dijana Stupar
The researcher

Appendix 7

QUESTIONNAIRE

Please answer the following questions by circling in the option that is most correct. The answers will ONLY be used to help me decide if you can be a part of my study or not. All information that you give here, will be kept private and it will be destroyed after the end of the study.

If there are some questions you cannot answer yourself, you can ask some adults at home to help you.

Your age: _____
Your phone number: _____

1. Do you have any food allergies? If yes, which ones?
   Yes, _____ No
2. Do you have any chronic medical conditions that affect your diet, so that you have a special diet prescribed to you by your doctor?
   Yes No

3. How many times a week do you exercise or do sports?
   0 1 2 3 4 5 6 7
4. How many times a week do you eat food in fast food shops, restaurants or other food shops?
   0 1 2 3 4 5 6 7
5. How many times a week do you eat before you go to school in the morning?
   0 1 2 3 4 5 6 7
6. How many times a week do you eat at your school?
   0 1 2 3 4 5 6 7
7. How many times a week do you buy food while you are at school that you eat yourself?
   0 1 2 3 4 5 6 7
8. How many times a week do you bring food from home that you eat at school?
   0 1 2 3 4 5 6 7

Please look over the questionnaire and make sure that you understand all the questions and that you have answered them as correctly as possible

Thank you very much for your time

ASSENT FORM FOR THE GIRL INVITED

I, _____ (your name) understand that I am invited to be a part of this study as explained in the Information letter.

I understand that I **may** be part of one of the groups in autumn 2006, but only if I receive one other invitation by phone. I understand that the group will meet 2 times and last for 2 hours each time. I understand that the whole session will be (sound) taped.

I agree to take part of my own free will and I was given enough time to decide on this. If I wish to pull out from the group I may do so at any time and I do not have to give any reason for doing so. This will not at any time be held against me or anybody else.

I understand that I **may perhaps** miss maximum 4 school hours. If I and/or my parents/legal guardians do not want this, I know that I can change my mind about being a part of the group at any time.

I understand that I am not to talk about private issues of the girls in the group outside of the group.

I realize that all the names, information, results and Consent and Assent forms will be carefully protected from other people and kept private so that no one can trace my name and information I have given back to me.

I agree that members (only those with special permits) of the University of Cape Town Research Ethics Committee can, when necessary see the information from the study, under conditions of strict privacy and for reasons of quality control and check up only.

I have carefully read and understood both the Information letter and this Assent form. I know that I can keep copies of these documents if I want to.

The documents in this letter were given to me in Xhosa and I confirm that I have a good command of the language and I understand the explanations. I was also given the chance to ask questions on things I did not understand.

I agree to be part of this study and I give my assent by signing my name below.

----------	----------	----------
Girl's Signature	Date	Witness

INFORMATION LETTER FOR THE PARENTS/LEGAL GUARDIANS

Title of the study: The nutrition transition and the right to adequate food of adolescents

Researcher: Dijana Stupar

Supervisors: Lesley Bourne, Ingrid Schloss, Michael Hendriks, Wenche Barth Eide and Margareta Wandel

Institutions: Division of Nutrition and Dietetics and Child Health Unit, University of Cape Town; Medical Research Council, South Africa; Department of Nutrition, University of Oslo, Norway

DEAR PARENT/LEGAL GUARDIAN,

I am a student from Norway in Europe studying at University of Cape Town. As part of my degree in Nutrition, I am planning to do a study among 15 years old Xhosa girls from 3 different public schools in Cape Town. I am interested in what they know and think about the food they eat and in what they know and think about projects that deal with teenagers' health and nutrition. The girls will, in groups talk about these topics and answer some questions. After the study is finished I will write a paper about the study and its results.

Your child has been invited to be a part of my study. **Please read ALL the information provided in this letter very carefully.**

Participation of your child in the groups will not cost you or your child anything except for the time needed for your child to participate. All information given will be kept confidential. All individual results will remain anonymous. Although you will have no direct access to your child's results you will be able to contact the researcher if you wish. See contact details below.

You cannot be forced to consent on behalf of your child nor can your child be forced to give its assent. You can withdraw your child from the study at any time. If you choose to do this, neither you nor your child will be disadvantaged in any way and it will not be held against either of you.

Do you want your child to participate in my study? If yes, please fill in the necessary information in the Consent form.

At any time now, before and during the study you can call me, Dijana Stupar at 072 264 7389 if you have any questions.

I thank you very much for your attention and I apologize for any inconveniences.

With best wishes

Dijana Stupar
The researcher

CONSENT FORM FOR THE PARENT/ LEGAL GUARDIAN

I, _____ (your name), the parent/legal guardian of _____ _____ (child's name) have carefully read and understood the Information letter, Assent form and this Consent form.

I have been informed of the purpose of this study, the confidentiality of the study, that the child's participation is voluntary and that she and I can withdraw our assent and consent any time.

I understand that my child **may perhaps** miss maximum 4 school hours. If I and/or she do not want this she can withdraw from the group at any time.

I understand that all information that can be traced back to my child and/or me, including Assent and Consent forms will be kept confidential and that no real names will be used in any documents on this study. I understand that the group session will be recorded on tape (audio) and that these recordings will be destroyed after the study and the written report are finished.

I give permission for authorised members of the University of Cape Town Research Ethics Committee to see the information recorded during this study, under conditions of strict confidentiality, for reasons of quality control and inspection only if necessary.

The documents in this letter were given to me in Xhosa and I confirm that I have a good command of the language and I understand the explanations. I was given the opportunity to ask questions on things I did not understand clearly.

I know that I can keep copies of the Information letter, Assent and Consent forms if I want so.

I agree that _____ (name of the child) can take part in this study and I give my consent by signing my name below.

| --- | --- | --- |
| Parent's/Legal Guardian's signature | Date | Witness |

INFORMATION LETTER in relation to PHOTO TAKING

Dear girl and her parents/legal guardians,

I would like to take some photos of the group meeting next time. The photos might be used in my final report/thesis on the study to show what the meeting and the surroundings in my study were like. The photos will not be used for any other purposes and no names or any other personal and identifiable information will ever appear together with the photos. The photos will not be published anywhere else but in my final report/thesis.

If you do want the photos to be taken during the next meeting, **both of you and a witness** need to sign the Consent form. In this case, please bring the signed form along to the next meeting.

Remember that it is totally up to YOU to decide on this issue. The photos will only be taken of those girls who agree by signing the Consent form below. The parents/legal guardians of those girls must also agree by signing the Consent form below.

No harm will come to you if you do not sign this letter and you can at any time change your mind without stating any reasons.

Please contact me if you have any questions. My number is 072 264 7389.

Thank you so much for all your help during my study,

Yours sincerely,

Dijana Stupar
The researcher

FOR THE GIRL
CONSENT FORM in relation to PHOTO TAKING

I, _____ (your name) hereby give my permission to Dijana Stupar (the researcher) to take photos during the next group meeting as described above.

I do understand that no personal details or any other identifiable information will ever be connected to the photos taken and that photos will only be published in Dijana Stupar's report/thesis on this particular research project.

I agree to take part of my own free will and I was given enough time to decide on this.

I understand I can change my mind at any time without punishment.

I have carefully read and understood both the Information letter and this Consent form. I know that I can keep copies of these documents if I want to.

I was given a chance to ask questions on things I did not understand.

I give my consent by signing my name below.

Date _____

Place_____

Girl's signature _____

Witness's signature _____

FOR THE PARENTS/LEGAL GUARDIANS
CONSENT FORM in relation to PHOTO TAKING

I, _____(your name) the parent/legal guardian of _____ (the girl's name) hereby give my permission to Dijana Stupar (the researcher) to take photos during the next group meeting as described above.

I do understand that no personal details or any other identifiable information will ever be connected to the photos taken and that photos will only be published in Dijana Stupar's report/thesis on this particular research project.

I agree to take part of my own free will and I was given enough time to decide on this.

I understand I can change my mind at any time without punishment.

I have carefully read and understood both the Information letter and this Consent form. I know that I can keep copies of these documents if I want to.

I was given a chance to ask questions on things I did not understand.

I give my consent by signing my name below.

Date _____

Place_____

Parent's/legal guardian's signature _____

Witness's signature _____

HI ☺

I am very grateful for your input today. I hope you had fun!
Could you please answer these questions and help me improve the groups?

WHAT WAS IT LIKE FOR YOU TO BE IN THE GROUP?

_____
_____
_____

COULD YOU TALK ABOUT YOUR OWN VIEWS AND FEELINGS WITHOUT RESTRAINT?

IF NOT, CAN YOU WRITE DOWN WHAT IT WAS THAT YOU COULDN'T TALK ABOUT?

_____
_____
_____

WHY COULD YOU NOT TALK ABOUT THESE THINGS?

_____
_____
_____

HOW DO YOU THINK IT WORKED TO MIX ENGLISH AND XHOSA DURING THE GROUPS?
CAN YOU PLEASE CLARIFY YOUR ANSWER?

_____
_____
_____

WHAT WOULD YOU CHANGE ABOUT THE GROUP IF YOU COULD?

_____
_____
_____

THANK YOU FOR TAKING YOUR TIME!!!

Appendix 8

Letters for the key informants

The Medical Research Council

UNIVERSITY OF OSLO

UNIVERSITY OF CAPE TOWN

Dear Mister/Mrs/Miss,

I am a 24-year female student from Oslo, Norway in Europe now studying at University of Cape Town. As part of my Master's degree in Nutrition, I have just started a study on food habits and the right to adequate food among 15 years old Xhosa girls from Cape Town attending public schools. I would herby like to invite you for an interview, as one part of my study is to interview public role-players about the above-mentioned issues.

Enclosed in this letter is some more information on my study and also necessary documents that need to be filled if you do want to be interviewed. Please read everything carefully.

If you think that somebody else you know or work with would be better suited for my study, I would appreciate it if you could give me the details of that individual. As my study is of qualitative nature, I am selecting my participants throughout my research period using a purposeful and snowball/chain sampling* and I would be more than thankful if you could assist me in this process.

I hope that you find my study of interest and that you are willing to participate.

Yours sincerely,

Dijana Stupar,
The researcher
072 264 7389

* The procedure of snowball/chain sampling is when the researcher asks well-suited people "Who knows a lot about XXX? Whom should I interview and talk to?" and in this fashion samples out a group of participants that can help the researcher reach the study's objectives.

INFORMATION LETTER

Title of the study: The nutrition transition and the right to adequate food of adolescents

Researcher: Dijana Stupar

Supervisors: Lesley Bourne, Ingrid Schloss, Michael Hendriks, Wenche Barth Eide and Margareta Wandel

Institutions: Division of Nutrition and Dietetics and Child Health Unit, University of Cape Town; Medical Research Council, South Africa; Department of Nutrition, University of Oslo, Norway

WHY HAVE YOU RECEIVED THIS LETTER?
You have received this letter because I would like you to participate in my research project. You have been selected to participate, as your position is relevant for the objectives of my study.

I am hereby inviting you for an interview.

WHAT IS MY RESEARCH PROJECT ABOUT?
I am a Master student in Nutrition from Norway, Europe, but currently engaged at University of Cape Town. As part of my Master's degree I need to plan and conduct a research project and write a dissertation on it. I am interested in finding out more about the nutrition among adolescents in South Africa and I will therefore conduct a study in Cape Town in 2006.

One objective of the study is to examine, through data review and interviews what measures the government and other role-players are taking or planning to address nutritional problems and challenges among adolescents, especially related to unhealthy nutrition and overweight/obesity among this group. The results will be used to discuss government's performance in implementing commitments made to realize the human rights of the adolescents regarding their food, nutrition and health as enshrined in national and international law.

WHAT WILL THE INTERVIEW BE LIKE?
Each interview will last 60 minutes. If you work far from Cape Town the interview will be conducted over the telephone. If you do live in Cape Town you can choose if you want to meet in person or have the interview over the telephone. When possible the interview will be recorded on tape. This is depended on availability of needed equipment for recording telephone interviews. When recording of the interview cannot find place, the notes will be taken.

WHAT DO YOU HAVE TO DO IF YOU WOULD LIKE TO TAKE PART IN MY STUDY?
If you would like to participate, you need to return one signed Consent form to me using the envelope enclosed in this letter. You can also fax the signed form back to me (021 938 0342). Please make sure that a witness also signs the form.

If you have a preferred day/period (the study will go on from February till May 2006) and place for the interview please write this down on the Consent form. If not you will receive suggestion for a date, time and place in the next letter from me. **Please State your contact number so that I can get in touch with you.** If the date, time and place are wrong for you, it will of course be possible to reschedule. You will receive one telephone call from me a few days before the interview, where you will be asked if you still want to be a part of the study or not. You can at any time withdraw without stating any reason.

WHAT WILL YOU RECEIVE IF YOU TAKE PART?
There is no payment for taking part in the study. You will with your participation help me and others working with nutrition, to better understand what your institution is doing for adolescents and their nutrition and why. I hope that the results can teach both you and me more about adolescents' behaviour regarding their diet and lifestyle and how the problems and challenges can be dealt with when needed. The results from this study can hopefully contribute to awareness raising and promotion of new projects and programmes that can improve the health and nutrition of adolescents and at the same time insure that their human rights are respected, protected and fulfilled.

WILL OTHER PEOPLE KNOW WHAT INFORMATION YOU HAVE GIVEN?

All information that you provide during the interview will be recorded or written down. In this way I can perform necessary analysis after the interview is over.

Consent forms will all be treated with confidentiality. Your name will not be given to anyone and will not be listed anywhere. Once the study is completed, only I will have access to the information about the participants in the study. All the notes and tapes will be destroyed after the completion of my thesis. For any results presented in my thesis, all names and other identifying information will be removed or modified, so that nobody can trace the information back to you. The results of the project will be made available to scientific community but no names will be linked to any results.

Authorised members of the University of Cape Town Research Ethics Committee may inspect the information recorded during this study, under conditions of strict confidentiality, for reasons of quality control and inspection if necessary.

DO YOU HAVE ANY QUESTIONS?
At any time now, before and during the study you can call me, Dijana Stupar at 072 264 7389 or email me at stupar@gmail.com.

DO YOU WANT TO PARTICIPATE?
If yes, please fill in the necessary information in the Consent form and follow the instruction given this Information letter.

I thank you very much for your attention and I apologize if any inconveniences have been caused.

With best wishes

Dijana Stupar
The researcher

CONSENT FORM

I, _____ (your name) agree to participate in this study conducted by the postgraduate student Dijana Stupar as part of her Master's Degree in Nutrition. I understand that one purpose of this study is to carry out interviews addressing adolescents' nutrition, programmes/projects dealing with this issue and adolescents' and other role-players' rights and responsibilities.

I understand that Dijana Stupar hereby invites me for an interview during summer/autumn 2006. I understand that the interview will last one hour. The whole interview will be audio taped, depending on the equipment availability. If not, notes will be taken during the interview.

By signing this Consent form, I declare that I take part in this study of my own free will and without being persuaded or pressured by any other person. I understand that if I wish to withdraw from the study or to leave I may do so at any time and I do not need to give any reason or explanation for doing so. If I do withdraw from the study, this will have no effects on my relationship with any personnel involved in the study or any other individual, organization, institution or agency.

I understand that all personal information, including this Consent form will be treated with confidentiality and that no names or other personal information will be published or relieved. I give permission for authorised members of the University of Cape Town Research Ethics Committee to inspect information recorded during this study, under conditions of strict confidentiality, for reasons of quality control and inspection if necessary.

I have carefully read and understood the Information letter and this Consent form. I can keep copies of the Information letter and Consent form if I wish to. I was given enough time to decide about taking part in this study. The information in this letter was explained to me in English and I confirm that I have a good command of this language and that I have understood the explanations. I was also given the opportunity to ask questions on things I did not understand clearly.

I document my consent by signing my name below.

----------	----------	----------
Participant's Signature	Date	Witness

Your contact number _____**/** _____

Preferred day for the interview _____ - 2006_

Preferred place for the interview_____

I would like to be interviewed ___ **in person** ___ **over the phone**

Another possible participant's name and contact number _____

_____

EVALUATION OF THE INTERVIEW FOR THE STUDY "THE NUTRITION TRANSITION AND THE RIGHT TO ADEQUATE FOOD OF ADOLESCENTS"

First of all, I must thank you for all your help and support during my research project. I certainly do hope that you have been positively affected by this study and that no harm has been done. It is truly important for me to get feedback from you. I am therefore hoping that you will find time to fill in this questionnaire and share your experiences and views with me. You can write on a separate sheet if you need more space or have any other contributions to my research.

Please fax the form back to me at 021 938 0342

HOW WAS IT TO BE INTERVIEWED FOR THIS STUDY? PLEASE BE AS SPECIFIC AS POSSIBLE

_____
_____
_____

DID YOU FEEL THAT SOME QUESTIONS WERE IRRELEVANT? PLEASE DO EXPLAIN WHICH ONES AND WHY.

_____
_____
_____

DID YOU FEEL THAT YOU HAD ENOUGH TIME TO GIVE AN ADEQUATE ANSWER ON MY QUESTIONS TO YOU? PLEASE STATE WHICH QUESTIONS/THEMES YOU ARE REFERRING TO.

_____
_____
_____

DO YOU FEEL THAT MY RESEARCH HAS SOMETHING TO ADD TO THE RESEARCH COMMUNITY? PLEASE DO CLARIFY YOUR ANSWER

_____
_____
_____

DO YOU HAVE ANY ADVICE ON HOW I CAN MAKE THE INTERVIEW BETTER NEXT TIME?

_____
_____
_____

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH ME REGARDING MY RESEARCH?

_____
_____
_____
_____

THANK YOU FOR YOUR TIME AND EFFORT,

DIJANA STUPAR
072 264 7389

Appendix 9

Focus group photos

Focus group A

Focus group C

Group work – Focus group B

Group work – Focus group B