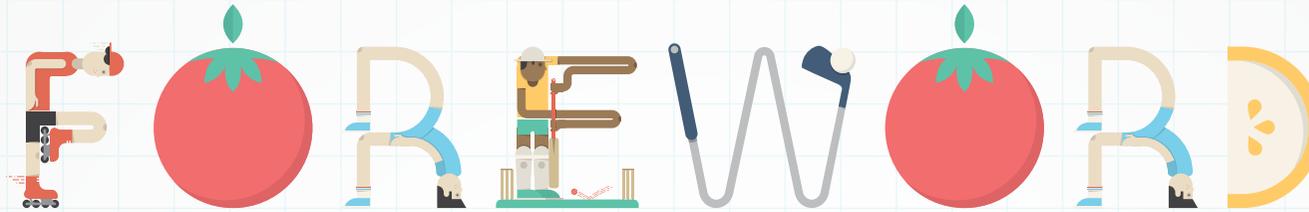




Report Card 2014



The Healthy Active Kids South Africa (HAKSA) Report Card 2014 examines the best evidence available for the current health status of South African children and youth, and asks the question: Are we doing enough?

While there are promising improvements reflected in the 2014 report – fewer children are going to bed hungry, and more are participating in organised sport – there is cause for concern, particularly in the areas of sedentary behaviour (where we rank towards the bottom on the global matrix) and fast food consumption, for which we score an F-. Overall the score for South African children in 2014 has slid from a C- to a D.

Non-communicable diseases account for more than a third of all deaths in South Africa, with notable increases in the risk factors of inactivity and obesity. And these trends are not unique to adults, children are increasingly affected by chronic diseases of lifestyle. While the levels of overweight, obesity and inactivity in urban youth are on the rise, their health is in decline.

It is clear that we are not yet doing enough to guide our almost 19 million children and young people towards better health choices. There is an urgent need for primary prevention of physical inactivity and obesity in children and youth, through effective and supportive policies and programmes ranging from peer and parental support, the school environment, through to communities and government.

This report takes one step in that direction – to help us identify and provide more opportunities for better nutrition and more activity for our children. We're not only enhancing their health with the immediate benefits of exercise and healthy eating – we're investing in a healthy future too.

Dr Craig Nossel

Head of Vitality Wellness

Discovery



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WHAT IS THE HEALTHY ACTIVE



This report highlights the current state of South African children's health with particular reference to physical activity, healthy eating and maintaining a healthy weight.

It's a review of the latest research on children's health habits from how much they play, how much fast food they eat, how much TV they watch and how much support they get for making healthy choices at home and school.

The information refers to children aged 6 to 18 years and provides an evidence-based benchmark and advocacy tool to help promote healthy habits.

The 2014 Healthy Active Kids South Africa (HAKSA) Report Card builds on the foundation of previous report cards from 2007 and 2010 and compares the different areas to see where we have improved – or not.

The Scientific Advisory Group of the Healthy Active Kids South Africa Report Card, and its sponsors, Discovery Vitality and the Sport Science Institute of South Africa, invite all South Africans, in whatever sphere of influence they represent, to 'step up' and create a healthier future for our children and youth.

WHAT IS THE



The effects of poor nutrition and sedentary living.

South Africa is home to more than 18.5 million children and young people.

There are concerning trends for inactivity and obesity, even in the face of widespread poverty and food insecurity. In urban youth, obesity, overweight and inactivity are on the rise. These patterns mirror global trends and have led to the fairly shocking prediction that children born from 2000 onwards might, for the first time in many generations, have a shorter life expectancy than their parents.



There is an urgent need to prevent physical inactivity and obesity in children and young people

Obesity affects 500 million

people worldwide and is predicted to increase to 1 billion by 2030.

The current generation of children may experience a shorter life expectancy than their parents. They deserve a better future.



In South Africa, more than 2 in every 3 adult women and 1 in every 3 adult men are either overweight or obese.

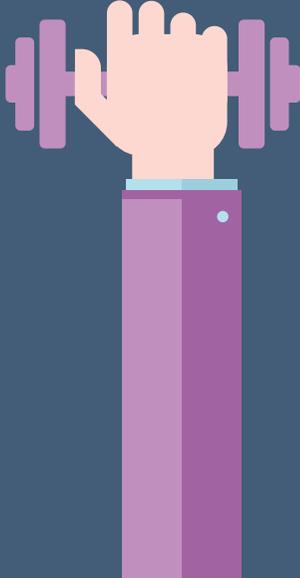
Nearly half of all adults are not active enough.



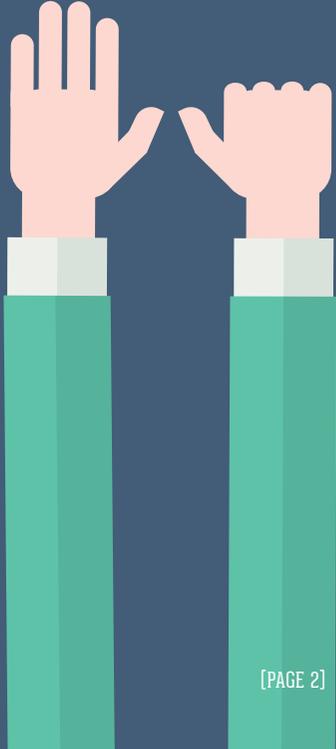
1 in 3 adults do not get enough exercise to prevent chronic diseases such as heart disease, diabetes, lung disease and certain types of cancers.



Physical inactivity has been described as a global pandemic – with a worldwide prevalence of 35%, and accounts for more than 5 million deaths each year, about the same number as smoking.

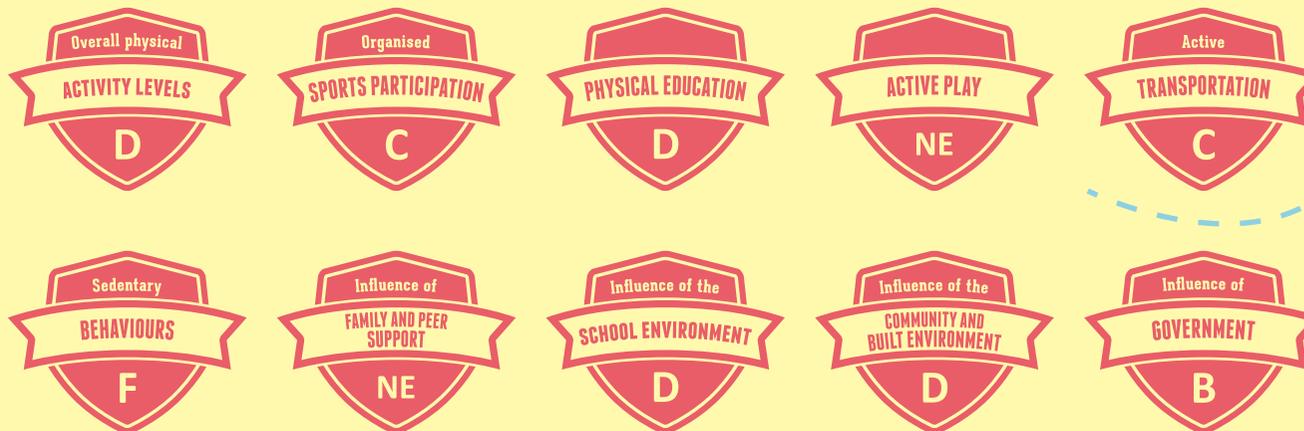


The prevalence of obesity and overweight has doubled in adolescent boys over a 6-year period.



OUR CHILDREN'S HEALTH STATUS

PHYSICAL ACTIVITY



- At least half of South African children are not active enough (less than an hour a day); we get a D grade for overall physical activity.
- Only half (or less than half) of urban kids take part in some kind of organised sport or recreational activity; that earns a C grade.
- Children spend almost three hours a day watching TV; we get an F for sedentary behaviour.

GRADING KEY

- | | | |
|--|---|--|
| A We are succeeding with a large majority of children and youth ($\geq 80\%$) | C We are succeeding with about half of children and youth (40-59%) | F We are succeeding with very few children and youth ($< 20\%$) |
| B We are succeeding with well over half of children and youth (60-79%) | D We are succeeding with less than half but some children and youth (20-39%) | NE No evidence or promising initiatives |



NUTRITION



- Overweight and obesity in children continues to increase – sugary drinks play a major role; the previous C- drops to a D grade.
- More than two thirds of adolescents eat fast food at least three times a week. We score an F-.

HOW SOUTH AFRICA STACKS UP



OVERALL PHYSICAL ACTIVITY

MOZAMBIQUE	B
NEW ZEALAND	B
MEXICO	C+
KENYA	C
NIGERIA	C
ENGLAND	D+
COLUMBIA	D
GHANA	D
FINLAND	D

SOUTH AFRICA D

AUSTRALIA	D-
CANADA	D-
IRELAND	D-
UNITED STATES	D-
SCOTLAND	F



ORGANISED SPORT PARTICIPATION

NEW ZEALAND	B
AUSTRALIA	B-
CANADA	C+
FINLAND	C
GHANA	C
KENYA	C

SOUTH AFRICA C

ENGLAND	C-
IRELAND	C-
UNITED STATES	C-
COLOMBIA	D
MEXICO	D
MOZAMBIQUE	F
NIGERIA	NE
SCOTLAND	NE



ACTIVE PLAY

NEW ZEALAND	B
KENYA	C
MOZAMBIQUE	C
NIGERIA	C-
FINLAND	D
AUSTRALIA	NE
CANADA	NE
COLOMBIA	NE
ENGLAND	NE
GHANA	NE
IRELAND	NE
MEXICO	NE
SCOTLAND	NE

SOUTH AFRICA NE

UNITED STATES	NE
---------------	----



ACTIVE TRANSPORTATION

FINLAND	B
MOZAMBIQUE	B
NIGERIA	B
MEXICO	B-
ENGLAND	C
KENYA	C
SCOTLAND	C

SOUTH AFRICA C

NEW ZEALAND	C-
AUSTRALIA	D
CANADA	D
GHANA	D
IRELAND	D
UNITED STATES	F
COLOMBIA	NE

A global matrix presented in rank order by grade

The grade for each indicator is based on the percentage of children and youth meeting a defined benchmark.

- A is 81% to 100%
- B is 61% to 80%
- C is 41% to 60%
- D is 21% to 40%
- F is 0% to 20%

NE is when no evidence or promising initiatives were reported.



SEDENTARY BEHAVIOURS

GHANA	B
KENYA	B
NEW ZEALAND	C
IRELAND	C-
COLOMBIA	D
FINLAND	D
MEXICO	D
UNITED STATES	D
AUSTRALIA	D-
CANADA	F
NIGERIA	F
SCOTLAND	F
SOUTH AFRICA F	
ENGLAND	NE
MOZAMBIQUE	NE



FAMILY & PEERS

AUSTRALIA	C
CANADA	C
FINLAND	C
KENYA	C
NEW ZEALAND	C
SCOTLAND	D-
COLOMBIA	NE
ENGLAND	NE
GHANA	NE
IRELAND	NE
MEXICO	NE
MOZAMBIQUE	NE
NIGERIA	NE
SOUTH AFRICA NE	
UNITED STATES	NE



SCHOOL

ENGLAND	A-
FINLAND	B
AUSTRALIA	B-
NEW ZEALAND	B-
CANADA	C+
KENYA	C
MOZAMBIQUE	C
IRELAND	C-
UNITED STATES	C-
GHANA	D
MEXICO	D
SOUTH AFRICA D	
COLUMBIA	F
NIGERIA	NE



COMMUNITY & THE BUILT ENVIRONMENT

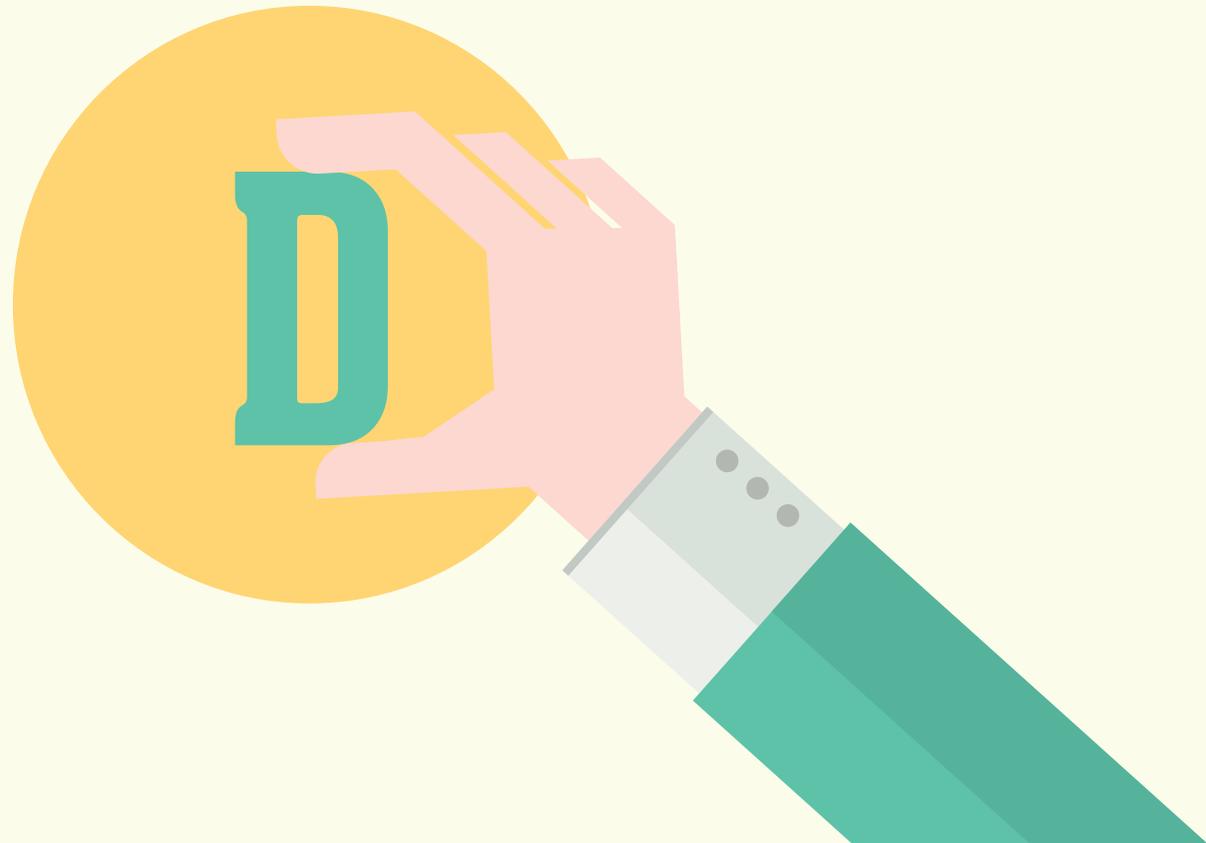
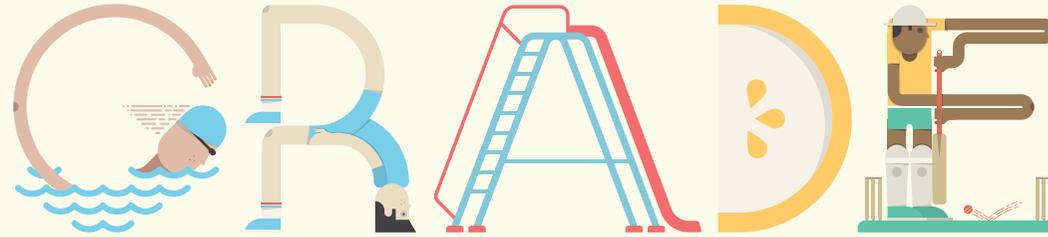
AUSTRALIA	A-
CANADA	B+
ENGLAND	B
FINLAND	B
IRELAND	B
SCOTLAND	B
UNITED STATES	B-
NEW ZEALAND	C
GHANA	D
SOUTH AFRICA D	
MEXICO	F
MOZAMBIQUE	F
COLOMBIA	NE
KENYA	NE
NIGERIA	NE

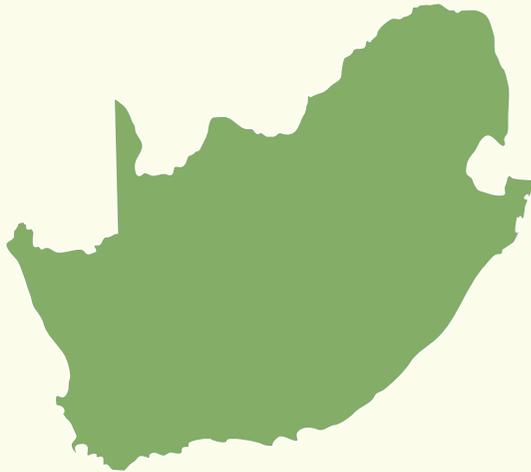


GOVERNMENT STRATEGIES & INVESTMENTS

COLOMBIA	B
FINLAND	B
SCOTLAND	B
SOUTH AFRICA B	
AUSTRALIA	C+
CANADA	C
KENYA	C
MEXICO	C
MOZAMBIQUE	C
GHANA	D
ENGLAND	NE
IRELAND	NE
NEW ZEALAND	NE
UNITED STATES	NE
NIGERIA	NE

OVERALL GRADE FOR
HEALTHY ACTIVE KIDS SOUTH AFRICA:



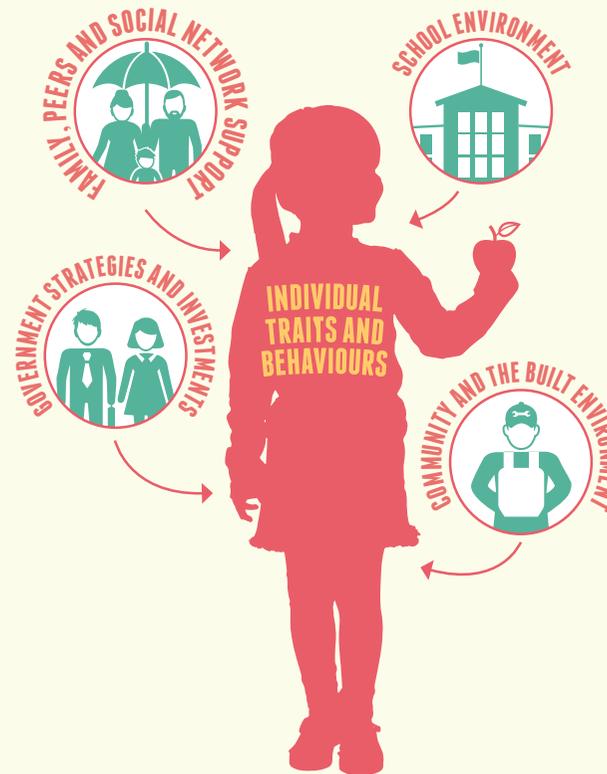


THERE HAVE BEEN SEVERAL EFFECTIVE INTERVENTIONS BY GOVERNMENT TO ENHANCE CHILDREN'S ACCESS TO BETTER FOOD AND ACTIVITY OPPORTUNITIES SINCE THE 2010 REPORT CARD:

- The National Sport and Recreation Plan (NSRP) has increased the number of learners who are active at school
- School nutrition schemes mean more children get a piece of fruit in their daily diet
- Fewer children are going to bed hungry.

But, overall, we are not doing nearly enough to help children eat better and exercise more:

- Children spend more and more time in front of screens large and small
- Fast food and soft drink consumption is increasing at alarming rates
- Few school tuckshops offer healthier choices
- Obesity rates are up.

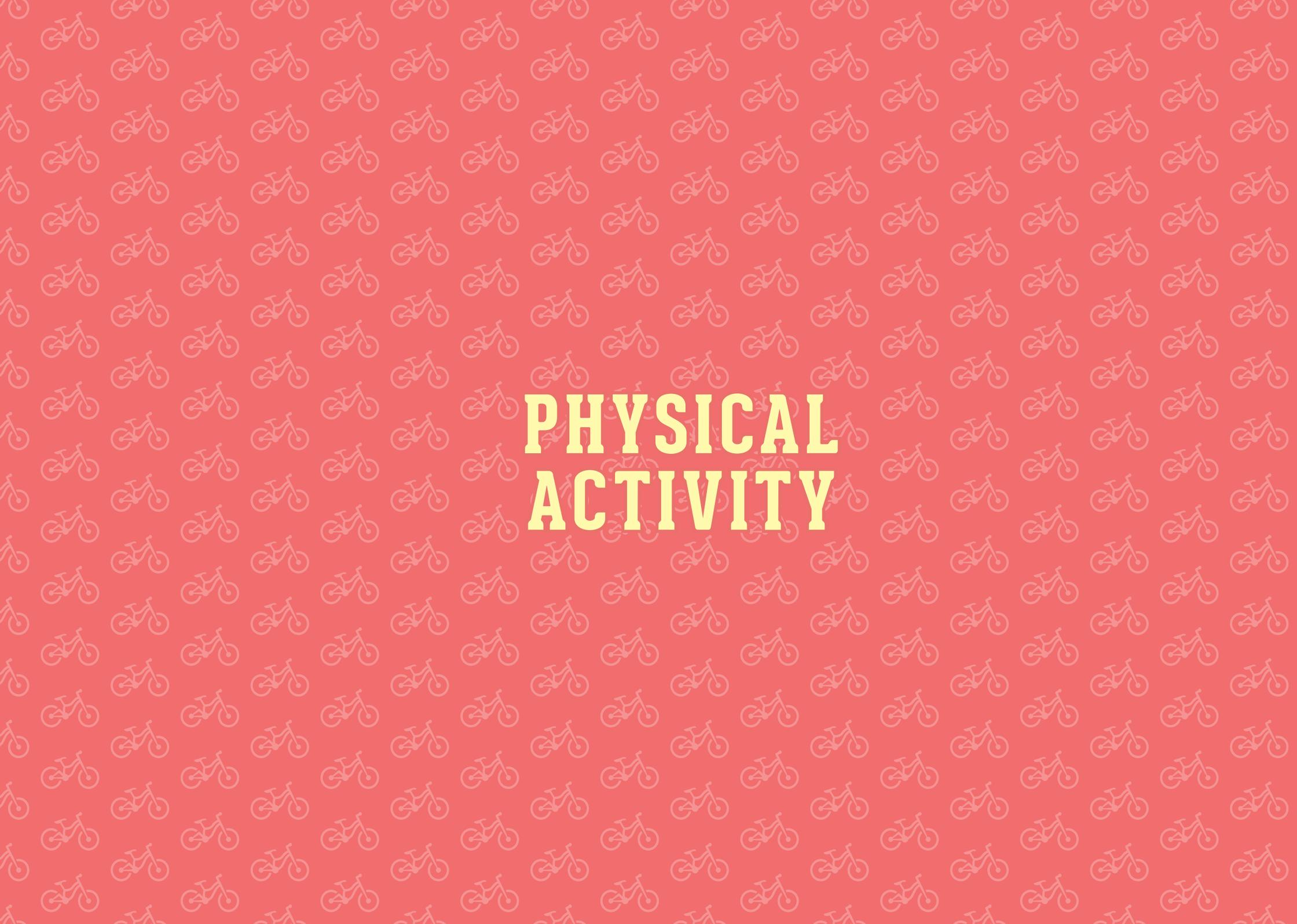


SUMMARY OF THE 2014 REPORT CARD INDICATORS

The different indicators are grouped into categories, a child's activity levels and eating habits (individual traits and behaviours) are influenced by all these spheres.

OVERALL, SOUTH AFRICA HAS SLID FROM C- IN 2010 TO D GRADING IN 2014.





PHYSICAL ACTIVITY



“WE NEED TO RECLAIM OUR NEIGHBOURHOODS,
it seems the days of cricket in the streets
AND RIDING BIKES ARE GONE,
we need to bring those activities back.”

Professor Vicki Lambert, of the MRC/UCT Research Unit
for Exercise Science and Sports Medicine,
and co-author of the report



Overall physical

ACTIVITY LEVELS

The recommended amount of daily activity is 60 minutes; most kids get less than 20 minutes a day.

- Nearly 40% of high school girls in one study were insufficiently active and in all studies, boys were more active than girls.
- Less than a third of rural primary school children surveyed achieved the daily activity goal.
- In the most recent survey of grades 1 to 12, the average time spent being moderately to vigorously active was only 100 to 200 minutes a week or, **less than 20 minutes each day.**
- Older children were the least active.

At best only 50% of learners are active enough, whether at home or school or at play. Older children and girls are at greatest risk for not getting enough physical activity.





Participation seems to be higher in urban areas where 66% of children play sport, compared with less than 50% in rural areas.

- Schools with more resources seem to have better participation levels.
- Boys are more likely to participate than girls (72% versus 43%).

Organised sports participation in South Africa shows some reach and therefore scores a C. More opportunities should be offered in rural areas and communities need to encourage more girls to get involved.



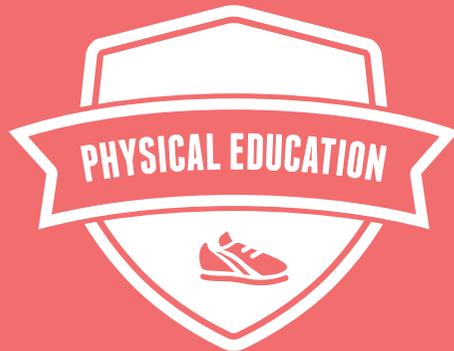
Showing what kids can achieve, is super-sporty Ashleigh Irvine-Smith from Jozi

Her sporting achievements this year include being selected for the Gauteng district hockey side, coming second at the SA Triathlon Championships and third at SA Duathlon Championships. Ashleigh has also made the Gauteng side for biathlon and Level 2 Championships for swimming, and she excels in gymnastics and cross-country. She's no slouch in the classroom either: she's achieved academic colours every year from Grade 4 and was awarded her academic honours blazer last year.

"My parents were always very involved in sport so it was a part of my life from very early on. Most of our holidays always involve cycling, running, hiking or swimming together," she says.

"The first event I did was the 94.7 kiddies race when I was six. My dad ran next to me and it poured with rain the whole race! I absolutely loved it and it was an example to me of how sport is a great way to have fun with your family."

Ashleigh says: Nothing comes easily, if you don't get it the first time, that's ok, just keep trying. "Sport makes me feel good about myself, and if I go a day without exercise I feel sluggish and lazy! My lunchbox always has healthy snacks and fruit in it."



Less than two-thirds of children participate in weekly physical education classes.

- The average time spent in physical education classes was 30 to 40 minutes a week.
- In urban primary schools, more than a third of 10 year olds (34%) did not have physical education during the week. Again, higher income schools enjoyed greater participation.

Physical education might be one of the 'best investments' for physical activity, but our children are not getting the benefits.



THE BEST INVESTMENT FOR PHYSICAL ACTIVITY

One of the settings considered to be a best investment for physical activity (by the Global Advocacy for Physical Activity group) is a 'whole of school' approach.

This recognises the school as the perfect environment to teach children the skills, knowledge and habits for life-long healthy and active living.



involves:

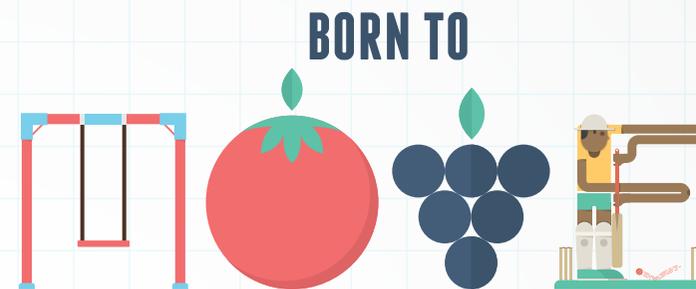
- Physical education classes
- Suitable play areas
- Resources for structured and unstructured play time before, during and after school
- Walk/cycle to school programmes.



More than 50% of boys and girls report being very active on weekends.

- During and after school, most primary school learners spend at least four hours playing outdoors.
- Boys are more active than girls.
- Just over 50% of children report being very active over weekends.
- Lower socio-economic status was associated with around 1.5 hours more active play per day, less sedentary time, and more walking for transport.

As a new indicator for the Healthy Active Kids South Africa Report Card there isn't yet sufficient data for a grade, but it is promising that over half of children surveyed were very active on weekends.



Little kids are naturally active and love to move around, but as they get older, it can be a challenge for kids to get enough daily activity. Increasing demands of school, a feeling that they aren't good at sport, a lack of active role models or places to play outside, busy working families and safety are some obstacles to activity. But despite barriers, parents can instill a love of activity and build movement into the daily routine. Early healthy habits can last a lifetime.

The keys to helping kids move more are:

- Choosing age-appropriate activities
- Giving plenty of opportunities for active play
- Keeping it fun: kids won't do something they don't enjoy.



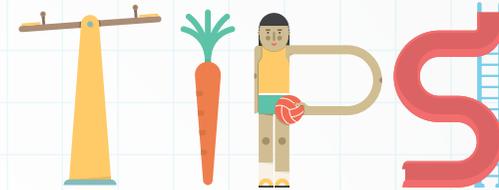
68% of learners walk to school, their safety is a concern.

- A survey of 1 500 households in the Western Cape reported that 68% of learners walk to school, 9% travel in private cars, and 7% by taxi.
- Typically, children from higher income areas are more likely to rely on motorised transport.
- Road safety is a major issue: pedestrian fatalities accounted for 20 to 50% of childhood deaths in the age category of 0 to 14 years in 6 large metropolitan areas in SA.

A C grade is given for active transport because more than two-thirds of learners walk to school. However, there is a need to address safety and equity for learners.



ROAD SAFETY



- Obey all traffic signals and be aware of cars when walking, cycling or skateboarding.
- Cross the road only at designated areas or use bridges.
- Do not walk along road sides at night.
- Wear a seat belt whenever you're in a car.
- Follow the rules of the road.
- Drive defensively, and never with a drunk driver.
- Strap children in safely, with appropriate, good quality car or booster seats for their weight and age.
- Wear a helmet when cycling and riding a motorbike.
- Don't wear any clothing that can interfere with your vision while walking or driving.

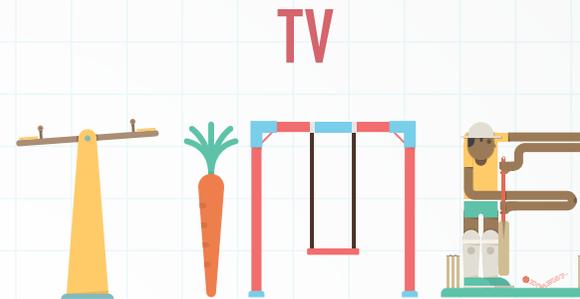
Source: Arrive Alive



Children between 10 and 17 watch an average of 3 hours of TV a day increasing to more than 3.5 hours a day over weekends.

- 1 in 3 children over age 15 use the Internet.
- In 2011, Mxit had 44 million registered accounts in SA, a quarter of which belonged to teenagers.
- But it's not just TV; screen time also includes Internet, smartphones, tablets and gaming consoles.
- Non-screen sedentary behaviour, which includes school/study, socialising, transport and self-care was added to the report card this year.
- Children spend:
 - Over three hours a day learning
 - Nearly two hours socialising
 - Over an hour listening to the radio.

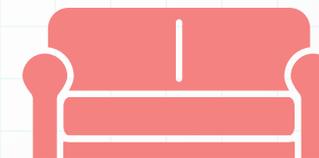
South African children spend a large proportion of their time in sedentary behaviour, the most concerning of which is screen time. For this reason, South Africa scores an F.



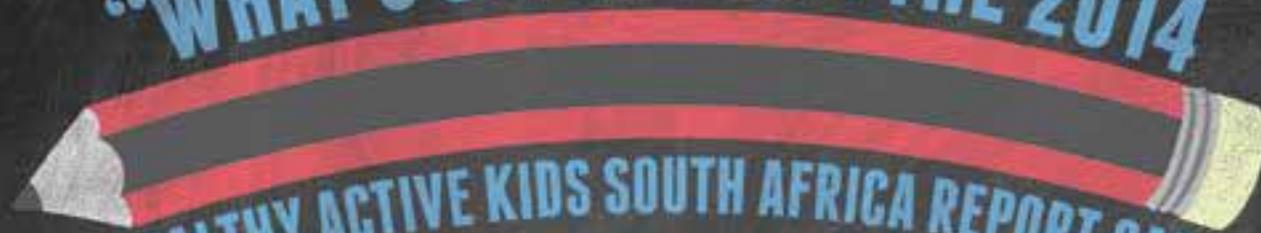
It is well known that sedentary behaviour and obesity coexist and both are associated with cardiovascular disease.

Several agencies and governments around the world now recommend that children under the age of 2 have no TV access at all, and children between 2 and 5 be limited to 1 to 2 hours of educational programming a day.

In addition to the US (where the Department of Health now specifically cites the reduction of screen time as a health priority), the Canadian and Australian governments urge limits on children's screen time and the UK may soon follow.



“WHAT’S CLEAR FROM THE 2014



**HEALTHY ACTIVE KIDS SOUTH AFRICA REPORT CARD
IS THAT IT IS TIME FOR PARENTS TO STEP UP.
AUTHORITATIVE PARENTING,
WHERE PARENTS RESPECT THEIR CHILD’S AUTONOMY
WITHIN FIRM BUT LOVING BOUNDARIES,
HAS BEEN ASSOCIATED WITH LOWER LEVELS OF TELEVISION VIEWING.”**

Professor Vicki Lambert, of the MRC/UCT Research Unit
for Exercise Science and Sports Medicine,
and co-author of the report



Support from parents, teachers and friends has a positive impact on children's participation in physical activities.

In one study of primary school learners across all socio-economic groups:

- Around **30%** parents surveyed never watched their children participate in activities
- **12%** do not encourage their children to participate
- **50%** do not, or are unable to, provide transport to activities
- **32%** do not play any activity with their children.

Children are clearly not getting enough family support. (A grade will be given when there are better measures in place for this indicator.)



SUPPORTING YOUR ACTIVE



- **Gifts that give health:** A cricket bat or soccer ball instead of a video game is more likely to get kids moving.
- **Schedule active time:** Instead of Friday night pizzas, make family time active time with a putt-putt tournament; instead of an ice cream outing, do a mountain hike together.
- **Make movement part of your life:** Organising a climbing, gymnastics or 'mini Olympics' birthday party makes movement fun.
- **Set a good example:** If you want your kids to love being active, show them how enjoyable it is to take part in fun runs or bike races.
- **Offer support:** Simply turning up to watch your kids play hockey at school or arranging lifts to practices sends the message that you support your children in being active.
- **Play games:** At home, it doesn't cost much to get a couple of balls and invite some friends over for a soccer game, or to go to a park to play Frisbee.

Activity helps children be healthy, maintain a healthy weight, learn social skills and do better at school.



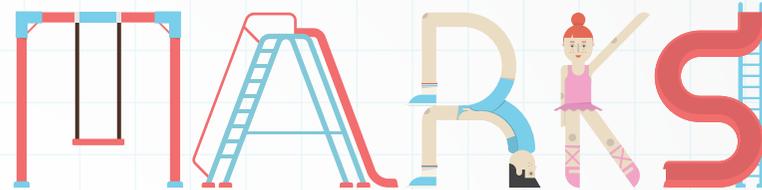
80% of Western Cape school principals surveyed indicated that their schools' sports facilities needed upgrading.

- The school environment itself is not always conducive to a healthy lifestyle.
- 80% of school principals in the Western Cape (where public schools are generally better equipped than in other provinces) indicated that their schools' sports facilities needed upgrading.
- The main reasons for not promoting activity at schools were a lack of:
 - Time (24%)
 - Finances (21%)
 - Facilities (14%)
 - Human resources (12%).

Schools are challenged by a lack of resources to promote healthy lifestyles.



SCHOOLS GETTING TOP



Professor Cheryl Walter, of the Department of Human Movement Science at Nelson Mandela Metropolitan University (NMMU) in Port Elizabeth, has initiated the PasSPORT to Health Project. Part of third year students' experiential learning, the project challenges them to promote physical activity and school sport at disadvantaged high schools in the province, on a minimal budget.

Before the NMMU students start, many schools have nothing more than a bare cement courtyard or a muddy, uneven patch of dirt. When they leave, there are numerous opportunities for fun and games, ranging from simple court and wall markings for games, fitness circuits, jungle gyms and monkey bars. They also impart training such as: leadership camps for prefects, sports coaching and training of coaches, establishing fitness clubs and educating learners on the importance of leading an active lifestyle.

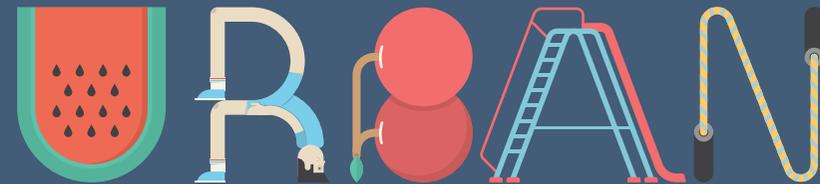
Teachers observed that “learners are coming to school earlier to play before school” and “when the bell goes for home-time, there is no more rushing for home”. Also: “learners are getting rid of excess energy during break-time and are better able to concentrate in class”.



More than half our children don't have access to play equipment or recreation facilities.

- One of the reasons that SA children are not more physically active is a lack of sports facilities/clubs in their area.
- Enabling environments will not only get more children moving, but will also foster long-term positive attitudes towards activity among children.

More safe play areas and facilities are needed to get more kids moving more often.



SUCCESS STORIES IN SOUTH AFRICA

The Open Streets movement “enables creative expression, promotes places for recreation and social interaction and provides choices for how we move through workshops, street festivals and walking tours.”

www.openstreets.co.za

A Discovery Vitality initiative, parkrun, is a global movement that provides physical activity opportunities from “beginners to Olympians” by holding weekly 5km runs.

www.parkrun.co.za

The Bicycle Empowerment Network (BEN) promotes cycling to address poverty and mobility by importing used bikes and distributing them in low-income areas. One BEN project is “Bike to school” where bicycles, helmets and safety tips are given to disadvantaged learners.

www.benbikes.org.za



Investment and national programmes are reaching thousands of schools.

- The school sport investment by the Departments of Basic Education and Sports and Recreation (SRSA) is expected to increase by around 18% each year.
- More than 11 000 out of 28 000 schools were registered for the School Sport Programme in 2011 to 2012, and a total of 5 362 community sports hubs, schools and clubs received sports equipment.
- In order to achieve the goals of the National Sport and Recreation Plan (NSRP), in 2010 the National Treasury indicated that 15% of Municipal Infrastructure Grants should be directed toward sport and recreation facilities.

With significant government investment, the reach of national programmes is growing.





NUTRITION



23% of girls and 10% of boys aged 10 to 14 are overweight or obese and 27% of girls and 9% of boys aged 15 to 17 are overweight or obese.

Rates of overweight and obesity are increasing.

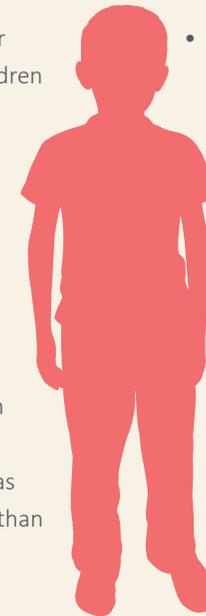


The plan to end childhood obesity

A commission was recently tasked with determining which interventions are likely to be most effective in ending obesity in children around the world. The Commission on Ending Childhood Obesity includes a variety of experts who will work together to deliver a plan of action to the World Health Organization Director-General in early 2015, so she can make recommendations to the 2015 World Health Assembly. Discovery's founder and CEO, Adrian Gore, is one of 13 influencers selected to serve on the commission.



- The number of overweight or obese infants and young children (under the age of 5 years) increased from 31 million globally in 1990 to 44 million in 2012.
- 10 million of these children are in Africa.
- The vast majority of overweight or obese children live in developing countries, where the rate of increase has been more than 30% higher than that of developed countries.
- If current trends continue, the number of overweight or obese infants and young children globally will increase to 70 million by 2025.
- Without intervention, obese children will grow up to be obese adults.
- Obesity in childhood is associated with a wide range of serious health complications and an increased risk of premature onset of illnesses, including diabetes and heart disease.
- Exclusive breastfeeding from birth to 6 months can help prevent infants from becoming overweight or obese.



Source: WHO



23% of boys from informal rural areas are stunted.

- The prevalence of under-nutrition is decreasing, but under-nutrition continues to co-exist with over-nutrition creating a double burden.
- Under-nutrition is most prevalent in rural areas with up to **23% of boys from informal rural areas being stunted.** (Stunting is when children are short for their age. It's caused by long-term under-nutrition. Stunting also influences economic potential.)
- More boys than girls are wasted and underweight.
- On a positive note, some studies have reported a decrease in the prevalence of stunting and wasting.

Under-nutrition is decreasing, but the “explosive combination” of early stunting and adolescent obesity is still concerning.



THE DOUBLE



OF MALNUTRITION

- **Under-nutrition** is when food intake is insufficient to meet energy requirements.
- There are 170 million underweight children globally.
- 3 million will die each year as a result of being underweight.
- 53% of all newborn and infant deaths have under-nutrition as an underlying cause.
- It can also lead to long-term impact on health outcomes in later life.
- **Over-nutrition** is when food intake is in excess of dietary energy requirements, resulting in overweight and/or obesity.
- At least 20 million children under five years of age are overweight worldwide, as well as more than a billion adults, and at least 300 million adults who are clinically obese.
- Over-nutrition leads to chronic diseases such as heart disease, stroke, diabetes and cancer.
- As a result of urbanisation people are eating more foods high in fats and sugars and low in nutrients and getting less exercise.

This double burden of malnutrition often becomes a life-cycle problem: Poor infant growth leads to under-nutrition in children, which later results in overweight or obesity when followed by an excessive intake of kilojoules. It is not uncommon to see an under-nourished child in the same household as an overweight adult.

Source: WHO



84% of overweight children had an overweight mother, while 52% had an obese mother.

- Higher socio-economic status has been associated with higher levels of overweight and obesity.
- There is a strong link between mothers' and daughters' perceptions of body image. There are ethnic differences in women's perceptions of their bodies.
- More girls than boys (10 to 14 years) were unhappy with their current weight.

Culture is a significant influence in how young people feel about their weight.



More than a third of children went to school hungry in one study.

- Less than 50% of South Africans are food secure.
- Poverty and escalating food prices remain a barrier to healthy eating.

Lack of food security is a barrier to healthy eating.





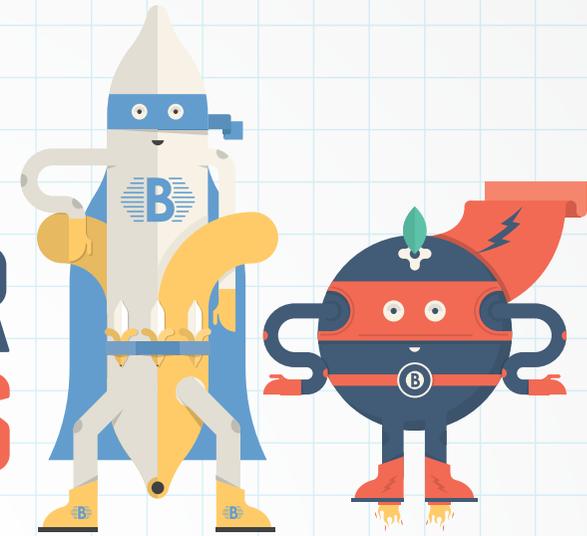
More than 70% of 15 to 24-year-olds have a moderate to high fruit and vegetable score.

- Many children also now receive fruit and vegetables through the National Schools Nutrition Programme (NSNP).

More children are getting enough fruits and vegetables.



SUPER FRUITS



It's recommended that you eat 5 servings of fruit or vegetables a day.

Green vegetables (such as broccoli, cabbage, bok choy, Brussels sprouts) are excellent sources of vitamin K, folic acid, potassium, as well as carotenoids. Folic acid helps prevent neural tube defects during pregnancy, and vitamin K is essential in blood clot formation.

Avocados are rich in 'good' monounsaturated fats, folic acid, potassium, vitamins K, C, B6 and E, as well as fibre. High avocado intake was shown in one preliminary study to lower blood cholesterol levels.

Tomatoes are high in lycopene, a powerful antioxidant that has been linked to a reduced risk of some cancers, especially prostate cancer, and protection against heart attacks. This is one fruit that is better eaten cooked, as heat allows the nutrients to be more easily absorbed by the body.

Cranberries are a good source of flavonoids, which reduce inflammation and have antioxidant properties, as well as tannins, which prevent bacteria from attaching to cells.

Orange fruit and vegetables, such as carrots, mangos, cantaloupe, butternut, sweet potatoes, pumpkins and apricots are packed with the antioxidant beta-carotene, which is converted into vitamin A, and considered the 'vision vitamin'.



More than two-thirds of adolescents eat fast food at least three times a week.

- The percentage of South African consumers over the age of 16 who eat fast food at least once a month has increased from 65% in 2008 to 78% (26.5 million) in 2012.
- More than two-thirds of adolescents consumed fast foods at least three times a week.

Fast food consumption is rising rapidly.



McDonald's has 170 stores and one of the fastest adoption rates. "South Africa is one of the most successful markets in McDonald's international history. A record was set when South Africa opened 30 restaurants in just 23 months, at one stage opening 10 restaurants in 78 days."

SOURCE: MCDONALD'S WEBSITE

Occasional fast food within the context of a balanced diet is not in itself 'unhealthy', but regularly replacing fresh, wholesome food with fast food can lead to ill-health and overweight. When you do have it, skip the fries and soft drink.

Based on current growth rates, market researchers conclude that by 2017 about 34.1 million South African adults will eat fast food at least once a month.

2 million South Africans consume fast food 2 to 3 times a week, with over half a million people eating take-aways between four and six times a week.

1 in 2 adults visit a KFC each month (about 17 million people over the age of 15).

Chicken Licken has 3.5 million visitors in a four-week period.

Culture is a significant influence in how young people feel about their weight.



LUNCHBOXES

- More than half the children surveyed recently in a national study did not take a lunchbox to school.
- More than a quarter of children reported not having food at home to put in the lunchbox.
- Of those who did, only a few included fruit.

TUCKSHOPS

- Children still make use of tuckshops at their schools, even those with limited resources.
- Most tuckshops sell largely unhealthy items, such as sweets, crisps, chocolate, and sugary drinks with few offering healthy snack options or fruit.

- Learners who buy from the tuckshop appear to be more likely to overweight or obese.

SUGAR AND SUGARY DRINKS

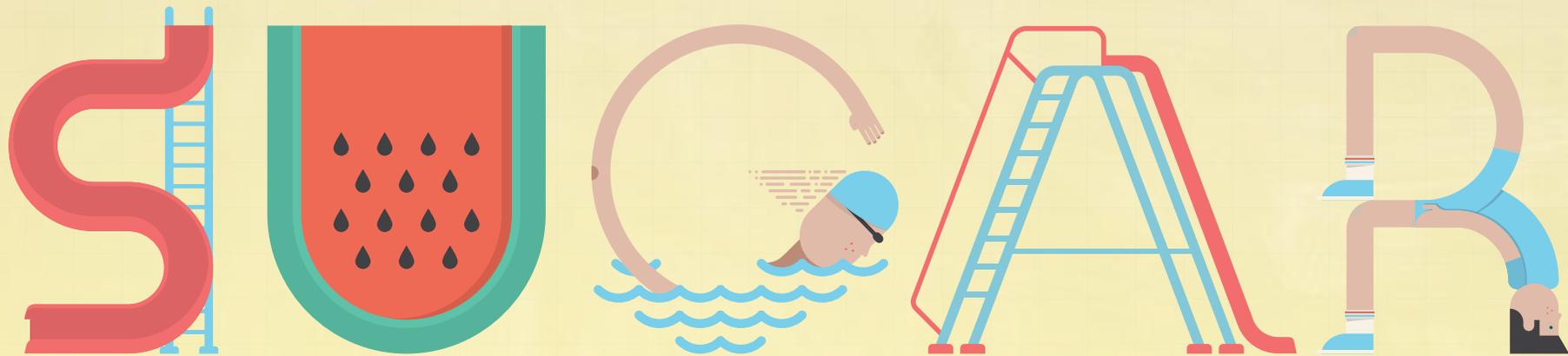
- The intake of sugar is increasing steadily across South Africa, with children and adolescents typically eating 50g and 100g of sugar a day, respectively.
- Sweetened cool drinks are a major contributor to this high sugar intake, and about 2 in 3 learners buy sugary drinks at least twice a week. Each soft drink contains up to 55g of sugar.

- Drinking too many sugary drinks is associated with the problem of overweight in schoolboys, in particular. The prevalence of obesity and overweight has doubled in adolescent boys over a 6-year period, making them prone to chronic diseases of lifestyle.
- By 2012 South Africans were drinking 260 cans of Coke per person each year, that's almost three times the global average.

Source: Coca-Cola annual report



Children continue to use school tuckshops, which typically stock unhealthy foods – the most commonly bought type.



Research shows that people around the world are consuming more and more sugar and sugary foods – this is associated with the increase in chronic diseases of lifestyle.

THOSE WHO HAVE ONE OR MORE SWEETENED FIZZY DRINKS A DAY HAVE A 26% GREATER RISK OF DEVELOPING TYPE 2 DIABETES. YOUR BEST CHOICE IS ALWAYS CLEAN, FRESH WATER.

Sugar limits

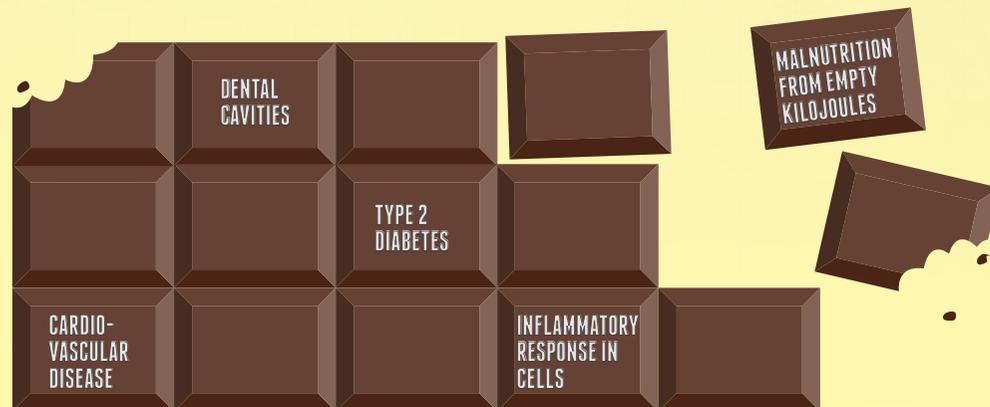
- 120g: the amount of sugar urban South African adults have each day.
- 12.6g: the maximum amount of sugar we should have a day.
- 50 to 100g: the amount of sugar children typically have each day.
- 15g: the recommended maximum daily limit for children.

This includes what you add to foods such as cereal and tea as well as what is already in processed foods.

Label look-out

- Look for the carbohydrates (of which sugars) figure on the nutrition label.
- Over 22.5g of total sugars for each 100g is HIGH sugar content.
- 5g of total sugars or less for each 100g is LOW sugar content.

TOO MUCH SUGAR LEADS TO:



HOW MUCH SUGAR IS IN A ...



A bottle of sweetened fizzy drink (500ml)
= 55g/13 tsp



Low-fat drinking yoghurt (250ml)
= 26g/6 tsp



Sports drink (500ml)
= 28g/6.7tsp



Vitamin water (500ml)
= 27.3g/6.5tsp



Ice tea (330ml)
= 28g/6.7tsp



Flavoured water (500ml)
= 20g/4.8tsp



A chocolate bar (80g)
= 41.2g/9.7 tsp



A tub of low-fat yoghurt (100g)
= 4.2g/1tsp



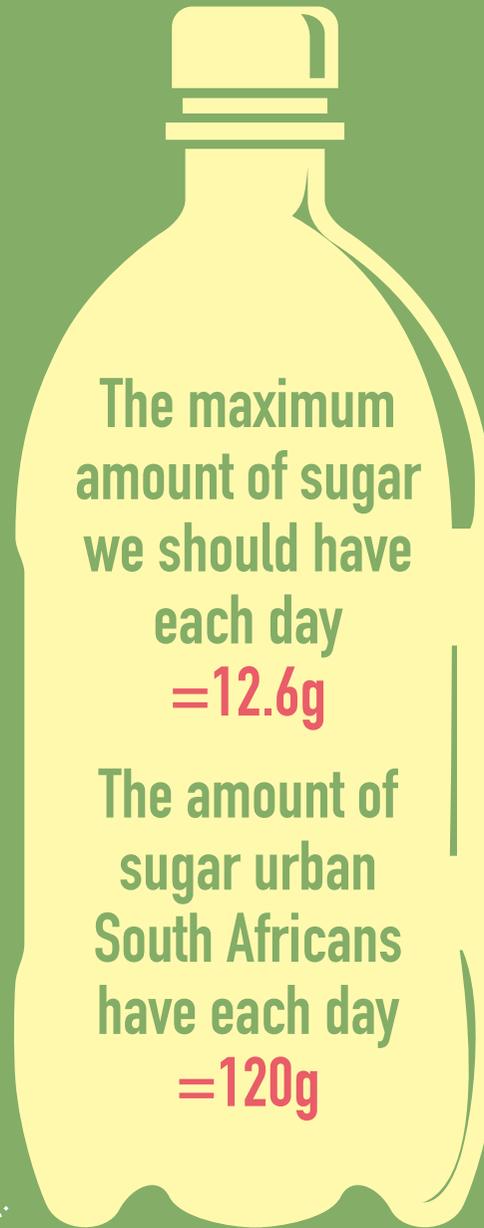
A medium muffin (65g)
= 10.6g/2.5 tsp



1 tablespoon of tomato sauce
= 7.4g/1.7tsp



A cup of baked muesli
= 26.4g/6.2 tsp



The maximum amount of sugar we should have each day
=12.6g

The amount of sugar urban South Africans have each day
=120g

SUPER-SIZED CONSUMERISM

We're consuming larger and larger portions: in 1955 a McDonald's large soda was 210ml, in 1980 it was 630ml, and in 1990 the same drink was 960ml in size. Today you can buy a 1 500ml Coke at the movies, that's 165g of sugar (or 33 teaspoons) and 2 889 kJ in one serving!



The average South African eats almost double the recommended amount of salt each day.

- **WHO recommendation: 5g a day. South Africans eat between 7.8 to 9.5g a day**
- The lunchbox staple, bread, contributes a large portion of salt to children's diets. Bread is the single greatest contributor to salt intake in South Africans.
- Tuckshop favourites such as potato chips, French fries, kotas (bunny chow), and pies as well as frequent take-aways contribute to high salt intakes.
- A diet high in salt is a contributing factor to the development of hypertension in children and adolescents. Hypertension is a growing problem in South African children with 11% of children and 23% of adolescents affected.

It is likely that children have a high salt intake, thus putting them at risk for chronic disease.



Almost 90% of 17-year-olds in Soweto ate fast foods three or more times a week, according to one study.

The teenagers chose the 'quarter' (kota) most often. This meal typically consists of a quarter load of white bread, chips, fried eggs, cheese and polony or sausage. A kota contributes 41.6g fat, 2 280mg; and at around 5 185kJ, nearly half of a 17-year-old's daily energy requirement of 10 000kJ.

The kota is a low-cost, high-satiety option bought from informal vendors, making it highly accessible especially to those who have limited income. A quarter meal is by far the cheapest (R16.66 including a soft drink), compared to other popular commercial options in comparative portions: a KFC meal (R24.40), a McDonald's meal (R26.95), with the most expensive being from Steers (R48.85). (Prices at the time of research.)

"Buying and sharing fast food together is a way of socialising for teenagers," says researcher Dr Alison Feeley. "Vegetables need to be made 'cool' – if the same resources that are applied to advertising fast food were applied to marketing vegetables then we probably wouldn't have this problem! Fast foods are perceived to be desirable (as reflected by the marketing campaigns): when you begin earning money it's probably one of the most accessible things you can buy – it is a reflection of your increased earning capacity and it's visible to others."



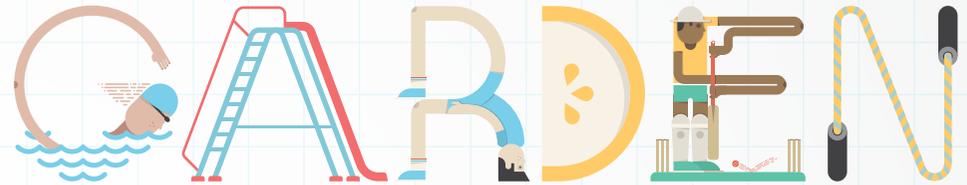
The total number of reported vegetable gardens increased from 6 503 in 2010 to 8 894 in 2014 and to 63% of participating schools.

- 43% of the schools surveyed in one study supplemented the NSNP with produce from their own gardens.

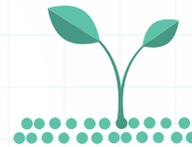
There are promising trends in school vegetable gardens, to promote healthy eating and nutrition knowledge.



GROW A DELICIOUS



HERE'S HOW TO GROW YOUR OWN FOOD



Plant green bean seeds in well-drained soil where they'll get full sun. Sow seeds every few weeks to enjoy a continual harvest through the summer.



Lettuce thrives in cooler weather so plant in spring, sowing every few weeks for a continuous harvest.



Plant basil in rich, moist soil where it can enjoy full sun. Sow your basil every few weeks for continual harvest.



Carrots thrive in fertile sandy loam. Remove rocks in the bed – rocky soil can result in crooked carrots!



Radishes are easy to grow in containers or gardens and mature quickly. Some say the hotter the soil, the spicier the radish!



Cucumber plants sprawl, so give plants plenty of space to stretch their roots. They don't like frost, so make sure the winter chill is well past before planting.



Tomatoes do well with a little water and a lot of sun. Buy starter plants to save time and they will grow and fruit all summer.



1 in 4 parents aren't aware of what their children purchase at school.

- 1 in 3 advised their children to buy fruit.
- Only 24% recommended that their children purchase "healthy food".

Parents should be more active in influencing their children's food choices and in knowing what is offered at the school tuckshop.



HEALTHY TUCKSHOP AND SNACK



CHOOSE THIS

Plain popcorn
Dried fruit
Unsalted nuts and seeds

Water, milk

Wholewheat, wholegrain,
seeded brown bread, rolls,
wraps, or pita
Fillings: Tuna, chicken,
egg, peanut butter,
cottage cheese, salad

Plain yoghurt,
Fresh fruit/fruit salad

Frozen yoghurt

NOT THAT

Crisps
Sweets
Chocolates, energy bars,
fudge, coconut ice

Fizzy drinks, energy drinks,
iced tea, milkshake,
flavoured water

Biscuits, cakes,
doughnuts, muffins

Ice-cream,
Ice-lollies



South Africa currently has no statutory regulations of food marketing to children.

- Although certain draft provisions have been made that specifically prohibit “advertising of foods not regarded as part of a healthy diet and healthy lifestyle to children under the age of 16”, to date, no regulations have been implemented.
- In an analysis of more than 1 500 TV ads, 44% were related to food items and 50% of the food advertising occurred during ‘family viewing time’ hours. The most common culprits were: desserts and sweets, fast foods, hot beverages, starchy foods, and sweetened drinks.

There is failure to implement regulations.



The reach of the National School Nutrition Programme has increased from 7 million to 9 million learners since 2010.





The association between a high salt intake and increased blood pressure is well known, and South Africa carries a massive burden of hypertension.

- In 2013 legislation was introduced to reduce salt levels in certain processed foods. The legislation will limit salt levels in some of the most common foods children eat such as bread, savoury snacks, potato crisps and processed meats.

This promising legislation is expected to reduce the average salt intakes of both adults and children.



THE GREAT

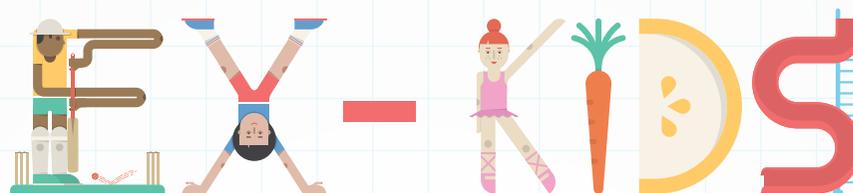


It is estimated that reducing the sodium content of bread by 50%, along with other reductions, would decrease salt intake by 0.85g each day, resulting in 7 400 fewer deaths due to cardiovascular disease and 4 300 fewer non-fatal strokes every year in South Africa.

Many people are concerned that no-salt bread won't taste good. One research study found that when regular high-salt and low-salt breads were compared, subjects who had the low-salt bread could not taste the difference between the experimental bread and the regular.

People tend to prefer tastes that are familiar. Tastebuds adapt and in four to five weeks, they adjust to enjoy a lower salt diet, say researchers. It's for this reason that government will recommend a gradual reduction in salt.

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