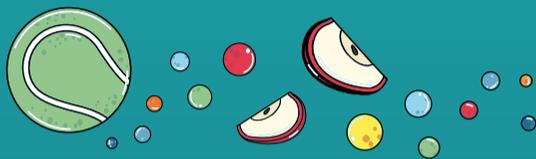


healthy
active kids

South Africa report card



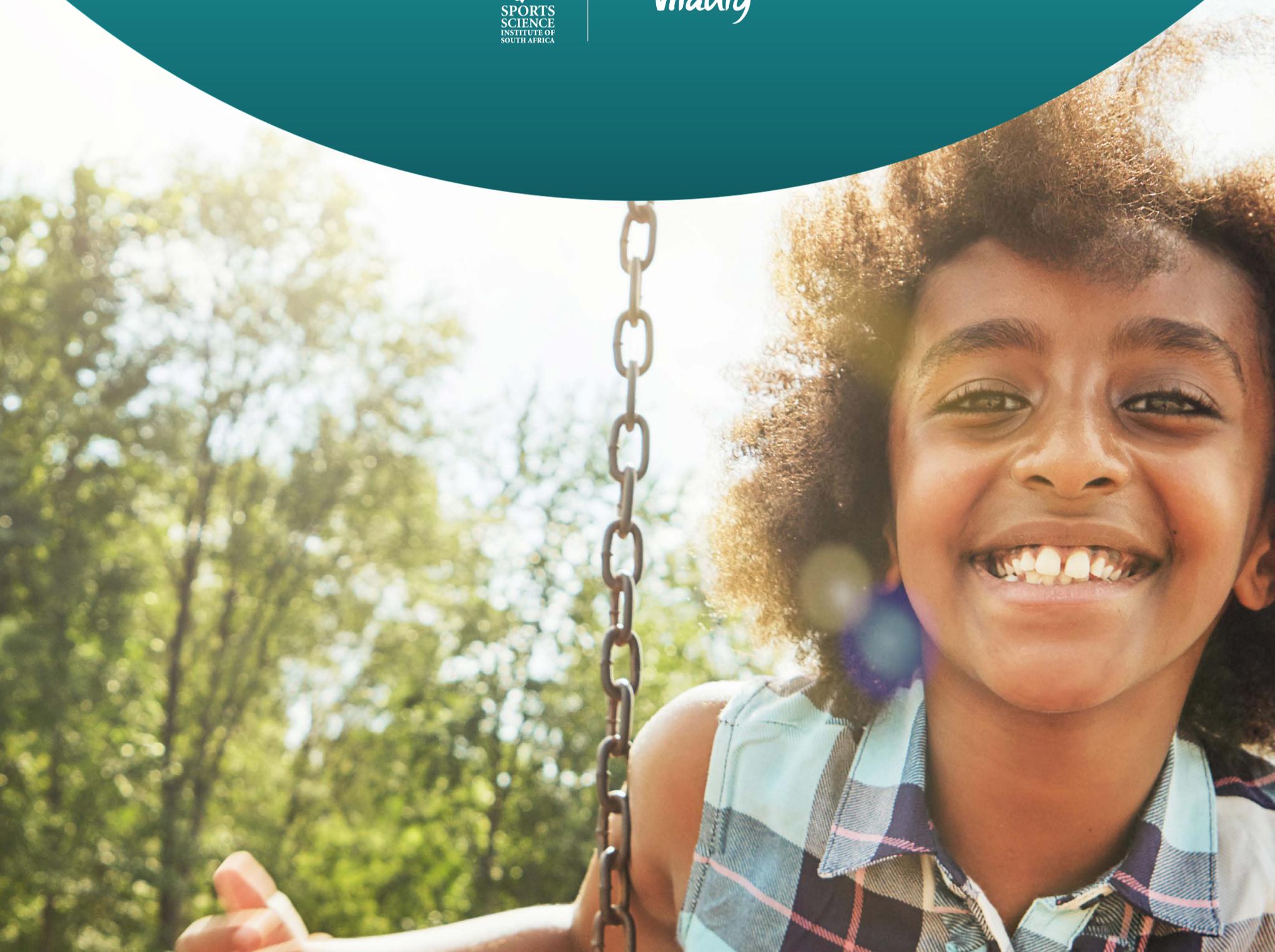
2016



SPORTS
SCIENCE
INSTITUTE OF
SOUTH AFRICA



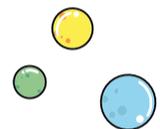
Discovery
Vitality





foreword

from Wayde van Niekerk,
Global Vitality Ambassador



“As children, we all have dreams to live a successful life. Being healthy plays a massive role in that.”

Ever since the Olympic Games in August last year, and the gold medal and world record that were part of that special time in my life, I have been asked about my childhood.

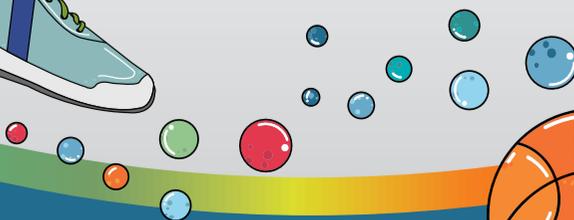
Was I sporty at school? When did I start showing the promise of being a future Olympian? I remember sport being part of my everyday life. I have a massive, sporty family. When it came to athletics, I was not even the fastest of all the cousins! We all loved sports and took part in everything from football to cricket and rugby. I was fortunate and blessed to grow up with that focus on an active and healthy lifestyle, something which I’m very passionate about today.

Our children today are not doing too well when it comes to their overall health and wellbeing - we see children that are overweight, not playing or doing sports and not getting enough nutritious food. These are some of the basics that set a child up for a productive and healthy future as an adult. As children, we all have dreams to

live a successful life. Being healthy plays a massive role in that. And as parents, teachers, and role models, we should be the first to lead by example. Before we can do that though, we need to understand the current state of our young nation, their health and the factors that impact their wellness and ability to grow up as productive, healthy adults in our country.

This is what I aspire to do as an ambassador for Vitality. I have an intense passion for South Africa and I believe, so does Vitality. If we can succeed in motivating and inspiring people; parents, teachers and children; to live a healthier and better lifestyle, more young people will be able to chase their dreams in future.

I’m very proud to play a small part in the 2016 Healthy Active Kids South Africa Report Card, which gives us as a society the necessary information to take action. To the children and youth of South Africa, take action! Talk to your parents about being active as a family and including more vegetables and fruit at home. Encourage your school to stock your tuck shop with healthier options. If we start now, we can have a future society of healthy adults who are able to chase their dreams.



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introduction



the benefits of physical activity far outweigh health alone.

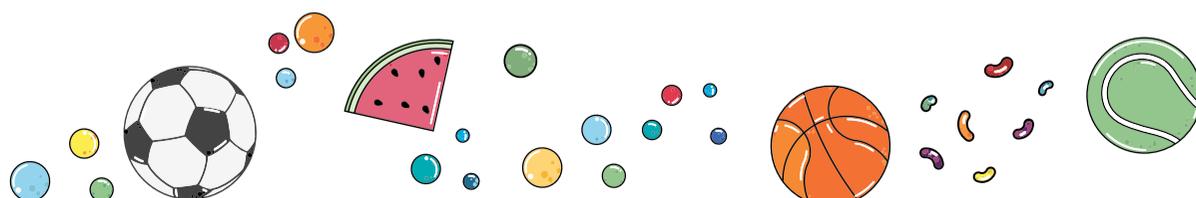
In 2016, more than one quarter of the world's population is under the age of 15, our global "neighbourhood" is growing smaller, and we can communicate at the touch of a button. Our actions and opinions are shaped and informed by social media, like Facebook, Twitter, SnapChat and other sources. However, in this fast-paced world, we are collectively sitting more and moving less; we are gaining weight and are still malnourished. On a global scale, less than 20% of children and youth are meeting recommendations for physical activity¹, and for the first time in history, there are more children who are overweight and obese compared to those who are under-nourished or stunted. Both remain a problem; both are robbing children of reaching their full potential; both demand our urgent attention.

And although we recognise the importance of physical activity for preventing obesity and chronic disease later in life, the benefits of physical activity far outweigh health alone.

Not only is regular physical activity necessary for normal growth and development, it promotes social connectedness, inclusiveness and gender equity. United National Educational Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO) consider both the opportunity for children to participate in sport, physical activity or play, and "the highest attainable standard of health", respectively, as fundamental human rights. This report also reflects the global agenda of WHO Commission on Ending Childhood Obesity.



Regular physical activity promotes social connectedness, inclusiveness and gender equity.



about

The Healthy Active Kids South Africa Report Card (HAKSA) 2016 reflects the best available scientific evidence from the last 5 years concerning physical activity and healthy eating in South African children and youth. It builds on the evidence base gathered for our previous report cards in 2007, 2010 and 2014¹. We look beyond whether or not South Africa's children and youth are meeting recommendations, and attempt to unpack factors that contribute to making healthy choices easier, or that stand in the way.

Reflects the best available scientific evidence from the last 5 years concerning physical activity and healthy eating in South African children and youth.

Our 2016 Report Card provides a grade for nine physical activity indicators: overall physical activity level; organised sport participation; active and outdoor play; active transportation; sedentary behaviour; influence of family and peers; school; community and the built environment; and national government policies, strategies and investment. We also grade nutrition indicators including; overweight and under-nutrition;

fruit and vegetable intake; and policies and programmes including school feeding schemes and tuck shops. In 2016 we included a new section concerning physical activity and nutritional status in early childhood.

Grade Definition*

- A** We are succeeding with a large majority of children and youth (81% – 100%)
- B** We are succeeding with well over half of children and youth (61% – 80%)
- C** We are succeeding with about half of children and youth (41% – 60%)
- D** We are succeeding with less than half, but some children and youth (21% – 40%)
- F** We are succeeding with very few children and youth (0% – 20%)
- I** Indicators that have not been fully evaluated, although may be promising

*For indicators for which we do not have prevalence data, additional criteria were considered in the grading process, as in the 2014 HAKSA. These include the effectiveness of the practice or programme, and the extent to which the practice or programme was implemented.

We have tried to present physical activity and nutrition indicators within the broader context of the Sustainable Development Goals, with opportunities for physical activity and access to healthy, affordable food considered fundamental human rights. Moreover, we have tried to highlight where gender, ethnicity, and/or socioeconomic status intersect with equity of access and participation.

nothing about us without us

Like our previous report cards, the Healthy Active Kids South Africa Report Card 2016 serves as an evidence-based platform for advocacy, designed to inform and mobilise stakeholders. However, unlike our previous report cards, we are releasing Healthy Active Kids South Africa 2016 to the most important stakeholders of all: the children and youth of South Africa.

We are asking for their engagement to mobilise through social networks, and to call for support and action from their peers, parents and families, educators, communities, as well as local, regional and national policy makers.

partners



The strategic partners of Healthy Active Kids South Africa report card 2016 include the Sports Science Institute of South Africa and Discovery Vitality, South Africa.

Institutional support and intellectual contributions

These have been provided by 33 expert colleagues representing non-profit companies and organisations such as Moving Matters and Sporting Chance; the Physical Education Institute of South Africa (PEISA); the Heart and Stroke Foundation of South Africa (HSFSA); the World Health Organization's South African office; and academic institutions and councils, including: Nelson Mandela Metropolitan University, Northwest University, Rhodes University, University of Cape Town, University of Fort Hare, University of Kwa-Zulu Natal, University of the Western Cape, University of the Witwatersrand, University of South Africa, University of the Free State and the Medical Research Council of South Africa.



#move
yourworld

A decorative graphic featuring a yellow trophy, a green car, and several colorful dots (orange, blue, red, green, yellow) scattered around the text.

If your school or organisation would like to participate in our HAKSA Report Card self-assessment project, please download the self-assessment checklist which will soon be loaded on <https://www.ssis.com/campaigns/>. Then submit your results to us for our next report card at haksa@ssisa.com and join our mailing list.



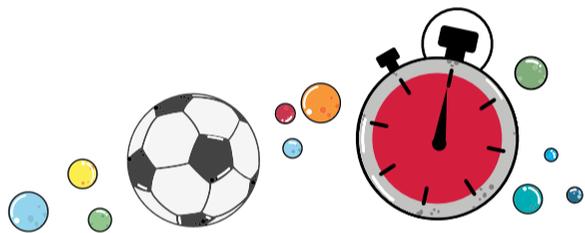
physical
activity
indicators

overall physical activity levels



The grade for overall physical activity for children and youth moves from a D in 2014 to a C in 2016. Regional and provincial surveys show that at least half of the children are meeting global recommendations for physical activity. Special efforts are still needed to promote physical activity for girls and teens.

In a survey of primary school learners in the Western Cape, 3 out of every 4 boys, and over half of the girls, took part in moderate or vigorous activity at least 3 times per week². In Gauteng, nearly 80% of learners surveyed met recommendations of at least 60 minutes per day of moderate or vigorous physical activity³.



80% of learners in Gauteng exercise for at least 60 minutes a day

Bringing our "A" game... next steps?

- Regular surveys help to benchmark progress and highlight challenges to be addressed.
- National and provincial fitness testing and growth monitoring should be routine.
- We should offer accreditation for physical activity leaders and community-based programmes.
- We need to engage and train kids, parents, teachers and coaches to get involved.
- We must revisit physical education as a standalone subject in our primary schools.
- We should ensure that places where children play are safe and free from crime. Now is the time for government, civil society, communities, and families to work together.

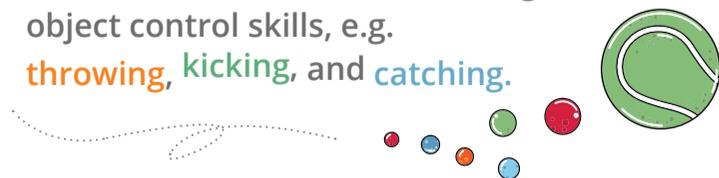
physical fitness and motor proficiency



There is a lack of any new national fitness data in South Africa. Regional studies show that health-related fitness is fair to mostly poor, especially for girls. We are also concerned about motor proficiency in primary school learners, with over half performing below average.

In regional studies, average scores for health-related fitness for adolescent and primary school girls and boys were poor. For adolescent boys, scores were fair⁴⁻⁷. In rural settings, fitness was also poor, despite children having high levels of physical activity. This may be due, in part, to the fact that many of these children are underweight (74%)⁷. In the Northwest Child study, more than half the primary school children tested had below average object control skills, e.g. throwing, kicking, and catching⁸. Lower scores were most common in girls and in children from low income communities. These issues are of concern, because studies in South Africa have linked motor proficiency to academic performance⁹.

more than half the primary school children tested had below average object control skills, e.g. **throwing, kicking, and catching.**



organised sports participation



It appears that less than half of SA children and youth take part in organised sporting activities. Lower participation rates in girls are once again highlighted.

There have been few studies on organised sports participation in SA children since 2014. One survey found that just over a third of children (11-13 years) in the Western Cape belonged to a sports team². Another found that adolescents from rural communities spent less than 30 minutes per day taking part in organised sports¹⁰. In both studies, boys were more likely to participate in organised sport, compared to girls.



Partnerships and programmes can help change this: Sports programmes in schools or communities often partner with non-government organisations or corporate social investment programmes. Sports-for-development initiatives such as Grassroots Soccer not only promote gender equity and youth leadership but have also been shown to increase physical activity levels in participants¹¹. Corporate social investment programmes, such as Sporting Chance, bring opportunities for sports participation for thousands of disadvantaged children and youth through their Street Cricket and Street Soccer initiatives. The challenge for these and other similar programmes is the need for ongoing, robust monitoring and evaluation.

school physical activity environment



The implementation of physical education (PE) in schools remains compromised in South Africa. Also, primary school children still have relatively low levels of in-school physical activity.

In SA, Physical Education (PE) forms part of the life orientation curriculum. However, its delivery is insufficient¹², and it has lost formal instruction time to other life orientation subjects¹³. Time constraints, teachers' workloads, and staff reluctance to become involved in non-compulsory activities, are the main reasons cited for failure of implementation of PE in SA schools.

The school environment may also affect physical activity. In one study, most primary schools had features such as paved courts for sport, playground equipment and grassy play areas. But physical activity in schools was not linked to these facilities. Nor was it linked to physical activity policies. However, physical activity in schools with "green space" and change rooms was found to be higher¹⁴. Some pilot interventions, including either enhanced physical education or a whole-of-school curriculum approach, have had mixed results. In some cases, physical activity in learners has been shown to increase¹⁵. In other studies, physical activity and physical fitness remained largely unchanged¹⁶.

Promoting physical activity in our schools: social investment

Corporate social investment programmes are helping to address challenges in implementing PE and promoting physical activity in schools directly through the provision of trained support staff, reaching thousands of learners every day, and often providing employment for at-risk school leavers. Some examples include: the Move-It, Moving Matters Sit Up! (Sports Internship Training For Unemployed Persons) Programme and the Chrysalis Academy Sports Coach training. These programmes are aligned to various national qualification and training frameworks, and they enhance services at school, community, and municipal sports and recreation facilities.

There is a growing call to implement quality Physical Education.

Private-public sector partnerships have also been designed to support physical education, school sport and school physical activity. There is, however, a need for the systematic evaluation of the impact of these programmes on school physical education.

There is also a growing call to implement quality Physical Education. The lead organisation here in South Africa is the Physical Education Institute of South Africa, who provide an evidence-based blueprint for government and other stakeholders (<http://peisa.co.za>).



active play

Active play for South Africa's children and youth requires a safe and supportive environment, at school and within communities, particularly outdoors.



Active play remains an indicator for which there is not enough evidence to assign a grade. However, it is important to gain a better understanding of the factors that impact on active play.

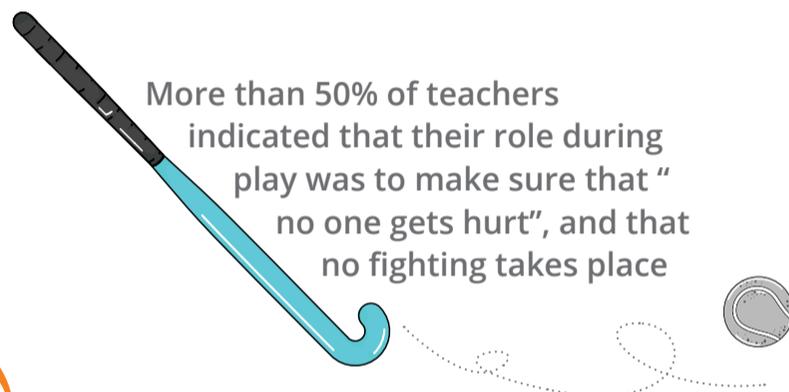
In primary school children from low-income communities in the Western Cape, areas with high crime and traffic accidents were associated with lower levels of out-of-school physical activity¹⁷.

Children who lived closer to recreational facilities did more out-of-school physical activity. In a survey of SA teachers' attitudes to play, more than 50% of teachers indicated that their role during play was to make sure that "no one gets hurt, and that no fighting takes place"¹⁸. Teachers did not generally value active play as a tool for learning and meaningful interaction.

Promoting physical activity is "child's play"!

Active play for South Africa's children and youth requires a safe and supportive environment, at school and within communities, particularly outdoors. There is a need to reinforce the importance of active play for growth and development, and to provide teachers with training to support active play. One global movement that is gaining recognition is PlayStreets (<http://www.worldsportchicago.org/programs/playstreets/>). This provides children "with pop-up play spaces to come together, in a safe space to be active." The PlayStreets initiative¹⁹ involves neighbourhood organizations and parents requesting temporary closure of residential streets to reactivate a culture of children playing safely outside.

More than 50% of teachers indicated that their role during play was to make sure that "no one gets hurt", and that no fighting takes place



active travel



Active travel to school plays an important role in daily physical activity for children⁴. However, we have concerns as "the most vulnerable road users are pedestrians, the most vulnerable pedestrians are children, and the most vulnerable children are the young children of the poor."

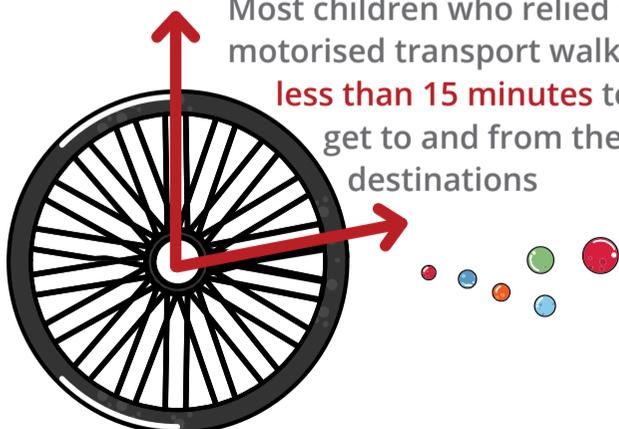
The SA National Household Travel Survey in 2013²⁰ showed that 63% of learners walked all the way to school. Most children who relied on motorised transport walked less than 15 minutes to get to and from their destinations. However, safety remains a concern. In the Western Cape alone, child pedestrian fatalities accounted for 13% of all deaths in children in 2013²¹.

Innovations in safe, active travel for children

There is an ongoing need to monitor active school travel, pedestrian accidents and fatalities. Local and provincial governments should be commended for child road safety programmes, such as Safely Home. However, we need to measure the impact of such programmes to see if they are making a difference (<https://safelyhome.westerncape.gov.za/campaigns/1498>). Another promising initiative is "The Walking School Bus". Communities come together to assess road safety issues near and around schools.

Volunteers are then trained to walk with groups of children to and from school. Typically, learners get on and off the "bus" at specific points on the way to or from school. They are also provided with reflective bands for better visibility and receive training on road safety. Internationally, the Walking School Bus has been shown to increase physical activity and active travel to school. Children enjoy the social interaction, but barriers include time constraints²².

Most children who relied on motorised transport walked less than 15 minutes to get to and from their destinations



sedentary behaviour

South African children are spending an average of more than 2 hours per day behind a television or computer screen. Social media and cell phone use are also high.



In 2010, the National Survey of Time Use showed that children between 10 to 17 years of age watched an average of nearly 3 hours of television per day²³. In Western Cape primary schools³ more than half of the children surveyed watched 3 or more hours of television daily, and nearly a third of girls and 1 in 4 boys watched more than 5 hours! In a Johannesburg survey, sedentary behaviour increased significantly as children got older. In addition, children who spent more than 4 hours per day in front of a screen were twice as likely to be overweight²³.

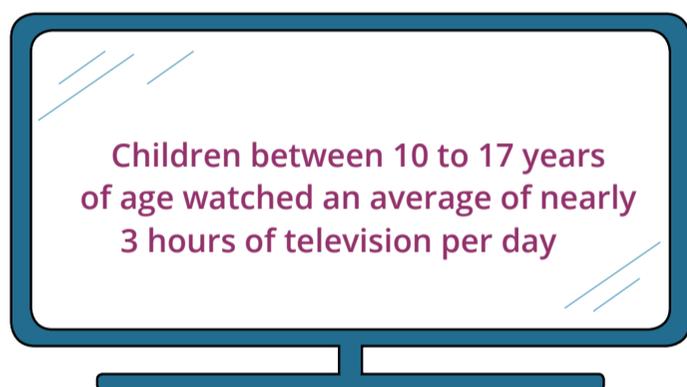
More than half of South African children and adolescents have their own mobile phones. Social media accounts grew by 20% in South Africa in 2014 and a further 10% in 2015. Youth-dominated Instagram use grew by an astonishing 133% from 2014 to 2015^{24, 25, 26}.

Strategies to help our kids to sit less... and move more

There is a need to understand factors that impact on sedentary behaviour in South African children. Gaming and mobile applications can actually serve as tools to help children become more physically active. There are a growing number of options for promoting physical activity through technology. Recently, playful mobile applications such as Pokemon Go have shown promise in mobilising children and adults to comb neighbourhoods and catch elusive virtual creatures, with significant increases in steps per day^{27, 28}.

However, there are also safety concerns raised about this practice, including a lack of awareness of traffic and "stranger danger". For these reasons, it's important to develop other strategies that can be used to minimise sedentary time and screen time:

- Families may want to create a cell phone "parking lot" at home, and limit time (including parents and older siblings) use, especially after school or before dinner. Shutting down screens well before bedtime will also improve the quality of sleep and sleep habits in children.
- Minimise sedentary behaviour by creating activity-enabled environments: in schools (allowing students to stand and move about in class, activity breaks between lessons, afterschool access to facilities), in communities (safe streets and parks to play in, community-based physical activity programmes), and at home (parents engaged in physical activity with their children)



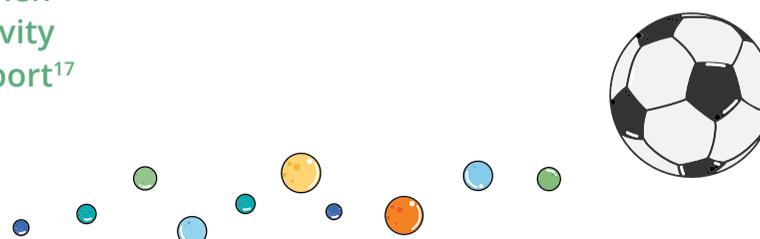
peer and family support



The most powerful influence was when parents participated in physical activity with their children², provided transport¹⁷ or gave them encouragement².

There is a need for community-based strategies to promote physical activity in SA children. There is a general lack of support from families and peers for participation in physical activity.

Lack of social support for participation was cited as a barrier to physical activity in 11% to 54% of adolescent girls surveyed⁴. Children also cited competing demands, such as schoolwork, as a barrier²⁹. Peer influences and self-efficacy were strong predictors of participation in senior primary school learners². However, the most powerful influence was when parents participated in physical activity with their children², provided transport¹⁷ or gave them encouragement².



the community and the built environment

There is still a need for greater community engagement. However, plans outlined by the national government demonstrate promising moves toward greater reach and access. Moreover, community initiatives and park upgrades are associated with greater physical activity.



A lack of or unsuitable sporting or recreation facilities and clubs near home is a common barrier to physical activity in SA children^{30, 31, 32, 33}. Furthermore, existing facilities are often poorly maintained, and in some instances, abandoned as a result of resource constraints³⁴. However, in 2016, the Department of Sports and Recreation South Africa (SRSA) committed to “provide adequate sport and recreation facilities and ensure that these are maintained” throughout the country³⁴.

Projects that have been prioritised include the building of community gyms in open public spaces; the development and/or refurbishment of children’s play parks; and the installation of multi-purpose courts and other sporting fields. Facilities are to be prioritised to ensure ease of access by communities.

Mobilising and engaging communities for physical activity and sport

While Play Streets provided an example of how communities can mobilise to create a temporary, physical activity-permissive environment for children, the Open Streets movement in South Africa (<http://openstreets.org.za/about-open-streets>), creates a car-free space for recreation and social interaction within various communities throughout the year. Originally inspired by Bogotá’s ‘Ciclovía’, Open Streets Cape Town partners with government and non-government initiatives and programmes involved in non-motorised transport, sustainable development, greening of the environment, and sports and recreation.

Another example of a rapidly growing social movement is parkrun, found in 14 countries around the world. parkrun organises free, weekly, 5km timed runs and walks every Saturday morning. They are open to anyone, and take place in local parks and recreation areas within communities. Individuals only need to register once by way of a unique barcode.

Completion times are recorded and made available to all participants. South Africa parkrun has 104 locations, over 11 000 events with an average of 287 participants per event, and over 380 000 participants registered. Families, children and youth make up a substantial number of participants to parkrun (<http://parkrun.co.za>) and membership continues to grow exponentially.

Making the grade...upgrade, that is!

There is a growing body of evidence to show that upgrading local neighbourhood parks, providing recreational facilities and sports fields, with better maintenance and greater perceived safety, will lead to increased use, especially by children and youth³⁵. People can be “game changers” to increase opportunities for physical activity within their own communities through volunteerism and social mobilisation.

South Africa parkrun has 104 locations, over 11 000 events with an average of 269 participants per event, and over 380 000 participants registered



government strategy, policy and investment



More than three-quarters of SA schools are registered for Sports and Recreation South Africa (SRSA) and Department of Basic Education (DBE) school sports programmes. SRSA-DBE plan to re-prioritise resources and develop private sector partnerships, which should improve service delivery. However, evaluation is needed.

The Department of Basic Education and SRSA have pledged to maximise access to sport, recreation and Physical Activity in every school in South Africa³⁴. This has required resources to be re-prioritised from the SRSA National Budget and conditional grant, with more allocated to school sport. However, to date, compliance to the school sport programme at provincial level remains generally poor. Therefore, in an effort to improve service delivery for school sport, SRSA has been actively engaged and partnered with other stakeholders.

early childhood physical activity



From limited information available, most preschool children show good mastery of gross motor skills. However, time spent indoors and in sedentary behaviour in preschoolers is a concern. There was no grade assigned, as there was insufficient evidence.

There is limited research on the physical activity, sedentary behaviour and gross motor skills of young South African children. One observational study in preschools from low- to high-income

In the 2016 HAKSA, we introduce a new focus on early childhood.

settings in Cape Town, found that preschool children spent nearly three-quarters of their time in sedentary behaviour, and nearly 86% of their time indoors! Children were also less likely to be active if they were underweight or obese³⁶.

On a positive note, however, a majority of 6-year-olds from the North West Province showed full mastery of most gross motor skills, such as kicking and throwing, catching, running and balancing³⁷.



Preschool children spent nearly three-quarters of their time in sedentary behaviour, and nearly 86% of their time indoors!





nutrition
indicators

overweight and obesity

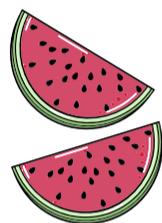


Levels of overweight and obesity continue to rise among SA children and adolescents. This is especially true for girls and children in urban settings.

Since the 2014 Report Card, and in the absence of national data, regional studies corroborate the growing public health challenge of childhood overweight and obesity,^{4, 5, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48} especially among girls and in urban areas. In a 20-year longitudinal study, South African researchers showed⁴⁰:



boys who were obese between the ages of 4 and 8 years were **20 times more likely** to be obese when they were 16 to 18 years old.



girls who were obese between the ages of 4 and 8 years were a staggering **42 times more likely** to be obese at 16 to 18 years.

under- nutrition



Under-nutrition in South African children is decreasing at a slow pace, but continues to co-exist with over-nutrition. This co-existence is most evident in low socio-economic living conditions, with boys mostly affected. In the absence of national survey data since the 2014 report, regional studies suggest a trend for the prevalence of underweight in urban children to decrease.

High levels of under-nutrition are still prevalent among children from low socio-economic circumstances, especially in boys and in rural areas⁴⁹



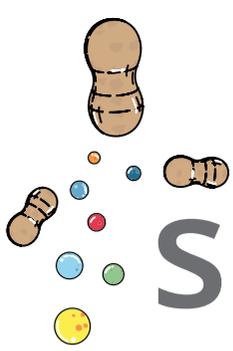
fruit and vegetable intake



Results suggest only limited success for including fruits or vegetables as part of the National School Nutrition Programme and there are no large-scale studies showing an improvement in fruit and vegetable intake.



There were few reports or surveys that were adequately representative, or with sufficient numbers. A 2015 report⁵⁰ assessed the impact of the National School Nutrition Programme (NSNP) on fruit and vegetable consumption in primary school learners in the Eastern Cape. Most children had eaten less than one portion of fruit or vegetables on the previous day. There is only limited evidence on the inclusion of fruits and vegetables as part of the NSNP and the lack of any large-scale studies showing an improvement in fruit and vegetable intake.



sugar-sweetened

beverages, added sugar and salty snacks



There was no nationally representative data, but from a food frequency survey with nearly 1 500 adolescents from Soweto, it was found that sugar-sweetened beverages (SSBs) were consumed 8 to 10 times per week. It was also found that girls consumed some sort of confectionary more often than their male counterparts (13 versus 11 times per week, respectively). This same survey found that the average daily added sugar intake was 3 times higher and salt intake showed more than half the daily recommended intake from snack foods alone.⁵¹

South African teens drink an average of more than one soft drink per day; have a weekly sugar intake three times higher than recommended; and a higher than recommended salt intake from snack foods alone.



Sugar-sweetened beverages were consumed **8 to 10 times** per week by adolescents.

A taxing question

In February 2016, the South African Minister of Finance announced a decision to introduce a tax on SSBs to help reduce excessive sugar intake. This decision was based on an economic model which suggests that a 20% price increase on In the February 2017 budget speech the Minister reduced the tax to 11% and it is a health promotion levy not a tax on sugar-sweetened beverages SSBs is needed to significantly reduce consumption, and ultimately, obesity prevalence⁵².

“Pester power”

Another potential target at a more local level is the check-out aisle of supermarkets. Recent evidence suggests that purchases in these aisles are most often impulse buys and that they make up a substantial portion of profits for retailers. Other studies have shown that the majority of foods requested by children in grocery stores were high energy-dense foods, and nearly half of the parents surveyed gave way to “pester power” or nagging by children, and purchased the items⁵³.

In Australia, the Parent’s Jury has been running a campaign lobbying retail supermarket chains and targeting junk food places in check-out aisles of supermarkets, as these strategies have been shown to be successful in changing purchasing and consumption patterns. Simply put, this campaign has 2 main strategies: introduce a policy that limits the amount of so-called junk food placed at checkouts; and reduce the placement of junk food at the entry of supermarkets to 20%. One way in which this coalition hopes to garner support is by leveraging parents as consumers to favour those retail chains that comply. Locally, Woolworths has started removing sweets and chocolates from their checkout aisles, and replacing them with healthier options.

“Soda-briety”, peer-support and self-regulation

One recent initiative that was shown to be successful was a school-based social mobilisation, called “Soda-briety” conducted in a low-income region of the North-eastern United States⁵⁴.

A student designed and implemented intervention, combining social marketing, ecological changes in tuck shop offerings, and a “30-day soda-briety” abstention challenge, run through Teen Advisory Councils, was shown to be remarkably effective in reducing the intake of SSBs. These examples of upstream, mid-stream and down-stream interventions show promise and have potential for implementation in South Africa, or are already underway, as in the case of the “soda tax”.



fast food

intake



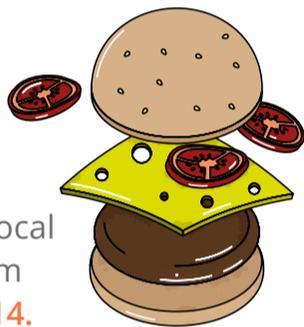
Fast food intake continues to rise and the fast food industry in South Africa is growing at a rapid rate. In the last 5 years, the number of people buying any fast food in the past month has increased by 10 million.



In a survey of nearly 1 500 teens in Soweto, they reported an average intake of fast food items 11 times per week.⁵¹ According to the Fast Food Industry Landscape Report 2015, "fast food is experiencing exponential growth with local consumers increasing from 66% in 2009 to 80% in 2014." A frightening statistic is that the number of South Africans consuming fast food in the previous month has grown from over 20 million in 2009 to nearly 30 million in 2015!⁵⁵

Average intake of fast food items **11 times** by adolescents per week.

Fast food is experiencing exponential growth with local consumers increasing from 66% in 2009 to **80% in 2014.**



Next steps

The trend for the growth of the fast-food industry in South Africa may be difficult to address, as it reflects challenges at many levels. Fast food may be aspirational for some young persons; it may reflect life-work balance issues in a household; and it may be impacted by media and marketing.

Strategies which have shown promise in some countries and settings include kilojoule and nutrient labelling of all fast food and restaurant menus, limiting the density of fast food restaurants in some residential areas through zoning policies, and incentivising healthier offerings through fiscal and other benefits to industry partners. Urgent and concerted action is needed to curb the growth of this industry, as it is currently structured to promote the intake of energy-dense foods, highly-processed foods, and SSBs.

advertising

and media



Government legislation controlling the marketing of unhealthy foods to children continues to be delayed, and advertising sugar-sweetened beverages in and around schools remains pervasive.

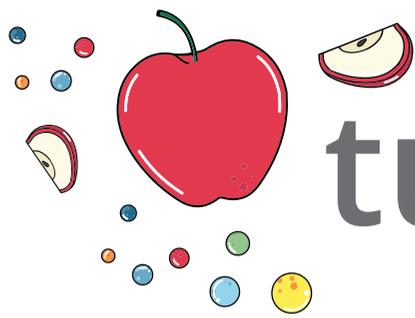


The draft legislation prepared on the control of marketing of unhealthy foods and beverages to children since 2014 has still not yet been broadcast. In Soweto, a total of 145 advertisements for SSBs were found over a driven or walked distance of 112km.

50% of schools had branded advertising on their school property.

The density of advertisements was 3.6 per km² in relation to schools, increasing in intensity with closer proximity to schools. In addition, 50% of schools had branded advertising on their school property. Most of the 180 vendors in the study sold SSBs, with half of the schools displaying advertisements of these beverages on school premises.⁵¹

145 advertisements for **sugar-sweetened beverages** were found over a driven or walked distance of 112km.



school tuck shops



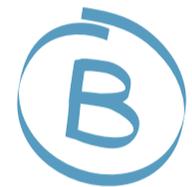
The school HealthKick study in the Western Cape⁵⁶ reported some improvement in the school food and nutrition environments, especially regarding school tuck shops and vegetable gardens over the three-year intervention period. However, the scope of the study and the results of the study were too limited to influence the 2014 grade.

There was insufficient new evidence to assign a grade, despite promising trends.

Action stations!

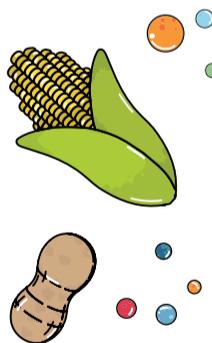
Again, a multi-pronged approach is needed from school policy at a district and provincial level with respect to school tuck shop offerings, regulations to school lunchbox guidelines, and ultimately, to pocket money rules within families (ECHO report). These rules and guidelines not only serve nutrition and health, but address issues of social justice and equity as well, making healthier choices more affordable.

national school nutrition programme



Positive outcomes of the National School Nutrition Programme (NSNP) on stunting and obesity levels have been reported, although no real control group was included and the time lapse between pre- and post-measurements was very short.⁵⁷ The reach of the programme appears to remain at 9 million children, with 341 schools monitored for successful implementation.⁵⁸ There was also some indication that the NSNP impacts on healthy eating practices in children.⁵⁹

Promising trends for reduced stunting and obesity were shown, but there is a need for external evaluation of the effectiveness of the programme.



vegetable gardens



The number of schools with vegetable gardens that contribute to the National School Nutrition Programme has remained stable since the last report card. However, there has still been no large-scale evaluation of the successful implementation of vegetable gardens in schools.

The number of vegetable gardens in the NSNP remained stable (8717 in 2014 versus 8894 in 2013)⁶⁰, and the implementation of vegetable gardens in schools is yet to be evaluated on a large scale. The HealthKick study in the Western Cape reported moderate success with the establishment of vegetable gardens, and at the end of the study 4 out of 8 intervention schools had vegetable gardens (only one school had a garden at the beginning of the study).⁵⁶

Can we do better?

There are some excellent examples of programmes that link micro-enterprise, agricultural subsidy, and health equity in the provision of school feeding. One such example is the Brazilian Family Farming Initiative⁶¹, in which government subsidises small local farmers and ensures that at least 50% of tenders for school feeding programmes are allocated to these producers. In this way, the whole of society benefits.



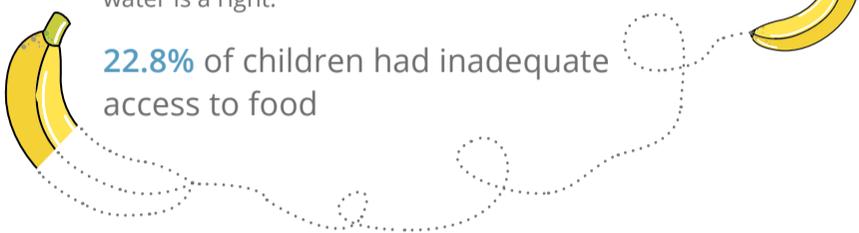
food insecurity



The challenge of food insecurity and childhood hunger, juxtaposed with childhood and adult obesity, is ongoing.

In 2013, Statistics South Africa reported that 22.8% of children had inadequate access to food, while a further 7.8% had severely inadequate access to food. Furthermore, in 2015/16, the unemployment rate in South Africa increased to 26.7% – the highest in 11 years. Unemployment has a devastating effect on people's ability to access healthy food.

In addition, fruit and vegetable prices increased by more than 18% and the overall food basket for price for South Africans has increased by 10%. While there is a system of social grants to provide relief, child hunger is still most prevalent in the poorest households. Furthermore, there is no one single Government Act that effectively deals with the issue of food insecurity, despite the fact that access to sufficient food and water is a right.



22.8% of children had inadequate access to food

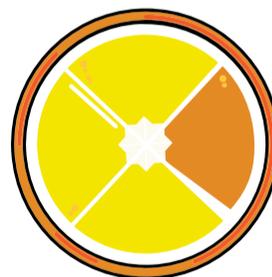


early childhood nutritional status



Under- and over-nutrition remain a significant challenge in South African pre-schoolers, with nearly 1 in 4 being overweight or obese and 1 in 5 being stunted. Both forms of malnutrition impact adversely on growth and development.

Young children in South Africa are consuming a diet that lacks dietary diversity, is high in starchy foods and low in fruit and vegetables,⁶² all of which may impact negatively on growth and later development. Data from the South African National Health and Nutrition Examination Survey also showed that nearly 23% of 2 to 5 year old children were either overweight or obese. Although, under-nutrition has improved since 2005 amongst 4 to 6 year old children, stunting remains a problem in nearly 20% of 2 to 5 year olds.⁶³

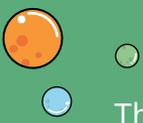


23% of 2 to 5 year old children were either overweight or obese.





Where to
from
here?



There is need to consider extending the National School Nutrition Programme to accredited early childcare centres, and to offer training and improve knowledge regarding healthy eating for small children among parents and carers. The monitoring of growth and development should be routine.

The WHO Commission on Ending Childhood Obesity cites the following key behavioural messages required in early childhood environments:

- “increase daily active play”
- “increase daily consumption of clean, potable water”
- “increase daily consumption of fruit and vegetables”
- “decrease television viewing time and screen-based activities”

These are simple strategies, requiring a supportive environment, and consistency between home and childcare services. Government policies concerning child-carer ratios; the provision of healthy foods; the minimum standard criteria for recreational facilities; and adequate space for early childhood carers to be accredited, may also help to address issues of health equity in the pre-school environment.



“a social vaccine?”



Changing the physical activity and food landscape for our kids

In this era of social movements and social activation, and in the connection between under- and over-nutrition, infectious and chronic diseases, we do not think twice about requiring immunisation for small children. We mobilise to increase access to treatment for conditions such as HIV, and our scientists search tirelessly for vaccines that will prevent the spread of infectious diseases.

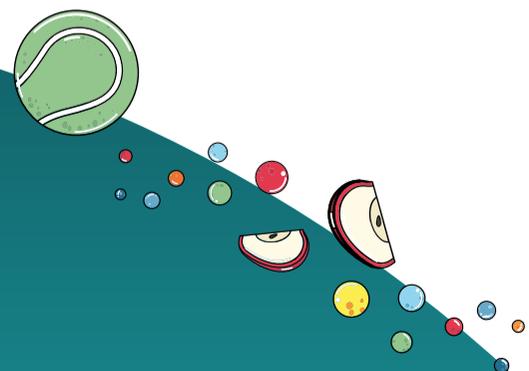
And yet, we know that childhood physical activity behaviours track into adulthood, that early over- and under-nutrition both potentially increase the likelihood of adult obesity and cardio-metabolic disease. By engaging as civil society to alter the physical activity and food landscape for our children, we may prevent the growing burden of chronic, non-communicable diseases later in their lives. This altered landscape can come about through the drafting and timely implementation of legislation; the allocation and investment of resources into facilities, community safety

programmes and infrastructure in the most marginalised communities; and by developing strategic partnerships across government sectors and between public and private sector.

There is no need to search for a “vaccine” for these conditions, as it is a “social vaccine” which is needed.

There is no need to search for a “vaccine” for these conditions, as it is a “social vaccine” which is needed. The answer lies in our own hands: in mutual accountability, from parent to child, educator to families, government to schools and communities, and from the international trade environment and international agencies to member states. The time to join the movement is now!

Finally, keep us informed about your experiences and any “best practice” programmes that we can share with other Healthy Active Kids South Africa 2016 partners through our social media pages and web links.



references

- 1 | Draper C, Basset S, de Villiers A, Lambert EV; HAKSA Writing Group.. Results from South Africa's 2014 Report Card on Physical Activity for Children and Youth. *J Phys Act Health*. 2014 May;11 Suppl 1:S98-104
- 2 | Cozett, C. 2014. Factors influencing participation in physical activity in 11-13 year old primary school children in the Western Cape. Master's thesis, University of the Western Cape.
- 3 | McVeigh, J & Meiring, R.. Physical activity and sedentary behaviour in an ethnically diverse group of South African school children. *Journal of Sport Science and Medicine*, 2014; 13: 371-378.
- 4 | Skaal HT, Monyeki MA, Toriola AL. The status of physical activity, body composition, health-related fitness and social correlates of physical activity among adolescents: The PAHL study. *African Journal for Physical, Health Education, Recreation and Dance*, 2015; 21 (4:2): 1337-1354.
- 5 | Pienaar C, Coetsee B, Monyeki AM. The use of anthropometric measurements and the influence of demographic factors on the prediction of in a cohort of adolescents: the PAHL study, *Annals of Human Biology*, 2015; 42:2: 135-143.
- 6 | Moselakgomo VK, Monyeki MA, Toriola AL. Relationship between physical activity and risk factors of body weight disorders among South African primary school children. *Biomedical Research* 2015; 26 (4): 730-738.
- 7 | Pienaar AE, Visagie M, Leonard A. Proficiency At Object Control Skills By Nine- To Ten-Year-Old Children In South Africa: The NW-Child Study. *Perceptual & Motor Skills: Physical Development & Measurement* 2015; 121(1):309-332.
- 8 | Pienaar AE, Kemp C. Motor Proficiency Profile Of Grade 1 Learners In The North West Province Of South Africa: NW-Child Study. *South African Journal for Research in Sport, Physical Education and Recreation*, 2014; 36(1): 167-182.
- 9 | Van Niekerk L, Du Toit D, Pienaar, AE. The relationship between motor proficiency and academic performance of adolescent learners in Potchefstroom, South Africa: The PAHL Study. *African Journal for Physical, Health Education, Recreation and Dance*, 2015; 21(4:2), 1321-1336.
- 10 | Micklesfield LK, Pedro TM, Kahn K, Kinsman J, Pettifor JM, Tollman S, Norris SA. Physical activity and sedentary behavior among adolescents in rural South Africa: levels, patterns and correlates. *BMC Public Health*. 2014; 16;14:40.
- 11 | Fenton SA, Duda JL, Barrett T. The Contribution of Youth Sport Football to Weekend Physical Activity for Males Aged 9 to 16 Years: Variability Related to Age and Playing Position. *Pediatr Exerc Sci*. 2015 May;27(2):208-18.
- 12 | Stroebel, Leoni CE, Hermanus J. Bloemhoff, and Johnnie Hay. "Physical education in South Africa: have we come full circle?." *South African Journal for Research in Sport, Physical Education and Recreation* 38.3 (2016): 215-228.
- 13 | Hill, Jillian, et al. "Promoting healthy lifestyle behaviour through the Life-Orientation curriculum: Teachers' perceptions of the HealthKick intervention." *South African Journal of Education* 35.1 (2015): 01-09.
- 14 | Tian H, du Toit D, Toriola AL. The effects of an enhanced quality Physical Education programme on the physical activity levels of Grade 7 learners in Potchefstroom, South Africa. *Physical Education and Sport Pedagogy*. 2015; 7:1-6.
- 15 | Uys, M. Socio-Ecological Influences On Physical Activity In Primary School Children: A View From South Africa, PhD dissertation, Faculty of Health Sciences, University of Cape Town, December 2015.
- 16 | Uys, Monika, et al. "Impact of a South African School-based Intervention, HealthKick, on Fitness Correlates." *American journal of health behavior* 40.1 (2016): 55-66.
- 17 | Uys M, Broyles ST, E Draper C, Hendricks S, Rae D, Naidoo N, Katzmarzyk PT, Lambert EV. Perceived and objective neighborhood support for outside of school physical activity in South African children. *BMC Public Health*. 2016;16(1):462.
- 18 | Aronstam S, Braund M., Play in Grade R classrooms: Diverse teacher perceptions and practices. *South African Journal of Childhood Education* 2015; 5(3).
- 19 | D'Haese, Sara, et al. "Organizing "Play Streets" during school vacations can increase physical activity and decrease sedentary time in children." *International Journal of Behavioral Nutrition and Physical Activity* 12.1 (2015): 14.
- 20 | National Household Travel Survey, 2013: Technical Report / Statistics South Africa Published by Statistics South Africa, Private Bag X44, Pretoria 0001 (<http://www.statssa.gov.za/publications/Report-03-20-01/Report-03-20-012013.pdf> , accessed 28 June 2016)

- 21 | Mathews S, Martin L, Scott C, Coetzee D & Lake L. Every child counts: Lessons learned from the South African Child Death Review pilot. A research brief. Cape Town: Children's Institute, University of Cape Town, 2015.
- 22 | Kong, Alberta S., et al. "Implementation of a walking school bus: lessons learned." *Journal of school health* 79.7 (2009): 319-325.
- 23 | A Survey of Time Use, 2010 / Statistics South Africa. Pretoria: Statistics South Africa, 2013, <http://beta2.statssa.gov.za/publications/Report-02-02.../Report-02-02-002010.pdf>.
- 24 | Porter G, Hampshire, K, Abane A, Munthali A, Robson E, Bang A, de Lannoy A, Gunguluza N, Tanle A, Owusu S, Milner J. Intergenerational relations and the power of the cell phone: Perspectives on young people's phone usage in sub-Saharan Africa. *Geoforum* .2015; 64: 37-46.
- 25 | <http://www.worldwideworx.com/wp-content/uploads/2016/02/SA-Social-Media-Landscape-2016-Executive-summary.pdf>
- 26 | We Are Social 2016 'Digital In 2016' Report <http://wearesocial.com/>
- 27 | Althoff, Tim, Ryen W. White, and Eric Horvitz. "Influence of Pokémon Go on physical activity: Study and implications." *Journal of Medical Internet Research* 18.12 (2016).
- 28 | Nigg, Claudio R., Desiree Joi Mateo, and Jiyoun An. "Pokémon Go may increase physical activity and decrease sedentary behaviors." *American journal of public health* (2016).
- 29 | Kubayi NA, Jooste J, Toriola AL, Paul Y. Familial and Peer Influences on Sport Participation among Adolescents in Rural South African Secondary Schools. *Mediterranean Journal of Social Sciences (MJSS)*, 2014; 5(20):1305 – 1308.
- 30 | Shirinde KS, Monyeki MA, Pienaar AE, Toriola AL. Perceived barriers and benefits of participating in physical activity and the levels of physical activity of children attending farm schools. *African Journal for Physical, Health Education, Recreation and Dance*. 2012; 18 (2), 228-240.
- 31 | van den Berg L, Grobler W. The Influence of Access to Facilities on the Physical Activity Level of High School Pupils in Bophelong, a Semi-Urban Area of South Africa. *Mediterranean Journal of Social Sciences*, 2014; 5(23): 905-913.
- 32 | Sedibe, H. M., Kahn, K., Edin, K., Gitau, T., Ivarsson, A., & Norris, S. A. (2014). Qualitative study exploring healthy eating practices and physical activity among adolescent girls in rural South Africa. *BMC pediatrics*, 14(1), 211.
- 33 | Meyer, D. F., and J. Surujlal. "Participation in sport and recreation in a poor community: perceived constraints and opportunities: physical activity and health." *African Journal for Physical Health Education, Recreation and Dance* 20.Supplement 2 (2014): 182-195.
- 34 | Sports and Recreation South Africa. (2016). Sports and Recreation South Africa Annual Performance Plan (APP) 2016/17. Pretoria: Sports and Recreation South Africa ((accessed 28 June 2016)) Retrieved from: http://www.srsa.gov.za/MediaLib/Home/DocumentLibrary/SRSA%20AR%202016_17%20LR.pdf. (APP) 2016/17. Pretoria: Sports and Recreation South Africa ((accessed 28 June 2016)) Retrieved from: http://www.srsa.gov.za/MediaLib/Home/DocumentLibrary/SRSA%20AR%202016_17%20LR.pdf.
- 35 | Veitch, J., Ball, K., Crawford, D., Abbott, G.R., Salmon, J., 2012. Park improvements and park activity: a natural experiment. *American Journal of Preventative Medicine*, 42 (6), 616–619.
- 36 | Jones S, Hendricks S, Draper CE. Assessment of physical activity and sedentary behavior at preschools in Cape Town, South Africa. *Child Obes*. 2014;10(6):501-10.
- 37 | Pienaar A.E, van Reenen I, Weber A.M. Sex differences in fundamental movement skills of a selected group of 6-year-old South African children. *Early Child Development and Care*, 2016; DOI: 10.1080/03004430.2016.1146263.
- 38 | Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hongoro C, Mchiza Z, Steyn NP, Dwane N, Makoae M, Maluleke T, Ramlagan S, Zungu N, Evans MG, Jacobs L, Faber M, & the SANHANES-1 Team (2014) South African National Health and Nutrition Examination Survey (SANHANES-1): 2014 Edition. Cape Town: HSRC Press
- 39 | Baard ML, Mckersie JM. Body mass index and associated physical activity levels in 7 - 10-year-old children in primary schools in Port Elizabeth. *SA J Sports Med*, 2014; 26(4):115-118.
- 40 | Lundeen EA, Norris SA, Adair LS, Richter LM, Stein AD. Sex differences in obesity incidence: 20-year prospective cohort in South Africa. *Pediatr Obes*. 2016; 11(1):75-80.
- 41 | Mamabolo RL, Sparks M, Moss SJ, Monyeki MA. The association between dyslipidemia and anthropometric indicators in black and white adolescents residing in Tlokwe Municipality, North-West Province, South Africa: the PAHL study. *African Health Sciences* 2014; 14(4): 929 – 938.
- 42 | McKersie JM, Baard L. Obesity in 7 - 10-year-old children in urban primary schools in Port Elizabeth. *S Afr J SM* 2014;26(2):55-58.
- 43 | Mokabane MN, Mashao MM, van Staden M, Potgieter MJ, Potgieter A. Low levels of physical activity in female adolescents cause overweight and obesity: Are our schools failing our children? *S Afr Med J*. 2014;104(10):665-667.
- 44 | Pedro T, Kahn K, Pettifor JM, Tollman SM, Norris SA. Under- and overnutrition and evidence of metabolic disease risk in rural black South African children and adolescents. *SA J Clin Nutr*, 2014; 27(4):194-200.
- 45 | Pienaar AE. Prevalence of overweight and obesity among primary school children in a developing country: NW-CHILD longitudinal data of 6–9-yr-old children in South Africa. *BMC Obesity*, 2015; 2:2.
- 46 | Toriola OO, Monyeki MA, Toriola AL, Two-year longitudinal health-related fitness, anthropometry and body composition status amongst adolescents in Tlokwe Municipality: The PAHL Study. *African Journal of Primary Health Care and Family Medicine*.2015; 7 (1) 1-7.
- 47 | Awotidebe A, Monyeki MA, Moss SJ, Strydom GL, Amstrong M, Kemper HCG. Relationship of adiposity and cardiorespiratory fitness with resting blood pressure of South African adolescents: the PAHL Study. *Journal of Human Hypertension* 2016; 30, 245–251.
- 48 | Van den Berg L, Meko L. Overweight and obesity in six-year-old children in 4th and 5th quintile schools in Mangaung, South Africa. *S Afr J Clin Nutr*. 2015; 28(1):50-52.
- 49 | Kruger G, Pienaar AE, Coetzee D, Kruger SH. Prevalence of stunting, wasting and underweight in Grade 1-learners: The NW-CHILD Study, *Health SA Gesondheid*, 2014; 19(1), 7 pages.

- 50 | Graham L, Hochfeld T, Stuart L, Van Gent M. Evaluation Study Of The National School Nutrition Programme And The Tiger Brands Foundation In-School Breakfast Feeding Programme In The Lady Frere And Qumbu Districts Of The Eastern Cape. 2015 (<https://www.uj.ac.za/faculties/humanities/csda/Documents/TBF%20Nutrition%20Report%202015%20FINAL%20WEB%20VERSION.PDF> , accessed 28th June 2016)
- 51 | Moodley G, Christofides N, Norris SA, Achia T, Hofman KJ. Obesogenic Environments: Access to and Advertising of Sugar-Sweetened Beverages in Soweto, South Africa, 2013. *Prev Chronic Dis.* 2015;12:E186.
- 52 | Thornton LE, Cameron AJ, Mc Naughton SA, Worsley A, Crawford DA. The availability of snack food displays that may trigger impulse purchases in Melbourne supermarkets. *BMC Public Health* 2012, 12:194.
- 53 | Manyema M, VeermanLJ, Chola L, Tugendhalft A, Sartorius B, Labadoarios D, Hofman KJ. The potential impact of a 20% Tax on Sugar-Sweetened Beverages on Obesity in South African Adults: A Mathematical Model. *PLOS ONE* 9(8): e105287.
- 54 | Smith LH. Piloting "Sodabriety": A School-Based Intervention to Impact Sugar-Sweetened Beverage Consumption in Rural Appalachian High Schools. *J School Health* 2014; 84(3): 177-184.
- 55 | Holmes, T. SA's Ferocious Fast Food Appetite. *Mail and Guardian* 8 April 2016 (<https://mg.co.za/article/2016-04-11-sa-has-an-appetite-for-fast-food> accessed 18 May 2017)
- 56 | de Villiers A, Steyn NP, Draper CE, Hill J, Dalais L, Fourie J, Lombard C, Barkhuizen G, Lambert EV. Implementation of the HealthKick intervention in primary schools in low-income settings in the Western Cape Province, South Africa: a process evaluation. *BMC Public Health.* 2015; 22;15:818.
- 57 | Graham L, Hochfeld T, Stuart L, Van Gent M. Evaluation Study Of The National School Nutrition Programme And The Tiger Brands Foundation In-School Breakfast Feeding Programme In The Lady Frere And Qumbu Districts Of The Eastern Cape. 2015 (<https://www.uj.ac.za/faculties/humanities/csda/Documents/TBF%20Nutrition%20Report%202015%20FINAL%20WEB%20VERSION.PDF> , accessed 28th June 2016)
- 58 | "You can't teach a hungry child, school nutrition in focus, STATSSA (<http://www.statssa.gov.za/?p=8392> ,accessed 18 May 2017)
- 59 | Faber M, Laurie S, Maduna M, Magudulela T, Muehlhoff E. Is the school food environment conducive to healthy eating in poorly resourced South African schools?. *Public health nutrition.* 2014 Jun 1;17(06):1214-23.
- 60 | Laurie SM, Faber M, Maduna MM. Assessment of food gardens as nutrition tool in primary schools in South Africa. *South African Journal of Clinical Nutrition.* 2017 Jan 31:1-7.
- 61 | Sonnino R, Torres CL, Schneider S. Reflexive governance for food security: The example of school feeding in Brazil. *Journal of Rural Studies.* 2014 Oct 31;36:1-2.
- 62 | Steyn NP, Nel J, Labadarios D, Maunder EM, Kruger HS. Which dietary diversity indicator is best to assess micronutrient adequacy in children 1 to 9 y? *Nutrition.* 2014;30(1):55-60.
- 63 | Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hongoro C, Mchiza Z, Steyn NP, Dwane N, Makoae M, Maluleke T, Ramlagan S, Zungu N, Evans MG, Jacobs L, Faber M, & the SANHANES-1 Team (2014) *South African National Health and Nutrition Examination Survey (SANHANES-1): 2014 Edition.* Cape Town: HSRC Press