

**DETERMINANTS FOR REALISATION OF THE RIGHT TO FOOD  
AMONG ADOLESCENTS IN STERKSPRUIT,  
EASTERN CAPE PROVINCE, SOUTH AFRICA**

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## ABSTRACT

Globally, the youth population aged between 10 and 24 years is the fastest growing and faces health and nutritional challenges affecting their growth and development, livelihoods and future careers. The government needs to take necessary action towards the full realisation of the right to health, water, education and adequate standards of living, amongst others. A cross-sectional descriptive study using a mixed method approach was conducted. The study aimed at gaining an insight into perceptions about underlying factors, having an impact on the realisation of the Right to Food (RtF) of adolescents in the Sterkspruit area of the Senqu sub-district (Eastern Cape Province). It, furthermore, explored possible solutions and opportunities to facilitate the progressive realisation of the RtF for adolescents in this area. In-depth interviews were held with eight (8) key informants who were actively involved in the community. Fifty (50) adolescents aged 10 to 19 years completed a self-administered questionnaire and participated in Focus Group Discussions, stratified for gender and age. Through content analysis of qualitative data, transcripts were coded and emerging themes were grouped, using the ATLAS.ti 7 text analysis programme. Sixteen (16) percent of the adolescents sometimes had access to only one food source at home and have experienced hunger at times. The most pressing issues identified by participants, which compromises the realisation of adolescents' right to food and health, was hunger caused by a combination of a monotonous diet, lack of agrarian resources, unemployment and mismanagement of Child Support Grants. Although government was regarded as the main duty-bearer responsible for the realisation of the RtF, it was perceived to be inefficient in taking sustainable measures to enhance food security in this resource-poor area. Very few participants identified adolescents' own responsibility as rights-holders. The implementation of a human rights-based approach is needed for both the duty-bearers and rights-holders to facilitate adolescents' physical and economic access to sufficient, safe and nutritious food.

**Key words:** Adolescents, food security, right to food, social grant, Eastern Cape province



## INTRODUCTION

The global youth population comprises 1.8 billion young people between the ages of 10 and 24 and is the fastest growing in the poorest nations [1]. More than 17% (10 million) of South Africa's population is between 14 and 19 years of age [2]. The United Nations Population Fund (UNFPA) stated in 2014, "never before have there been so many young people. Never again is there likely to be such potential for economic and social progress. How we meet the needs and aspirations of young people will define our common future" [1]. The adolescent group, between 10 and 19 years of age according to the WHO [3], faces a series of health and nutritional challenges, not only affecting their growth and development, but also their livelihoods and future careers [4,5].

Poor living standards in developing countries, as is the case in the Eastern Cape Province, usually manifest in conjunction with low income levels, poor health, little or no education and a general sense of hopelessness [6]. By ratifying the Covenant for Economic, Social and Cultural Rights [7], the South African government accepted the legal obligation to take necessary action towards the full realisation of economic and social rights of vulnerable groups, and more specifically, the right to food (RtF). Many policies and programmes are in place in South Africa, addressing the social issues that directly or indirectly contribute to the prevention of adolescents enjoying their right to adequate food. Examples of these social issues include the double burden of disease, HIV and AIDS, household food insecurity, social insecurity and inadequate education [8].

The Convention on the Rights of the Child highlights the need to address the underpinning factors that both violate or promote adolescent's RtF [9]. Based on human rights-principles, the RtF cannot be separated or interpreted alone. This means that when discussing adolescents' nutritional status and food security, education as well as the right to health should also be considered [10]. The 1996 World Food Summit (Rome) defined food security to "exist when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" [11]. Adolescents living in the Eastern Cape are considered vulnerable to food insecurity as the specific dimensions included in food security (namely adequate availability, physical and economic accessibility, quality and safety of food as well as stability of food supply), are not met [10].

In 2002, the United Nations' General Assembly Special Session on Children recognised the need for the development and implementation of national health policies and programmes for adolescents to promote their physical and mental health. Subsequently, the development of General Comment No. 4 on adolescent health and development, concluded that there was a need to prioritise adolescents' socio-economic rights [12]. *Figure 1* draws on current literature to depict how the realisation of adolescents' RtF is influenced by different role-players, referred to as duty-bearers, underlying factors and actions within the South African context.



Duty bearers responsible for adolescents' right to food at different levels of society	Factors contributing to violations of adolescents' right to food	Actions needed to realize adolescents' right to food
NATIONAL	POVERTY FOOD PRICES	CONSTITUTION POLICIES AND PROGRAMMES
PROVINCIAL	EDUCATION HEALTH (incl. HIV#) GENDER	GRANTS NO FEE SCHOOLING NSNP#
COMMUNITY	UNEMPLOYMENT	EMPOWERMENT
HOUSEHOLD	CHILD-HEADED HOUSEHOLD HOUSEHOLD HUNGER	SUPPORT
ADOLESCENT	RISKY HEALTH BEHAVIOUR	EMPOWERMENT

# NSNP = National School Nutrition Programme

#HIV = Human Immunodeficiency Virus

**Figure 1: Realisation of adolescents' right to adequate food is influenced by different roleplayers, underlying factors and actions**

A study undertaken in the Western Cape by Stupar, expressed the need for more detailed investigations of different barriers, determinants, promoters and facilitators that impact on South African adolescents' right to food [13]. Nevertheless, the successful implementation of policies, programmes and initiatives in the Eastern Cape province, aimed at addressing these issues, has not been documented efficiently. The researcher has been working in the proposed area of study for four years and has gained a deep understanding of the dire needs of adolescents. The researcher came to the conclusion that a human rights-based approach is needed, addressing adolescent nutrition and recognising their RtF. This study aimed to gain insight into underlying factors having an impact on the realisation of the right to food of adolescents in the Sterkspruit area (Eastern Cape Province). It furthermore explored possible solutions and opportunities to facilitate the progressive realisation of the RtF of adolescents.

## METHODOLOGY

### Study design

The cross-sectional descriptive study included a combination of qualitative and quantitative research methods. A mixed method approach was followed to ensure that personal experiences and opinions were provided, which were then further supported by the demographic background, creating a profile and background through the quantitative data provided.

### Sampling strategies

#### *Key informants*

Eight key informants (KIs), (6 female and 2 male) residing in the Sterkspruit area (*Table 1*) were purposively chosen on the strength of their position in, and being actively involved in the community. They were volunteer workers (4), healthcare professionals (2), a teacher and a ward counsellor.

#### *Adolescents*

Approximately 300 adolescents reside in Sterkspruit, representing 16% of the population. Key informants identified adolescents aged 10 to 19 years through purposive and snowball sampling. Fifty (50) adolescents (32 female and 18 male) from Sterkspruit town and surrounding villages (*Table 1*) voluntarily participated in the study regardless of their citizenship or gender. There were two age categories: 10-14 years (52% (n=26) and 15-19 years (48% (n=24)). Each category was sub-divided according to gender resulting in two female groups and one male group per age category, six groups in total.

#### *Inclusion criteria*

Adolescents in the age group 10 to 19 years who lived in the study area for more than six months and were attending schools exempted from paying school fees qualified to participate in the study. Xhosa-, Sotho- and English-speaking adolescents were included in the study provided they gave informed assent/consent and their parents/caregivers gave consent, if they were younger than 10 years.

#### *Exclusion criteria*

Key informants as well as adolescents were excluded from the study if they participated in the pilot study and were unwilling to provide informed consent.

### Pilot study

A pilot study was conducted in March 2014 in a similar area in the sub-district to assess face validity of the research instruments. It was used to ensure questions were clear and unambiguous, that proposed procedures were adequate, and to determine the time required to complete the questionnaire or conduct a Focus Group Discussion (FGD), and an in-depth interview. The only adaptation required was an adjustment to the layout of the self-administered questionnaire. Content validity was assessed by two experts on qualitative research, human rights and/or food security. Additionally, the pilot study served to standardise two research assistants in the use of the discussion guide.



During the pilot study, a community social worker who frequently interacted with the youth from Barkly East was interviewed as KI. One FGD was held with seven female adolescents in the boardroom of the local community healthcare centre. No male adolescents showed interest to participate on the day the pilot study was conducted.

### **Data collection tools**

Triangulation of data was enabled by using a combination of quantitative methods (self-administered questionnaire) and qualitative research methods (in-depth interviews and FGDs) searching for more comprehensive answers to the research objectives and going beyond the restrictions of a single method.

### ***Self-administered questionnaire***

The self-administered questionnaire was based on the *Food Insecurity and Vulnerability Information and Management System Questionnaire* compiled by the South African Human Sciences Research Council [14]. The five different sections aimed to gather information about: 1) the adolescent's personal particulars; 2) the adolescent's family (four questions); 3) the adolescent's household food and habitual food intake (eleven questions); 4) agricultural matters (five questions); and 5) the household setup (seven questions). This resulted in 27 closed-ended questions which had options to choose from. The questionnaire was translated from English into Xhosa by one research assistant and moderated by the second research assistant after translation. The questionnaire was also reviewed by a third bilingual person working in the media, with a qualification in human resources.

### ***Discussion guide***

The discussion guide was based on the research objectives and current literature on determinants of the RtF. It was used for the KI in-depth interviews as well as the FGDs with the adolescents. Using neutral phrases and probes, the discussion guide explored factors that could prevent or promote adolescents' full enjoyment of their RtF, as well as perceptions and experiences regarding adolescents' food security. Lastly, possible solutions and opportunities relating to the progressive realisation of adolescents' RtF were discussed.

### **Methods**

#### ***Adolescents' self-administered questionnaire and Focus Group Discussions***

Potential participants identified by the KIs were invited to an information session in August, 2014, about the research. The venue was in close proximity to the adolescents' homes, easily accessible and safe. The nature of the study and what the informed consent entailed was explained and the planned date for data collection was provided. On the scheduled return date, self-administered questionnaires were handed out only to the participants who brought completed, signed consent forms. In the case of adolescents younger than 12 years, their assent forms as well as consent forms from their parents or legal guardian were required. The research process was explained and how the questionnaire should be completed. Questionnaires took 15–25 minutes to complete and were checked for completeness.





After completion of the questionnaires, the focus groups were conducted in a suitable venue big enough to seat participants, the researcher and research assistants comfortably. In total, six FGDs with 7-10 participants each were conducted. A female or male research assistant conducted the discussions in the corresponding gender-specific focus groups. These Xhosa-speaking research assistants used the discussion guide to elicit information since this is the language used most commonly. The researcher attended all six FGDs to answer any questions, to record emotions and attitudes observed during the sessions, and to compile field notes used to contextualise the data.

Participants were welcomed at the beginning of each session. The roles of the researcher and the research assistants were explained, describing the aim of the study as well as what participants could expect from the session. An icebreaker helped to set everyone at ease. They were seated in a circle and following a certain beat, sang each person's name as well as all the previous persons' names. The discussion guide was used during the interviews, but questions were not necessarily asked in the same sequence. Focus group discussions lasted between 40–60 minutes.

#### *In-depth interviews with KIs*

The prominent community members identified as possible KIs were invited telephonically or per email to take part in the research. Interviews were scheduled at a time and venue suitable for the KIs, such as the community centre and the centrally situated local clinic. Interviews were conducted during May, 2014, in English or Xhosa according to the KIs preference and it lasted 30-60 minutes.

Eight interviews and six focus groups were deemed adequate as no new information emerged from the latter discussions. All interviews and FGDs were voice-recorded for transcribing and translating purposes. After each interview or FGD, the researcher and the research assistants reflected on the process and discussed the researcher's observations.

#### **Data Analysis**

All FGDs and in-depth interviews were transcribed and translated from Xhosa to English by the research assistants for content analysis purposes, using ATLAS.ti 7 text analysis programme. Common themes emerging from the data were analysed through the formation of families, consisting of groups of codes to arrange similar data together. The main themes were discussed with the research assistants, while the text was read several times until no new themes emerged and was checked for inconsistencies or contradictory findings.

Microsoft Excel was used to capture quantitative data and Stata version 13.1 was used for statistical analysis. Association between categorical variables was evaluated using the Pearson chi-squared test. A p-value < 0.05 was set as the cut-off for statistical significance.



### **Ethical considerations**

Approval for the research was obtained from the Health Research Ethics Committee, Faculty of Medicine and Health Sciences, Stellenbosch University (Ethics reference: S13/10/209). The research was conducted in compliance with pertinent requirements in the Declaration of Helsinki, as well as South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research. Informed written assent/consent was obtained beforehand from the adolescents and parents/caregivers if adolescents were <12 years of age. Written informed consent/assent explained aspects of anonymity, confidentiality and voluntary participation. Furthermore, written consent/assent was obtained separately for the voice recording of interviews and discussions.

### **RESULTS AND DISCUSSION**

According to statistical reports, Senqu district was regarded as a poor area facing high levels of service backlogs, low skill levels and high unemployment rates [15,16]. The consequences included diminished quality of life, dependence on social grants, reduced ability among residents to pay for services and the associated dependence on the Municipality on subsidies and other external funding [16,17]. This study investigated the living experience of a group of adolescents living under such harsh conditions.

#### **Factors impacting on food availability relevant to the realisation of adolescents' right to food**

Adolescents indicated availability of electricity (98%) in their dwellings, which facilitated 88% of households access to a fridge to retain food quality. Food sources were available from shops (60%), market places (72%) and street markets (18%). The main types of crops/vegetation available to enhance dietary diversity were fruit trees (52%), maize (42%) and vegetables (26%).

Water sources to facilitate safe food preparation was suboptimal as 24% of adolescents' households did not have water available inside their homes or within their own yard. There was, however, no statistical difference according to the residential location of households (Pearson's chi-square test,  $p=0.816$ ) (*Table 2*). Government is clearly not fulfilling the core obligation to provide safe drinking water [18,19]. Universal access to sufficient quantities of potable water contributes to the right to health, the right to adequate food as well as an adequate standard of living [18,20].

#### **Factors preventing or promoting the realisation of adolescents' right to food**

##### ***Access to sufficient, safe and nutritious food to meet adolescents' dietary needs***

It was evident that adolescents lacked access to both the quantity and quality of food required for optimal health and development. Responses to closed-ended questions in the self-administered questionnaire showed that adolescents mostly consumed starchy foods (bread and rice), with a limited variety of other food groups such as animal protein (chicken), vegetables (cabbage and carrots) and fruits (oranges, bananas and apples). Adolescents expressed the opinion that parents did not recognise the importance of consuming a variety of food daily, thus failing to provide them with





enough and nutritious food. Accordingly, 16% percent of all adolescents indicated that they sometimes had access to only one food source at home and they had experienced hunger at some stage in their life, “when you are feeling as though one wants to collapse because you have no energy” (*Female adolescent from Sterkspruit*) (Table 3.1).

### ***National School Nutrition Programme as an enabler and barrier to the realisation of adolescents’ right to food***

The majority of adolescents (72%) indicated daily participation in the National School Nutrition Programme (NSNP). Key informants acknowledged that schools played a vital role in facilitating adolescents’ RtF because adolescents often received their only meal for the day at school: “... the feeding scheme... is helping them [the adolescents] a lot”. Duty-bearers at various levels are responsible to provide a supportive environment for adolescents’ development and health by securing access to adequate food and nutrients and empowering them to make healthy food choices [8-10, 21]. To fulfil this obligation, the NSNP purposed to ensure that children maintain a healthy nutritional status, enhancing adolescents’ learning capacity and strengthening nutrition education [22-24].

Schools participating in the NSNP were required to implement food production initiatives and to ensure children received at least one meal per day at school, providing a variety of food items [22-24]. These should be provided with the necessary resources required to implement food production initiatives [22]. Not all schools in the Sterkspruit area had food gardens, which could provide fresh produce for school meals. A key informant raised the point that schools situated in the surrounding villages were experiencing difficulty with successful implementation of food gardens, apparently due to “long distances” that programme managers responsible for the facilitation of such initiatives had to travel to provide them with guidance and resources. Other reports also found that adolescents went hungry due to unequal implementation, inconsistent provision and sub-optimal utilisation of NSNP funds [25, 26]. Such maladministration and mismanagement should be regarded as a direct violation of adolescents’ right to adequate food [10, 27].

### ***Agrarian activities***

According to the self-administered questionnaire, adolescents had ample access to agrarian resources as they had access to land to cultivate produce (grazing land (20%), garden (18%) or field (16%)) for household consumption, which could help to diversify their diets. Only 38% of adolescents indicated that they did not have any family members who owned cattle and/or chickens, contributing towards household food security. Both KIs and adolescents indicated the unavailability of water to sustain agrarian activities as one of the main factors limiting their involvement in agricultural activities.

The Child Gauge published by the Children’s Institute, University of Cape Town reported in 2017 that four out of five children in the Eastern Cape were living in low income households [28]. Subsistence farming could play an important role in reducing the vulnerability of these food insecure households, improve livelihoods and help to



alleviate the impact of food price inflation [29]. It is crucial that duty bearers and rights-holders accept responsibility as social protection programmes alone are insufficient to moving people out of poverty and hunger [30].

Key informants and adolescents held different viewpoints on adolescents' involvement in agricultural activities. A male KI was saddened that adolescents did not share their parents' dream to farm: "I know no child who is doing any sort of farming activities." A female KI was adamant that adolescents showed no interest in farming activities as "...they just want the produce." Participants felt that the Department of Agriculture played an immense role in the realisation and fulfilment of the adolescents' RtF by supplying the seeds for food gardens. Yet, KIs said, adolescents have not responded well in the past when they were invited to participate in agrarian activities such as "making small [vegetable] plots at the clinic". On the other hand, adolescents stated that they were interested in farming activities but were not supported by their parents. They also did not have time to "spend in the fields with cattle" or to look after a vegetable garden due to academic commitments. To alleviate this dilemma government could facilitate the youth's interest in sustainable agriculture educating small-scale farmers about low-input agricultural practices [31]. Women from the Sterkspruit area could be empowered to produce food in their own gardens and be taught how to use different water harvesting methods. Agrarian initiatives in other countries could be investigated for alternative ways to alleviate food insecurity. For instance, Zimbabwean women received vouchers to utilise for agrarian resources [24].

### *Utilisation of social support grants*

Several deterrants to optimise utilisation of the social support grants emerged during discussions. Adolescents (80%) indicated that there was no grant pay-point close to their homes and the main mode of transport to reach pay-points was by minibus (64%) or bus (22%). The reported lack of facilities such as home affairs offices and grant pay-points in remote areas to distribute social support grants effectively and efficiently, need to be addressed by municipal authorities to enhance economic accessibility of food [18]. Such support to parents could be instrumental in facilitating the progressive realisation of adolescents' RtF, empowering them to meet their basic need for a minimum living standard [10, 26, 27].

Provision of social support grants was one way Government could meet its obligations to alleviate poverty and hunger [17,18, 27]. According to the General Household Survey (2017), 42% of South African grant beneficiaries were living in the Eastern Cape where grants were more prevalent (59%) than salaries as source of income [32]. The Food and Agriculture Organisation (FAO) emphasised the fact that the success of cash transfer programmes depended on how well programmes reached their target groups, and the efficacy of implementation. It is known that disparities in coverage of social support grants amongst areas, such as the Sterkspruit district exist, with the lowest coverage in the regions where the poverty incidence is the highest [30].

The CSG was perceived by the KIs as undesirable since they were of the opinion that it only created dependency. Participants felt that parents abused the CSG by spending it inappropriately as "...some of them use the social grant on unnecessary things for



example alcohol, phone or airtime”. On a positive note, the CSG could be used “in a good manner” for buying food for the children (*Table 4.1*). Contrary to the negative viewpoint held by some participants, an impact assessment of the social support programme completed by the United Nations Children Fund (UNICEF) and South African Social Security Agency (SASSA) in 2012 found a range of positive changes such as a reduction of adolescent absences from school and risky health behaviour [33].

### ***Child abuse***

A male adolescent (category 10–14 years) remarked: “another issue that may be the problem resulting in hunger, is child abuse; whereby a child is punished for not being able to do some domestic work”. If adolescents were disobedient or failed to execute a task as ‘ordered’ by their parents or caregivers, they would be punished harshly. He said:

“Sometimes, when you did something wrong, your parents will punish you by withholding meals from you. That means you have to go to school on an empty stomach and experience hunger the whole day”. (*Male adolescent, category 10–14 years, from Sterkspruit*)

Repeated incidents of attending school hungry could contribute to malnutrition in this vulnerable population group [9]. Furthermore, withholding food from adolescents as a form of punishment directly violated their RtF and was in contravention of Convention on the Rights of the Child [9,12]. Punishment should be replaced by positive discipline, negotiations and inspiring adolescents to take responsibility for their own actions [9,34].

### ***Adolescents’ risky health behaviour***

The violation of the right to be free from hunger [8,10] could be a major contributing factor to male adolescents’ involvement in criminal activities and female adolescents participating in transactional sex for money to buy food to eat (*Table 3.2*). Some adolescents referred to the high unemployment rate as well as peer pressure that led to a high crime rate, exacerbated by the lack of police stations to report criminal offences. Only 6% lived close to a police station.

Female adolescents indicated that “there are a lot of sex workers in this community because of hunger” and shared that young females would have “old boyfriends of age 50 or so, providing them with shelter and food in return for sexual intercourse”. These risky behaviours put the adolescent female health at risk and unplanned teenage pregnancies forced them to leave school. KIs agreed:

“Teenage pregnancy might be the social problem that can affect the RtF for adolescents and according to my understanding it would be difficult for a child to be responsible for her own child because she isn’t working, in order to provide food.” (*Female KI from Manxeba*)

Devoted parents and caregivers usually ensure that their children were safe, fed and clothed in a dignified manner, protected from putting their health and lives at risk [9,18,21,35]. Sex in exchange for food, shelter or other goods clearly infringed on more than one human right. When sex trading was practised due to the need to acquire life-sustaining goods such as shelter, food or clothing, all levels of duty-bearers should be held accountable [9,10,12,21]. Ultimately, if the RtF for adolescents was addressed appropriately, risky behaviours could subside, preventing adolescents from being exposed to dangerous situations [12,21,33].

### **Possible solutions and opportunities to facilitate the progressive realisation of adolescents' right to food**

#### ***Employment***

Reports on poverty trends showed the Eastern Cape was one of the three highest poverty-stricken provinces with the second highest rate of households (73%) experiencing income poverty [36]. Subsequently, half of the children lived in households with no employed household members [15]. The adolescents in this study identified a need for more work opportunities for their parents to ensure a steady income. Key informants explained that the low socio-economic environment in combination with the lack of education among the adults, resulted in adolescents often experiencing hunger (*Table 4.2*).

“...It is due to the high unemployment of the females that can lead to hunger because they are not working, they are not having a source of income, they are not getting anything...” (*Female KI from Manxeba*)

#### ***Collaboration for food security***

Key informants stated that food production programmes were hampered by theft and vandalism of both property and resources. Programmes were seldom monitored, thus the resultant inadequate implementation of programmes was impeding the adolescents' nutritional intake.

“...Environmental managers must come and visit and give health education about the importance of having a project, about gardens at home, to prevent hunger at home, prevent malnutrition, because malnutrition here at Joe Gqabi is very high.” (*Female KI from Manxeba*)

The relevant policies stipulated that governments need to put proper monitoring systems in place when implementing programmes and projects designed to address food security. Furthermore food production and acquisition should be equally prioritised amongst all levels of duty-bearers to ensure the progressive realisation of the RtF, by incorporating different Ministries such as Finance and Health, and other governmental bodies [18,21,27,37]. School food gardens having committed community involvement could increase the buying power and facilitate sustainable economic growth of rural communities such as Sterkspruit in the Senqu sub-district [24].

### ***Additional resources required***

Participants expected more from Government as they asked that more food parcels be provided, CSG be increased and basic necessities like school clothes be added. Key informants added that duty-bearers such as community health workers and environmental health officers should also facilitate the RtF due to their close contact with communities. The adolescents identified the need for specific resources for sustainable development, such as seeds, and gardening equipment and also more teachers to be availed (*Table 4.3*). Teachers could play a vital role in facilitating education in agricultural activities and entrepreneurship, an environment conducive to developing the adolescent into self-sufficient adults [8, 24].

### ***Responsibility of rights-holders***

Participants exhibited a lack of clear understanding that rights-holders should also accept responsibility to ensure adolescents' RtF was being met. Key informants mentioned that parents were responsible and a female adolescent professed: "No, we [adolescents] don't have any responsibilities" (*Table 4.4*). It is crucial that adolescents be taught that every right has a responsibility, that their RtF entails being active participants, for instance in food production initiatives [8,24].

It is clear that government as the primary duty-bearer still lacked progressive realisation of the RtF. Disparities and inequalities still existed since not all citizens of South Africa are food secure [16,38]. Duty-bearers as well as rights-holders should start implementing the 'bottom-up' approach. This could be achieved through the implementation of human rights-based principles, by working towards building capacity in the community as well as assessing and determining priorities in line with the relevant communities' interests [37]. Importantly, rights-holders should accept their responsibilities through active participation to make worthy initiatives sustainable [10,18,30].

### **Limitations of the study**

Generalisability of the findings was limited due to a small sample of Xhosa speaking adolescents (mostly female) from fee-free schools, no government officials were interviewed and the dietary diversity score was not calculated. The Hawthorne effect may have caused some participants to respond in a way they thought the interviewer wanted them to respond. Voice recordings may have impacted on participants' spontaneity to share their opinions and thoughts. The researcher is aware that her own subjectivity and bias could influence the interpretation of data.

### **CONCLUSION**

Duty-bearers in the Sterkspruit sub-district are failing to "meet the needs and aspirations of young people" as advocated by UNFPA. This group of adolescents are not living in a supportive environment to develop their full potential. Instead, they face food insecurity and participate in risky health behaviour. Combined with little opportunity for employment and a dependency on child support grants, the realisation of their right to food and health is being compromised. Government has promulgated several programmes and policies but implementation needs to be done in accordance





with the human rights-based principles in a fair and transparent manner. Collaboration between all levels of duty-bearers is crucial. Sustainability and development will follow when individuals and communities become active participants rather than mere beneficiaries.

#### **ACKNOWLEDGEMENTS**

The research was funded by the Norwegian Government's Programme for Master's Studies [NOMA]. We also convey our sincere gratitude to all the participants for sharing their time and thoughts to make this study possible.





**Table 1: Geographical location of participants**

Area of residence	Key informants	Adolescents			
		10 – 14 years		15 -19 years	
	Female n=6 Male n=2	Female n=18 (36%)	Male n=8 (16%)	Female n=14 (28%)	Male n=10 (20%)
<b>Sterkspruit town</b>	1 (12.5%)	17 (94%)	7 (88%)	0 (0%)	1 (10%)
<b>Villages:</b>					
Manxeba	5 (62.5%)				
Blue Gums	2 (25%)	1 (6%)	1 (13%)	10 (71%)	8 (80%)
Shkisazana				2 (14%)	1 (10%)
Meyi Village				1 (7%)	0 (0%)
Mboniswani				1 (7%)	0 (0%)
<b>Total participants per group</b>	<b>8 (100%)</b>	<b>18 (100%)</b>	<b>8 (100%)</b>	<b>14 (100%)</b>	<b>10 (100%)</b>

**Table 2: Provision of household water, according to residential location of adolescents (N=50) living in the Sterkspruit area**

Variable	Town* n (%)	Village** n (%)	Total n (%)
Piped water inside of house	6 (12%)	7 (14%)	13 (26%)
Piped water outside house, in own yard	13 (26%)	13 (26%)	26 (52%)
Piped water, shared tap amongst few households	3 (6%)	4 (8%)	7 (13%)
Water tanks available	2 (4%)	1 (2%)	3 (6%)
No safe water available close by	1 (2%)	0	1 (2%)
<b>TOTAL</b>			<b>50 (100%)</b>
p-value*	<i>p=0.816</i>		

Data is presented as a proportion and were compared using Pearson's chi-square test A p-value of < 0.05 was considered significant

\*Town: All adolescents residing in Sterkspruit town

\*\*Village: All adolescents residing in surrounding areas including Blue Gums, Shkisazana, Meyi and Mboniswani

**Table 3: Responses of adolescents (N=50) living in Sterkspruit**

<b>3.1 Adolescents' experience of hunger</b>	
<b>Female adolescents</b>	<b>Male adolescents</b>
"Feeling dizzy"	"Hunger might leave people to collapse"
"Having your stomach make funny sounds"	"It feels weak and stomach have cramps"
	"You feel weak and don't want to do anything"
<b>3.2 Reasons for increased criminal activities amongst adolescents</b>	
<b>Female adolescents</b>	<b>Male adolescents</b>
"Peer pressure of doing crime in this community"	"Crime is also the other problem that we face in this community."
	"Money... it may cause people to do criminal offences (stealing, raping) and so forth"

**Table 4: Perceptions held by key informants (N=8) and adolescents (N=50) of other factors impacting on adolescents' right to food and possible solutions and opportunities to facilitate the progressive realisation of this right**

#### 4.1 Reported utilisation of the social child support grant

In-depth interviews	Focus group discussions	
	Female adolescents	Male adolescents
<p><b>Key informants</b></p> <p>“Not all of the children receive social grants because they don't have birth certificates” (<i>Female KI from Blue Gums village</i>)</p> <p>“The social grant money is not enough and as a result it comes to the situation whereby the children experience hunger” (<i>Female KI from Manxeba</i>)</p> <p>“... All people depend on social grants” <i>Male KI from Blue Gums village</i></p>	<p>“...The social grant is helpful”</p> <p>“Others they do buy food for their children”</p> <p>“...Our parents buy food, clothes but some of them buy alcohol”</p> <p>“Parents with our social grant money they buy fancy clothes for them without us getting any”</p> <p>“...They use it for transport”</p>	<p>“...It helps parents to be able to buy food and clothes”</p> <p>“...Some parents use the social grants in a good manner, whilst others use them in a bad manner for example buying alcohol, fancy clothes, doing unnecessary credits and so forth”</p>

#### 4.2 The high unemployment rate

Key informants	Female adolescents	Male adolescents
<p>“The reason why adolescents experience hunger is because their parents don't have jobs” (<i>Female KI from Manxeba</i>)</p> <p>“...Yes they do experience hunger because of high unemployment” (<i>Male KI from Blue Gums village</i>)</p>	<p>“..... No work, no money, no food. That is an old saying in IsiXhosa ”</p>	<p>“...Unemployment and financial problems”</p>

**4.3 Additional resources required to reduce food insecurity in Sterkspruit**

Key informants	Female adolescents	Male adolescents
<p>“Government must provide the children with food, clothes and the social grant increases” <i>(Female KI from Blue Gums village)</i></p> <p>“I think government, as much as government should provide the adequate resources and material, they should even go a step further and try to monitor, exactly what is going on in community. There are challenges in places where government does provide something, then there are people who come to steal or vandalise the things” <i>(Male KI from Sterkspruit town)</i></p>	<p>“Create more job opportunities”</p> <p>“Government must supply each community with seeds”</p> <p>“Government must supply community with food parcels”</p> <p>“People should start their own projects”</p> <p>“Government must increase social grant”</p>	<p>“They must encourage us on how to eat and to make our own food, and also consult our parents on how they must use the social grants”</p> <p>“Crime abuse must be reduced”</p> <p>“An increase in the social grants”</p> <p>“Job opportunities must be created”</p> <p>“School nutrition programmes whereby parents sell vegetables to schools”</p>

**4.4 Responsibility of rights-holders to ensure adolescents receive adequate food**

Key informants	Female adolescent	Male adolescents
<p>“Councillors must be responsible for the adolescents’ RtF to be realised and their ward committee, children don’t have a responsibility to provide themselves with food. The parents are also responsible and anyone who is capable of helping” <i>(Female KI from Blue Gums village)</i></p> <p>“The government needs to empower the adolescents. I think that is fundamental and yes they should be made aware and educated in ways ... to be able to sustain themselves.” <i>(Male KI from Sterkspruit)</i></p> <p>“Parents have the right to make sure that the children receive enough food” <i>(Female KI from Manxeba village)</i></p>	<p><u>Category 10 – 14 years:</u></p> <p>“Government is responsible”</p> <p>“Parents and social workers”</p> <p>“...Mayors and counsellors must be responsible”</p> <p>“...The president should be responsible.”</p> <p>“...Social workers”</p> <p><u>Category 15 – 19 years:</u></p> <p>“Social workers”</p> <p>“..The Government should be responsible”</p> <p>“Our parents or any guardian that are staying with you”</p> <p>“...Our teachers should be responsible”</p>	<p><u>Category 10 – 14 years:</u></p> <p>“Government and the parents must be responsible for the right to food”</p> <p>“...the counsellors are not doing their job”</p> <p><u>Category 15-19 years:</u></p> <p>“The place whereby we do receive food, it’s not well built and it gives us a problem when it is raining. There are no actions taken by government or the community in that place”</p>

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