

Title:

**A Normative Perspective on the South African Government's
Obligations to Ensure Nutrition Security for the Country's Most
Impoverished Children.**

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**Submitted to the Faculty of Health Sciences, University of the Witwatersrand,
Johannesburg, in partial fulfilment of the requirements for the degree Master
of Science in Medicine in Bioethics and Health Law.**

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DECLARATION:

I declare that this research report is representative of my own work, compiled under academic supervision. I have followed the required conventions in referencing all my sources. This research report is being submitted for the degree of MSc Med (Bioethics & Health Law) and has not been submitted prior to this date for any other academic purpose or examination at any tertiary institution.

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Date: 2019-04-08

DEDICATION

To my mother, Elda Stander, who is the epitome of goodness.

To the children of the beloved country. May your voices be heard...Always!

ABSTRACT

Early childhood and especially the first 1000 days from conception are crucial for a child's development and sets the tone for all future health, development, and achievement. Nutrition security is paramount during this critical developmental period, yet the majority of young South African children live in extreme poverty, deprived of nutrition, and exposed to serious malnutrition. Malnutrition is considered a key driver of child morbidity and mortality in South Africa. Children are vulnerable due to their restricted autonomy, fragile development, and utter dependence on a caregiver which put them at increased risk of harm and exploitation. This study illustrated the gravity of the nutritional needs of South Africa's impoverished children which render them extraordinarily vulnerable to malnutrition. Such vulnerability demands ethical responses from the South African government who has the authority to ensure nutrition security for these children. The study provided a normative perspective on the South African government's moral and legal obligations to ensure that the country's impoverished children have access to nutrition security. Various national and international laws obliging the government to ensure that these children have access to adequate nutrition were analysed. Perspectives were analysed and discussed through the bioethical lenses of ubuntu ethics, an ethics of care, rights theory, needs theory, and the four principles of biomedical ethics: non-maleficence, beneficence, respect for autonomy, and justice to illustrate the government's moral obligation towards the country's impoverished children.

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Table of Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
CA	Capability Approach
CESCR	Committee on Economic, Social, and Cultural Rights
CFW	Community field workers
CHW	Community health workers
CRC	Convention on the Rights of the Child
CSG	Child Support Grant
DAFF	Department of Agriculture, Forestry and Fisheries
DoH	Department of Health
DoN	Department of Nutrition
DPME	Department of Planning, Monitoring and Evaluation
DRC	Declaration of the Rights of the Child
DSD	Department of Social Development
DWA	Department of Water Affairs
ECD	Early Childhood Development
FAO	Food and Agricultural Organisation
GM	Growth monitoring
HREC	Human Research Ethics Committee
ICESCR	International Covenant on Economic, Social, and Cultural Rights
KZN	KwaZulu-Natal
M&E	Monitoring and Evaluation
NDP	National Development Plan
NFCS	National Food Consumption Survey
NIECD	National Integrated Early Childhood Development
PIP	Problem Identification Programme
PPV	Principle of Protecting the Vulnerable
SAHRC	South African Human Rights Commission
SDG	Sustainable Development Goals
UDHR	Universal Declaration of Human Rights
UKZN	University of KwaZulu-Natal
UN	United Nations

UNCRC	UN Convention on the Rights of the Child
VAD	Vitamin A deficient
WHO	World Health Organisation
WW	World War

Chapter 1

1.1 Introduction:

Researchers have for years been stating the importance of nutritional security in early childhood (UNICEF, 2015). Early childhood and especially the first 1000 days starting from conception, have been found critical for physical, emotional and cognitive development which sets the tone for future health, development, and achievement (Motshekga, 2013). Malnutrition during early childhood can result in severe irreversible harm to the child's development (Department of Social Development, 2015). Richter's observation: "Children born with challenges or into a challenging environment need support, and they need it quickly" is thus a valid plea for the young South African children who are subject to high levels of malnutrition (Richter, 2013, p. 7; Berry *et al.*, 2013). The National Development Plan (NDP) acknowledges the need for child nutrition interventions. However, South Africa is considered "strong on policy, but weak on implementation" (Harrison, 2017, p. 47). Close to 4 million (63%) of South African children under 6-years fall within the 40% poorest households, rendering them nutritionally insecure and at increased risk of harm and exploitation (Barnes *et al.*, 2017). The focus of this study was, therefore, on the nutritional status of South Africa's most impoverished children and the government's moral and legal obligations to ensure nutrition security for these children. However, these obligations would apply even to children outside the 40% poorest household bracket if their nutritional needs are not met because of lack of affordability.

1.2 Background, Literature Analysis and Critique:

Considerable inequality, unemployment, and extreme poverty ensure that many South Africans are unable to adequately provide for their children (Delany, Grinspun and Nyokangi, 2016). The Food and Agricultural Organisation (FAO) of the United Nations defines nutrition security as a condition that allows for the "secure access to an appropriately nutritious diet, coupled with a sanitary environment, adequate health services, and care to ensure a healthy active life for all households members" (FAO cited in, Ayala and Meier, 2017, p. 3). Considering that 63% of South African children live below the upper bound poverty line (below the minimum financial means to ensure sufficient nutrition and fundamental non-food essentials), nutritional security as

defined by the FAO is a mere dream for the majority of the country's children (Hall and Sambu, 2016). Poor housing, insufficient access to adequate water and sanitation, and poor hygiene practices associated with the living conditions of these children promote infections and ill health which escalate the risk of malnutrition (Berry *et al.*, 2013; Jamieson *et al.*, 2017). Inadequate nutrition is known for the detrimental impact it has on the cognitive health, gross and fine motor skills, and psychological development of young children (Kruger, Pienaar, Coetzee & Kruger, 2014). Studies conclude that 25% of South African children under five exhibits stunted growth, a condition characterised by a very short height to age ratio that is associated with malnutrition (Hall, Nannan and Sambu, 2016a). Moreover, malnutrition is related to over 60% of childhood deaths in South African hospitals (Berry *et al.*, 2013).

Section (7)(1) of South Africa's Constitution acknowledges the Bill of Rights as "a cornerstone of democracy," through which human rights became a matter of legislation (Constitution of the Republic of South Africa, 1996). Despite promises of equality and flourishing for all, the democratic government has in many ways failed vulnerable groups in South Africa and, at times, even contributed to their suffering (Wolfson Vorster, 2017). According to Behrens (2013), some argue, that many present-day moral failures in South Africa can be attributed to the greed, materialism, and desire for power from a new upper and middle class at the expense of the majority. In this regard, Benatar's notion that "the vulnerable is exposed and disparities in wealth and health are amongst the widest in the world" is descriptive of the current situation in South Africa (Benatar, 2013, p. 154). Reichert, referring to vulnerable groups, states that "the term 'vulnerable' refers to the harsh reality that these groups are more likely to encounter discrimination or other human rights violations than others" (2006, p. 78). The inherent vulnerability and fragility associated with childhood make children particularly susceptible to neglect and, therefore, they need special protection (Reichert, 2006). The Declaration of the Rights of the Child states:

"...the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth" (United Nations, 1989, p.1).

South Africa's population consists of a considerable number of vulnerable groups, including children (36%), the youth (37%) and the elderly (8%) but this report focussed

on the young children in the 40% poorest households, which I consider to be the most vulnerable amongst the vulnerable (StatsSA, 2014).

The Constitution of South Africa in section 27(1) requires that everyone has access to healthcare, sufficient food, and water (Constitution of the Republic of South Africa, 1996). In addition, section 28(1)(c) grants all children the right to basic nutrition and basic health care (Constitution of the Republic of South Africa, 1996), and unlike s27, this is not subject to progressive realisation. The NDP recognises the need and importance of nutritional interventions for most South African children. However, the government's implementation of strategies is insufficient (Harrison, 2017). Attention to the incontestable connection between rights and duties has been lacking, yet the logical notion of rights automatically implies corresponding responsibilities (Benatar, Daar and Singer, 2003). Furthermore, a human right is considered a "moral right against others, a natural duty that ought to be taken into account by morally responsible decision makers" (Metz, 2007b, p. 541). Consequently, I argued that 63% of South African children's right to nutrition security was being violated, and according to Metz, this would be indicative of the government's failure to act as duty bearers and "morally responsible decisions makers" (Metz, 2007b)

Well documented facts by prominent sources, such as the South African Child Gauge and the World Bank Group, indicate that close to two-thirds of South African children live in extreme poverty (Delany *et al.*, 2016a; Victor and Zikhali, 2018). Such privation is associated with various adversities, which are particularly detrimental in early childhood (Department of Social Development, 2015). Although the multidimensionality of this problem asks for a multidisciplinary approach to ensure effectiveness, the role of proper nutrition as the basis of this approach is the focus of this study (Department of Social Development, 2015).

Joan Tronto, a prominent care ethicist, considers the failure to recognise a need or ignoring a need once identified, a moral evil (Tronto, 1993). In South Africa, the dire circumstances that undermine impoverished children's nutritional needs are well documented (Mezmur, 2017). From Tronto's perspective, the unmet dietary needs of these children are, thus, indicative of thriving immorality. Adequate nutrition is vital for childhood development and survival (Schroeder and Brown, 1994). According to

Goodin (1985), Wiggins (1998), and Rogers, Mackenzie and Dodds (2012), responding to vital needs such as nutrition ought to be a moral priority.

Furthermore, a foundational affirmation of care ethics is the indisputable presence of human dependence at certain periods in life and an ethics of care, “stresses the moral force of the responsibility to respond to the needs of the dependent” (Held, 2006, p. 10). During early childhood, children are utterly dependent on responsible others to meet their most vital needs (Dodds, 2014). Ironically, the desperate need for care in the situation under consideration involves those living under the harshest conditions, as stated, while in this critical phase of their lives.

Children under five that are undernourished are “likely to develop below the norm set by their more fortunate peers” throughout life and consequently their offspring will at the outset be subject to drawbacks, stretching the gap over each generation and essentially making it more and more difficult to catch up (Jamieson *et al.*, 2017, p. 36). Although the monthly Child Support Grant (CSG), which is currently worth R 400 per child, plays a vital role in advancing childhood nutrition and wellbeing, annual increases are inconsistent with food prices inflation, which subsequently threatens the grant’s efficacy (Jamieson *et al.*, 2017). The considerable number of South African children that are undernourished stresses the urgent need for the effective implementation of policies as opposed to merely generating exceptional policies, to ensure positive child nutrition outcomes (Hendricks, Goeiman and Hawkrige, 2013). The United Nations Development Programme (UNDP)’s Sustainable Development Goals (SDGs) provide the opportunity to address critical challenges, under the guidance of the UN development agency (United Nations Development Programme, 2017). Goal 2 of the SDGs, “End hunger, achieve food security and improved nutrition, and promote sustainable agriculture,” is directly related to the most impoverished children’s nutritional needs, whereas goal 1, “End poverty in all its forms everywhere,” goal 3 “Ensure healthy lives and promote well-being for all at all ages,” and goal 10 “Reduce inequality...” are interrelated (Bhardwaj, Sambu and Jamieson, 2017, p. 31).

Six easily implementable nutrition interventions that can “save lives and prevent malnutrition and stunting,” include breastfeeding, complementary feeding, folate, iron, vitamin A, and zinc supplementation, and improved hygiene (Hendricks *et al.*, 2013,

p. 45). Furthermore, pivotal interventions, such as growth monitoring and promotion, nutrition counselling, deworming programmes, nutritious meals and food gardens can easily be incorporated into official Early Childhood Development (ECD) centres (Hendricks *et al.*, 2013). However, although ECD centres provide handy means for nutrition interventions, attendance is scant for those with the most crucial needs, viz. impoverished children and 0-3-year-old (Biersteker cited in Hendricks *et al.*, 2013). It is, thus, essential to involve community health workers (CHWs) to provide these interventions through home visits and through services within communities to children who are unable to benefit from ECD centre services (Berry *et al.*, 2013).

The UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) provide for the “survival and development” of all South African children (Mezmur, 2017, p. 7). Both the UNCRC and the ACRWC were ratified by South Africa in 1995 and 2000 respectively (Gray and Vawda, 2016). Furthermore, provisions in the Constitution of South Africa grant all children the right to basic nutrition (Constitution of the Republic of South Africa, 1996). Access to adequate food is thus a human right for all South African children irrespective of socio-economic status, and as such, the government is legally obligated to fulfil this right (Jamieson *et al.*, 2017). South Africa has various nutrition and healthcare policies which should be able to realise this right. However, strategic gaps and insufficient implementation of interventions are a concern (Khulisa Management Services, 2014). Amongst others, prominent stakeholders such as the UN Committee on the Rights of the Child makes specific reference to the South African government’s failure in executing recommendations made by the committee including guidance on child malnutrition. (Röhrs and Proudlock, 2017).

Regardless of legislation, the intense need of South Africa’s most impoverished children for adequate nutrition demands a closer look at the government’s moral obligation to provide for their nutrition security. Cultural relativism is widely criticised for ascribing morality purely to culture, as inhumane practices are often overlooked in the name of culture (Wilkinson, 2014). Yet, even if we consider cultural relativism as a legitimate moral theory, certain ethical standards are universally accepted across cultures. James Rachels states in this regard: “If a group did not protect its young, the young would not survive...This means that any enduring culture must have a tradition

of caring for its young [and] neglected infants must be the exception, not the rule” (James Rachels and Stuart Rachels, 2015, p. 24). The government’s neglect of children’s needs is however rife (Mezmur, 2017). Mill (1859, p. 15) observes:

“...interposing to protect the defenceless, things which whenever it is obviously a man’s duty to do, he may rightfully be made responsible to society for not doing. A person may cause evil to others not only by his actions but by his inaction, and in either case he is justly accountable to them for the injury”.

The inherent vulnerability associated with childhood causes children to be especially susceptible to harm and neglect, often without the means to defend themselves against these insults (Reichert, 2006). Such extraordinary vulnerability gives rise to certain moral obligations and duties of justice, that must be recognised and responded to (Rogers *et al.*, 2012). Accordingly, it is ethically imperative that action is taken to ensure the protection of children and to prevent the neglect of children’s needs.

1.3. Research Question:

Should the South African government be morally and legally obligated to meet the nutritional needs of the country’s most impoverished children?

1.4. Rationale for the Study:

Evidence and statistics illustrating the number of young South African children that are stunted (25%) and living under the upper bound poverty line (63%), is indicative of the urgent need for effective government interventions to ensure the nutrition security of this population (Röhrs and Proudlock, 2017). The government’s recognition of ECD as a human right, necessary to ensure the optimal development, health, and wellbeing of children has been reflected in the adoption of numerous international and national laws and policies (Department of Social Development, 2015). The basis for ensuring the optimal development, health and wellbeing of these children could be underpinned by adequate nutrition. South Africa can “implement pivotal nutritional interventions,” but this is hampered by the inadequate implementation of strategies, which is immensely detrimental to the health and wellbeing of the most impoverished children (Gray and Vawda, 2016, p. 211). To my knowledge, as yet there have not been any

studies on the government's moral and legal obligations to implement interventions that are necessary for the nutritional needs of these children.

1.5. Thesis Statement:

The government of South Africa ought to recognise its moral and legal obligations to meet the nutrition security needs of the country's most impoverished children.

1.6. Research Aim:

To analyse and defend the argument that the South African government has moral and legal obligations to recognise and respond to the poor nutritional status of the country's most impoverished children.

1.7. Research Objectives:

To discuss the nutritional needs of children from conception to age six years.

To critically analyse relevant laws, policies and regulations that oblige the government to ensure the nutrition security of South African children.

To critically analyse the ethical values justifying the South African government's obligation to meet the nutritional needs of the country's most impoverished children.

1.8. Research Methods

1.8.1. A normative study:

The research in this study was desktop- and library-based. No new data was collected or analysed, and no study participants were involved. Bioethical and philosophical research methods were employed.

Literature was ethically analysed and discussed, which primarily involved the interpretation and critical analysis of relevant texts, legislation, and policies. Review of literature included the clarification of concepts and definitions, identification and criticism of current circumstances and practices pertinent to the study, and the

interpretation, description, and evaluation of theoretical frameworks. The analysis also involved the development and defence of arguments. Sources of literature primarily included research articles, books, Government reports and legislation, Google Scholar, and other academic search engines.

1.8.2. Research Design:

This research design was purely normative with both ethical and legal components. Normative ethics is a branch of philosophical enquiry that sets out to give answers to questions like “what ought to be done?” (Sugarman and Sulmasy, 2010). Answers are presented systematically and critically, to justify the offered responses (Sugarman and Sulmasy, 2010). In this research, the normative enquiry asked whether the South African government ought to be morally and legally obligated to meet the nutritional needs of the country’s most impoverished children.

1.8.3. Argumentative strategy:

I argued in support of the government’s moral and legal obligations to meet the nutritional needs of the country’s most impoverished children. Since there are many righteous values and noteworthy theoretical points of view that are not reducible to a single ethical framework, I applied moral pluralism in my argumentation (Ethical Pluralism, 2005). I drew on the work of various scholars. Tronto, in this regard, argues that an ethics of care “can serve as both a moral value and a basis for the political achievement of a good society” (Tronto, 1993, p. 9). Observations by Solomon Benatar on social justice and health and wealth discrepancies amongst South Africans were also imperative (Benatar, Daar, & Singer, 2003). Beauchamp and Childress’ four principles of biomedical ethics: non-maleficence, beneficence, respect for autonomy, and justice, as well as the principle of solidarity in which Ubuntu ethics is rooted, were employed. Also, various laws including the South African Constitution, served in support of my argument.

Local and international recognition of children’s nutritional rights obliges the government to adhere to the needs of South Africa’s most impoverished children (Bhardwaj *et al.*, 2017). This premise is based on requirements of existing laws,

policies and regulations stated above. Relevant ethical-legal concepts were critiqued and applied to the study under consideration, including notions that “human vulnerability is intrinsically connected to personal integrity” and that all human beings are dependent on others at certain times in life (Dhai, 2015, p. 4; Held, 2006). According to Susan Dodds (2014, p. 183), being “dependent is to be in circumstances in which one must rely on the care of other[s] to access or secure...needs.” This necessitates duty bearers to take responsibility for realising these needs, primarily when they are associated with the violation of rights (Benatar *et al.*, 2003). The failure of South Africa’s government to secure children’s nutritional rights, despite existing laws and policies, dating back to 1995, signifies the need for an altered approach to establishing better operational interventions to ensure the nutrition security of the country’s most impoverished children (Department of Social Development, 2015).

1.9. Ethics:

The nature of this study did not require ethical clearance, as no research participants were involved. An ethics waiver from the Human Research Ethics Committee (HREC) of the University of the Witwatersrand, was granted.

1.10. Research Outcomes:

1.10.1. Recommendations

The research report proposed recommendations for improving the operational effectiveness of the South African government’s strategies to ensure the nutrition security of the country’s most impoverished children. These recommendations will be offered to relevant government authorities for consideration.

1.10.2. Publications

Possible publication in peer-reviewed journals.

1.11. Limitations:

Although various studies on the nutritional status of South African children are available, follow-up studies are lacking, and the South African Child Gauge is currently the only existing annual publication. Relevant statistics in this regard are, thus, limited. Furthermore, a normative study relies entirely on existing empirical evidence and no new data has been collected. This study is, thus, subject to the typical limitations of normative work.

1.12. Overview of Study Sections:

Chapter 2 sets out to discuss the nutritional needs of children in early childhood with specific reference to the crucial first 1,000 days from conception (Motshekga, 2013). The importance of nutrition security for the most impoverished children in South Africa is discussed accordingly. The objective of chapter 3 is the analysis of relevant national and international laws and policies obligating the South African government to ensure the nutrition security of the country's impoverished children. Chapter 4 deals with the ethical elements underpinning the justification of the South African government's moral obligation towards their young citizens, with particular reference to the concepts of needs, vulnerability, and dependence. In chapter 5, Tronto and Fischer's four phases of caring are utilised as an ethical framework to assess current nutrition strategies pertaining to the children of South Africa (Tronto, 1993). Recommendations are also proposed for the effective implementation of nutrition strategies in response to the implementation obstacles that were identified by the Department of Planning, Monitoring, and Evaluation (Khulisa Management Services, 2014). This research report concludes with chapter 6.

Chapter 2: The Necessity of Nutrition Security in Early Childhood

2.1. Introduction

Researchers have for years been demonstrating the importance of adequate nutrition in early childhood (UNICEF, 2015). In this regard, the period from conception to the age of six years has been found crucial for physical, emotional, and cognitive development (Motshekga, 2013). The first 1,000 days are especially crucial since it sets the “foundation and trajectory of a child’s development” (Sanders and Reynolds, 2017, p. 70). This chapter is concerned with the vital importance of nutrition security during this critical time in accordance with my first research objective: “To articulate the nutritional needs of children from conception to age six years.”

Furthermore, I will provide an account of the nutritional status of South Africa’s most impoverished children. The fact that close to four million South African children (63%) under six years of age live below the upper bound poverty line (below the minimum financial means to ensure adequate nutrition and fundamental non-food essentials) illuminates the dire need of the country’s most impoverished children (Hall, Sambu, Berry, Giese, Almeleh. & Rosa 2016b).

2.2. Nutrition – An Inescapable Biological Need

According to the World Health Organisation (WHO), undernutrition is the most important precursor for developing ill health and mortality (cited in Kruger *et al.*, 2014). Undernutrition refers to the consequences following inadequate food consumption and persistent infections (UNICEF, n.d.). An undernourished child is more exposed to infections, compromised health and development, stunting, and malnutrition (Jamieson *et al.*, 2017). Malnutrition contributes to over 60% of childhood deaths in South African hospitals, which are preventable in the case of secure nutrition (Berry *et al.*, 2013). It is thus clear that insufficient nutrition is grievously detrimental to a child’s development and that adequate food is vitally important, especially in early childhood.

Brock and Reader (2002) distinguish between basic and non-basic needs by suggesting that basic needs are those needs that enable people to flourish. Human flourishing refers to the Greek concept, *eudaimonia* which is defined as “a sense of fulfilment that arises from achieving one’s full potential as a human being” (Medical Dictionary, 2009). Miller interprets fundamental needs as “objective, inescapable, inevitable, urgent, and universal—needs that, if unmet will result in the harm of compromised agency” (cited in Rogers *et al.*, 2012). Agency can be defined as one’s capacity to act with intention (Schlosser, 2015). On Miller's account, fundamental needs include “nutrition, shelter, bodily integrity, attachment, education, health, and social participation” (Mackenzie *et al.*, 2014, p. 12). In both instances, these scholars attempt to communicate the importance of their described needs for the human condition, which they link to human flourishing and human agency respectively (Brock and Reader, 2002; Mackenzie *et al.*, 2014). In my opinion, however, associating nutrition with human flourishing and agency, fails to capture the significance of the need for human survival and development (Fanzo, 2015). Thus, elaborating on my opinion, the requirements for obtaining human flourishing and agency are higher order needs, but since nutrition is necessary for survival, it is one of the most basic of human needs that ought to be fulfilled.

Considering that malnutrition is recognised as a “key driver of child morbidity and mortality,” the nutritional needs of children cannot be compared to needs necessary for human flourishing or human agency (Hall and Sambu, 2016, p.13). I agree with both the claims of Miller and Brock and Reader in the sense that adequate nutrition contributes to human flourishing and agency. However, nutrition does not only contribute to character but is essential for survival (Teays, 2014). The consequences of malnutrition in early childhood, which is associated with significant harmful consequences on health, development, productiveness, and premature “deaths for mothers, infants, and young children” demand a better understanding of the human need for adequate nutrition (Fanzo, 2015, p. 1). Since nutrition is vital for human survival, it cannot be viewed in the same light as needs described by Brock and Reader for flourishing and by Miller for agency (Teays, 2014). McLeod (2014) refers to universal biological needs as those needs without which all organisms will perish as opposed to instrumental needs that are utilised for the fulfilment of a certain good. McLeod’s survival needs are preliminary to instrumental needs since instrumental

needs cannot exist without the realisation of survival needs and survival needs are immutable with or without instrumental needs (2014). Adequate nutrition, a survival need, precedes instrumental needs (e.g. education and opportunities to develop one's talents) needed for human flourishing and, therefore, McLeod's reference to nutrition as a survival needs is more appropriate (Teays, 2014).

The need for nutrition is an unavoidable need that is directly related to human mortality and, as such, a cause of inherent vulnerability (Fanzo, 2015; Mackenzie *et al.*, 2014). We should be able to count on the social and political structures of just societies to respond to "effects of inherent vulnerabilities, ensuring that their burdens do not fall disproportionately on the disadvantaged" (Mackenzie *et al.*, 2014, p. 39). The most impoverished children in South Africa are, however, disproportionately condensed in impoverished households, therefore, bearing the brunt of malnutrition (Hall *et al.*, 2016).

Renowned Utilitarian philosopher Peter Singer (1972, p. 231) states in his famous shallow pond argument;

"If I am walking past a shallow pond and see a child drowning in it, I ought to wade in and pull the child out. This will mean getting my clothes muddy, but this is insignificant, while the death of the child would presumably be a very bad thing."

Singer's description of a child in need is strikingly apt to the situation that pertains to the most impoverished children in South Africa who are starving, quite literally in certain cases, due to a lack of nutrition security (Ramkissoon, 2017). In Singer's example, he is equipped to rescue the child but can choose not to. He establishes that getting his clothes muddy is insignificant in comparison to the death of a child. Similarly, the South African government has the capacity and authority to ensure the nutrition security of the most impoverished children and as such is able to effectuate the greatest amount of good in dire circumstances (Department of Social Development, 2015).

2.3. The Role of Nutrition from Conception and Beyond

Human development is initiated at conception and then followed by critical phases of developmental plasticity during which the system and organs of the body are susceptible to its surroundings (Barker and Thornburg, 2013). Apart from some vital organs such as “the brain, liver and immune system [which] remain plastic after birth,” phases of developmental plasticity are generally time-bound and primarily occur in utero (Barker and Thornburg, 2013, p. 512). Adequate nutrition is crucial during phases of rapid cell differentiation for future cognitive and structural development and furthermore, in terms of the permanent harmful effects that may result from insufficient nutrition in these stages (Enesco, Leblond, 1962, Winick, Noble, 1965, Sussman, 1973, Richter, 1961, Dobbing, 1964, 1965, Cravioto, Robles, 1962, 1965, Cravioto *et al.*, 1976, cited in Sgarbieri and Pacheco, 2017). These authors collectively confirm the inherent vulnerability associated with the human need for nutrition. Moreover, the severe exposure to insufficient nutrition during critical phases of development is striking. Timely interventions to ensure the most beneficial environment for the optimal development of organs and systems during their respective stages of plasticity is thus of utmost importance.

Irregularities in the growth of young children are recognised symptoms of malnourishment (Robinson *et al.*, 2001 cited in Kruger *et al.*, 2014). Malnutrition can present in a variety of ways, which include presentations of wasting, underweight, overweight and stunted growth (Ayala and Meier, 2017). Studies conclude that 25% of South African children under five exhibit stunted growth, a condition characterised by a very short height to age ratio and is the most common form of malnutrition in South Africa (Hall *et al.*, 2016). Stunting is a consequence of chronic undernutrition and related to poverty, inadequate nutrition and a higher risk of persistent infections (WHO cited in Berry *et al.*, 2013). Stunting is more detrimental for children under 5 years than for older children, predisposing them to severe infection and cognitive impairment (Sanders and Reynolds, 2017). Long-term effects of stunting in young children include compromised educational and employment possibilities, and an increased “risk of obesity, heart disease and diabetes in adolescence and adulthood” (Sanders and Reynolds, 2017, p. 68).

Moreover, stunting in children under two years is especially detrimental and potentially lasting (Sanders and Reynolds, 2017). Undernutrition is also harmful to the psychological development of a child (Saunders, Smith, and Stroud cited in Kruger *et al.*, 2014). Undernourished children, for example, often demonstrate problematic behaviour that may include a poor attention span, apathy, and anxiety (Shashidar and Grisby cited in Kruger *et al.*, 2014).

The high prevalence of micronutrient deficiencies amongst South African children living in impoverished communities is another reason for concern, illuminating their desperate need for nutrition security (Berry *et al.*, 2013). The ubiquity of vitamin A and iron deficiency increased twofold from 1994 to 2005 (Department of Health, cited in Department of Women Children and People with Disabilities RSA, 2012). Young children suffering from iron deficiency anaemia exhibit symptoms that include impaired cognitive, motor, and social-emotional development (Walker, Wachs, Grantham-Mcgregor, Black, Nelson, Huffman, Baker-Henningham *et al.*, 2011). The National Food Consumption Survey (NFCS) demonstrated that approximately 63.6% of children (1 - 9 years old) were Vitamin A deficient (VAD), while 27.9% of children were anaemic (DoH, 2013). The principal reason for blindness in children is VAD (WHO, cited in De-Regil *et al.*, 2013). Moreover, in 2000, approximately 3,000 deaths from diarrhoea in children (0-4 years) were ascribed to VAD (Steyn *et al.*, cited in Wenhold and Faber, 2008). The prevalence of zinc deficiency in South Africa children was 45.3% (DoH, 2013). Zinc is vital for physical growth, susceptibility to infection, and neurobehavioral development (Brown cited in De-Regil *et al.*, 2013). Furthermore, zinc is essential in stages of accelerated growth and for tissues with rapid cell proliferation, like the immune system and gastrointestinal tract (De-Regil *et al.*, 2013). Impoverished South Africans are still subject to under- or non-iodised salt, which predisposes them to iodine deficiencies (Witten *et al.*, cited in Wenhold and Faber, 2008). Iodine deficiencies in pregnant mothers undermine the growth and development of the foetus, while persistent deficiencies may cause diminished intelligence quotients (Hendricks, Goeiman and Hawkrigde, 2013). Evidently, the need for nutrition security in early childhood is vital.

As with other forms of malnutrition, micronutrient deficiency is most detrimental in early childhood, since adequate amounts of vitamins and minerals are paramount for critical

developmental periods (Dewey cited in De-Regil *et al.*, 2013). In this regard, substantial protective effects can be effectuated with exclusive breastfeeding the first six months, the introduction of complementary feeding at six months, and continued breastfeeding until two years (Hendricks *et al.*, 2013). In South Africa, only 24% of infants (4 - 5 months old) are exclusively breastfed, which translates to 76% of infants being predisposed to unnecessary ill health and mortality (Ghwass and Ahmed, 2011; DoH cited in Sanders and Reynolds, 2017). Similarly, only 23% of children (6 – 23 months old) meet the subminimum standard of a diet sufficient to avoid significant health and developmental complications associated with undernutrition, including stunting (DoH cited in Sanders and Reynolds, 2017). Foods of animal source, such as eggs, dairy, fish and poultry are rich in vitamin A, vitamin B, iron, zinc, and folate, but often inaccessible for impoverished households (Wenhold and Faber, 2008).

Malnutrition generally affects the dependent and the vulnerable. Therefore, nutrition security during early childhood is especially important, as children are entirely reliant on others to satisfy their nutritional needs (Maleta, 2006). This childhood dependency renders them particularly vulnerable to the harms of malnutrition (Maleta, 2006). Nutrition during the intrauterine phase is vitally important, as changes in foetal nutrition and the endocrine system can result in irreversible structural, physiological, and metabolic modifications which render the child susceptible to various chronic diseases in adult life (Wu, Bazer, Cudd and Meinnger, 2004). Thompson observed that the vulnerability of children involves not only their immediate dependence on others' care but also how their future health and wellness depend on the immediate actions or omissions of those providing such care (Mackenzie *et al.*, 2014). Thompson's observation is consistent with the long-term consequences of malnutrition including impaired cognitive development and greater risk for developing non-communicable diseases later in life (Hoddinott *et al.* cited in De Pee *et al.*, 2010). In my opinion, these long-term consequences add to the gravity of the need of South Africa's most impoverished children for nutrition security.

2.4. A South African Context

In South Africa, the nearly four million children under the age of six years who are not members of families with the minimum financial means to ensure sufficient nutrition

and fundamental non-food essentials, include the majority (63%) of the country's young children (Hall *et al.*, 2016). The consequences of malnutrition are thus a reality for most of an entire generation. The Food and Agricultural Organisation (FAO) of the United Nations defines nutrition security as a condition that allows "secure access to an appropriately nutritious diet, coupled with a sanitary environment, adequate health services, and care to ensure a healthy active life for all households members" (FAO cited in Ayala and Meier, 2017, p. 3). The majority of the country's children, however, live in households that are financially deprived and often situated in rural settings, exposed to detrimental conditions such as, poor sanitation, inadequate water supply, and insufficient health care (Sanders and Reynolds, 2017). Considering the FAO's definition, the most impoverished children are thus deprived of every aspect necessary to establish nutrition security.

According to Sanders and Reynolds (2017), South African children under five die overwhelmingly of complications such as preterm birth, low birth weight, and preventable communicable diseases. Undernutrition contributes to all these deaths and immediate causes, such as inadequate nutrition and illness reciprocally augment each other (Sanders and Reynolds, 2017). The child healthcare Problem Identification Programme (PIP) of South Africa demonstrated that 65% of children who died in 2012-2013 had weights below the norm, nearly 30% were severely malnourished, and an additional 29% were underweight (Stephen, 2016). Extreme malnutrition contributes overwhelmingly to the mortality of South African children 1-5 years of age at 42%, and 29.8% to children younger than a year (Stephen, 2016). The most pressing causative factors associated with these statistics are nutritional insecurity, inadequate care, including insufficient breastfeeding, contaminated environments, and poor hygiene (Sanders and Reynolds, 2017). The association between malnutrition and under-five mortality accentuates the dire need of South Africa's most impoverished children for nutrition security.

Adequate nutrition has been demonstrated as vital for childhood development and survival, rendering children particularly vulnerable to malnutrition (Schroeder and Brown, 1994). Access to nutritious food is thus crucial. However, 13% of South African children reported hunger in 2015, while food insecurity remains prevalent in nearly 25% of households despite the country's usual surplus in food production (Jamieson

et al., 2017). Philosopher Peter Singer (1972, p. 239) believes “whatever a man has in superabundance is owed, of natural right, to the poor for their sustenance.” In my opinion, a country that produces a surplus of food ought to provide for the nutritional needs of their impoverished young. Although the monthly CSG of R400 per child is an important poverty buffer, grant increases are not consistent with food price inflation and are insufficient for remediating malnutrition (South African Social Security Agency, 2018; Sanders and Reynolds, 2017). Statistics from 2011 demonstrated that 28.9% of children lived in households without enough money to buy food, 24% skipped meals, and 28% had little dietary diversity because of insufficient food in the house (DSD, 2015).

The risk of harm associated with malnutrition can be deterred with access to adequate nutrition, but the inherent vulnerability will become more pronounced in the absence of nutrition security (Victor and Zikhali, 2018). For South Africa’s most impoverished children, this intrinsic vulnerability is accentuated by societal circumstances, the most imminent of which is extreme poverty, underpinned by social injustice, emanating from historical, political practices of discrimination (Rogers, 2014). According to Dodds, being “dependent is to be in circumstances in which one must rely on the care of other[s] to access or secure...needs” (2014, p. 183). In the absence of responsible others, these innately dependent children who are physically vulnerable to the harms of malnutrition will “suffer extreme privation or die” (Fineman cited in Dodds, 2014, p. 184). Circumstances associated with the poverty these children were born into is the cause of their extraordinary vulnerability to malnutrition and subsequent dependence on others to meet their nutritional needs (Hall, Nannan and Sambu, 2017). Such extraordinary vulnerability demands ethical responses (Rendtorff cited in Rogers *et al.*, 2012). In my opinion, ethical responses from the South African government are necessary to ensure the nutrition security of these vulnerable children.

2.5. Conclusion

Early childhood, especially the first 1000 days starting from conception are considered vital for immediate and future health and development (Motshekga, 2013). This critical period provides the perfect opportunity for pivotal interventions to secure nutritional security for the most impoverished children, who are deprived of adequate nutrition

(UNICEF, 2017). The absence of nutrition security may be related to accessibility or availability and is associated with insufficient nutrient consumption and higher degrees of stunting (Wenhold and Faber, 2008). Adequate nutrition is a biological need, necessary for the growth, development and survival of all human beings (Action Against Hunger, 2010). Poverty, inequality, and subsequent poor living conditions, however, ensure that the majority of young South African children are especially vulnerable to malnutrition and dependent on the government to meet their nutritional needs (Rogers *et al.*, 2012).

While the vital need for nutrition security in early childhood has been demonstrated, the legal obligation of the South African government to respond to the nutritional needs of the country's most impoverished children has not yet been examined. The following chapter will review the relevant local and international laws that pertain to childhood nutrition.

Chapter 3: Child Nutrition in South Africa: A Human Rights and Legal Perspective

3.1. Introduction:

In South Africa, malnutrition continues to play a key role in under-five mortality and remains a serious health and development concern (Department of Social Development, 2015). The South African Constitution, 1996, is internationally acclaimed especially regarding its recognition of basic human rights (Brand South Africa, 2014). Section (7)(1) of the Constitution acknowledges the Bill of Rights as “a cornerstone of democracy” (Constitution of the Republic of South Africa, 1996). Provisions in the Constitution through sections 27(1) and 28(1)(c) grant all children the right to nutrition. Furthermore, pertinent laws, policies, and regulatory systems require the necessary nutrition and associated healthcare interventions to ensure this right (Khulisa Management Services, 2014). In this regard, international law includes the UNCRC while regional law includes the African Charter on the Rights and Welfare of the Child (ACRWC) which were ratified by South Africa in 1995 and 2000 respectively (Gray and Vawda, 2016). Access to adequate nutrition is thus a human right for all South African children irrespective of socio-economic status, and the government is legally obligated to fulfil this right (Jamieson *et al.*, 2017). This chapter provides an overview of the significant human rights and relevant legal documents on child nutrition, in line with research objective 2; “To critically analyse relevant laws, policies, and regulations that oblige the government to ensure the nutrition security of South African children.”

3.2. An Introduction to Human Rights:

The International Bill of Rights, the United Nations Charter, 1945, the Universal Declaration of Human Rights (UDHR), 1948, and the International Covenant on Civil and Political Rights, 1966, emerged in response to universal condemnation of human subjugation and exploitation which necessitated the establishment of international law (Benatar, 1998). Fundamental to the substance of human rights are the entities of respect, dignity, and equality (Dziva, Bhebhe and Maphosa, 2014). South Africa, during apartheid, a system that discriminated against people according to race, placed

egoistic concerns above regard for human dignity and human rights and declined the UDHR which effectively delayed their progress towards achieving democracy (Benatar, 1998). The first draft of the Bill of Rights for a democratic South Africa was formulated in 1988 by authors who were themselves vulnerable under the inhumane practices of apartheid (Council for the Advancement of the South African Constitution [CASAC], 2013). As such it is not surprising that the Bill has the vulnerable at heart and is therefore internationally acclaimed. In my opinion, the importance of the advent of human rights for all South Africans and in particular for vulnerable children is proclaimed in the words of Justice Albie Sachs:

“...the system was so profound, so pervasive, so dominating....We were fighting for humanity, for people, for liberty....” (CASAC, 2013).

Human rights refer to those rights that all human beings are entitled to by virtue of being human (Dziva *et al.*, 2014). The concept of human rights, which promote human dignity and have the capacity to surpass socio-economic status, gender, age, religion, and national borders, are increasingly recognised, as the benchmark of civilisation (Donnelly in, Benatar, Daar and Singer, 2003).

3.3. Protecting Vulnerable Children:

Although human rights are universal and are built on the principles of respect, human dignity, and equality, discrimination and disrespect of people's basic human rights are highly prevalent (Meer cited in Benatar, 1998). Those at increased risk of bias and exploitation are known as vulnerable groups, and special precautions are necessary to safeguard their rights (Reichert, 2006). The reality of inequality and injustice that are naturally a part of life implies that some people are more vulnerable than others and therefore the equal application of human rights for all people is unrealistic as it will inevitably preserve injustices (Wormer cited in Reichert, 2006). According to a South African activist, there are vast differences between the social determinants that dictate the lives and distribution of rights for children born in African townships and those born in white suburbs (Meer cited in Benatar, 1998). It is thus important to be cognizant of these inequalities in the application of nutritional rights for South Africa's most impoverished children. The socio-economic circumstances of 63% of South Africa's young children who live in the 40% poorest households render them nutritionally

insecure and vulnerable to malnutrition (Hall *et al.*, 2016). Since young children have special nutritional needs, are more susceptible to infections, and at increased risk of harm and exploitation, these impoverished children are especially vulnerable to their poor living conditions and the significant harms associated with malnutrition (Hall *et al.*, 2016). Accordingly, South Africa's most impoverished children are due special protection to guard against the violation of their nutritional rights

3.4. Safeguarding Nutrition Security for South Africa's Most Impoverished Children:

Local, regional, and international recognition of children's rights obliges the government of South Africa to provide the country's impoverished children access to adequate nutrition (Ramkissoo, 2017). The following section analyses pertinent documents about the nutritional rights of South African children.

3.4.1. International Provisions:

3.4.1.1. Pertinent International Documents.

The nutritional rights of all South Africans including children are provided for in the UDHR and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) which was ratified by the government in 2015 (Right to Education, 2015). These documents were fundamental to the normative foundation of international legislation which initiated the recognition of interrelated rights applicable to food, health, living conditions, and wellbeing (Ayala and Meier, 2017). The connection between said rights is particularly important for the most impoverished children in South Africa whose poor living conditions and exposure to infections intensifies the risk of malnutrition and related harms that they are exposed to (Jamieson *et al.*, 2017). The International Bill, therefore, provides a global instrument to promote social justice and to ensure these children's access to nutrition security by addressing the interrelatedness of rights associated with such access (Ayala and Meier, 2017). The UNCRC is considered the most comprehensive human rights treaty, covering practically all child-related human rights (Save the Children UK, 2006). The treaty acknowledges the inherent vulnerability and developmental fragility of children, stating in its preamble: "...the child, because of his physical and mental maturity, needs

special safeguards and care, including appropriate legal protection, before as well as after birth” (United Nations, 1989, p. 1). I regard this acknowledgement in the UNCRC significant as it proclaims the crux of children’s vulnerability and dependence which necessitates special care and safeguards in all matters concerning their wellbeing. The UNCRC was ratified by the South African government in 1995 (Abrahms and Matthews, 2011). These pertinent international documents which safeguard the nutritional rights of South Africa’s most impoverished children are illustrated in Table 1.

Table 1: Provisions in the UDHR, ICESCR and UNCRC: children’s nutrition rights.

The UDHR	The ICESCR	The UNCRC
<p>Article 25(1): “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food...and the right to security in the event of...lack of livelihood in circumstances beyond his control.”</p>	<p>Article 11 recognises everyone’s right to: “1. ...an adequate standard of living...including adequate food and...the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realisation of this right...” “2. ...be free from hunger...”</p> <p>Article 12 everyone’s right to: “1. ...the highest attainable standard of physical and mental health.</p>	<p>Article 24 recognises: “1. ...the right of the child to...the highest attainable standard of health. 2. States Parties shall pursue full implementation of this right and in particular, shall take appropriate measures: c) To combat disease and malnutrition, through inter alia...provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;”</p> <p>Article 27 recognises: “1. ...the right of every child to a standard of living adequate for... physical, mental,</p>

	<p>2. ...steps...by the States Parties...to achieve the full realisation of this right shall include those necessary for:</p> <p>(a)...reduction...of infant mortality and...healthy development of the child;</p> <p>(b) The improvement of all aspects of environmental and industrial hygiene;”</p>	<p>spiritual and social development.</p> <p>2. ...parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions...necessary for the child’s development.</p> <p>3. States Parties...within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support, particularly with regard to nutrition...”</p>
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3.4.1.2. The International Covenant on Economic, Social and Cultural Rights (ICESCR).

Although a considerable number of international mechanisms address the right to food, the ICESCR’s approach is considered the most explicit and extensive (UN Economic and Social Council [ECOSOC], 1999). While both the UDHR and ICESCR provide for everyone’s right to an adequate standard of living including food, article 11 in the ICESCR specifically mentions “adequate food” as part of this right and recognises everyone’s right to “be free from hunger” (ECOSOC, 1999). I regard as significant the reference to ‘adequate food,’ not merely ‘food’, as it suggests a subminimum standard of what a right to food ought to entail. The Committee on Economic, Social, and Cultural Rights (CESCR) in general comment no 12 of article 11, states that food availability in satisfactory quantities and qualities for meeting the nutritional needs of people are central to the right to adequate food (ECOSOC, 1999).

This statement is crucial for the realisation of nutrition security for impoverished children in South Africa, who are subject to severe malnutrition (Harper, 2016). The committee affirms that dietary needs imply a variety of nutritious elements necessary for “physical and mental growth, development and maintenance, and physical activity that are in compliance with human physiological needs...” (ECOSOC, 1999). Adequate nutrition in early childhood is vital for physical, emotional, and cognitive development, in particular, the first 1000 days from conception which sets the tone for future health, development, and achievement (Motshekga, 2013). The committee’s affirmation thus confronts the lack of nutrition security for South Africa’s impoverished children head-on, when stressing their human right to adequate nutrition.

Article 12(1) of the ICESCR, recognises everyone’s right to the highest possible standard of physical and mental health, and while nutrition is not directly mentioned, the achievement of this right is dependent on access to adequate food (Nurliyana, Shariff, Taib, Gan, and Tan, 2016). Since good health is dependent on various factors including one’s biological makeup, the government cannot ensure that all citizens will be healthy (United Nations and World Health Organisation, 2008). The right to the *highest attainable* standard of physical and mental health as stipulated in the ICESCR, however, obliges governments to ensure that all have access to an array of resources, services, and conditions that are necessary for realising this right (UN and WHO, 2008). Furthermore, governments are obliged to immediately take all the necessary steps within its means to realise this right (UN and WHO, 2008). According to the Department of Agriculture, Forestry, and Fisheries, South Africa is food secure at a national level, self-sufficient in the production of most major agricultural products, and can import if necessary (Du Toit, 2011). Considering that South Africa can implement crucial child nutrition interventions, the government is obliged to provide nutrition security for the country’s impoverished children without delay (Gray and Vawda, 2016).

Article 12(2) of the ICESCR obliges the South African government to take the necessary steps to reduce infant mortality and to ensure the healthy development of children, thereby addressing malnutrition which is a primal driver of child morbidity and mortality in South Africa (Hall and Sambu 2016). According to general comment no 12 on article 11 of the ICESCR, the right to adequate food is inseparable from human

dignity, essential for the realisation of other human rights, and inextricably linked to social justice (ECOSOC, 1999). The inextricable link to social justice is visible in the context of South Africa's most impoverished children who are denied their nutritional rights because of social injustices stemming from the legacy of apartheid and perpetuated by the post-transition democratic government's failure to implement social justice policies to relieve suffering for all. (Victor and Zikhali, 2018). As stated by Azétsop and Joy, the violation of children's rights to adequate food, not only attests to the social injustice that they are subject to but also reflects on the South African government's inability to execute their obligations as "public health protector and social justice promoter" (2013, p. 5). The duty of justice in the context of these children entails providing them with adequate food or the means to have access to adequate food (Powers and Faden cited in Azétsop and Joy, 2013). The principle of non-maleficence which is the moral obligation not to inflict harm or evil is often found in tandem with the principle of beneficence which entails the prevention or removal of evil or harm and doing or promoting good (Childress and Beauchamp, 1994). The realisation of societal justice includes the moral duty to remediate social evils that threaten human survival irrespective of who caused them, therefore, honouring both the principles of non-maleficence and beneficence are necessary (Azétsop and Joy, 2013). The CESCR, in general comment no 12, makes provision for the South African government to promote social justice, and thereby access to adequate food by stating that special attention and sometimes priority considerations may be required by certain vulnerable groups or individuals and in particular by those that are markedly "impoverished [and]...physically vulnerable, such as infants and young children," (ECOSOC, 1999). In my opinion, article 11, in conjunction with general comment no. 12, effectively confront the barriers depriving South Africa's most impoverished children of nutrition security viz. access to adequate nutrition, social injustice, and economic and physical vulnerability.

3.4.1.3. The UN Convention on the Rights of the Child.

The 1924 Geneva Declaration of the Rights of the Child (DRC) emerged in recognition of children's need for special protection following the horrors of World War 1 (Humanium, n.d. a). The UN originated after WW2 and acquired the Geneva DRC in 1946. However, following the adoption of the UDHR in 1948, the need was identified

to expand the DRC, subsequently giving rise to a new DRC which the UN General Assembly adopted in 1959 (Humanium, n.d. b). The inherent vulnerability of children and their need for special care are recognised in the 1924 DRC, 1958 DRC, UDHR, International Covenant on Civil and Political Rights, ICESCR, and other mechanisms associated with child welfare (UN General Assembly, 1989). In response to this recognition, the UN adopted the CRC in 1989 (Reichert, 2006). Building on the very first DRC, the UNCRC affirms that the child's best interest is of paramount importance (UN, 1989).

Severely impoverished children in South Africa, because of malnutrition, poor living conditions, and poor access to adequate water, healthcare, and sanitation are overwhelmingly burdened with ill health (Nannan, 2017). Over and above the resultant compromise of their nutrition and health, inadequate sanitation is an insult to a child's dignity, yet "4.4 million children still use unventilated pit latrines or buckets," while nearly 6 million are denied the right, to on-site water that is safe for human consumption (Hall and Sambu, 2017a, p. 130). Accordingly, these children's rights to adequate nutrition and the related rights necessary for ensuring proper nutrition are violated and subsequently they are also deprived of their right to the highest attainable standard of health as required in the ICESCR for all, and in article 24(1) of the UNCRC for the child specifically (UN, 1989). The vital need for adequate nutrition in early childhood for optimal physical, cognitive and, socio-emotional development has been argued. It follows naturally then that nutrition security precedes realising children's right to a standard of living that allows optimal physical, mental, spiritual, and social development as stipulated in article 27(1). Article 27(2) states that parents or other caregivers are primarily responsible for securing this right of the child. Although the involvement of parents in the upbringing of their children is of utmost importance, Article 27(2) is by no means granting the South African government an escape route to evade their legal obligation towards impoverished children (Chirwa, 2009). Article 27(3) obliges the government to assist with the implementation of this right.

Moreover, through Article 27(3), the government is legally bound to provide material assistance where needed, and nutrition is explicitly stated in this regard. Considerable inequality and extreme poverty ensure that many South Africans are unable to adequately provide for their children (Delany, Grinspun and Nyokangi, 2016). The

UNCRC thus obliges the South African government in unambiguous terms to provide these children with access to nutritional security.

3.4.2. Regional Provisions

3.4.2.1. Pertinent Regional Documents.

The most pertinent regional documents safeguarding the nutritional rights of South Africa’s children include the African (Banjul) Charter on Human and People’s Rights and the ACRWC, which were ratified by the government in 1996 and 2000 respectively (African Commission on Human and Peoples’ Rights, n.d.) The relevant provisions of these charters are illustrated in Table 2.

Table 2: Provisions in the Banjul Charter and the ACRWC: children’s nutritional rights.

The Banjul Charter	The ACRWC
<p>Article 4: “Human beings are inviolable. Every human being shall be entitled to respect for his life...”</p>	<p>Article 5: “1. “1. Every child has an inherent right to life. 2. States Parties...shall ensure, to the maximum extent possible the survival, protection, and development of the child.”</p>
<p>Article 16: “1. ...the right to enjoy the best attainable state of physical and mental health. 2. States parties...shall take the necessary</p>	<p>Article 14: “1. ...the right to enjoy the best attainable state of physical, mental and spiritual health. States Parties...shall undertake to pursue the full implementation of this</p>

<p>measures to protect the health of their people...”</p>	<p>right and in particular, shall take measures:</p> <p>(a) to reduce infant and child mortality rate;</p> <p>(c) ...ensure the provision of adequate nutrition and safe drinking water;</p> <p>(d) ...combat disease and malnutrition...</p> <p>(h) ...ensure...the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene, and environmental sanitation ...”</p>
<p>Article 22:</p> <p>“1. ...the right to...economic, social and cultural development...</p> <p>2. States...have the duty to ensure the exercise of the right to development.”</p>	<p>Article 20:</p> <p>“2. States Parties...shall [within their means take] ...all appropriate measures;</p> <p>(a) to assist parents and other persons responsible for the child and in case of need provide material assistance and support ...particularly with regard to nutrition...”</p>

3.4.2.2. The African (Banjul) Charter on Human and People’s Rights.

The Banjul charter does not explicitly mention the right to food, but the African Commission on Human and People’s Rights argue that the right to food is implicitly included in the charter’s provisions for the rights to life (article 14), health (Article 16), and development (Article 22) (African Commission on Human and People’s Rights [ACHPR], 2001). Similar to the ICESCR, the Commission reiterates that the right to food is inextricably linked to other essential rights, such as the rights to health and education (ACHPR, 2001).

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

Considering the necessity of adequate nutrition for survival, the right to life (article 5), at the outset already implies the child's right to adequate nutrition (Black *et al.*, 2013). Moreover the charter directly addresses the child's right to adequate *nutrition* in article 14, taking the plight of the child's nutritional right a step further than the ICESCR's reference to adequate food (Chirwa, 2009). The word *nutrition* is associated with the scientific language used in the healthcare arena and is concerned with "nourishment, food composition, dietary requirements, nutrients" and the body's utilisation of these nutrients (Chirwa, 2009, p. 10). The charter thus exemplifies the necessity for *nutrition* that must be adequate to ensure the child's right to the highest attainable physical, mental, and spiritual health which exceeds the rights to life and survival. Article 14(2)(a) like article 12(2)(a) in the ICESCR, obliges governments to take the necessary measures to reduce childhood mortality, thereby reiterating the necessity of nutrition security in early childhood.

Furthermore, Article 14(2)(c) and (d), as in the UNCRC 24(2)(c) oblige the government of South Africa to ensure that all children in the country have access to adequate nutrition and drinking water and to combat malnutrition. The fulfilment of these rights is thus directly related to the establishment of nutrition security for impoverished children. Also, provision is made through article 14(2)(h) for the education of relevant parties in communities regarding the importance of childhood nutrition, breastfeeding, and adequate hygiene (OAU, 1990). Article 20, similar to article 27 of the UNCRC, states parents' primary responsibility for the care of their children but obliges governments to provide material assistance and support where needed, with specific reference to nutrition (OAU, 1990).

3.4.3. Local Provisions:

International human rights laws serve as statements of aspiration for the recognition of human rights and have been fundamental in the formulation of numerous Constitutions and Bills of Rights globally (Benatar, 1998). The Constitution of South Africa's recognition of children's nutritional rights in accordance with discussed

international and regional laws gives formal recognition of these rights which is fundamental for their enactment (Save the Children UK, 2006). The socio-economic rights of all South Africans including children are recognised in the South African Constitution, “the highest law of the land,” which includes nutritional rights (Delany *et al.*, 2016). In addition, the Children’s Act No. 38 of 2005, sets out to ensure that children’s rights as provided for in the Constitution and International law are realised (Jamieson and Lake, 2013). The Act allows for various child-related social services, such as ECD programmes and drop-in centres to inter alia, promote children’s nutritional rights (Berry, Jamieson and James, 2011). Table 3 highlights essential local provisions pertaining to children’s nutritional rights.

Table 3: Provisions in the Constitution and Children’s Act: children’s nutrition.

The Constitution of the Republic of South Africa (1996)	The Children’s Act No. 38 of 2005
<p>Section 27 Grants everyone the right to: “(1)(b) sufficient food and water” “(1)(c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.”</p> <p>Section 28 Grants every child the right to: “(1)(c) to basic nutrition...basic health care services and social services... (2) A child’s best interests are of paramount importance in every matter concerning the child.”</p>	<p>Section 9 “Best interests of child paramount. —In all matters concerning the care, protection and wellbeing of a child...”</p> <p>National norms and standards for partial care—Section 79(h) and for drop-in centres—Section 216(e): “a hygienic area for the preparation of food for the children.”</p> <p>For the provision of ECD programmes Section 93 and, the provision of prevention and early intervention programmes—Section 146:</p>

	<p>“(4) ...funding...must be prioritised—</p> <p>(a) ...where families lack the means of providing proper...food and other basic necessities of life to their children;”</p> <p>Section 213</p> <p>“(2) A drop-in centre must offer...basic services: [such as] (a) Provision of food”</p> <p>Section 305</p> <p>“(4) A person who is legally liable to maintain a child is guilty of an offence if that person, while able to do so, fails to provide the child with adequate food...”</p>
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3.4.3.1. The Constitution of South Africa and relevant case law.

Section 27 confronts both financial and physical barriers that may deprive people of their right to access sufficient food by obligating the government to provide assistance where needed (South African Human Rights Commission, 2000). As such, the physical vulnerability of childhood and the socio-economic status of South Africa’s impoverished children are addressed and should therefore not deprive them of their right to nutrition. Since South Africa is considered food secure as a country, section 27(2) obliges the government to take all reasonable steps to ensure nutrition security for the most impoverished children (Pereira and Drimie, 2016). Section 28 is dedicated to the child in its entirety and grants children the right to basic nutrition, which unlike section 27 is not subject to progressive realisation. Certain human rights viz. non-

derogable rights are internationally recognised as so fundamental that they may not be set aside under any circumstances, and although the right to nutrition is not explicitly stated as such, the right to life is recognised as inalienable (Currie, n.d). In South Africa, malnutrition remains a principal driver of under-five mortality (DSD, 2015). Accordingly, it is paramount that the South African government provide impoverished children access to nutrition security as a prerequisite for realising their non-derogable right to life.

South Africa's Constitutional Court affirmed that the UNCRC's principles; "survival, development, and protection," should guide all policy related to children (S v M [Centre for Child Law as amicus curiae] cited in, Jamieson *et al.*, 2017, p. 20). Although the Constitution does not categorically include rights to survival and development, it grants the rights to life (section 11), dignity (section 10) equality (section 9) and education (section 29), which are necessary for survival and development -all of which are dependent on adequate nutrition (Jamieson *et al.*, 2017). Human rights place irrevocable obligations on the government, therefore linking the UN SDG to constitutional rights allows society to hold the South African government liable to fulfil these goals (Jamieson *et al.*, 2017). The UN Development Programme (UNDP)'s SDGs provide the opportunity to address critical challenges under the guidance of the UN development agency (UN Development Programme, 2017). Goal 2, of the SDG; "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture," is directly related to the children's nutritional needs, whereas, goal 1; "End poverty in all its forms everywhere," goal 3; "Ensure healthy lives and promote wellbeing for all..." and goal 10; "Reduce inequality..." are interrelated (Jamieson *et al.*, 2017, p. 31). Goal 2 can be conclusively linked to nutritional rights, in sections 27 and 28 of the Constitution. Goals 1, 3 and 10 can similarly be linked to the rights in sections 11, 9, 27(a), 10, and once again, sections 27(b) and 28(c) (Constitution of the Republic of South Africa, 1996).

Section 28(2) affirms that the best interest of the child is of paramount importance. According to the SAHRC, however, South Africa is failing to act in the child's best interest (2017). An example of the gross violation of children's rights is seen in the tragic case of Michael Komape, a 5-year-old boy who lost his life after falling into a pit latrine at his school and subsequently drowned in a mass of human faeces (Toxopeus,

2018). The court ruled that sections 9, 10, 11, 24, 28 and 29 of the Constitution had been violated, yet merely ordered a structural interdict obliging the state to install sanitary facilities at rural schools in the Limpopo province (*Komape and Others v Minister of Basic Education [2018] ZALMPPHC 18, 2018*). This ruling is especially disturbing considering the court evidence which revealed that a human rights organisation approached the Limpopo Department of Education and the National Department of Education regarding the poor sanitary facilities at rural schools two years prior to the event that cost the young boy's life (*Komape and Others v Minister of Basic Education, 2018*). Evidence also revealed that funds allocated specifically for sanitation facilities at schools had not been utilised (*Komape and Others v Minister of Basic Education, 2018*). Moreover, in 2018 another young life was lost at a school in the Eastern Cape when a 5-year-old girl suffered the same fate as Komape four years earlier (Etheridge, 2018). It is thus clear that the government of South Africa is oblivious concerning their legal obligation to ensure the best interests of the child.

3.4.3.2. The Children's Act.

Section 9 of the Act reiterates the all-important stipulation included in all pertinent documents concerning the rights of a child viz. the child's best interests are of paramount importance in all matters concerning the wellbeing of the child. Like Section 27 of the Constitution, provisions are made through sections 93 and 146 to address the financial barriers depriving impoverished children of adequate nutrition. Furthermore, I regard the inclusion of proper food under section 146 significant, as it signifies the Act's recognition of the significance of adequate food for the developing child. Sections 79(h) and 216(e) provides for an environment that is conducive for the preparation of food that children are provided with, while section 213 acknowledges the provision of food as a basic service of drop-in centres, which are facilities that provide essential services for meeting the developmental needs of vulnerable children (Republic of South Africa, 2004). Also, the Act in section 305 recognises the failure to provide a child with adequate food as a criminal offence, if legally liable to support the child and in a position to do so. Section 305 is thus important in the context of impoverished children whose parents are not able to adequately provide for their nutritional needs, as the law indicates that the South African government is obliged to

provide support and assistance under such circumstance through discussed provisions in the Constitution, the UNCRC, and the ACRWC.

3.4.4. Additional Legal Mechanisms:

South Africa's NDP, in accordance with discussed documents, acknowledges the need for child-centred nutrition interventions but the implementation of policies has not been efficient (Harrison, 2017). Since the dawn of democracy in 1994, various laws, policies, and rights both national and international that include stipulations on children's nutritional rights, have been developed, approved, and adopted (DSD, 2015). However, insufficient strategies and poor implementation of strategies to secure these rights are responsible for the substandard child nutrition outcomes that prevail in South Africa (DSD, 2015). I regard the development, approval, and adoption of laws and policies in accordance with discussed documents noteworthy, but the nutritional rights of impoverished children in South Africa can only be realised if the government honours its duty to implement the relevant strategies. According to Metz, a human right represents "a moral right against others, a natural duty that ought to be taken into account by morally responsible decision makers" (Metz, 2007b, p. 541). Accordingly, the right of these children to adequate nutrition is a moral right that ought to be realised by the South African government. Moreover, the state is constitutionally bound to make and implement decisions, about the wellbeing of the country's children.

3.5. Conclusion:

Since achieving democracy, the South African government have developed and adopted or ratified numerous local and international laws and policies about the nutritional rights of children (DSD, 2015). Moreover, South Africa is capable of implementing pivotal child nutrition interventions (Gray and Vawda, 2016). The right to adequate nutrition is fundamental to human dignity, equality, and the promotion of other essential human rights (ECOSOC, 1999). Access to adequate nutrition is fundamental to realising nutritional rights, which emphasises the importance of acknowledging the children's need for nutrition security as a human right that legally demands the South African government's protection (Azétsop and Joy, 2013). National and international laws oblige the government of South Africa to honour,

secure and realise the most impoverished young citizens' right to nutrition security (UN, 1948 cited in Azétsop and Joy, 2013). It is thus clear that the South African government must address the social injustice that deprives impoverished children of their nutritional rights. In the following chapter, the moral elements underpinning the South African government's obligation to provide nutrition security for the country's impoverished children are discussed.

Chapter 4: Moral Grounds in Support of the South African Government's Obligation to meet the Nutritional Needs of the Country's Most Impoverished Children

4.1. Introduction:

Bioethics literature associates vulnerability with “risk of harm and exploitation, and limited capacity for autonomy” (Rogers, Mackenzie, and Dodds, 2012, p. 11). According to Beauchamp and Childress, autonomy entails “independence from controlling influence...and capacity for intentional action” (1994, p. 121). Considering these descriptions, it is not surprising that regard for human vulnerability is not only associated with bioethical discourse but fundamental to bioethics (Rogers *et al.*, 2012). A large proportion of South Africa's population consists of vulnerable groups including children (36%), the youth (37%), and the elderly (8%) (StatsSA, 2014). Close to 4 million (63%) of South African children under 6-years fall within the 40% poorest households, rendering them nutritionally insecure and at increased risk of harm and exploitation (Barnes *et al.*, 2017). I regard these children as the most vulnerable amongst the vulnerable. Goodin argues that the principal initiator of obligations is vulnerability, and the majority of “fundamental duties and responsibilities arise from relationships of dependency and interdependency that are not chosen” (Mackenzie, Rogers and Dodds, 2014, p. 10). South Africa's most impoverished children are without choice utterly dependent on the government to recognise their vulnerability and meet their nutritional needs (Department of Social Development, 2015). The essence of responding to such vulnerability is in the provision of care, satisfying needs, and safeguarding against harm and exploitation (Mackenzie *et al.*, 2014). Those at increased risk of harm, because of exceptional vulnerability, are due special moral obligations and duties of justice (Rogers, Mackenzie and Dodds, 2012, p. 12). Accordingly, the South African government ought to recognise their moral obligation that was initiated by the vulnerability of these children and honour their duty to protect them against the harms of malnutrition.

This chapter illustrates the elements which underpin the justification of the government's moral obligation towards their young citizens, in accordance with the

third research objective: “To critically analyse the ethical values justifying the South African government’s obligation to meet the nutritional needs of the country’s most impoverished children.” The concepts of vulnerability, dependence and needs are of particular importance.

4.2. The Concept of Vulnerability:

Vulnerability can be defined as “the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally” (Oxford Dictionaries, n.d.). Roger Money-Kyrle spoke of our inherent human vulnerability and dependence in reference to three indispensable certainties of life:

“ (1) we are all dependent on other people for our survival, (2) we are not the centre of the universe and consequently, our exclusion is inevitable, and (3) the passage of time and ultimately death are inevitable” (cited in Willoughby, 2013, p. 16).

Such truths about life, our mortality, and essentially our lack of control over our own modes of existence within our species and ourselves often give rise to strong emotions, anxieties, and intense discomfort in realising our utter human vulnerability and dependence on others (Willoughby, 2013). The concept of vulnerability often hinges on the word’s origin, stemming from the Latin word ‘vulnus,’ which translates to ‘wound’ (Mackenzie, *et al.*, 2014). Vulnerability suggests fragility, the capacity to experience suffering, and a predisposition to be wounded, which is inherently part of human existence (Mackenzie *et al.*, 2014). Accordingly, the association of vulnerability to its originating word ‘vulnus’ aptly exemplifies the inherent human quality of vulnerability and fragility that accompanies this quality. MacIntyre and Nussbaum elaborate on the notion of inherent vulnerability, which they couple to our social human nature, thereby indicating our vulnerability to the actions of others and our dependence on others for care and support to varying degrees at different stages of life (Mackenzie *et al.*, 2014). Being inherently vulnerable on a biological and social level signifies our dependence on others for satisfying our needs to fend off risks of harm related to our natural vulnerability (Miller cited in Mackenzie *et al.*, 2014). The concepts of inherent vulnerability, human need, and dependency on others are, thus, inevitably linked to human existence.

4.3. An Extraordinary Case of Vulnerability:

As described above, being human entails vulnerability. The term vulnerability is, however, also utilised in reference to those that exhibit exceptional vulnerability over and above that which is considered normal human vulnerability (Rogers *et al.*, 2012). Vulnerability is, thus, recognised as an inescapable concept that can vary in degree of significance so that some individuals or populations may be regarded as extraordinary vulnerable (Rendtorff cited in Rogers *et al.*, 2012).

As mortal beings, we are naturally vulnerable to various human experiences, including “hunger, thirst, social isolation, physical harm,” and psychological harm (Mackenzie *et al.*, 2014, p. 7). Although these vulnerabilities are constant to the human condition, many do not necessarily manifest as threats to our wellbeing, e.g., the consumption of food deters the experience of hunger (Mackenzie, 2014). Certain sources of vulnerability are nevertheless contextual and may emerge from or be amplified by personal, social, political, economic or environmental circumstances, not within our control (Mackenzie *et al.*, 2014). Circumstantial sources include social injustice, which is unfairness that exists within a society that promotes inequality and inhibits societal development (Smith, 2016). Since the experience of extraordinary vulnerability is often bound to social injustice, the significance within that context demands ethical responses (Rendtorff cited in Rogers *et al.*, 2012). Situational vulnerabilities may be short-lived, transitional or lasting, depending on circumstances and the initiation of effective interventions (Mackenzie *et al.*, 2014). Insufficient support from governments may result in disastrous, persistent situational vulnerability (Mackenzie *et al.*, 2014). Limited assistance from the South African government to remediate the poor living conditions of the country’s most impoverished children, which are underpinned by social injustice, effectuated these children’s disastrous and persisting vulnerability to malnutrition (Jamieson *et al.*, 2017). Those who are at increased risk of harm, because of an exceptional degree of vulnerability, are due “specific moral obligations and greater duties of justice” (Rogers *et al.*, 2012, p. 12). I believe, South Africa’s most impoverished children, who are exceptionally vulnerable to malnutrition, are due such moral obligations and duties of justice from the government.

The degree of inherent vulnerability experienced is also influenced by age, gender, health, and disability (Rogers *et al.*, 2012). As such, marked vulnerability is universally experienced at the beginning and early years of life and, again, towards the end of one's life (Mackenzie *et al.*, 2014). This universal phenomenon at the polar ends of human existence is characterised by an over-accentuation of inherent vulnerability in proportion to the capacity for meeting needs associated with such vulnerability (Mackenzie *et al.*, 2014). In bioethics, vulnerability is generally associated with symptoms like diminished autonomy, harm, and exploitation (Rogers *et al.*, 2012). Children are from the outset vulnerable since their inherent restricted autonomy naturally puts them at risk of harm and exploitation (Dodds, 2014). For children, greater degrees of inherent vulnerability can, thus, be ascribed to individual factors such as increased risk of harm and exploitation, and limited autonomy, but because children exhibit all three factors, they may overlap and reinforce each another (Dodds, 2014). Dodds observed how limited autonomy in early childhood inevitably gives rise to vulnerabilities associated with "social and legal practices, processes, and institutions" (2014, p. 185). She elaborated by stating that children's inferior position in society does not allow for recognition of their demands and needs, which renders them "dependent on others to interpret their needs, assess their entitlements, and articulate their claims" (Dodds, 2014, p. 185).

Vulnerabilities of inherent or situational source may further be described as "dispositional or occurrent," to signify whether the plight of the vulnerability is probable or existing (Mackenzie *et al.*, 2014, p. 8). In this regard, we are all dispositionally vulnerable to hunger, but without access to adequate nutrition, this vulnerability becomes occurrent and threatens our wellbeing (Rogers *et al.*, 2012). Nutrition security entails having sustained access to food to sufficiently utilise and absorb the nutrients necessary for living healthily (International Fertilizer Association, n.d.). In South Africa, 63% of children are occurrently vulnerable to malnutrition, due to a lack of nutrition security (Hall and Sambu, 2016). Both inherent and situational vulnerabilities require moral and political duties to aid and protect those who are in a state of occurrent vulnerability, while seeking to prevent dispositional vulnerabilities from becoming occurrent (Mackenzie *et al.*, 2014). Accordingly, the South African government has moral duties to protect these children against the harms associated with their occurrent vulnerability to malnutrition and to assist in remediating this

vulnerability by implementing strategies to ensure their nutrition security. Rogers, *et al.* (2012, p. 32) state:

“Those who experience vulnerabilities of vital need are susceptible to harms that warrant responses from those with the capacity to respond: these include institutional responses aimed at ... ensuring access to appropriate support and care”.

Considering the statement by Rogers *et al.*, these children’s vital need for adequate nutrition and their susceptibility to harm from malnutrition, justify responses from the South African government to ensure the children’s nutrition security.

Vulnerability stemming from social subjugation or political violence is known as pathogenic vulnerability, which is a subtype of situational vulnerability with significant consequences (Mackenzie, 2014). Pathogenic vulnerability suggests unjust social circumstances that effectuate certain disadvantages for people (Rogers *et al.*, 2012). These original disadvantages then put those people at increased risk of suffering additional disadvantage (Rogers *et al.*, 2012). The World Bank’s report on overcoming poverty and inequality observes the persistently high inequality in South Africa more than twenty years after the end of apartheid, a system that discriminated against people along racial lines (Victor and Zikhali, 2018). Such discrimination strongly contradicts egalitarian principles, which are based on justice and equal moral and legal status for all (Fieser and Dowden, n.d.). In South Africa, the lasting effects of historically unjust political practices induced generational poverty and subsequently pathogenic vulnerabilities, such as household nutrition insecurity (Victor and Zikhali, 2018). The most impoverished children’s vulnerability to malnutrition is also pathogenic in nature because it is associated with apartheid-induced generational poverty (Victor and Zikhali, 2018).

Considering these descriptions of vulnerability, the country’s most impoverished children are extraordinarily susceptible to all types (inherent, situational, and pathogenic) and states (dispositional and occurrent) of vulnerability. I base this premise on the fact that their inherent vulnerability to malnutrition is accentuated by the absence of nutrition security (situational vulnerability), and as such their dispositional vulnerability to malnutrition became occurrent (Hall *et al.*, 2016). In

addition, the lack of access to nutrition security is a consequence of extreme poverty that has its root in historic political oppression, thereby, rendering these children pathogenically vulnerable, too (Victor and Zikhali, 2018). As children, their degree of vulnerability is further exemplified by an undeveloped autonomy, an increased risk of harm, and an inability to protect themselves against such harm (Reichert, 2006). Accordingly, these children are extraordinarily vulnerable to the interrelated risks and harms of childhood, extreme poverty, and malnutrition.

According to South African Minister for Planning, Development, and Evaluation Jeff Radebe, South Africa's NDP emphasises the necessity to respond to the needs of children and states that investing in the care of young children is essential for transforming the country (Radebe, 2017). Providing the young with care and protection is considered a moral standard across all cultures (James Rachels and Stuart Rachels, 2015). Furthermore, Mill (1859, p. 15) observes:

“...interposing to protect the defenceless, things which whenever it is obviously a man's duty to do, he may rightfully be made responsible to society for not doing. A person may cause evil to others not only by his actions but by his inaction, and in either case, he is justly accountable to them for the injury”.

Children are especially susceptible to harm and neglect, often without the means to defend themselves (Reichert, 2006). The country's most impoverished children, in my opinion, are rendered defenceless and exposed to the harms of malnutrition because they are not afforded the necessary care and protection from the South African government. I agree with Minister Radebe that caring for these children is a necessity, and the government needs to take the lead by ensuring the children's nutrition security.

4.4. The Epitome of Dependence:

A foundational affirmation of care ethics is the indisputable presence of human dependence at certain periods in life, and an ethics of care accentuates “the moral force of the responsibility to respond to the needs of the dependent” (Held, 2006, p. 10). One such period is apparent during infancy and early childhood, which is characterised by utter dependence on a caregiver (Kittay cited in Dodds, 2014).

Ironically, the desperate need for care in the situation under consideration involves those living under the harshest conditions while in this critical, inevitable human phase of their lives (Berry *et al.*, 2013).

According to Kittay (1995), the dependent need care because they cannot survive or thrive without others attending to their fundamental needs. Kittay (1995, p. 9) elaborates:

“...while we are all dependent on some form of care or support...those that involve the survival or thriving of a person cut most deeply through the fiction of a social order presumably constituted by independent equal persons.”

Kittay’s notion cannot be truer for human infants and young children, who are naturally entirely dependent on carers for their very survival. For the most impoverished children in South Africa, this inherent dependence is a matter of great concern, as the socio-economic status of their primary caregivers does not allow for the adequate provision of their basic needs (Delany, Grinspun and Nyokangi, 2016). Such deprivation of basic needs includes adequate nutrition, a necessity for survival (Delany *et al.*, 2016b; Girerd-Barclay, 2010). Social injustice, then, effectively infringes fundamental egalitarian principles which necessitate access to at least a subminimum of essential goods, like adequate nutrition that are necessary for a child’s wellbeing (Bagattini and Gutwald, 2016). According to Kittay “a well-ordered society is one that attends to the needs of dependents...” (1995, p.15). In addition, Tronto (1993) argues that it is immoral not to respond to a recognised need. The poor child nutrition outcomes in South Africa are however attributed to the government’s failure to implement strategies for relieving the children’s vital nutrition needs (DSD, 2015). From Tronto’s perspective, the unmet nutritional needs of these children are thus indicative of immorality on the part of the South African government.

4.5. A Call for Solidarity, Equity, and Capacity Building:

Benatar, Daar and Singer (2003, p. 117) state: “Without solidarity, it is inevitable that we shall ignore distant indignities, violations of human rights, inequities, deprivation of freedom...” I support these authors’ argument, the notion ‘out of sight, out of mind’

manifests as a reality all too often when those that are suffering are perceived to be somewhat distant from our own immediate, everyday experiences. Gert states:

“In a world characterized more by arrogance than...humility, in which...lives of some are considered...of infinite value while the lives of others...irrelevant and dispensable, there is a great need for empathy and humility...to promote solidarity and mutual caring” (Benatar *et al.*, 2003, p. 129).

Making headway towards acquiring solidarity necessitates humility, and both humility and arrogance depend on one's perception as either superior or equal to the moral limitations of others (Benatar *et al.*, 2003). I believe such solidarity can be found in indigenous African ethics, better known as ubuntu ethics. Ubuntu ethics is a relational ethic, rooted in solidarity, with a genuine interest in the wellbeing of others (Behrens, 2013). The word 'ubuntu' is derived from the Nguni languages in Southern Africa, which translates as “a person is a person through other persons” (Metz, 2007a, p. 323). In respect of children, I believe this description takes a very literal meaning since their extraordinary vulnerability, and subsequent dependence is such that they will not survive if 'other persons' do not recognise and meet their basic needs.

Mnyaka and Motlhabi argue: “Through the notion of Ubuntu, priority is given to...duties and rights, which are absolute to each person.” Accordingly, people “in need, have a right to be helped, while others have a duty and obligation to render their services.” Furthermore, the rendering of such services “is not charity, but a human imperative and obligation,” that springs from the awareness of like-others, which stirs up “feelings of respect, kindness, compassion, and sacrifice” (cited in Nzimakwe, 2014, p. 35). In an Ubuntu frame of reference, people are family, and as such Ubuntu demands solidarity with others, particularly amidst hardship (Mangena and Chitando, 2011). In my view, the most impoverished children's inherent vulnerability to malnutrition which renders them dependent on others for meeting their nutritional needs necessitates a government that will identify with them in recognition of this shared human vulnerability.

Similarly, the dependence of these children on responsible others calls for solidarity in recognition of the inherent dependence which all human beings exhibit in early

childhood (Dodds, 2014). According to Ubuntu, “persons in need should be able to count the support of those around them” (Mangena and Chitando, 2011, p. 241). This duty to respond to those in need is so central to Ubuntu that those who exhibit a lack of caring are described as *akanabuntu* (lacking ubuntu) or inhumane (Mangena and Chitando). According to Mangena and Chitando, the ethics of ubuntu serve as a political dogma that provides leaders with guidance and requires that they are cognizant of their duties towards impoverished citizens. They argue that the Ubuntu-dogma advises governments to cherish the need for solidarity with those that are most vulnerable.

Furthermore, leaders that exhibit Ubuntu do not fall victim to the power-trap but commit to matters of actual importance, like serving their most impoverished citizens (2011). The guiding principles of Ubuntu, therefore, require that the South African government express solidarity with the most impoverished children. The inability to ensure nutrition security for these children, however, illustrates the government’s neglect of its moral duties and responsibilities (DSD, 2015; Mangena and Chitando, 2011).

Equity refers to “the provision of equal shares for equal needs,” and while some inequalities are inescapably part of human life, inequity is concerned with inequalities that emerge from injustice (Benatar *et al.*, 2003, p. 121). Social determinants concern the context in which people are “born, live, work, and age,” which is directly associated with socio-economic status (World Health Organisation, 2017). Social determinants such as the inequitable distribution of resources render the majority of young South African children occurrently and pathogenically vulnerable to malnutrition (Rogers, 2014). Vulnerability represents actual or potential harm because of an unmet need, which emphasises the South African government’s duty to respond to remediate the children’s vulnerability to malnutrition (Mackenzie, 2014). In my opinion, an important way of remediating this vulnerability is by the implementation of effective interventions to ensure these children’s nutrition security. Gough and Doyal argue:

“...the freedom to develop one’s potential must be coupled to ‘freedom from’ through security of person and access to first-order biological needs—food, clean water, shelter etc.— as the essentials for decent lives” (cited in Benatar *et al.*, 2003, pp. 123–124).

This notion by Gough and Doyal is central to important factors associated with the nutritional needs of the children under discussion. Factors associated with their poor living conditions, “poor housing infrastructure, lack of access to adequate water, sanitation...and poor hygiene...” promote infections and poor health (Berry *et al.*, 2013, p. 26). Poor living conditions and inadequate food consumption amplifies the risk of poor nutrition to the severe detriment of a child’s development (Jamieson *et al.*, 2017). Mangena and Chitando (2011) argue that human development implies growth in all aspects of life. They argue that development is concerned with the “experience of abundant life in which human beings have their liberties upheld” and that the absence of development is recognisable by the presence of “poverty, oppression and general discontent” (2011, p. 236). The authors’ concluding notion serves as a poignant reminder of the gravity of extreme poverty, preventing nutrition security for nearly four million children (Sanders and Reynolds, 2017). The absence of which not only causes hunger pains but impairs their development so substantially that it curbs their capacity to reach their potential (Nurliyana *et al.*, 2016).

Sen’s capability approach refers to functionings as the different things an individual can be or do including being healthy and adequately nourished, while capabilities refer to the opportunities available for achieving such functionings (Mackenzie, 2014). Also, an individual’s capability set represents already achieved functionings and opportunities to achieve future functionings, e.g., to be educated (Mackenzie, 2014). Anderson states that it is crucial to achieve particularly those functionings “related to health, education, and bodily integrity” in childhood because the achievement of these functionings in childhood determines to a large extent the child’s capability set in adulthood (Mackenzie, 2014, p. 51). The significance of ECD, particularly the first 1000 days from conception, which sets the foundation and trajectory “for all future health, behaviour, and learning” serves as scientific support in favour of Anderson’s argument (Hall *et al.*, 2016, p. 5). The importance of adequate nutrition in early childhood for long-term health and development emphasises the importance of having access to nutrition security, to achieve these important childhood functionings (Nurliyana *et al.*, 2016). Sen argues that equality can most efficiently be fostered through the reinforcement of an individual’s capabilities (Benatar *et al.*, 2003). Nussbaum speaks of inherent capacities, including cognitive, emotional, social, and physical traits that an

individual can potentially develop (Mackenzie, 2014). These capacities, however, need to be developed and are, therefore, vulnerable to and dependent on an individual's social determinants, life exposure, and opportunities (Nussbaum and Sen, 1993). While achieved functionings depend on individual capacities, influences, and inputs throughout life, the altering effect of malnutrition on cognitive, social-emotional, physical, structural, and behavioural development has been argued. Accordingly, nutrition security is essential in early childhood for even if other capabilities and opportunities present later in life, the absence of adequate nutrition during this critical time would already have harmed the child's development. As such, the opportunity is missed to achieve the functionings that were inherently possible to achieve.

4.6. Moral Obligation

The rightness of the South African government's response to the nutritional needs of the most impoverished children ought to be, all things considered, principally grounded in increasing the children's welfare (Ross, 2002). While malnutrition is considered a key driver of child morbidity and mortality, adequate nutrition is an essential component for remediating the prevalence and increasing child welfare (Hall *et al.*, 2016). I consider the assurance of nutrition security by the government for the most impoverished children, a righteous response.

Many human vulnerabilities emerge from needs, which give rise to "moral obligations and duties of justice" (Rogers *et al.*, 2012, p. 22). Human beings have a variety of needs; however, certain needs are morally more demanding than others, and those with such needs are entitled to prioritisation (Rogers *et al.*, 2012). Needs generally function as "the real moral movers and shakers," especially when considering the nature and significance of needs that determine moral obligations towards others (Brock and Reader, p. 432). According to Goodin, Wiggins, Reader, and Rogers *et al.*, responding to vital needs, needs without which the beings in question will suffer serious harm, warrants moral prioritisation (Rogers *et al.*, 2012). Consequently, from the perspective of these authors, the South African government ought to prioritise the nutritional needs of the most impoverished children who are subject to malnutrition. Such moral prioritisation implies a duty to protect the vulnerable, prioritising those in dire need, as demonstrated by Goodin's Principle of Protecting the Vulnerable (PPV)

(Goodin, 1985). Goodin's PPV prioritises, as a matter of principle, those whose vital interests are especially vulnerable to the actions and decisions of some agents (Goodin, 1985). The nutrition status of the most impoverished children in South Africa depends on the ability of the government to ensure their access to adequate nutrition (DSD, 2015). Accordingly, these children's vital needs are particularly vulnerable to the actions of South Africa's government. In my opinion, the association of malnutrition with over 60% of child deaths in South African hospitals, adds to the moral significance of the government's obligation to protect these children against the harms of malnutrition (Berry *et al.*, 2013).

According to Brock, vulnerabilities arising from unjust determinants like poverty that lead to the accentuation of injustice, deserve priority intervention to remediate such vulnerabilities (Rogers *et al.*, 2012). The most impoverished children's inherent vulnerability to malnutrition became occurrent because of extreme poverty and unjust social determinants, including insufficient access to public services (Jamieson *et al.*, 2017). Children, on account of their developmental status, lack of autonomy, and standing in society are prototypical of what it entails to be vulnerable to harm and exploitation (Mackenzie *et al.*, 2014). The vulnerability and dependence of childhood are accentuated for the most impoverished children whose socio-economic status does not allow their caregivers to adequately provide for their nutritional needs (Delany *et al.*, 2016b). Furthermore, inherent and circumstantial vulnerabilities of this nature are often intensified in the absence of adequate social support, e.g., poor implementation of strategies to remediate such vulnerabilities (Dodds, 2014). The National Integrated Early Childhood Development Policy report of 2015 ascribes South Africa's poor child nutrition outcomes to the insufficient strategies and implementation of government interventions (DSD, 2015).

South Africa had its first democratic election on the 27th of April 1994 (South African History Online, 2016). As a democratic country, it is the government's duty to actively ensure that all citizens have access to the resources necessary to function as equal citizens (Anderson cited in Mackenzie *et al.*, 2014). Resources must be converted to functionings and the ability of people to effectuate such conversions is affected by their social determinants, e.g., having access to adequate water and sanitation are essential for achieving good health and nutrition status (Anderson cited in Mackenzie

et al., 2014; Hall and Sambu, 2017). Anderson argues that those in need of additional assistance to achieve the necessary functionings are entitled to such aid (Mackenzie *et al.*, 2014). Accordingly, I am of the opinion that South Africa's government ought to actively respond through the effective implementation of adequate interventions that can assist the most impoverished children to achieve the functioning to be well-nourished.

4.7. Conclusion:

Vulnerability is inherently part and parcel of being human (Mackenzie *et al.*, 2014). As vulnerable mortal beings, we are dependent on others at various points in our lives to assist us in meeting our needs (Held, 2006). Early childhood is a particularly crucial time where human beings are utterly vulnerable and completely dependent on responsible others to meet their most vital needs (Dodds, 2014). The most impoverished children in South Africa's inherent vulnerability to malnutrition is accentuated, because of unjust social determinants which deprive them of adequate nutrition (Jamieson *et al.*, 2017). Through the dogma of Ubuntu, governments are advised to cherish solidarity with those that are most vulnerable (Mangena and Chitando, 2011). Such vulnerability and dependence give rise to moral obligations and duties of justice, that must be recognised and responded to (Rogers *et al.*, 2012). In respect to moral obligations, I argue that the South African government, which has the authority to remediate the children's vulnerability to malnutrition, has a duty to ensure their nutrition security.

Having argued the moral obligations of the South African government towards the most impoverished children, I will propose strategies for the effective implementation of interventions to ensure the nutrition security of these children in chapter 5.

Chapter 5 Strategies for the Effective Implementation of Child Nutrition Interventions in South Africa

5.1. Introduction:

Conclusive evidence illustrates the valuable developmental returns upon investing in ECD for children, families, and societies at large (Department of Social Development, 2015). The Department of Social Development states the importance of investing in key aspects necessary for the promotion of ECD in South Africa, including access to adequate healthcare, nutrition, and education (DSD, 2015). The role of nutrition in ECD is fundamentally important for optimal health and development of the child (UNICEF, 2017). South Africa's NDP recognises the necessity of nutrition interventions during early childhood (Harrison, 2017). Poor strategy implementation and deficient government strategies are, however, responsible for the prevalence of significant, enduring malnutrition amongst South African children (DSD, 2015).

5.2. The Right to Adequate Food:

Local and international recognition of children's rights, as discussed in chapter 3, oblige the South African government to ensure the nutritional rights of the country's children. During 2009, the country's nutrition interventions were assessed with the launch of the landscape analysis (Department of Health [DoH], 2013). Such an analysis refers to research for identifying important obstacles, programmatic gaps, and possible interventions for organisational efficacy (Marcum, 2017). South Africa's landscape analysis for improved nutrition indicated the country's capability to effectuate crucial interventions for child nutrition (Gray and Vawda, 2016). Poor implementation of relevant strategies was, however, identified as a barrier to ensuring children's nutritional rights (Gray and Vawda, 2016). These sentiments were re-affirmed in the DoH's Roadmap for Nutrition report in 2013 and in the 2014 Diagnostic/Implementation Evaluation of Nutrition Interventions for Children from Conception to Age 5 of the Department of Planning, Monitoring and Evaluation (DPME) (DoH, 2013; Khulisa Management Services (Pty) Ltd, 2014). Considering the protection of human rights, Held (2006, p. 125) argued from the perspective of an ethics of care: "...a sense of social connectedness with those whose rights are

recognised” goes prior to respecting their actual rights. She elaborates: “we ought to respect the human rights of all persons...but first...we ought to develop in everyone the capacity for and the practice of caring about all others as human beings like ourselves”.

In Held’s argument, caring about the country’s most impoverished children is fundamental to showing regard for their nutritional rights. Furthermore, by caring for these children, regard for their nutritional needs become important and accordingly, those needs become the motivating factor for ensuring their nutritional rights (Tronto, 1993). Tronto and Fisher propose four phases that are necessary for the practice of caring: “...caring about, taking care of, care-giving, and care-receiving” (Tronto, 1993, p. 106). I will apply the four phases of caring as an ethical framework for evaluating some current nutrition strategies. The four phases of caring give rise to four ethical principles of care: “attentiveness, responsibility, competence and responsiveness” (Tronto, 1993, p. 127). In addition, consensus exists regarding three important aspects for regulating nutrition: “knowledge and evidence, politics and governance, and capacity and resources” (Gillespie, Haddad, Mannar, Menon and Nisbett., 2013, p.1) These regulating aspects, in combination with the four ethical elements of care, will be explained and discussed within each of the four phases of care.

5.3. Tronto and Fischer’s Four Phases of Care as an Ethical Framework

5.3.1. Caring about:

The first phase of care concerns the acknowledgement of care that is required and the recognition of particular needs that must be fulfilled (Tronto, 1993).

According to Tronto (1993), failing to recognise a need or ignoring a need once recognised is immoral. Attentiveness as an ethical element is imperative for recognising the needs that must be met (Tronto, 1993). Accordingly, attentiveness to knowledge and evidence that demonstrates the nutritional needs of the most impoverished children is essential for acknowledging the care that they need. The South African government demonstrated attentiveness to knowledge and evidence and acknowledged the children’s nutritional needs in the national policy agenda which

considers the betterment of ECD and childhood nutrition as priority matters (Radebe, 2017; Harrison, 2017).

5.3.2. Taking Care Of:

The second phase requires an acceptance of responsibility and the establishment of strategies to meet the needs that were recognised during the first phase of care (Tronto, 1993).

Again, I regard attentiveness as an essential component for this phase. Attentiveness to knowledge and evidence that pertain to the regulating aspects viz. capacity and resources are paramount to enable the effective governance and utilisation of resources to respond to the nutritional needs of the country's most impoverished children. The South African government managed partial fulfilment of these requirements by developing various strategies for addressing childhood malnutrition (Harrison, 2017). Some of these strategies are discussed in more detail under section 5.3.4. Significant strategic gaps and deficient governance across the DoH, Social Development (DSD), Agriculture, Forestry, and Fisheries (DAFF), and Water Affairs (DWA) are, however, of great concern (Khulisa Management Services, 2014). The South African Constitution stipulates: "Principles of co-operative government and intergovernmental relations," which offer guidance through section 42(1)(h), "(ii) assisting and supporting one another; (iii) informing one another of, and consulting one another on, matters of common interest; (iv) coordinating their actions and legislation with one another" (Constitution of the Republic of South Africa, 1996).

Additionally, attentiveness to governing styles that proved successful under similar circumstances in Brazil, Peru, Mexico, and Columbia can provide essential insights for effective implementation of local programmes (Harrison, 2017). Strong leadership for nutrition is at the core of all successful nutrition interventions (Gillespie *et al.*, 2013). Leaders should be able to collaborate, be responsive, and be held accountable (Gillespie *et al.*, 2013). In addition, I believe key individuals with a strong work ethic and a genuine interest in and knowledge of important matters related to nutrition, (i.e. agriculture, healthcare, water access, ECD, etc.), must be involved in intervention processes. Section 28 (2) of the Constitution states: "A child's best interests are of

paramount importance in every matter concerning the child” (Constitution of the Republic of South Africa, 1996). The moral elements of care, responsiveness and competence are, thus, invaluable during this and other phases of care and should not be compromised when children’s best interests are at stake.

5.3.3. Care-giving:

Care-giving implies physical work, usually involving direct contact with those in need, for example, by delivering food parcels or providing counselling, so that the need for care is met directly (Tronto, 1993).

Considering the said criteria for care-giving, the child social grant (CSG) cannot completely be recognised as such, as the grant has to be converted into goods that can satisfy the child’s particular need (Tronto, 1993). The conversion, nonetheless, has the potential to satisfy some needs of hungry children who have access to the CSG and is, therefore, considered a government success (Radebe, 2017). To qualify for the current monthly amount of R 400 per child, a single caregiver has to earn less than R 48 000 annually or R 96 000 if the caregiver is married (South African Social Security Agency, 2018). Although the CSG is an important poverty buffer, grant increases are not consistent with food price inflation and are insufficient for remediating malnutrition (Sanders and Reynolds, 2017). In addition, “dilution,” referring to the many applications of the CSG amongst household members, reduces the grant’s value for nutrition (Devereux and Waidler, 2017, p. 22). The grant was instrumental in reducing child hunger from 31% to 13% between 2002 and 2015 (Hall, Nannan, and Sambu cited in Jamieson *et al.*, 2017). Devereux and Waidler (2017) observed the prevalence of malnutrition over a twenty-year period amongst South African children, post the advent of democracy in 1994 and concluded that the CSG had some success in reducing child hunger, but that it proved insufficient for reducing malnutrition. The grant is also inaccessible to 1 in 5 eligible children (Jamieson, Berry and Lake, 2017). Access barriers include uncertainty regarding eligibility requirements, insufficient documentation for application, and physical access difficulties like time and travelling costs to reach access points (Hall and Sambu, 2017).

5.3.4. Care-receiving:

Care-receiving revolves around acknowledging that the status of the cared-for will reflect the care that was offered (Tronto, 1993).

The success of the care afforded the most impoverished children can be evaluated in terms of their nutrition status in response to the South African government's nutrition interventions. In nutrition literature, the prevalence of stunting in children under five is considered an indicator of chronic undernutrition or long-term food insecurity (Devereux and Waidler, 2017). In South Africa, stunting amongst children under five is persistently high around 25% since the early nineties (Nannan, 2017). The NIECD Policy report ascribes the poor nutrition status of the country's children to strategic gaps and the insufficient implementation of nutrition interventions (DSD, 2015). According to Tronto's perspective on the recognition of needs, the persistently high prevalence of chronic malnutrition is indicative of thriving immorality in South Africa, as the children's recognised need for nutrition security is being ignored by the government who fails to implement effective nutrition strategies (Tronto, 1993).

In the following section, I propose recommendations for the effective implementation of some important existing government interventions to respond to the nutrition needs of the country's most impoverished children.

5.3.4.1 Growth Monitoring (GM) and Promotion. Implemented by the DoH.

Since GM reflects nutrition status, effective GM is essential for identifying children that are in need of additional nutrition-related assistance from other government initiatives (Khulisa Management Services, 2014). Apart from indicating the nutrition status of each individual child measured, I consider GM as crucial for tracking the effectiveness of all nutrition interventions to reduce the prevalence of malnutrition amongst South African children. Effective GM is necessary to reflect the status of the most impoverished children (the cared-for) in response to the care they were offered by the South African government (Tronto, 1993). Therefore, GM is the perfect intervention to initiate and sustain inter-departmental collaboration pertaining to childhood nutrition (Khulisa Management Services, 2014).

Collaborating with key individuals like Prof. De Ridder, president of the International Society for the Advancement of Kinanthropometry can contribute to improved GM strategies by amongst others facilitating the establishment of GM norms and standards (North-West University, n.d.). Kinanthropometry is concerned with the “quantification of body size, shape, proportion, and composition...to describe or explain human function, growth, maturation and performance” (Ward, 2013). Kinanthropometry is included in a number of academic curricula, including that of Biokinetics (Biokinetics Association of South Africa, n.d.). Growth monitoring is also included in dietitians’ and nutritionists’ scope of practice (Wentzel-Viljoen, 2016). Through collaboration with academic institutions, final year students or interns (nutritionists and biokineticists) can be incorporated to supplement GM services as part of the practical components of their respective academic programmes, to ameliorate staff shortages (Wentzel-Viljoen, 2017; South African Medical and Dental Council, 1994). The inclusion of students can initiate valuable GM research to fill important data gaps that are necessary to measure the progress in combatting child malnutrition and to guide strategy modifications where needed (Bhardwaj, Sambu and Jamieson, 2017). Students and academic institutions can also facilitate the education of nurses, CHW, and communities regarding the necessity of routine GM. I found contradicting reports regarding the availability of professionals capable of providing nutrition education and counselling to caregivers and for GM services at the community level. Health professionals in South Africa are required to complete a year of community service in public facilities, following their formal academic training (Reid, 2003). The DPME indicated staff shortages as an obstacle to the successful implementation of GM interventions (Khulisa Management Services, 2014). South Africa’s Professional Board for Dietetics and Nutrition, however, mentions a shortage in community service positions for nutritionists, who according to their scope of practice, can provide nutrition counselling and education to individuals and communities (Dietetics & Nutrition News. April 2018; Wentzel-Viljoen, 2017). The pivotal role that GM can play in the M&E and guidance of all nutrition interventions, necessitates the South African government to utilise and maximise all possible resources to ensure the effective implementation of GM services.

5.3.4.2. Access to Nutritious Food, Food Prices. Implemented by the DAFF and DSD.

The implementation of mandatory food fortification obliges all food manufacturers to include essential micronutrients, like vitamin A, folic acid, iron, and zinc into staple foods like maize meal and wheat flour (Khulisa Management Services, 2014). The monitoring and enforcement of food fortification are, however, difficult especially amongst people living in rural areas, who often grow their own maize and make use of local millers (Khulisa Management Services, 2014). Mandatory staple food fortification was successful in reducing the prevalence of neural tube defects, which are birth defects of the brain, spine, or spinal cord that are associated with folic acid deficiencies in mothers (Khulisa Management Services, 2014; Medline Plus, n.d.). Similar success was, however, not achieved with VAD, assumedly since 60% of the premixed vitamin A is lost when food is cooked (Biersteker *et al.*, cited in Khulisa Management Services, 2014). Micronutrient sachets that are added to meals once cooked, provide an effective alternative for alleviating both VAD and iron deficiencies in children (Oliveira, Sampaio, Muniz, and Cardoso, 2016). Accordingly, food fortification of this nature should be promoted, and supplement sachets should be distributed through CHWs, non-government organisations (NGOs), ECD centres, and health facilities.

Currently, impoverished households that spend as much as half their income on food inevitably have to purchase more economical, less nutritious food (Devereux and Waidler, 2017). A holistic approach to ensure that impoverished children in South Africa have access to nutritious food is essential for sustainability and for confronting physical and financial access barriers (Nkwana, 2015). Food price inflation is especially high for nutritious foods, like vegetables and food of animal source, like eggs, dairy, and chicken (Verwey, Meyer, Vermeulen and Labuschagne, 2018). Even when spending the entire CSG on nutritious food for the intended child only, the amount fails to meet the subminimum food requirements of a young child (Devereux and Waidler, 2017). Furthermore, although the national nutrition budget was increased, it still constitutes less than 0.3% of the entire health budget (DoH, 2013). Considering the significance of adequate nutrition for all health, development, and learning, the allocation of funds for nutrition interventions at large and specifically for

the CSG need to be increased (Hall *et al.*, 2017). The CSG's inability to reduce child malnutrition in isolation underscores the necessity of supplementary food access initiatives like food parcel distribution (Devereux and Waidler, 2017).

The DSD's distribution of food parcels and the distribution of micronutrient supplements at the community level can be facilitated by CHWs (Khulisa Management Services, 2014). Although existing ECD strategies, e.g., the provision of nutritious meals are relevant, they fail to reach the most vulnerable children, those under two years and those unable to access ECD facilities, which re-affirms the necessity to invest in CHWs (Sanders and Reynolds, 2017). The DAFF and DSD should also embrace the availability of NGOs to increase their reach and involvement in government initiatives. I regard collaborating with GM, food security, household food production and preservation, and hygiene practice interventions as paramount to ensure effective food access interventions, sustainability, and the timely identification and referral of children vulnerable to access barriers. Such collaboration can ensure that families with vulnerable children who are identified following GM or clinic visits are prioritised and reached through existing initiatives. Woolworths stores have established a system for donating their surplus food to charity organisations who distribute food to communities in need (Woolworths, n.d.). Similarly, reaching out to local farmers, churches, school hostels, old age homes, supermarkets, and businesses to sponsor food parcels or to donate excess food for parcels can promote awareness, advocacy, capacity building, and sustainability.

The government should also seek means to create additional funds for improving access to nutritious food. Possible strategies include ensuring that dividends from taxes on unhealthy foods, such as the recently introduced soft drink tax, are directed to state subsidies for nutritious foods. However, the proceeds of R1.1 billion generated by levies on plastic shopping bags intended for generating jobs and environmental, and recycling strategies went to the government instead (Johnson, 2018). Strong regulations should, thus, be in place to ensure the ethical governing of created revenue.

5.3.4.3. Breastfeeding Support. Implemented by the DoH.

The significance of breastfeeding for ECD, achieving the United Nations SDG, and national health and development should be promulgated (Gray and Vawda, 2016). Educating the public about the significance of breastfeeding is important to promote breastfeeding support and to change negative perceptions related to cultural beliefs about breastfeeding amongst various ethnic groups (U.S. Department of Health and Human Services, 2011). In South Africa especially, it is important that such education includes information on breastfeeding for HIV-positive women who are virally suppressed (UNICEF, 2017). South Africa has the largest HIV epidemic in the world, with an estimated 7.1 million people in 2016 living with HIV (UNAIDS, n.d.).

Awareness campaigns should be devised through all means possible, including social media, billboards, and media advertising. Pamphlets and posters regarding breastfeeding at healthcare facilities are generally lacking, and the provision of information through these means should not be neglected (Khulisa Management Services, 2014). The information and guidelines communicated to the public should be standardised, and HCWs should be educated on the content. Important information in this regard include the significance of exclusive breastfeeding in the first six months, initiating complementary feeding at six months, and continued breastfeeding until the child's second birthday (Hendricks, Goeiman and Hawkrige, 2013).

The DoH utilises a mobile app (bwise.com), that is accessible through any internet enabled phone at very low or no cost to users to provide important information and support to the youth regarding topics like HIV and mental health (Rosenberg, Mccrone, Barron, Pillay, Subedar, Pahad, & Chan, n.d.). Similar approaches to promote breastfeeding support and to establish online support groups aimed at present and future mothers should be employed. The fact that various NGOs are supporting the DoH's breastfeeding campaigns but are not used to capacity should be rectified so that all available resources are utilised to ensure the effective implementation of strategies (Khulisa Management Services, 2014). Valuable contributions can also be made by CHWs to counsel mothers and for educating communities (Khulisa Management Services, 2014).

The province of KwaZulu-Natal (KZN) established a “breastfeeding culture” through the effective use of media activism (Gray and Vawda, 2016). Strategies helping to set KZN apart in service delivery and efficiency include an effective M&E system for assessing breastfeeding interventions, the launch of breastmilk banks, collaborating with the University of KwaZulu-Natal (UKZN) to provide nutrition training for CHWs, and employing nutrition advisors in public healthcare facilities to ameliorate staff shortages (Gray and Vawda, 2016). The Western Cape shares similar successes, in the implementation of breastfeeding support strategies particularly with the Mother-Baby-Friendly Initiative and through a strong emphasis on standardised training for HCWs, education for mothers, and standardised implementation operations (Gray and Vawda, 2016). These implementation successes are a testimony to the possibilities achievable with strong leadership (competence, responsibility, responsiveness), “political will” (politics and governing), attentiveness to knowledge and evidence, and the effective use of resources (Khulisa Management Services, 2014).

5.3.4.4. Food security. Implemented by the Department of Rural Development and Land Reform and DAFF.

Food security is dependent on food availability and accessibility (Nkwana, 2015). Additionally, sustainable resources that allow for food availability and accessibility is essential to ensure food security (Ramkissoo, 2017).

Government internships for newly qualified agriculturists who can effectuate food security interventions at the community level, e.g., by establishing vegetable crops in rural communities, should be investigated. Like CHWs, community field workers (CFW) can contribute to ensuring nutrition security for the country’s impoverished children. The training of CFWs through collaborations with agricultural schools and intern agriculturists should be investigated to address staff shortages and to help impoverished households establish home gardens (Khulisa Management Services, 2014). Local food markets providing fresh food produce within communities should be promoted through existing DAFF strategies that provide for the distribution of seeds and irrigation (Department of Agriculture Forestry and Fisheries, 2011, 2015). These markets can overcome physical and economic access barriers as nutritious foods are

produced and sold within communities. Potential intervention barriers include theft and other crimes, which necessitate community-run security systems and government assistance through increased law enforcement (Azétsop and Joy, 2013).

5.3.4.5. Restructuring Leadership Responsibilities:

Poor leadership provincially and nationally is responsible for the sceptic outlook on the country's food security (Khulisa Management Services, 2014). Since nutrition is one of many aspects under the administration of different government departments, interventions are fragmented and can easily be denied the necessary attention it requires (Chirwa, 2009). The fundamental significance of nutrition for health, developmental, educational, and economic outcomes demands more respect from the South African government (De Pee *et al.*, 2010). The significance of nutrition justifies the establishment of an overarching Department of Nutrition (DoN), dedicated to the country's nutrition needs (Chirwa, 2009). The DoN should orchestrate the roles and responsibilities of involved departments (e.g., DoH, DAFF and DSD), especially where the overlap between departments exist and collaboration is needed to achieve nutrition goals. Strong leadership, guided by the ethical elements; attentiveness, responsibility, responsiveness, and competence, should identify national goals and objectives within different departments that will enable the achievement of said goals (Tronto, 1993). Examples of national goals include SDG 2 "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture," SDG 1, "End poverty in all its forms everywhere," and SDG 3 "Ensure healthy lives and promote wellbeing for all at all ages" (Jamieson *et al.*, 2017, p. 31). Each involved department should then set goals specific to sectors within its structures (e.g., DAFF's agricultural branch; 'establish ten new community vegetable gardens by 2020,' instead of an overarching goal: 'improve nutrition security'). The DoN should be responsible for governing inter-departmental collaboration, monitoring progress, holding departments accountable, communication within government, ensuring adequate budget allocations, identifying obstacles, and providing strategies to overcome them. Progress reports should also be submitted to relevant committees in a timely fashion as required by the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child to ensure high standards and government accountability (Röhrs and Proudlock, 2017). Also, NGOs should be encouraged to submit shadow

reports to promote transparency and accountability of government initiatives (Röhrs and Proudlock, 2017).

5.4. Conclusion:

Poor strategy implementation and deficient nutrition strategies by the South African government are responsible for enduring malnutrition amongst the majority of the country's children (DSD, 2015). I proposed recommendations for the effective implementation of nutrition interventions to ensure nutrition security for the country's most impoverished children. Tronto and Fisher's four phases of caring: "caring about, taking care of, care-giving and care-receiving" provided a framework for assessing the care afforded the most impoverished children to ensure their nutrition security (Tronto, 1993, p. 106). Strong leadership guided by the moral elements: "attentiveness, responsibility, responsiveness and competence" are invaluable to ensure the child's best interests (Tronto, 1993, p. 127). In addition, inter-departmental collaboration and well-structured strategies under the guidance of a principal body are important for the effective implementation of nutrition strategies (Chirwa, 2009).

Chapter 6 Conclusion

The concluding chapter of this report brings together the premises in support of my argument that the South African government ought to be morally and legally obligated to meet the nutritional needs of the country's most impoverished children.

The significance of adequate nutrition for optimal health and development in early childhood is undeniable (UNICEF, 2016). The first 1000 days, starting from conception, are considered pivotal since it sets the foundation for physical, emotional, and cognitive development and dictates all future health, development, and achievement (Motshekga, 2013). Exposure to malnutrition during early childhood is severely detrimental to the child's health, development, and productiveness and is associated with premature deaths (Fanzo, 2015). Statistics indicating that 63% of young South African children are extremely vulnerable to malnutrition is, therefore, very concerning (Hall *et al.*, 2016). Adequate nutrition has been discussed as an inherent universal need, essential for the survival of all human beings (Teays, 2014). For those deprived of nutrition security, the vulnerability to malnutrition, stemming from the inherent need for adequate nutrition manifests as a threat to their wellbeing (Victor and Zikhali, 2018). These sentiments are reiterated in the recognition of malnutrition as a key determinant of childhood morbidity and mortality in South Africa (Hall & Sambu, 2016).

Since malnutrition generally affects the dependent and the vulnerable, nutrition security in early childhood is imperative because children are entirely dependent on others to satisfy their nutritional needs (Maleta, 2006). In the absence of responsible others, these innately dependent children who are physically vulnerable to malnutrition will suffer exceptional harm or death (Fineman cited in Dodds, 2014). Circumstances associated with the extreme poverty of South Africa's most impoverished children are responsible for their extraordinary vulnerability to malnutrition and subsequent dependence on the government to meet their nutritional needs (Hall, Nannan and Sambu, 2017). Those who are at increased risk of harm, because of exceptional vulnerability, are due "specific moral obligations and greater duties of justice" (Rogers *et al.*, 2012). The essence of responding to such vulnerability is in the provision of care,

satisfying needs, and safeguarding against harm and exploitation (Mackenzie *et al.*, 2014). According to Tronto (1993), inattentiveness to the needs of others is considered a moral failure.

Furthermore, the ethics of ubuntu serve as a political dogma that provides leaders with guidance and requires that they are cognizant of their duties towards impoverished citizens (Mangena and Chitando, 2011). From the perspectives of an ethics of care and ubuntu ethics, the inability to ensure nutrition security for South Africa's most impoverished children, thus, illustrates the government's neglect of its moral duties and responsibilities towards these young citizens (Department of Social Development, 2015). Sen's capability approach refers to functionings as the different things an individual can be or do, including being adequately nourished, while capabilities refer to the opportunities available to achieve these functionings (cited in Mackenzie, 2014). In addition, an individual's capability set represents already achieved functionings and opportunities to achieve future functionings (Mackenzie, 2014). To achieve functionings "related to health, education, and bodily integrity in childhood is crucial as achieved childhood functionings typically determine the child's capability set in adulthood (Anderson cited in Mackenzie, 2014, p. 51). Since adequate nutrition is essential for the child's survival, health, and development, nutrition security is imperative for achieving these childhood functionings (Fanzo, 2015). Currently, South Africa's poor child nutrition outcomes are ascribed to insufficient government strategies and poor strategy implementation to ensure nutrition security for the country's impoverished children (Department of Social Development, 2015).

Local and international recognition of children's rights obliges the government of South Africa to ensure that the country's children have access to adequate nutrition (Ramkissoon, 2017). Since the dawn of democracy in 1994, South Africa has developed, approved, and adopted various national and international laws and policies about children's nutritional rights (Department of Social Development, 2015). South Africa's Constitution in sections 27(1) and 28(1)(c) grant all children the right to nutrition (Constitution of the Republic of South Africa, 1996). International legislation in this regard, include the UNCRC and the ICESCR (Gray and Vawda, 2016). The International Bill of Rights was fundamental to the normative foundation of international legislation, which initiated the recognition of interrelated rights that apply

to food, health, living conditions, and wellness and as such, the Bill provides a global instrument for promoting societal justice and for ensuring children's access to nutrition security (Ayala and Meier, 2017). The right to nutrition is inextricably linked to social justice, which is evident in the context of South Africa's most impoverished children, who are deprived of adequate nutrition because of unjust social determinants emanating from the country's history of apartheid (UN Economic and Social Council, 1999; Victor and Zikhali, 2018). The violation of these children's nutritional rights bears witness to the government's inability to execute their obligations as protectors and promoters of public health and social justice (Azétsop and Joy, 2013). Effectuating societal justice includes the moral duty to remediate social evils that threaten human survival, irrespective of who caused them, which naturally implies that both the principles of non-maleficence and beneficence are honoured (Azétsop and Joy, 2013). Accordingly, the government has the moral duty to remediate the social evil emanating from apartheid, that is still preventing the majority of young South African children from accessing nutrition security. According to Metz, a human right represents "a moral right against others, a natural duty that ought to be taken into account by morally responsible decision makers" (Metz, 2007b, p. 541). Considering Metz's argument, the most impoverished children's human right to adequate nutrition is a moral right that ought to be recognised by the South African government, who has the authority to make impactful decisions, pertaining the wellbeing of these children.

The Constitution's recognition of children's nutritional rights in accordance with international law gives formal recognition to these rights, which is fundamental for their enactment (Save the Children UK, 2006). The government is obliged to realise the right to sufficient food directly when for reasons beyond their control, people are unable to secure this right themselves (Azétsop and Joy, 2013). The most impoverished children, for reasons beyond their control, are confronted with physical and economic barriers that prevent them from accessing their right to adequate nutrition (Victor and Zikhali, 2018). The incontestable connection between rights and duties pertaining to the nutrition security of these children has been neglected (Benatar, Daar and Singer, 2003). The failure to secure the children's nutritional rights despite existing laws, policies, and guidelines dating back to 1995 signifies the need for an alternative approach to effectuate successful outcomes (Department of Social Development, 2015). In chapter 5, I utilised Tronto and Fisher's four phases of caring;

“caring about, taking care of, care-giving and care-receiving” as a theoretical framework to assess some of the South African government’s nutrition strategies (Tronto, 1993). This framework provides a mechanism for identifying systemic gaps, developing strategies, and for evaluating strategies upon implementation. Strong leadership is essential for effective implementation of nutrition strategies, while the moral elements; “attentiveness, responsibility, responsiveness and competence” are invaluable for ensuring the child’s best interests (Tronto, 1993). In addition, inter-departmental collaboration and well-structured strategies under a principal body are important for the effective implementation of strategies to ensure the most impoverished children’s nutrition security. I concluded the chapter by proposing recommendations for the effective implementation of nutrition strategies viz. growth monitoring, food access, food security, breastfeeding support and leadership to address the nutritional needs of these children. These recommendations are mechanisms available to the South African government to honour their moral and legal obligations, viz. to recognise and respond to the poor nutritional status of the country’s children.

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APPENDICES

Appendix 1: Human Research Ethics Committee



HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

25/07/2018

Ref: W-CBP-180725-01

TO WHOM IT MAY CONCERN:

- Waiver:** This certifies that the following research does not require clearance from the Human Research Ethics Committee (Medical).
- Investigator:** Ms L Stander
Student No. (if appropriate): 1814772
Staff No. (if appropriate):
- Supervisor:** Dr M O'Grady
- School:** Clinical Medicine
Department: Steve Biko Centre for Bioethics
Medical School
University
- Project title:** *A normative perspective on the South African Government's obligations to ensure nutrition security for the country's most impoverished children*
- Reason:** Desktop study.
No human participants will be involved in the study.

A handwritten signature in black ink, appearing to read 'CB Penny', written over a horizontal line.

Professor CB Penny
Chairperson: Human Research Ethics Committee (Medical)

Copy – HREC (Medical) Secretariat: Zanele Ndlovu and Rhulani Mkansi.

Research Office Secretariat:
Physical address: Phillip Tobias Building, 3rd Floor, Office 302, Corner York Road and Princess of Wales Terrace, Parktown, Johannesburg 2193.
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