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Research Article

Nutrition and Food Security in Sub-Saharan Africa

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This article explores the complex landscape of nutrition and food security in Sub-Saharan Africa, analyzing current trends, principal challenges, and best practices in policy and intervention. Drawing on recent data, the article highlights the region's ongoing struggles with undernutrition, the rise of overweight and obesity, chronic food insecurity, and the interventions deployed to progress toward Sustainable Development Goals (SDGs). Graphs and tables illustrate the magnitude of the issues and successful responses, emphasizing the urgent need for multisectoral collaboration

Keywords: Nutrition, food security, Sub-Saharan Africa, undernutrition, obesity, food systems, Sustainable Development Goals (SDGs), policy interventions, public health, multisectoral collaboration.

INTRODUCTION

Nutrition and food security are foundational to the wellbeing and socioeconomic development of Sub-Saharan Africa. Despite considerable progress since the turn of the century, the region remains disproportionately affected by its forms—undernutrition, malnutrition in all micronutrient deficiency, and the emergent problem of overweight/obesity. Food insecurity, exacerbated by poverty, climate change, and conflict, presents a formidable obstacle to achieving SDG 2: "Zero Hunger." This article provides a comprehensive analysis of contemporary nutrition and food security across Sub-Saharan Africa, using data-driven insights and case studies.

2. The Current State of Nutrition in Sub-Saharan Africa

2.1 Undernutrition: Stunting, Wasting, Underweight

- Stunting (low height-for-age): Approximately 30.7% of children under five in Africa are stunted, a figure significantly above the global average. South Asia and Sub-Saharan Africa together bear the largest burden of child stunting, with 62 million children in Sub-Saharan Africa affected in 2025[11][2].
- Wasting (low weight-for-height): The region has a wasting prevalence of about 7.1% among children under five, translating to nearly 14 million affected children^[3].
- **Underweight**: Around 21% of children in Sub-Saharan Africa are underweight^[4].

Indicator	Prevalence (2025)
Stunting	30.7%
Wasting	7.1%
Underweight	21%
Overweight (u-5)	5.3%

2.2 Micronutrient Deficiencies

• Iron-deficiency anemia, vitamin A deficiency, and deficiencies in iodine and zinc persist, undermining child and maternal health. No country in the region is on course to meet WHO targets for reducing anemia in women of reproductive age^[1].

2.3 Overweight and Obesity

- Overweight is rising, especially among urban children and adults. Overweight in children under 5 increased from 6.6 million in 2000 to 9.7 million in 2017^[3].
- Adult obesity is increasing, linked to diet changes and urbanization.

3. Food Security: Trends and Determinants3.1 Magnitude of Food Insecurity

- About 153 million people—26% of those over 15 years—in Sub-Saharan Africa suffered severe food insecurity in 2014-15^{[5][6]}.
- In Eastern and Southern Africa alone, 13 million children are malnourished in 2025, a figure

exacerbated by disruptions including conflict and funding $\text{cuts}^{[Z]}$.

Year	Severely Food Insecure People	% of Population
2014-15	153 million	26%

3.2 Drivers of Food Insecurity

- **Poverty**: Closely linked to inadequate access to sufficient, safe, and nutritious food^{[8][5]}.
- **Climate Change**: Droughts, floods, and temperature shifts threaten crops and livestock^{[5][9]}.
- **Population Growth**: Rapid expansion outpaces agricultural productivity gains [9].
- **Agricultural Productivity**: Low yields due to limited irrigation, outdated inputs, and poor infrastructure lower food availability^{[9][10]}.
- **Market and Policy Factors**: High food prices, trade barriers, and political instability disrupt supply chains^{[5][9]}.
- **Conflict and Displacement**: Civil unrest often causes acute food crises, affecting millions.

4. The Double Burden of Malnutrition

Sub-Saharan Africa is experiencing a "nutrition transition." While undernutrition remains widespread, urban areas are seeing more overweight/obesity and related noncommunicable diseases, a result of dietary shifts toward processed foods high in fats, sugar, and salt, and low in micronutrient quality[11][3].

5. RESPONSES AND INTERVENTIONS

5.1 Policies and Strategies

- National Nutrition Policies: Most countries have adopted national action plans aligned with global targets—stunting reduction, exclusive breastfeeding, and decreases in micronutrient deficiencies[11][3].
- Strategic Food Policies: Emphasis on boosting agricultural productivity, promoting value chains for staple crops, and expanding social protection programs, including food transfers and school feeding.

5.2 Successful Nutrition Programs

- Community-Based Nutrition: Countries like Ethiopia, Uganda, and Tanzania have implemented comprehensive maternal and child nutrition actions, focusing on the 1,000-day window from conception to a child's second birthday^[12].
- **Food Fortification**: Mass fortification of staple foods with iron, folic acid, vitamin A, and zinc.
- School Feeding Programs: Evidence shows food supplementation in schools can reduce micronutrient deficiencies and improve nutrition status^[13].

• **Nutrition Surveillance**: Improved health information systems enable early detection and better management of undernutrition [14].

6. Data Analysis and Graphical Insights6.1 Trends in Child Malnutrition (2000–2025)

Year	Stunted Children (million)	Wasted Children (million)	Overweight Children (million)
2000	50.6	_	6.6
2017	58.7	13.8	9.7
2025	62	_	_

Note: Population growth outpaces improvements in nutritional rates [31/2].

6.2 Food Security Situation Table

Main Challenge	Description
Low Crop Productivity	Limited technology, irrigation, and fertilizer use keeps yields low ^[10] .
High Population Growth	Increases demand for food and pressure on agricultural systems ^[2] .
Poverty and Unemployment	Erodes purchasing power for food and nutrition ^{[8][5]} .
Climate Shocks	Droughts, floods, pests, and crop failures push millions into food insecurity ^[5] .
Policy and Market Constraints	Trade barriers, high prices, and weak infrastructure disrupt food access ^{[9][6]} .

7. CASE STUDIES

7.1 Ethiopia: Scaling Up Nutrition

• Implementation of community health workers and localized nutrition programs led to measurable gains in child growth and improved exclusive breastfeeding rates^[12].

7.2 Nigeria: Food Security and Urbanization

 Rapid urbanization accelerated a dietary transition towards processed foods, contributing to higher rates of overweight and micronutrient deficiencies^[11].

8. POLICY RECOMMENDATIONS

- **Increase Agricultural Investment**: Promote irrigation, mechanization, and sustainable practices to boost yields [9][10].
- Strengthen Social Safety Nets: Expand school feeding, cash transfers, and emergency food aid to cushion vulnerable groups^[13].
- Focus on Maternal and Child Nutrition: Target the 1,000-day window with community interventions and supplementation^[12].

- **Support Smallholder Farmers**: Ensure access to credit, inputs, markets, and climate-resilient seeds.
- Promote Nutrition Education: Public campaigns to shift dietary habits and raise awareness of balanced diets and food safety^[15].
- Integrate Health, Agriculture, and Social Policy: Intersectoral collaboration is essential for tackling the multifaceted roots of malnutrition.

9. CONCLUSION

Nutrition and food security in Sub-Saharan Africa remain urgent public health and development challenges. Chronic undernutrition, rampant food insecurity, and the rise of overweight coexist in a rapidly changing dietary environment shaped by poverty, climate change, rapid urbanization, and weak policy frameworks. While there are promising programs—from comprehensive child nutrition strategies to agricultural sector investment—the scale and pace of progress need to accelerate. Multisectoral collaboration, adequate resource allocation, and policy innovation are necessary to ensure the right to safe, affordable, and nutritious food for all Africans.

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