HOUSEHOLD DIETARY DIVERSITY, HOUSEHOLD FOOD SECURITY STATUS AND LEVEL OF PHYSICAL ACTIVITY OF PRIMARY SCHOOL BENEFICIARIES OF SCHOOL FEEDING (INTERVENTION) VERSUS NON-SCHOOL FEEDING BENEFICIARIES (CONTROL)

Abstract

Background: Household dietary diversity, household food security status and physical activity levels of children is impacts on the nutritional status of children. High dietary diversity scores are associated with diets that contain acceptable macronutrient and micronutrient levels and are also related with a reduced risk for developing obesity and nutrient deficiencies. Food insecure households also negatively impact on children's nutritional outcomes. Despite the health benefits of being regularly physically active, children especially in urban areas have sedentary lifestyles which is also impacting on their nutritional outcomes.

Objective: To determine the socio-demographic characteristics, household dietary diversity, household food security status and level of physical activity of primary school beneficiaries of school feeding (intervention) versus non-school feeding beneficiaries

Methods: Household Dietary Diversity Score (HDDS), Household Food Insecurity Scale (HFIS) and the Physical Activity Levels (PALs) of the learners were assessed in 392 primary school learners from public and private primary schools in South-east district, Botswana who are beneficiaries of School Feeding Programme and those who are not participant in the programme.

Results: Most of the learners from private schools (98.4%) who are non-beneficiaries of school feeding, were food secure compared to 38.8% from public schools. SFP non-beneficiary group also had a higher DDS compared to SFP beneficiary group. The difference between the PALs of school feeding beneficiaries versus non-school feeding beneficiaries was found not to be statistically significant ($p=0.680$). however, when comparing learners from urban and peri-urban areas, the difference was statistically significant ($p=0.001$) which could be related to the fact that learners from peri-urban areas mostly walked to school.

Conclusion: SFP may not improve DDS in learners from peri-urban areas and food insecure households. SFP participants are still at nutrient risk.