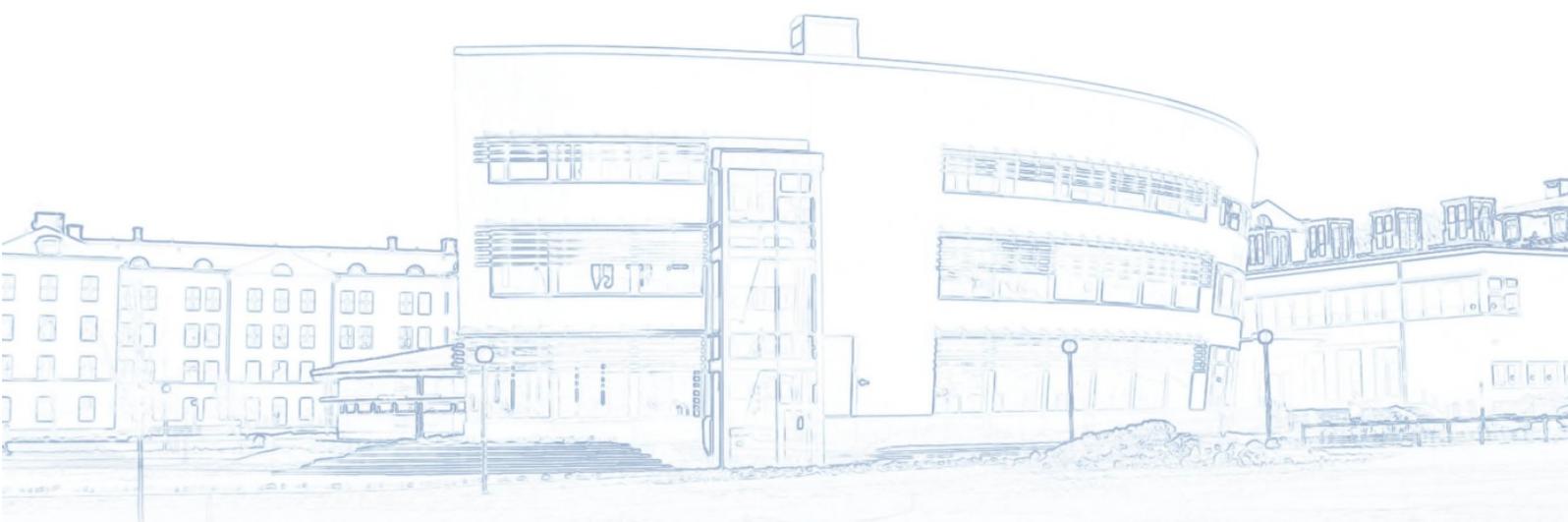


## Food Insecurity in Mozambique

What Do We Know?  
And what Can Be Done?

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# Food Insecurity in Mozambique

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## Abstract

Household food insecurity is defined as inadequate or insecure access to food because of financial constraints. The objective of this short article is to highlight the prevalence and determinants of food insecurity in Mozambique during the past three years. Food insecurity is an important societal and public health problem in Mozambique, and its main determinants are climate change, transportation, and poverty. There is a urgent need for research that can provide a deeper understanding of the determinants of food insecurity in the country and disentangle potential relationships with physical and psychological health outcomes.

**Keywords:** household food insecurity, prevalence, determinants, Mozambique



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## Introduction

Household food insecurity (HFI) is defined as inadequate or insecure access to food because of financial constraints (1). It is argued that households experiencing food insecurity are more likely to endure a wide spectrum of challenges including persistent worry about running out of food, skipping meals, or eating nothing for a day or longer. However, not all people living in the same household may face the same severity of food insecurity, depending on the way in which food is distributed among members (1). In addition, a household or individual may experience food insecurity on an unexpected, intermittent, frequent, or persistent basis during a specified period of time.

Individuals and households who have scarce financial resources are often forced to spend less money on food to ensure they have enough money to maintain other key necessities, particularly housing, utilities, and childcare (2). Studies have found that food insecurity can vary spatially across regions (3).

Data collected by the Food and Agriculture Organization of the United Nations in 2014, 2015, and 2016 in almost 150 countries reveal that nearly a tenth (9.3 percent) of the world's population suffer from severe food insecurity, corresponding to about 689 million people (4). There are pronounced differences across continents in the prevalence of severe food insecurity, largely paralleling those for undernourishment. Africa has the highest levels of severe food insecurity, reaching 27.4 percent of the population; almost four times that of any other region in 2016. Moreover, food insecurity in Africa is on the rise, particularly in sub-Saharan Africa, with an increase of almost three percentage points from 2014 to 2016 (4). Higher food insecurity was also observed in Latin America over the three-year period, rising from 4.7 percent to 6.4 percent (4). On the other hand, the global prevalence of severe food insecurity decreased slightly between 2014 and 2016, from 7.7 percent to 7.0 percent; this was driven mainly by reductions in Central Asia and Southern Asia. The prevalence of food insecurity is slightly higher among women, both at the global level and in every region of the world (4).

Although food insecurity exists in Mozambique, to our knowledge no previous study or review has been carried out to map the prevalence and potential causes. This short communication therefore aims to describe the prevalence and determinants of food insecurity in the country during the past three years, and to highlight the need to investigate its impact on health outcomes across the life course (childhood, adolescence, adulthood, and old age).Rubrik 2 / Heading 2

## Prevalence of food insecurity in Mozambique

Situated in Southern Africa, Mozambique is bordered by the Indian Ocean to the east, Tanzania to the north, Malawi and Zambia to the northwest, Zimbabwe to the west, and Swaziland and South Africa to the Southeast. The country is divided into three regions: north, central, and south. It is one of the poorest in the world, and a majority of the population live in rural areas (6-8). Its primary industrial products are aluminium, coal, and gas. Although some improvements have been seen in multidimensional poverty, the poverty rate is still around 46 percent (7,8). Moreover, although overall poverty fell by 5 percent between 2009 and 2016, inequality increased between urban and rural areas as well as across the southern, central, and northern regions (6-8).

Since Mozambique gained its independence from Portugal 42 years ago, many positive changes have occurred in various areas, despite the 16-year civil war which lasted from the late 1970s to the early 1990s. One of the achievements of the post-war period was the reduction of food insecurity from 56 percent in 2003 to 24 percent in 2015, a reduction of 32 percentage points in 17 years. Malnutrition also fell from 48 percent in 2008 to 43 percent in 2015, a reduction of 6 percentage points in 7 years (5), and food insecurity decreased at almost double the rate of chronic malnutrition. However, it is unclear whether Mozambique will be able to fully achieve the second Sustainable Development Goal of the 2030 Sustainable Development Agenda, which was approved in 2015 by all countries of the United Nations and aims to “end hunger, achieve food security and improved nutrition, and promote sustainable agriculture”.

Despite the abovementioned decrease between 2008 and 2015, malnutrition still affects many people, especially children. Two of the underlying causes are food insecurity and low income. New estimates indicate that over half of Mozambique’s households are affected by food insecurity and approximately one-third by chronic food insecurity. Around 30 percent of households are considered poor or borderline in terms of the diversity of their diet and frequency of meals, which is a critical measure of nutritional security, and 80 percent of households are unable to obtain an adequate diet. Although the prevalence of food insecurity and chronic malnutrition is similar across the country’s provinces, it is somewhat higher in the provinces of Cabo Delgado, Nampula, and Sofala (5).

At the beginning of 2015 food insecurity was lower in Sofala and Niassa provinces as compared to Inhambane and Gaza, but the picture deteriorated by the end of that year (6). In 2016, food insecurity was felt in all 11 provinces of the country (7). However, in five of these provinces, food insecurity was considered so grave that immediate intervention was required to avert severe acute malnutrition among children and pregnant/lactant women (7).

In the first semester of 2017, there were minimal cases of acute and severe food insecurity; however, two provinces needed assistance to decrease possible health consequences related to food shortages (8). The rate of dietary deficit was high in Inhambane and Gaza provinces, affecting approximately 18 percent of households as compared to 5 percent of households in Cabo Delgado and Manica in the central and northern regions of the country (8). For instance, acute malnutrition was observed in seven percent of children under the age of five in the central provinces of Zambezia and Sofala. Around 20 percent of pregnant and lactant women in Tete and Sofala were severely malnourished, in comparison to 5 percent in the southern province of Maputo.

## Determinants of food insecurity in Mozambique

According to diverse national sources, food insecurity is influenced by climatic variations comprising rainfall and flooding which take place throughout the year (6-8). Another factor influencing food insecurity in Mozambique is the seasonality of food access due to agriculture production. Food production was considered reasonable in 2015; however, the situation deteriorated in 2016 due to weak agricultural results related to drought in the central and southern provinces (7). At that time, the majority of food products available in the markets were from imports, as many households had lost their cereal reserves. In Gaza province, 90 percent of households had difficulty accessing food, and the corresponding percentages in the provinces of Zambezia and Tete were around 57 percent (7)

Rain levels in 2017 facilitated better production of cereals in the southern provinces of Gaza, Inhambane, and Maputo, which are usually considered of low productivity. At the same time, the central and northern regions, which regularly have better agricultural productivity, performed even better in terms of cereal harvest as compared to the southern regions (8). Furthermore, at the beginning of 2017 many provinces produced staple cereals (e.g. maize) as well as peanuts and beans, which improved the consumption of adequate diet across households. The exceptions to this were certain districts in the provinces of Cabo Delgado (northern region), Tete and Sofala (central region), and Maputo (southern region) (8). However, by October the same year, food consumption decreased and the number of meals decreased for both children and adults, with around 50 percent of the population in the northern province of Cabo Delgado eating only one meal a day. The situation was better in the central province of Manica, where 60 percent of children ate at least three meals a day (8).

Another determinant of food insecurity in the country is the transportation of food. Overall, transportation of food (and goods) is important for trade. It is argued that food insecurity cannot be prevented only by increased production, if there is no means of distributing the goods obtained through agricultural production (9,10). Transport connections between the north and south of Mozambique are poor, and this particularly affects food shortages in the south, which generally has less soil fertility than the north (9,10). Furthermore, the food distribution system is precarious. In many cases, the conduits between producer and consumer do not ensure the maintenance of food quality and safety (10). Poverty and lack of purchasing power (due to low income) are important factors, as almost half of the population remains under the poverty line (7,8).

## **More needs to be done**

This short article has shown that food insecurity is an important societal and public health problem in Mozambique, and that due to climate and seasonality patterns this will continue in the future. Available empirical evidence from a variety of contexts indicates that the consequences of food insecurity are detrimental to child and adolescent physical and mental well-being (11-16). In addition, food insecurity has been found to be associated with mental well-being (e.g. depression) among adults throughout the world (17, 18). Micronutrient malnutrition during childhood not only contributes to stunting, but might indirectly increase the risk of later obesity and chronic disease (via stunting). It has been suggested that micronutrient malnutrition and obesity should be considered as related conditions, not as opposite ends of the malnutrition spectrum, in terms of both cause (poor-quality diet) and effect (promotion of chronic disease) (19, 20).

We believe there is an urgent need for research that can provide a deeper understanding of the determinants of food insecurity in Mozambique and disentangle potential relationships with physical and psychological health outcomes.

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