

Food Insecurity among Adolescents in Jimma Zone

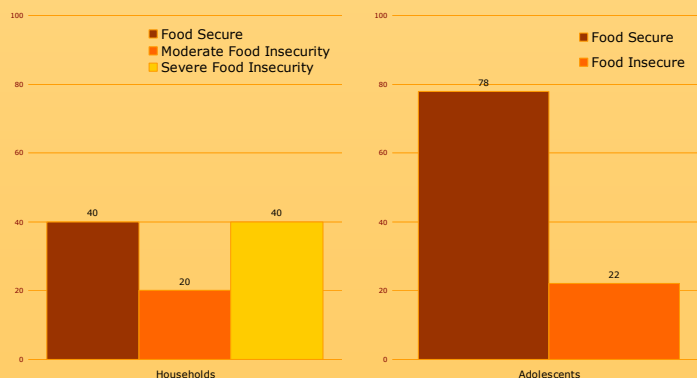
This policy brief describes the prevalence of food insecurity among adolescent boys and girls and its effects on health.

Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth

Food insecurity is a pressing public health concern in many developing countries, particularly because it can lead to poor health outcomes. Despite widespread interest in the determinants of food insecurity, little is known about whether youths living in food insecure households experience food insecurity themselves. In some societies it is believed that to the extent possible, adult members of households will shield younger household members from the ill effects of food insecurity.

To what extent do adolescents in Jimma Zone experience food insecurity? How does household food insecurity affect food security for adolescent boys and girls? Are girls or boys more likely to experience food insecurity? What are the consequences of food insecurity for adolescent health?

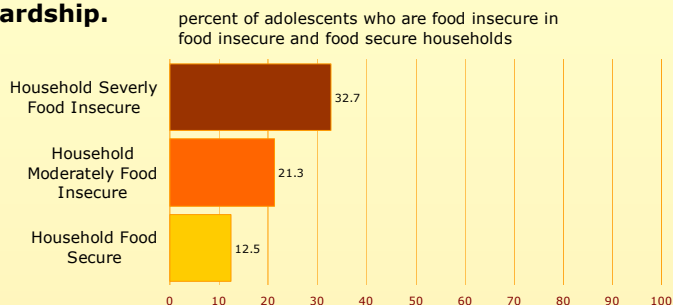
The Jimma Longitudinal Family Survey of Youth asked households and adolescents a series of questions about food insecurity during the past three months. In this Policy Brief we focus on the food insecurity of households and adolescents in those households. Household food insecurity was measured by six questions in which the household head or spouse of the head was asked if in the last three months: (1) they worried about running out of food, (2) they ran out of food, (3) they reduced the variety of food for children, (4) the children did not have enough to eat, (5) an adult household member did not have enough to eat, and (6) they themselves did not have enough to eat. Households in which two to four of these conditions were true were classified as moderately food insecure, and households in which five or six were true were classified as severely food insecure. Adolescent food insecurity was measured by four questions in which adolescents were asked if in the last three months: (1) they worried about having enough food, (2) they had to reduce their food intake, (3) they had to go one or more days without eating, and (4) they had to ask for food outside their homes. Adolescents were classified as food insecure if at least one of these conditions were true.



Extensive Food Insecurity
Households are much more likely to experience food insecurity than adolescents.

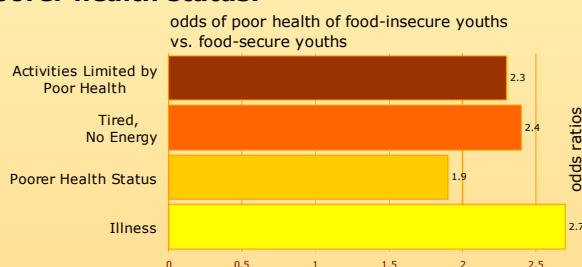
Adolescent Food Insecurity

Households go to considerable effort to shield their adolescent members from food insecurity, even when the households face severe food shortages. This is an indication of the very strong sense of family obligation and commitment that parents in Jimma Zone bring to assuring the well-being of their children. Even among the most food insecure households, where adults lack food, only one-third of adolescent children face similar hardship.



Negative Health Outcomes of Adolescent Food Insecurity

Adolescent food insecurity is strongly associated with negative health outcomes. Young persons who are food insecure are more than twice as likely as their food secure peers to report having experienced illness in the past month, feeling tired and lacking energy, and being limited in their daily activities because of poor health. They are also more likely to report poorer health status.



Policy Recommendations

Food shortages are a major problem for households in the Jimma Zone. Food insecure families do whatever they can to protect adolescent members from food insecurity, but families in extreme distress are not able to do as much to protect adolescents from food insecurity and hunger. When families are unable to provide adequate food security for their adolescent children, these children suffer very negative consequences. They have a variety of negative health outcomes, and their ability to participate in regular activities is limited. One of these limitations is a decrease in their ability to attend school regularly (Policy Brief Number 7). They also are more likely to experience anxiety and depression (Policy Brief Number 5). This is the first generation of Ethiopians in the Jimma Zone for whom education is nearly universal, and they will play a critical role in future social and economic development. A public policy to eliminate hunger among these adolescents (perhaps through school-based meal programs) will provide the sustenance they need to fully participate in building Ethiopia's future.

The Jimma Longitudinal Family Survey of Youth

The Jimma Longitudinal Family Survey of Youth (JLFSY) began in 2005. It is representative of Jimma Town, the small towns of Yebu, Serbo, and Sheki, and nearby rural areas. The stratified sample includes 3500 households and 2100 boys and girls ages 13 to 17, yielding about 700 adolescents each for Jimma Town, the small towns, and the rural areas. Household data were collected from the household head or the spouse of the head. Adolescents were directly interviewed. Questionnaire data were collected by trained interviewers in the Amharic and Oromifa languages.



Jimma Zone in Ethiopia

The JLFSY is an interdisciplinary effort by specialists in epidemiology, community health, biostatistics, demography, sociology, and economics. The study examines critical challenges that youth face such as health, education and training, employment and earnings, forming families, and becoming productive citizens. A special focus of the study is on key sources of support for youth as they meet these challenges including parent and kin investments, household resources, parent and kin guidance, local community infrastructure, and informal support networks.

Funding for this research is generously provided by grants from the David and Lucile Packard Foundation, the Compton Foundation, and the Andrew W. Mellon Foundation.

This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**



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