It's mid-morning at a primary school in a South African township. The sun is almost at its highest point, and the schoolyard is crowded with children in school uniforms who are having their first break of the day. What are they doing? In my version of this scenario, the children are gathering around snack vendors, spending their lunch money on crisps, or perhaps ice lollies.

After doing some field work in South Africa earlier this year, this is my most vivid memory from visiting schools. Snacks, everywhere. But if snacks were not the first thing you thought of, I am not surprised. The simplified image of hunger and famine in Africa seems difficult to shake, and in reality undernutrition is still a big problem in South Africa. However, it has been joined by the challenges many wealthier nations have been battling for years: overweight and obesity.

My research thus looks at possible ways to prevent childhood obesity in a township called Soweto in South Africa. I am interested in understanding what works, and what doesn’t, when it comes to promoting healthy eating and exercise among children in this urban setting that has seen many rapid changes over the years. I am currently going through existing research on childhood obesity to identify what makes prevention programmes succeed or fail. Over the coming years, I will be examining the causes of weight gain in childhood years, and what can be done to make environments that South African children spend a lot of time in, like day-care, more conducive to forming healthy habits.

When I tell people here in the UK what I do, they often ask me whether childhood obesity really is a problem in South Africa. Unfortunately, it is. One in four girls age 2 to 14, and one in six boys in the same age group, are overweight or obese. However, current figures are not the only reason why it is worthwhile to dedicate research to addressing childhood obesity in South Africa. In public health, it is important to think about how health conditions affect us at different stages of our lives. We know that children who are overweight or obese are likely to be overweight or obese as adults. They may also be affected by diseases related to obesity, such as diabetes, later in life or already at a young age. A striking statistic from South Africa is that two thirds of adult women are overweight or obese, and so it is clear that the problem only gets worse as children get older. Preventing childhood obesity is therefore not only about improving children’s health, which is an essential goal on its own. It is also related to preventing obesity, ill-health, and premature deaths among adults.

Research has shown that it is very difficult to get people to lose weight once they are already overweight or obese. Therefore, it makes sense to explore opportunities to prevent overweight and obesity from arising in the first place. In addition, if prevention is successful, savings can be made in terms of treating obesity-related illnesses in the future. This is worth remembering because a majority of the world’s overweight or obese children under the age of five live in low- and middle-income countries like South Africa. These are also the countries with the most limited budgets for public health and health care, particularly when it comes to what are called non-communicable, as opposed to infectious, diseases. With this in mind, one of the motivations for researching exactly what works to prevent childhood obesity is to help ensure that money is not wasted on programmes that have no impact.

Another reason to research childhood obesity prevention in South Africa is that relatively little is known about it. While much is being done to tackle the problem of undernutrition in African countries, childhood
obesity has not received as much attention yet. Therefore, most of what is known about addressing obesity among children is based on research in completely different settings, like the United States and European countries. Since obesity is linked to what we eat and how physically active we are, and these behaviours are context-specific, it is important not to assume that research from one country can be directly applied in another.

Ultimately, I am working towards designing a prevention programme that uses what we already know about addressing childhood obesity in other settings but is tailored to the specific context of Soweto. For example, schools in many countries restrict children’s snacking in different ways – would these approaches work in Soweto? Childhood obesity is certainly a problem in South Africa, and it is becoming a global one. Nevertheless, we will continue to need locally appropriate solutions, while drawing on lessons from around the world.