

In this issue

Africa is a continent where great potential is constrained by a complex mix of political, social, economic, cultural and public health challenges. In this issue, Africa features heavily as a setting for papers addressing many of these challenges including the loss of traditional food habits, food insecurity and malnutrition.

It is commonly said that there is a lot to be learnt from understanding history. In this issue, Raschke and Cheema⁽¹⁾ present a historical description of the impact of colonial and neocolonial forces on the nutrition transition, undermining traditional food habits and food security in East Africa. This should be compulsory reading for public health nutritionists globally, and students in particular, as it highlights the socio-economic, cultural, political and environmental aspects of nutrition transition associated with colonisation in its various forms.

Civil war and the disruption it brings to the social, cultural and economic fabric of countries often expresses its effects as humanitarian crises with associated food insecurity and severe malnutrition. Rossi *et al.*⁽²⁾ present a paper evaluating the impact and appropriateness of programmes for the management and treatment of severe malnutrition, based on the humanitarian emergency in Burundi in Central Africa. This paper emphasises the critical importance of stabilising security as a prerequisite for effective humanitarian and food aid.

Assessment of food security and its commonly related outcome of micronutrient malnutrition remain central to public health nutrition in Africa. Alaofè *et al.*⁽³⁾ present findings of a study assessing iron status among a sample of 180 adolescent girls in Benin which found iron deficiency to be a significant health problem in this population. Iron deficiency is also the focus of a paper from El Ati *et al.*⁽⁴⁾ exploring the aetiological factors and perception of anaemia in Tunisian women of reproductive age. This study reinforces the need for multistrategy approaches to iron deficiency prevention. Still in Africa, Seal *et al.*⁽⁵⁾ present a study from Zambia that demonstrates maize meal fortification is associated with improved vitamin A and iron status in adolescents and reduced childhood anaemia in a food aid-dependent refugee population.

Measurement and analysis of nutrition parameters in nutritional assessment continues to be a focus for public health nutrition research. Leyna *et al.*⁽⁶⁾ present a paper assessing the validity of the Radimer/Cornell food insecurity measure for use in rural Tanzania. Tesfaye *et al.*⁽⁷⁾ report on a cross-sectional study from Ethiopia that

compares energy intake with expenditure using questionnaires. Schwarz *et al.*⁽⁸⁾ demonstrate the considerably different growth faltering patterns among Gabonese children when using the 2006 WHO child growth standards *v.* the Centers for Disease Control and Prevention 2000 growth charts and the National Center for Health Statistics 1978 growth references.

The challenges for public health nutritionists in Africa are many and diverse. The role of research that involves assessment, intervention design and evaluation remains core to public health action; as does critical reflection on the strategies required to address and prevent problems such as food insecurity, diminishing traditional food practices and malnutrition in its multiple forms.

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