

Community Literacy Journal

Volume 14
Issue 1 *Fall*

Article 6

Fall 2019

School Vegetable Gardens As a Site for Reciprocity in Food Systems Research: An Example from Cape Town, South Africa

Jo Hunter-Adams
University of Cape Town, hunterjo@gmail.com

Follow this and additional works at: <https://digitalcommons.fiu.edu/communityliteracy>

Recommended Citation

Hunter-Adams, Jo. "School Vegetable Gardens As a Site for Reciprocity in Food Systems Research: An Example from Cape Town, South Africa." *Community Literacy Journal*, vol. 14, no. 1, 2019, pp. 65-72. doi:10.25148/clj.14.1.009056.

This work is brought to you for free and open access by FIU Digital Commons. It has been accepted for inclusion in *Community Literacy Journal* by an authorized administrator of FIU Digital Commons. For more information, please contact dcc@fiu.edu.

Snapshots

School Vegetable Gardens As a Site for Reciprocity in Food Systems Research: An Example from Cape Town, South Africa

Jo Hunter-Adams

Abstract

In this snapshot, I discuss the potential value of gardening as a reciprocal research method. I draw on my experience of partnering with a school in establishing and supporting an ongoing primary school vegetable garden, as part of a long-term research project. I suggest that the garden creates a space in which to “talk around” the problem of diet-related non-communicable disease,¹ rather than trying to define or address it directly, and therefore allows for the co-construction of our understanding of “food choice,” both in exploring the limitations of choice, and in discovering participatory opportunities to leverage for change in the food system. In this light, I discuss the value of slow research around a shared physical space, where reciprocity is derived from a negotiated give-and-take of learning to grow vegetables. Over time, locally relevant, relational and cumulative framing emerges. I argue that slow, reciprocal research involves embracing the full complexity of context, and adopting a posture of flexibility means that, rather than trying to control outcomes, we remain curious about the process itself.

Background

In 2016, I began a public health study in a low-income neighborhood in Cape Town, South Africa, recording food histories: how people remembered the food of their childhoods, how these experiences shaped how they ate today, and how individuals experienced their current diets in relation to health. I wanted to try to understand the confluence of hunger and obesity—the two sides of food insecurity—and how historical experiences of food systems influenced how individuals navigated and experienced the current, urban food system (Battersby; Igumbor et al.; Kruger et al.; Spires et al.). I ultimately sought to understand the relationship between food and diet, health equity and the social determinants of health more broadly (Marmot). Together with two colleagues, we conducted interviews and focus groups. We also watched and learned about food and diet in community settings and shops. Later, I interviewed

1. Non-communicable disease refers to most diet-related illness, including diabetes, hypertension, as well as cancer, etc.

local health care providers about their perspectives of diet and non-communicable diseases (NCDs). The dominant public health discourse around diet-related NCDs focuses on behavior change and education towards this end, rather than focusing on the broader determinants of food “choice.” Yet this is at odds with neighborhood residents’ experience of diet, which was driven by a complex confluence of difficult circumstances and calculated “food choices.” As such, my analysis focused on the ways that unhealthy diets are shaped by impoverishment, not by lack of knowledge, prudence, and restraint (Hunter-Adams; Hunter-Adams et al.).

During the first year of fieldwork, I got to know many different people working in the neighborhood, including the directors and principles of schools in the area, and soon after completing initial fieldwork, the director of a local pre-school and primary school asked if I would be willing to start a school vegetable garden. While I was initially unsure about how to fit a school vegetable garden project into my work as a researcher, it nevertheless became a key part of my research in my neighborhood, and the beginning of a relational and reciprocal type of research. The challenge of embarking on this kind of research was that it was unpredictable and not guided on a clear set of research questions, which are highly valued in public health research. Nor would it easily provide numbers compelling to policymakers. Even though the establishment of the school gardens meant that I was frequently discussing food and changing diets with teachers and students, my time would not necessarily be considered research because I was not in sole control of the subject nor of the research process—rather, the work was guided by the needs of the school and our collective perspectives on gardening best practice in a very specific local context. Nevertheless, vegetable gardening—a form of slow research (Lindquist)—seemed to offer a meaningful contribution to an understanding of my original research questions, and offered unique opportunities to co-create food-related knowledge and engage locally with food justice. As such, I will first discuss the idea of gardening as a relevant and potentially reciprocal participatory action research method in the domain of food justice. Secondly, I will briefly discuss findings about food choice derived from the work. Lastly, I will argue more broadly that slow, process-oriented research is rigorous, valuable, and potentially facilitates other kinds of research.

Gardening as a Participatory Method

In this section I will describe the first two years of an ongoing partnership with a school in setting up a vegetable garden for their pre-primary and primary school. I worked primarily with children from age 6 to 8, where we planted, weeded and watered, looked at worms, produced compost, and learned about various plants. During intense phases of renewing the garden or planting, I spent several days in a row in the garden. Otherwise, I spent a morning there once or twice a week. I also worked with teachers and volunteers—we discussed food, the food environment, what they buy at the shops, and we talked about our diets in relation to health.

This research did not resemble traditional research. The research looked like a garden where conversations were held and gardening work was conducted. The rec-

iprocity of the project was primarily focused on the gardens themselves, in mutually weighing in on next steps and priorities, and sharing the experience of its successes and failures. The experience involved learning together and negotiating our roles in the garden according to our schedules and needs. Gardening together, where consumption of the food grown was part of the goal, was powerful as a research method for food justice because food itself was the central focus, and my perceptions of food were no more important than students' or teachers' perspectives. Where I was positioned as the head gardener rather than as researcher, neither the researcher nor the research was at the center of the project. Rather, we spoke in circles around food from the perspective of both production and consumption, and in so doing illuminated the complex landscape in which we produced, bought, cooked, and ate food. At the same time, we actively engaged in that landscape—we were literally and figuratively changing our micro-food environment through our gardening. Our day-to-day experiences was central, in contrast to a public health discourse which positioned our abstract “food knowledge” as the driver of “food choice.” Rather than seeking to define and make static, gardening as method suggested and revealed the ways that food production and consumption so often involves a negotiation of priorities, involves personal relationships, and involves relationships between climate, soil, and people.

The garden has been a vehicle for suggesting ways in which food systems do not serve impoverished neighborhoods or communities. Yet it did so in a relatively roundabout way. We acknowledged together that many residents in our community were hungry or sick, and that the food system was a part of this picture, but not the whole. For the most part, we talked about plants, and this gave our interactions a tone of mutual curiosity. In a post-apartheid South African context, socio-economic inequality is profound, where rich and poor live alongside one another but have few spaces of mutual sharing. In some ways the garden enacted these inequalities (I am white and middle class, almost all students are black and poor, teachers represented a mixture of races and backgrounds). We discussed the plants: in drought, the possibility of growing easier vegetables or perennials; when a child came with a cut, the healing power of our Aloe vera plants; when a teacher had arthritis, the value of, and recipe for, comfrey; another teacher described the traditional uses for *Leonotus leonorus* and wild sages for high blood pressure and diabetes. We engaged with issues of health, weight, non-communicable disease and our urban environment without the moral weight that is so often conveyed in discussions of diet, weight and health (Lindquist).

Food Choice and Non-Communicable Disease

In food research related to non-communicable disease, the dominant policy and research narrative tends towards paternalism, including assumptions related to what poor people in cities want to eat, and why. The educational focus of many public health interventions implies that knowledge is what holds people back from healthy diets (Dibsdall et al.), and even when lack of stable income is brought up in public health meetings, the response I most often encountered was a list of cheap, healthy

recipes. When hunger emerged as an important theme in South African cities, the public discourse tended to struggle to grapple with hunger and obesity as interconnected phenomenon. As I learned about food “choice,” there were no easy answers. I talked to health care providers. They were rushed, heroic, and ill-equipped to be responsive to non-communicable disease. I talked to individuals with non-communicable disease, and they described attempts at health in trying circumstances. Patients and providers seemed to have little margin for nuance, little time to think creatively about individual or collective health in the long-term.

In the context of the garden research, I live in the same geographic neighborhood as the students and many of the teachers yet experience a very different set of food “choices.” For example, teachers and students described going once a month to the same mall-based grocery stores that I visited weekly. However, whereas I had various ways to access vegetable staples (such as butternut, potatoes, carrots, and onions) cheaply from the cheaper grocery store, participants went to the more expensive grocery to purchase these staples because they knew the vegetables would be more likely to last the month. Here, having a monthly (rather than weekly or biweekly) paycheck—as well as covering the cost of minibus taxi fare to the mall—had an influence on how individuals shopped. The monthly “big shop” also influenced shopping habits the rest of the month—for example in necessitating smaller trips to the corner store, which stocked many highly processed foods. Despite being in similar geographic spaces, our experiences of the food environment were often quite different. It was frequent check-ins and casual conversations about shopping, sales, and dinners: over the course two years, that brought these differences into sharper relief.

The risk of paternalism carried over into food gardens research, which is premised on an assumption that if people have access to fresh vegetables, they will find those vegetables more palatable and will consume more vegetables and less processed food (Lakkakula et al.). This has been true in our case, to an extent—demonstrated by children’s joy and excitement in the garden. Yet school children’s joy at consuming vegetables, and the dietary preferences described, can often downplay the work of actually creating and sustaining a school garden long-term. That is, our experiences in the school gardens have been potentially helpful, but they are not a silver bullet to broader systemic problems. At the school, two cooks craft various vegetable stews for the children each day using vegetables from the garden. While the cooks prepared a healthy meal at school, students and their families were not necessarily able to do so at home. The healthy lunch meal was enthusiastically consumed by the children at school. Each time I sat with kids I asked them about what they were eating, what they liked about the food in the garden, and what they ate at home: they consistently described their preference for pizza and burgers. Teachers consumed food that they portrayed as relatively healthy while also struggling with high blood pressure and other illnesses. Teachers also described experiencing monthly cycles of hunger—describing food as generally “too expensive.” This hunger is a central story in the story of the garden. There were personal and collective emergencies, for example: lack of employment in the family, seasonal fires, paychecks, illness, and tiredness. Where individuals were attempting to deal long-term with issues related to diet, health and

weight, the potential of the garden gradually became significant. Yet the underlying constraints of time, energy, food preferences mean that the vegetables produced in the garden, while meaningful, did not necessarily change broader eating patterns. Rather, the multiple dimensions of healthy food, and indeed food “choice,” defied categorization; as such, the work of the garden became to engage and produce vegetables—not necessarily to define or shift choices.

Cultivating a space for discussion of food, outside of the immediate urgency of disease, created margin for discussing and engaging with questions of food “choice.” Cultivating this space while cultivating actual vegetables seemed helpful. With teachers, discussions about illness, about tiredness, about the various emergencies of daily life in our neighborhood, superseded discussion of healthy food, and yet revealed the inherent challenge of choosing healthy food given multiple priorities and challenges. Food “choices,” and the judgement of these choices was outside the scope of our efforts cultivating vegetables. Rather, we partnered to grow vegetables. Against that backdrop we discussed food, our aspirations for health, and our concerns about the ways in which our lives were unhealthy. In time, when teachers and support staff were free to harvest excess greens and chiles, this free availability bypassed the regular mechanisms in which choices in the supermarket were made. The food was harvested and consumed, and almost imperceptibly, it becomes easier for more vegetables to be grown, harvested, and consumed. Through the garden, I came to wonder if dietary change was often subtler than may be portrayed in the public health literature. In our case, individuals seemed to need to become accustomed to foods long before they make any conscious choice to change their diets.

Motivating for Slow Research

Through the gardens, I experienced how difficult it could be to grow food. I documented how it was difficult and why it is difficult. We grappled with our windy, dry summers. We tried to coax growth from sandy, infertile soil. During a severe drought last summer, watering became a burden for pre-school teachers after municipal water was shut off, leaving only borehole water, and the goals of that vegetable garden became much more circumscribed. The children were too young to help with hauling water. In contrast, the primary school vegetable could rely on the strength of over 80 children and teachers, so the garden readily expanded over time. The women who hauled water for flushing toilets were the same two women who daily cook the school lunches. Their hesitation at freshly harvested cabbage related to labor: the palatability and acceptability of vegetables was greatly improved when they resembled supermarket produce, with dirt and diseased leaves removed. This was not because of squeamishness; it was about work. Without tap water, washing produce involved additional labor in an already stretched day. It was apparent that even with land, growing fresh produce is not a simple matter. Food “choice” was less about the knowledge of what is healthy or unhealthy, nor was it about willpower. In the school context, and at home, food was about labor: the same women hauling water were cooking food, at school and at home.

On the other hand, teachers and students discovered that spinach tasted noticeably better when freshly harvested, even when there was insect damage. The consumption of greens was inevitable rather than shaped by deliberate choice or willpower or desire for health. Peer pressure meant children readily chewed various raw salad greens, and tasted previously unfamiliar fruits such as Cape Gooseberries. Sustained interaction between teachers, students, and I helped to form a narrative that revolved around the enjoyment of food rather than the definitions of healthy or unhealthy. Embodied experiences that were rooted in deeply physical, in-the-moment choices, which shaped what we were eating. The children did not have to disavow their appreciation of pizza or change their food preferences in the abstract. There were also shifts in perception of one's connection to the gardens: in particular, the worm farm and composting systems became much more acceptable to teachers and students, and the constant presence of the garden within the school has made growing and consuming vegetables less abstract. These moment-to-moment choices were shaped by the garden, and we cultivated the vegetables intentionally with these moments in mind. Small, ongoing and cumulative changes in our diets seemed to be occurring in the context of long-term interactions in the vegetable garden. Such process-oriented research partnerships have flexibility in the context of complex food systems and as such may drive local, incremental, grassroots transformation.

Conclusion

Evidence-based research is often shorthand for rigor and is perceived as driver of policy, yet in food research this can lead to research that is weighted in favor of researcher-defined outcomes over less visible, slower, transformation. At times this call for evidence seems to represent a call for a certain type of representation, particularly simple, scalable "evidence-based" solutions to complex problems. The work in the garden is slow and unpredictable, and attempts to quantitatively measure and control the process would change the learning. Here, this research stumbled upon the tenets of slow research that those in writing studies have previously articulated (Lindquist). I would like to summarize the characteristics and value of process-oriented, slow research in food justice contexts in four points.

Firstly, mutual enthusiasm is a prerequisite for truly reciprocal food justice research. The idea of the vegetable garden was not mine. This meant that I was not overly focused on the yield or success of the garden. Researchers should consider engaging in projects that may not seem directly related to their project area, and funders should value such engagement.

Secondly, discussing food in an informal context is very different from formal interactions and the vegetable garden facilitated such informality. Over time, these conversations seemed to lead to at-the-time imperceptible, but internally motivated, shifts in food perceptions for teachers and students, including perceptions of imperfect vegetables and vermicomposting.

Thirdly, school vegetable gardening does not address broader contextual issues within the health system, nor does it address socio-economic inequality, poverty or a

supermarket-dominated food system. As such, they should not be seen as a priority in and of themselves, in the absence of school interest.

Lastly, when based on mutual enthusiasm, gardens are a potentially neutral space to grapple with deeply unequal contexts, and therefore begin to imagine more just food systems. While school vegetable gardens do not necessarily speak to many of the broader contextual issues shaping health inequity, locally-specific engagement that emerges out of partnership between researchers and communities may be an effective way to speak to these broader issues indirectly, over the long term. That is, complex food systems problems require action that is rooted in relationships of trust.

Works Cited

- Battersby, Jane. "Urban Food Insecurity in Cape Town, South Africa: An Alternative Approach to Food Access." *Development Southern Africa*, vol. 28, no. 4, 2011, pp. 545–561, doi:10.1080/0376835X.2011.605572.
- Hunter-Adams, Jo, et al. "Food Insecurity in Relation to Obesity in Peri-Urban Cape Town, South Africa: Implications for Diet-Related Non-Communicable Disease." *Appetite*, 2019.
- . "Perceptions of Weight in Relation to Health, Hunger and Belonging amongst Women in Peri-Urban South Africa." *Health Care for Women International*, vol. In-press, 2019.
- Igumbor, Ehimario U., et al. "'Big Food,' the Consumer Food Environment, Health, and the Policy Response in South Africa." *PLoS Medicine*, vol. 9, no. 7, 2012, pp. 1–7, doi:10.1371/journal.pmed.1001253.
- Kruger, R., et al. "The Determinants of Overweight and Obesity among 10-to 15-Year-Old Schoolchildren in the North West Province, South Africa—the THU-SA BANA (Transition and Health during Urbanisation of South Africans; BANA, Children) Study." *Public Health Nutrition*, vol. 9, no. 3, 2006, pp. 351–358.
- Lakkakula, Anantha, et al. "Repeated Taste Exposure Increases Liking for Vegetables by Low-Income Elementary School Children." *Appetite*, vol. 55, no. 2, Oct. 2010, pp. 226–31. *ScienceDirect*, doi:10.1016/j.appet.2010.06.003.
- Lindquist, Julie. "Time to Grow Them: Practicing Slow Research in a Fast Field." *JAC*, 2012, pp. 645–666.
- Marmot, M. "Closing the Gap in a Generation." *Health Equity Through Action on the Social Determinants of Health*, 2008, p. 246, doi:10.1080/17441692.2010.514617.
- Spires, Mark, et al. "Diet-Related Non-Communicable Diseases in South Africa : Determinants and Policy Responses." *South African Health Review*, vol. 2016, no. 1, Jan. 2016, pp. 35–42.
- Yates-Doerr, Emily. *The Weight of Obesity: Hunter and Global Health in Postwar Guatemala*. Vol. 57., University of California Press, 2015.

Author Bio

Jo Hunter-Adams is a public health researcher at the University of Cape Town, with an interest in the linkages between human mobility, food systems, wellness, and sus-

tainability. She has a BA in African History from Wellesley College, an MA in Forced Migration Studies from University of the Witwatersrand, an MPH from Boston University, and a PhD in Public Health from University of Cape Town. After working for over ten years with Somali refugees in Boston, she returned to South Africa to study mobility and nutrition in a South African context. She is interested in how local, slow, participatory research may catalyze positive engagement and build social capital in surprising ways, and in how using plain language to describe the lived experience of public policy can help contribute to better health systems. She has written about migrant health, weight in relation to non-communicable disease, and food insecurity. For the past four years she has lived and farmed in the neighborhood in which she does research, and is currently part of an interdisciplinary project, Nourishing Spaces, which seeks to understand and describe the changing food systems of six African cities.