Socio-cultural Factors Influencing Food Consumption Patterns in the Black African Population in an Urban Township in South Africa

Thandi Puoane, Princess Matwa, Hazel Bradley and Gail Hughes

INTRODUCTION

Since 1994, the post apartheid era, the number of black Africans residing in urban areas has increased at a fast rate, probably due to the perceptions that in urban areas there are better work opportunities and easier access to basic services such as education and health. Although urbanisation is accompanied by changes from traditional food to adoption of western diets, it seems that food habits that were internalized during early socialisation are still adhered to. While food plays an important role in satisfying individuals' basic needs, consuming food in excess to the body's needs may lead to undesirable health outcomes. The increasing prevalence of non-communicable diseases including obesity, type 2 diabetes mellitus and hypertension in this population, have highlighted the need to investigate factors that are associated with food intake.

Research on dietary intake of black population of South Africa has focused on eating habits and food preferences (Viljoen, 1996), and dietary changes resulting from urbanisation (Bourne et al., 2002). With the increasing levels of obesity and type 2 diabetes among this population it is necessary to investigate what other factors in addition to urbanisation are fueling obesity prevalence in this population.

The World Health Organization (WHO) emphasizes the importance of looking at social, cultural, political, physical and structural influences for effective prevention and management of overweight and obesity (WHO, 2000). This study explores socio-cultural influences on food behaviours of black South Africans residing in a township of Cape Town, since understanding of the these factors marks the beginning of respect for clients, and the basis for planning culturally sensitive interventions for prevention of the emerging epidemic of obesity.

METHODOLOGY

A qualitative, exploratory research design was used to investigate the cultural and social context, which influence the use of food in black African men and women living in a black township in South Africa. The qualitative method was seen as an appropriate methods as it allows collection of diverse experiences and views which will enhance our understanding of the context in which food is used among black African populations.

Participants were a subset of men and women who participated in a cross-sectional study, designed to collect data on the prevalence and risk factors for cardiovascular diseases in the black population residing in Khayelitsha, a township of South Africa. The vast majority of the residents have moved from a rural setting to this urban township and have been in the city for more than five years.

Due to the high prevalence of obesity in this population, after quantitative analysis was completed, qualitative methods were used to better understand factors related to excessive food consumption.

A purposive sampling procedure was used to select thirty-two men and women (6 for in-depth interviews, 26 for focus group discussions). All subjects were selected based on their responses to the question "I eat whenever food is available". Participants were recruited by the Community Health Workers working in the township to meet at a community center on the day of the study. Those who lived at a distance from the center were picked up and delivered back to their houses after the interviews. All those who were invited participated in the study. Ethical approval for the research was granted by the Ethics Committee of the University of the Western Cape.

In-depth interviews were conducted with each of the six participants. They were requested to tell a story in their own words about food. An open-ended question "what does food mean to you?", "for what purposes is food used in your family and in your community?" was asked, Reflexive statements and accompanying probes were used during the interviews. Each participant was allowed to talk until the topic was exhausted. Each interview lasted approximately 1 to 1½ hours.

Four focus group discussions were held with 7 young women, 5 young men, 7 older women, and 7 older men in whom the meaning of food was further discussed, and controversial issues were further

explored (total of 26 participants). The age range of young women and men was 15 to 19 years and of the older categories ranged from 20 to 65 years.

A checklist of semi-structured questions was used to make sure that all participants covered the following information. Meaning of food in families; Meaning of food in the community; Values attached to food and Situations in which food is used both in the families and in the community.

Both in-depth interviews and focus group discussions were conducted in Xhosa, a local language spoken by most people in the Western Cape. They were audio taped and transcribed verbatim; and translated to English by two independent translators. The transcribed information was checked by the Principal Investigator, who listened to the original recorded information while reading the draft translation.

Two researchers analysed data independently. Content analysis was guided by the objectives of the research, to explore socio-cultural factors associated with food consumption. Transcribed interviews were read and word codes were assigned to the text. Data was then categorised into headings that arose from coding. These include the meaning of food in relation to health, relationship of food to body size and image, the social meaning of food, values attached to food and changing values about food. The categories were reexamined for the relevance to the purpose of the research. To enhance validity of the categories, and to guard against researcher's bias, two colleagues were asked to generate categories independently. The list of categories was then discussed, and adjustments were made where needed. Data from different sources was triangulated to further enhance validity. The main themes that emerged were summarised and illustrated with direct quotes from the focus groups.

FINDINGS

In-depth Interviews and Focus Group Discussions

General perceptions about food differed considerably in the four groups. Perceptions about food will be presented before the themes that emerged from the discussions.

General Perceptions About Food

Older Women: Women's perceptions about food are centered on satisfaction of family needs. Women see themselves as food providers. Even when food is scarce they see it as their responsibility to make sure that all family members have something to eat.

If I want to please my husband I prepare his favourite meal (food), which usually includes meat. My husband will never eat food if there is no meat in the plate.

I have to feed my family to make them happy. Even if there is nothing to eat I have to make some means to get food somewhere.

Older Men: While men depended on women preparing the food they eat, they see themselves as the person responsible for supporting the family. Men loved tasty food and felt that a meal is not complete without meat, especially red meat.

I do not decide what to eat, I am just invited to the table and find food ready. I am a man, I have to eat meat everyday. Eating fish or chicken is like having a starter to a men.

Young Women: Some to the young women seemed to be conscious about body weight and therefore very selective about food.

Girls of our age would like to be thin. We try by all means to eat food that would make us less fat. We do not have time to go to the gym, so we must eat less food.

We girls we are so conscious of our bodies, we don't want to eat too much because one gets fat by eating a lot.

We see in the media that thin people are cute, so I do not want to eat a lot because I will gain weight and be without clothes, even a boyfriend.

Not all young women found it necessary to restrict their food; others felt that they had no choice because of the consequences of bad food.

'I eat a lot; I eat even if I gain weight. I do not mind because there are clothes that I can still wear, and in my society I fit as myself.

There is no freedom about food. There are things that as a person you don't eat so as to be healthy, like if you eat fatty food you will get cardiovascular diseases. You have to eat low fat food you see.

Young Men: Young men thought that food made them happy. They enjoyed good food that had been prepared for them. They felt that they could eat anything without restriction, and as long as there was food there, to them it was a party everyday.

It's nice to eat good food. Our mothers prepare good food.

Food makes us happy. We like going to parties because there is usually plenty of food.

Five Themes were Identified in Relation to the Questions Discussed

(1) The meaning of food in relation to health; (2) the relationship of food to the body size and image; (3) the social meaning of food; (4) the values attached to food and (5) the changing values about food.

Meaning of Food in Relation to Health: Understanding food in relation to health is particularly important in enhancing our understanding of what messages are needed to promote healthy food choices. This theme is therefore reported first.

Participants mentioned that some foods are considered harmful to the body. For example eating fatty foods was regarded as dangerous as it could lead to heart diseases, diabetes and high blood pressure. Nutrients mentioned include vitamins, meat, fruits, vegetables, and carbohydrates. There was a general understanding that lack of certain nutrients results in diseases. The example cited was malnutrition in children. Some felt that although eating bad food such as fatty foods lead to hypertension and heart diseases, there was no need for one to stick to this advice, as life is unpredictable.

Relationship of Food to Body Size and Image: Young women were aware of the consequences of consuming excess amount of food. Some felt that people are what they eat. Participants mentioned that eating excess food may lead to overweight, and that consuming less food leads to loss of weight (thinness). They also felt that people's body size is related to his/her socioeconomic standing. On the other hand men felt that they have a responsibility to support their immediate family, and that their success in this needed to be evident by family members

If I work to earn money it needs to be shown on my family that I can feed them, they need to be fresh and round. I won't be respected if my family goes hungry.

Social Meaning of Food: Food is used to show love, acceptance and humanity (ubuntu). Food is associated with happiness. If there is no food in the house people become frustrated and unhappy.

If you visit someone's house and not given food, you feel that you are not welcomed.

Values Attached to Food: There was a general feeling that people who have been previously deprived of opportunities, including eating a variety of foods, whether due to political, geographic or socio-economic factors, when they have the

opportunity, they consider it necessary to enjoy as much as they can eat to show their improved socio-economic standing.

People who have enough food to eat are fresh (plump) and happy unlike those who do not have enough food to eat, they are thin and very unhappy.

Certain occasions require consumption of certain foods in some families. These include initiation ceremonies, and funerals. During initiation ceremonies food is boiled, no spices are added. Food eaten includes meat, samp, potatoes and cabbage. During mourning period, only black tea served, milk and meat is not used. In celebrations and funerals, food is also used to show appreciation to the people who offered support to the family.

Lean meat and black tea is only used during mourning period. When we celebrate we need fatty meat and white tea.

People reported eating sweets, ice cream and cakes on happy occasions, such as birthdays and weddings.

If one invites people and serve them lean meat it is a sign of stinginess. If one serves fatty meat it is a sign of generosity. Meat consumption on a daily basis is associated with a high socioeconomic status, and this seems to have been learned during socialisation process.

Having an appetite is a sign of being healthy. I have to eat large amount of food unless I am not feeling well

I can't eat without meat. The throat just longs for meat. We are used to meat. We learned that as children.

Eating large portions of food is a way of sending a message that one can afford to buy large quantities, it's a sign of being successful.

Food is sometimes used for emotional satisfaction "*I like myself, I like my food, I eat as much as I can if I have the money*"

Whenever people meet there should be food. Food is used to facilitate social interactions. Otherwise people won't be happy

When I visit relatives and friends I find myself having a meal each time I come to a different house. If I visit five houses on that day I should be prepared to eat in all five houses. It does not matter whether I arrive just after lunch, I will be served food as if I had not eaten lunch. I have to eat what is served to me otherwise it will look like I am undermining them.

Changing Values About Food: Participants felt that urbanization has destroyed traditional values that were held about food. Traditionally, people used to

share food no matter what type of food they were consuming.

In the city food is no longer easily available. Every food is bought. Everything has to be budgeted for. People are no longer cooking extra food in case a visitor comes. They are now counting pieces of meat according to the number of family members. When a visitor comes they have to resort to tea and drinks.

At times a visitor comes when you do not even have sugar. It becomes difficult even to go as ask your neighbours to give you some sugar like in the rural areas where we used to borrow and share the little we had. In the city we struggle. People live for themselves.

People used to share meals and never ate out except on special occasions like circumcision celebration we eat there but no to go out in private.

Participants also felt that once they move to the city their materialistic needs increase, leading to competition among neighbours, friends and families. As their income is sometimes not adequate to meet all of their needs, they often start buying food and furniture on credit. Making credit repayments reduces the money available for food and in this way food is sacrificed for material possessions.

Although participants were aware of the implications of having lots of debts and the possible consequences of not having enough money for essential food needs, they seemed powerless to prevent this occurring due to competition for material things in the urban setting. Some even felt that exposure to competition in the city leads to criminal behaviours among children.

Once there is no food in the house, children become involved in criminal behaviours such as theft with an effort of getting money for food.

DISCUSSION

This study shows that food plays a central part in the culture, traditions and daily life of African people. Important events such as weddings, funerals, and religious celebrations are all accompanied by food specifically prepared for the occasion.

Consumption of traditional food is largely associated with poverty and consequently, as people move to the city, they change their diet to a typical westernised diet with a high fat content and low carbohydrate intake (Bourne et al., 1996). Our study found that this population associated meat with high socio-economic standing and therefore tried to consume it on daily basis. Our findings are confirmed

by those of Wong et al. (1984) who examined a relationship between household income, level and expense and consumption of food in urban marginal areas of Mexico. The authors found a marked tendency to increase consumption of high protein foods as family income increased. A similar trend was also reported by Belk (2000) who found that new elite of Zimbabwe increased the frequency of meat consumption, as well as the quantity, but not the quality of their diet.

It is hypothesized that when people move to the city, they abandon traditional foods, which include grains, root plant, lentils and greens, and they usually adopt foods that are associated with status, such as meat, and fast foods. They perceive consumption of foods such as samp (corn), beans, greens, and root plants as associated with poverty. While this hypothesis is confirmed by our study, it became apparent that once people get settled in the city, their expenses increase, leaving them with little money for food. They resort to cheap unhealthy food, such as tripe, chicken skins, and pig's feet, which is readily accessible in their environment.

Poor people often do not have anything else to show except their body size to prove their existence. Perhaps that is why a large percent of black African women are becoming more and more obese. Most people are unaware of the challenges of living in an urban environment including the fact that all food has to be purchased; prices are very high, and as a result people resort to cheap unhealthy food.

Although after moving to the city, people often adopt western culture, they do not completely loose their culture, they still adhere to their old traits. Dietary interventions should take this into consideration and plan interventions accordingly. It should be acknowledged that each culture is unique with different norms and values.

Because food is a cultural symbol and eating is a symbolic act through which people communicate, perpetuate and develop their knowledge, beliefs, feelings and practices towards life, an understanding of cultural influences on eating habits is essential for the health educator who wants to provide realistic educational interventions designed to modify dietary practices (Kaufman-kurzrock, 1989; Airhihenbuwa, 1995).

Interventions put emphasis on developing guidelines with the aim of encouraging all population groups to adhere to appropriate nutrition intake. In developing these guidelines little emphasis is placed on understanding what food means to certain individuals.

Given the prevalence of obesity what are the implications for this information?

This therefore means that a general tool for behaviour modification, such as food based-guidelines (Voster, 2001) cannot be used in different cultures and produce similar desired effects. For effective intervention in prevention of the epidemic of obesity, the context in which unhealthy behaviours occur should also be taken into consideration. These include socio-economic, cultural and environmental factors. Individuals have strong values that have been internalized early in life, which may be stronger that the guidelines, which instruct them on new eating habits. Behaviors must be understood within the context of the cultural values in which they occur, reinforcing values which promote positive behaviours while discouraging negative ones.

CONCLUSION

This study illustrates the strong social, cultural and economic influences on eating patterns in this population. It emphasizes the critical importance of taking these factors into consideration in developing strategies for modifying eating practices. Information in this paper is a useful starting point for developing suitable interventions in this type of population.

ACKNOWLEDGEMENTS

REFERENCES

Airhihenbuwa, C. O.: *Health & Culture: Beyond the Western Paradigm. Thousand Oaks.* Sage Publications, Inc., London (1995).

Belk, R.: Consumption Patterns of the New Elite in Zimbabwe (2000). URL: <http://www.bus.umich.edu/KresgeLibrary/Collections/Workingpapers/wdi/wp288.pdf> Retrieved October, 2004.

Bourne, LT., Lambert, E.V. and Steyn, K.: Where does the black population of South Africa stand on the nutrition transition? *Pub. Health Nutr.,* **5(1A)**: 157-162 (2002).

Bourne, LT.: *Dietary Intake in an Urban African Population in South Africa-With Special Reference to the Nutrition Transition.* Ph. D. Thesis (Unpublished), University of Cape Town, South Africa (1996).

Kaufman-Kurzrock, D.L: Cultural aspects of nutrition. *Top. Clin Nutr.,* **4:**1–6 (1989).

Viljoen, AT.: *Eeetgewoontes en voedselvoorkeure van mans (16-25 jaar) van die Suid-Afrikaanse bevolking.* M Dieetkunde-verhandeling, Universteit van Pretoria (1996).

Vorster, H.H, Love, P. and Browne, C.: Development of food-based dietary guidelines for South Africa the process. *S. African J Clin. Nutr.*, **14:** S3-S6 (2001).

Wong, P. Higuera, I. and Valencia, ME.: Relation between familial income, expenditure and food consumption in marginal urban zones of Sonora, Mexico. *Arch Latinoam Nutr.*, **34**: 391-403 (1984).

World Health Organization: Obesity: preventing and managing the global epidemic (WHO Technical Report Series, No. 894). *Report of a WHO Consultation,* WHO, *Geneva* (2000).

ABSTRACT The present study was undertaken to examine socio-cultural factors that influence food intake in different groups of people residing in a black township in Cape Town. Focus group discussions and in-depth interviews were used to explore these factors in men, and women of different age groups. Discussions were recorded, transcribed and analysed according to emerging themes. The main findings of the study indicated that in addition to nourishing the body, food is a sign of warmth, acceptance and friendship. Meat consumption on a daily basis is associated with a high socioeconomic status, while consumption of vegetables only is associated with a low socioeconomic status. Eating large portions of food is associated with affordability. Food is used for celebrations, rituals, and for welcoming guests. Food is also used during social occasions when people get together and meet socially. Sweets, ice cream and cakes are consumed on happy occasions. Fatty meat is a sign of generosity; lean meat and black tea is often used during mourning periods. Eating behaviours are learned during socialization, and carried over from generation to generation. There are socially accepted norms and values surrounding people's understanding of what food is. This information needs to be used in a more constructive way to help people choose food wisely to prevent over nutrition and associated risks. In conclusion, this paper illustrates the impact of socio-cultural factors on eating patterns in this population and emphasizes the need to take these factors into consideration in development of interventions to promote healthy eating.

Authors' Addresses: **Thandi Puoane, Princess Matwa and Hazel Bradlay,** School of Public Health, University of the Western Cape, Private Bag X17, Bellville 7535, SOUTH AFRICA. *Fax:* +27 21 9592872, *E-mail:* tpuoane@uwc.ac.za
Gail Hughes, University of Mississippi Medical Center, Department of Preventive Medicine, Jackson, Mississippi, USA.