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Exploring Perceptions of the Food Environment Amongst Congolese, Somalis and Zimbabweans Living in Cape Town

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ABSTRACT

In low and middle-income countries, the nutrition transition to highly processed, high-sugar diets has been extraordinarily rapid. Yet in these same settings, obesity and hunger are often experienced within a single household. As part of a broader study of cross-border migrants' experiences of maternal and infant nutrition in Cape Town, in this article I explore the individual and collective meanings associated with foods in a specific migrant context, as well as their connections to changing food environments in Cape Town, South Africa. While there was relative silence over food scarcity, the food environment seemed to present constraints to dietary diversity. The migrants' views and experiences suggest the relevance of improving the accessibility and affordability of already desirable, nutrient dense foods.

INTRODUCTION

The relationships between food security, nutrition policy, and the lived experience of a food environment are extraordinarily complex. This is particularly true in low-and-middle income countries (LMIC), where overnutrition and undernutrition intersect. Nutrition policy in South Africa remains broadly focused on undernutrition. Given that South Africa is one of the twenty countries worldwide with the highest burden of undernutrition (Bryce et al., 2008), it is not unexpected that the integrated national policy for nutrition has this focus (Department of Health, 2013). Indeed, in a recent study of food security in urban centres across the southern African region, only 15 per cent of residents in Cape Town were found to be food secure, with 5 per cent mildly food insecure, 12 per cent moderately food insecure, and 68 per cent severely food insecure (Crush and Frayne, 2010). One challenge in effectively responding to food security is that certain aspects of food security – food shortages and lack of dietary diversity – may be easier to measure than other aspects. For example, it may be difficult to quantify the reasons for lack of dietary diversity, or the ways that individuals navigate the desirability and affordability of food groups that seem to be readily accessible within a geographic location.

Moreover, food insecurity and obesity are overlapping phenomena in many countries, including South Africa. Obesity and associated non-communicable diseases are prevalent among all population groups in South Africa, including the poor (Kruger et al., 2005; Van Der Merwe and Pepper, 2006). Thus the nutrition transition is well underway in South Africa, though the definitions and approaches to this transition are rightly contested. Defined in terms of a transition towards increased consumption of edible oils and caloric sweeteners, the nutrition transition is driven by

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large manufacturers in South Africa. That is, ten companies are responsible for 51.8 per cent of packaged food sales (Igumbor et al., 2012), and these companies transform the food environment by altering the foods that are acceptable, affordable, and available to South Africans (Igumbor et al. 2012). It is in this context that over 56 per cent of women older than 15 years of age in South Africa are defined as overweight or obese (Kruger et al., 2005). While dietary diversity has been found to be highest in urban areas of the Western Cape (as compared to other areas of South Africa), dietary diversity was particularly low in urban informal areas across the country (Crush and Frayne 2010). Nutrient-dense foods such as lean meats, fish, fruit and vegetables cost more than processed food products (Igumbor et al., 2012). Given this complex food environment, discussion of food security in South Africa should encompass both quality and quantity of foods.

For cross-border migrants in South Africa, a changing food environment seems to have particularly noticeable and complex relationships with food security. Cross-border migrants in Cape Town are predominantly African, and commonly form part of the urban poor. The study on which this article is based interviewed participants from three migrant nationalities, the Democratic Republic of Congo, Somalia, and Zimbabwe. These three populations represent three relatively large groups, from three different regions, with varied motivations for travel to South Africa, as well as varied experiences within urban centres in South Africa. Evidence of increasing obesity over time for immigrants in high-income countries (HIC) may be mirrored in the South African case, where urban diets may be similarly less healthy than the traditional diets of migrants. For example, long-term Hispanic migrants (≥15 years) in the US had a fourfold risk of obesity compared with short-term migrants (<5 years). This was posited to be the result of unhealthy dietary practices and sedentary lifestyles (Kaplan et al., 2004). Using a nationally representative sample of 13,783 residents in the US, Popkin and Udry (1998) found that Asian and Hispanic adolescents born in the US were twice as likely to be obese than first generation residents, also as a result of changes in diet and a more sedentary lifestyle (Popkin and Udry, 1998). Cross-border migrants may have experienced food shortages in their lifetimes and have increased access to high-calorie foods in Cape Town. As such, they may be particularly vulnerable to obesity and its associated risk of morbidity, due to the relationships between previous food shortages and obesity (Stowers, 2012). Given that life experiences, physical, social, and economic realities shape experiences of food, food security is by no means solely dependent on income or neighbourhood.

For migrants, a nuanced view of food security may be understood in terms of the accessibility, affordability and desirability of foods in a new space. This leads to a question of whether, and to what extent, foods that are accessible, affordable and desirable contribute to a diet that is diverse, nutritious, and calorically appropriate. Given the complexity of the food environment, and the various ways that one can experience the food environment, this article will focus on discourses around the foods of home and the foods of Cape Town. By exploring these discourses, I aim to explore briefly the ways in which food security may be discussed in these and other migrant contexts.

METHODS

In 2013, over the course of nine months, I conducted in-depth interviews with a purposively selected group of Somali, Congolese, and Zimbabwean women (n = 23). For in-depth interviews, study participants fitted the following inclusion criteria: women over the age of 18 who were currently pregnant or had given birth in the last two years, and self-identified as Somali, Congolese (from the Democratic Republic of Congo, DRC), or Zimbabwean. The interviews included questions broadly related to maternal and infant nutrition. The interview guide reflected the broadly exploratory and descriptive nature of the study. In addition, I conducted nine focus group discussions (n = 48) with adult Somali, Congolese, and Zimbabwean men (N = 3) and women (N = 6), segregated by country of origin and gender. Questions in focus groups related to the experiences of feeding pregnant

mothers and new babies in South Africa and memories of these experiences in participants' countries of origin. The use of three different migrant groups allowed for the capturing of wide-ranging experiences of migration to Cape Town, rather than on nationally specific experiences. In the results section of this article, I focus specifically on responses related to perceptions of South African food in comparison to the foods of home. These comparisons were typically volunteered when talking about pregnancy diet, rather than a result of direct questioning, and were a source of passionate discussion and agreement in focus group discussions. Importantly, direct questions were not asked about food security, yet some responses seemed to give insight into the extent of food insecurity. Specific food choices related to pregnancy, and particularly cravings, will be discussed in another particle.

On-going analysis took place throughout the research process, in the form of a research diary, notes, and reflections. Both the in-depth interviews and the focus groups were analysed using thematic analysis, which, after immersion in the verbatim audio-recorded transcripts, consisted firstly of inductive coding (Boyatzis, 1998). The themes were coded into categories so that themes could be compared. More deductive, a priori coding formed the second layer of thematic analysis (Crabtree and Miller, 1999). All transcripts were coded within the computer software Hyperresearch (Researchware Inc., 2009, Massachusetts, USA). Codes were sorted into themes and assessed for patterns and dominant sentiments across the three migrant groups.

All participants received information about the study prior to enrolment, and signed informed consent that explicitly outlined their right to confidentiality and to withdraw their participation at any time. Ethics approval was granted for this study from the University of Cape Town, Faculty of Health Sciences, Human Research Ethics Committee (Ref 009/2013)

RESULTS

While food scarcity was not discussed openly in focus group settings or individual interviews, participants related broader challenges in navigating the food environment in South Africa. Dominant discourses revolved around (1) food as inherently inferior, unnatural and unvaried, as compared to home, which had implications for health; (2) food access as dependent on money, rather than dependent on the ability to get food from a farm, garden, or neighbou; (3) the consumption of meat as inevitable, due to a perceived lack of food variety. This section is grouped together with the consumption of fast foods and junk foods, commonly described in women's descriptions of pregnancy cravings.

Natural and unnatural: contrasts between home and Cape Town

Participants from all three countries of origin expressed the sentiment that while medical care in South Africa was superior to their countries of origin, food was poorer. Furthermore, this contrast was sometimes framed in terms of health:

> Most of them the life [here in Cape Town] is harder than there [in Somalia]. There … there is medical problem but here there is health issue. There you can get everything [food] anywhere you want, as long as you can afford it. In here it's different story. Medical [care] … here you get all the medical you want – hospitals and everything – all the pregnancy [care] also. But when you want to eat healthy in here, different story!
>
> Somali women's focus group, FG9SW

The language of food allowed participants to compare their fast, stressful, lives in Cape Town with romanticized memories of life back home. In these terms, poor nutrition and even poor health were constructed as inevitable in Cape Town. These sentiments revealed that medical care had a

somewhat circumscribed role that does not necessarily encompass day-to-day experiences of health, including nutrition. Longing for the foods from home, and a sense of resignation about South African foods, was a means of expressing an orientation towards home:

> The meat from home it tastes … natural … When like I'm cooking meat there, you come from 10 meters, you smell that someone … there's meat … but here, the meat don't have [smell] … even chicken when someone is cooking chicken there, you smell it, you smell it far!
>
> 40-year-old Congolese mother of six

> Maybe you are in the rural area, you give camel's milk, which is the most healthy milk ever existed!
>
> Somali men's focus group

> R3. There's no fertilizer there's nothing, it's just natural. You plant and it just comes out. No artificial or things like that. Nothing added to. It's much more healthier.
>
> R4. There you get fresh meat! Fresh lamb, fresh chicken. There's nothing that is kept in the fridge.
>
> Somali women's focus group

While it is likely that Cape Town is further along in the nutrition transition than some other parts of Africa, it may be important to focus on the ways that food narratives are reinforced in ways that encourage a unified memory of a diverse past. Participants in the study were diverse, they were from multiple cities and towns, and had travelled and lived in other parts of Africa, including refugee camps, on their journey to Cape Town. They had lived for varying lengths of time in their home countries, and these countries are themselves experiencing changes in the food environment, sometimes even as the result of the same supermarket chains ubiquitous in Cape Town. Thus the unified assertion describing natural foods from home should not be taken as conclusive evidence of the "naturalness" of foods in Congo, Zimbabwe and Somalia and the "unnaturalness" of foods in Cape Town. Rather, it reveals a dominant discourse around food, and the terms in which food is considered healthy and unhealthy. These terms are central to how the food environment is then navigated in a new space.

The romanticism expressed around food from home, and participants' craving for traditional foods affirmed the notion that food is a place where migrants reproduce culture (Stowers, 2012). Participants' stories resonated with studies of food decision-making amongst African Americans, which affirmed that food traditions in that population were prioritized over health, and health value of foods were secondary to their cultural meanings (James, 2004). Affirmations of foods from home seemed to provide an outlet through which to express their concerns over life in South Africa and the momentous difficulties they faced here. It seemed to be a way to affirm their identity while distancing themselves from the life they lived in Cape Town.

At the same time, it was apparent that participants were also expressing strong emotions over actual changes in the day-to-day experiences of eating, which contributed to their perceptions of life in Cape Town. Chicken in particular was noted as the ultimate example of "contaminated" and "rushed" food in South Africa, as compared to back home:

> If we take chicken … [it has] too much vitamin … [laughter] Here in 3 months, chicken is big. There … it can't take 3 months the chicken is too small … They give them too much vitamin … it can give people sickness … even the farm food … food from the farm … They put too much chemical.
>
> 32-year-old mother of 2

> I also heard that here in South Africa that the chickens in South Africa grows up in three days … Of which I don't know about that I just heard. Unlike in Zim you have to monitor it for three months. For it to, to be killed to be eaten.
>
> 30-year-old Zimbabwean mother of 3

> I don't know what they put like for chicken; the small chickens grow big earlier than the time … but then there back in Zimbabwe they have to feed it and it will grow in its own time.
>
> 29-year-old Zimbabwean mother of 3

This discussion of chemical or unnatural foods– rather than overall caloric intake or consumption of processed foods– was discussed in terms of poor health and overweight amongst migrants living in Cape Town

> There you know … when I was there in Zim we didn't buy chicken. We were keeping free-range chicken. So there is not too many chemicals in the chicken and we were eating fresh. So I think I couldn't have blood pressure and sugar (diabetes).
>
> 40-year-old Zimbabwean mother of four

> In Zimbabwe they nurture their things. They have to grow with their own time. Until they are ready to be used. Or to be eaten or whatever they don't inject their food and stuff like that. It's more healthier. Because looking at the pumpkins err … The sweet potatoes or the potatoes. They have to grow … With their time. Eating their food from the soil and stuff like that. Until they are ready to be used by people.

> […] if you look at people in here. They are overweight. Most people they are overweight. Unless you should work on your diet. When I came here I think I spent like three months then I was overweight … It's just now that I'm working on my diet but … It was too much.
>
> 31-year-old Zimbabwean mother of 3

> They [chicken] are not from here. They are from another country. And if you can see, the babies, they have got different, some they grow big, like abnormal. Like you can see, like this child [motions to 6-year old in room] if you see the age of other children in Zimbabwe, you can see they are tiny, but they are healthy. But if you can see a child which is here, you can see she or he is fat, but they are not healthy. Because they are eating fast food. That food that is making them grow fast, before their age. You see. That is the problem.
>
> Zimbabwean women's focus group

Food in Cape Town dependent on access to money

In Cape Town, dietary diversity was described in terms of access to money, whereas dietary diversity in Zimbabwe, DR Congo, and Somalia was framed in terms of access to land, including collective farmland and wild foods:

R2: like maybe if you want chicken you can just, you just can slaughter it but then now, here it's a bit different, it's, everything is about money. You see like there, if you don't have money then you pick something and you don't have food, at least you can get something that you grow … or

R1: but now here …

R3: it's the cheap food or it's what or … it becomes expensive

Zimbabwean women's focus group

R1: the food from home is natural, but you don't have that much possibility to have chicken every day, to have meat every day but we have food every day, like today you eat fish, tomorrow you can eat , you see like these worm coming from the tree, you can eat that

R2: yes, tomorrow you can eat, all those also is vitamin you know something different, even vegetables

R3: we have many very different vegetables

R4: here is only cabbage and spinach; there we eat lot of vegetables

Congolese women's focus group

> Here [Cape Town] if his wife give birth, I can just come see, ah the baby, 'how are you', 'good', only 5 minutes maybe, hands empty, I bring even nothing to the baby. I don't have even money ... I should give the baby with something, I don't know, I just go ... You see but in Congo it won't happen and it will never happen, even if people are jobless, but you'll see people they can go to the farm, get something there like apples or vegetables, they can bring ...
>
> Congolese men's focus group

Whereas dietary diversity – in particular the consumption of various vegetables and fruits, with occasional meat – was described as enjoyable, tasty and relatively easy in countries of origin, in Cape Town this diversity seemed impossible. This discourse may reflect both the food environment and how changes in the ways foods were acquired affected dietary diversity.

Moreover, participants described buying foods from ethnic stores, spaza shops (small corner stores), and street vendors, rather than from large supermarkets. For Somali women in Bellville, a suburb of Cape Town with a very dense Somali population, shopping was almost always done at small, Somali-owned shops. This seemed to be a result of lack of language ability in South African languages, the desire to support Somali owned stores, as well as underlying fears of xenophobia or violence. Unlike larger supermarkets, Somali stores would also sometimes provide small quantities of foods or provide credit (Gastrow and Amit, 2013). Somali participants in particular were at times caring for many young children, and had limited financial resources or space to "stock up" on foods. Given all these reasons, large supermarkets were less accessible to women than small, Somali owned businesses. The limited diversity of foods described by Somali, Zimbabwean and Congolese participants was not necessarily because diverse foods were too expensive or unavailable at local supermarkets. Nor were participants necessarily living in geographic "food deserts". Rather, at least some participants were unable to access foods in larger, South African supermarkets due to the complex interplay of financial and social insecurity, fear of xenophobic encounters, and language barriers.

Meat and fast foods

In their countries of origin, participants described consuming meat infrequently, on special occasions, after slaughtering an animal:

> You eat maybe once a month...or stay three months without eating a chicken.
>
> 28-year-old Congolese mother of 3

> In Zimbabwe people don't have enough so they just buy a little meat; like maybe you have meat once per week.
>
> 40-year-old Zimbabwean mother of 4

In contrast, increased meat consumption in South Africa was perceived as inevitable and not necessarily a tenet of eating well:

> Eat well (in Cape Town)? Just the meat. Not the vegetables!
>
> 32-year-old Congolese mother of 2

> But if you don't eat chicken, what else can you eat?!!! [Laughter]
>
> 27-year-old Congolese mother of 1

> We're eating because we don't have another choice. We have only meat and chicken. So sometimes we buy...
>
> Congolese men's focus group

While participants described the consumption of nutrient-dense foods in their country of origin, their overall caloric intake was not clear from this study. The foods of home were typically compared to their inferior, unprocessed, counterparts in Cape Town. However, no such comparison was made of processed foods, though it was apparent in interviews that fast foods and junk foods were ubiquitous during pregnancy. In particular, women spoke of consuming milkshakes and KFC during pregnancy, and male focus group participants spoke about treating their wives to Nandos (a South African fast food chain serving chicken) and soda during pregnancy. The consumption of these foods lacked negative connotations amongst participants, perhaps because obesity was a relatively new concern:

I: *Why KFC, milkshake, juice, and milk – what makes those healthy?*

R: Because if I drink them I'm not going to vomit. If I drink tea, I'm going to vomit. That's why I think it's better to maybe drink milkshake.

I: *And why KFC? Same thing, or different?*

R: Because, there is vitamins in KFC.

26-year-old Congolese mother of one

Most participants left their countries because of harsh economic conditions or because of war. In this light, food was almost a frivolous concern, and longing for specific foods was squashed:

> I haven't thought about how the food will affect the health, it's only the taste . . . but even though I like the food in Somalia and the freshness . . . but the circumstances that led me to flee are still there . . . .
>
> 24-year-old pregnant Somali mother of 1, 12S

While past studies have suggested that Cape Town has very high rates of food insecurity, the participants in this study seemed to primarily describe the food environment in terms of increasing meat consumption, as well as in terms of lack of dietary diversity. However, this does not mean that food scarcity was absent amongst the participants sampled in this study. Maxwell's (1999) notion that the nature of the urban food supply and urban hunger is a personal rather than a collective problem may be particularly apt. That is, in contrast to a food shortage in relation to collective drought or flooding, lack of food in urban settings is related to income, and less visible (Maxwell 1999). For participants in this study, food security may encompass issues of food quality, dietary diversity, as well as food scarcity.

DISCUSSION

Firstly, there are several limitations to this study. Interviewing individuals at one point in time cannot reveal the rapidly changing food systems in both countries of origin, as well as in South Africa. Moreover, I did not explicitly consider the length of time a migrant had lived in South Africa. In the case of this study, most individuals had been in South Africa for less than ten years. This is consistent with the relatively contemporary nature of post-apartheid cross-border migration to Cape Town. However, given that many of the migrants who arrived relatively recently have remained in South Africa, it is likely that there will soon be a larger cohort of migrants who have lived in Cape Town for over ten years. Understanding the ways in which migrant nutrition evolves over time may offer additional insights into the relationships between migration and nutrition. It is not known whether diet changes gradually, or relatively suddenly, in the context of migration to Cape Town. This may additionally depend on the rate of dietary change in the surrounding environment. Whereas there has been fairly extensive study of dietary changes in the context of migration from LMIC to HIC, very little is known about dietary changes for those migrating between or within LMIC. Further, longitudinal research could provide additional insights into this relationship in a South African context.

Nevertheless, the popular discourses expressed in this study provide insights that may extend the applicability of the lessons learned from this participant group. Migrants' discussion of foods of home, and indeed their romanticizing of those foods, offers several potential insights into experiences of the food environment in Cape Town. By self-report, increases in meat consumption was described as a necessity in Cape Town given the lack of other foods, despite their feeling that chicken and other meats were unnatural. This discourse revealed a collective openness to consumption of less meat, given increased availability of diverse green vegetables. While a wide variety of fruits and vegetables are available in certain areas of the city, to certain demographic groups, it is apparent that this availability does not extend to the migrants sampled in this study. Given recurrences of xenophobic violence, the physical boundaries of the food environment is further constrained to the areas where a migrant in South Africa feels safe; it may even exclude sources of food that are beyond easy walking distance.

Processed foods seemed to lack a dietary equivalent back home. This may have translated into an increased desirability of high-calorie, nutrient-poor foods that are already affordable and accessible in the urban food environment. However, given that strong dietary norms may exist for at least some migrant groups, the argument by Herford and Ahmed that it may be easier to promote healthy food environments where foods are already desirable (2015) may be appropriate in this case. It would seem that making desirable foods accessible and affordable is a necessary precursor to facilitating healthy diets in urban contexts, such as in South Africa where "big food" has succeeded in making processed, high sugar foods desirable, affordable and acceptable to large swathes of the population (Igumbor et al., 2012).

Potential challenges related to energy-dense, nutrient-poor foods are not limited to cross-border migrants, yet there are very notable gaps between the issues raised, in the national nutrition programme, primarily related to under-nutrition and the challenges raised, in a migrant population, of possible over-nutrition or calorically adequate but micronutrient-poor diets. In the roadmap for nutrition in South Africa for 2013–2017, only one of the 16 evidence-based interventions focused on over-nutrition (DoH, 2013). This intervention is described as "nutrition education and information on healthy eating and health risks associated with poor diets". However, for migrants in this study, educational interventions seem short-sighted as they do not consider the broader context in which food is consumed, and assume that individuals are in a position to make choices about healthy eating, which did not seem to be the case in this study. As argued by Herforth and Ahmed (2015), interventions at the level of the food environment must be a central element in promoting healthy diets. This requires evaluation of the food environment from the perspective of individuals, as well as more systematic evaluation of the foods affordable, desirable and available to specific population groups, and specific geographic areas. In order for individuals to be truly food secure, nutritious food must indeed be a viable "choice", as represented in policy recommendations. In the case of cross-border migrants in South Africa, such a sense of choice was not apparent.

Thus, the ways that migrant individuals and communities produce discourses related to a new food environment is central to understanding food choices, as well as lack of choice. These discourses may guide appropriate interventions in LMIC, because they reveal the extent to which food environments lack physical boundaries. Rather, they differ for different socioeconomic and cultural groupings within the same geographical space. As such, efforts to increase the accessibility, availability, desirability and nutritious quality of foods must take into account the ways in which individuals and communities navigate a food environment.

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CONFLICTS OF INTEREST

The author has no conflicts of interest to declare.

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