Nourishing Spaces Project
Briefing Document

# Food consumption and health in Masiphumelele

Briefing Document #1 | November 2020

NourishingSpaces


Figure 1: What is behind food choice? (Photo: Sam Reinders)

The Nourishing Spaces Project has been working in six cities in Africa trying to understand the relationships between what people eat, food systems and people's daily lives. Our goal is to develop recommendations that can reduce diet-related non-communicable disease, like diabetes and hypertension. We hope to inform policy and planning, but also to provide recommendations at the community scale. This briefing document gives an overview of some of the key findings and recommendations from our food consumption study in Masiphumelele, Cape Town.

There are high rates of diabetes in SA, and particularly among poor people in peri-urban settings[1], like Masiphumelele. In South Africa one in eight adult women have diabetes and over a quarter of adult men and women have high blood pressure. Almost two out of every three adult women are overweight and almost four out of every ten women are obese.[2]

Diet-related non-communicable diseases, like diabetes and hyper tension, are commonly called “diseases of lifestyle”. However, it is clear that poor diets in South Africa are often associated with food insecurity. Like many parts of Cape Town, Masiphumelele experiences high food insecurity. In a 2018 thesis, Rommelman found that four out of ten households reported experiencing hunger in the previous 12 months[3]. This food insecurity has only been made worse by the COVID19 crisis.

The Nourishing Spaces project conducted a series of interviews with women in Masiphumelele, held focus groups and did ethnographic immersions in Masi, working with a number of women to understand their food consumption patterns and their experiences of diet-related disease.

The project found that diets have changed significantly over the course of the lives of the women interviewed, particularly in relation to diets in the rural Eastern Cape and diets in Masiphumelele. The reasons for current food consumption are complex, as is illustrated in Figure 1. What people eat is shaped by identity (memories of foods past, aspirations to be modern and urban, and living alone), economic circumstances, and relative accessibility of healthy and less healthy foods. Food consumption is also shaped by wider structural issues, like housing conditions that limit cooking space and food storage, refrigeration, costs and availability of water and energy, transportation cost and time.

These findings suggest that approaches to preventing diet-related non-communicable diseases need to change.

The solutions proposed often focus on diet education, but we found that many people had good dietary knowledge, but were unable to apply it due to circumstances. Not on that, but the kinds of dietary advice given were more aligned to foods associated with wealthy white people rather than their own household culinary history and tradition. While the Sunday meal was full of nourishing and colourful vegetables, it was not perceived primarily in terms of health, but in terms of social connectedness, nourishment, and tradition spanning generations. The project’s working paper goes into greater detail about this, and we argue that there is a need for dietary advice to be better informed by lived experience of patients.

We argue that there is a need to a wider set of responses in both the food system and the urban system.

Participants expressed concern about the quality and price of fresh produce. However, few small- scale farmers sell directly to Masiphumelele stall owners. Facilitating alternative supplies of very fresh, high quality produce may be important to increasing consumption.

Ultimately improving diet involves grappling with urban design, including the location of low-income housing opportunities, the availability of kitchen space and cooking fuel, and transportation infrastructure. Increased meat and bread consumption was driven by the relative ease of preparation and palatability compared to vegetables. Subsidising cooking fuel, improving transportation infrastructure, or even the creation of communal

cooking spaces, may all be cost-effective and helpful in specific local contexts. Given the complexity of time, energy (both human energy and cooking energy) and cooking space, there are also significant benefits to policies that support school feeding schemes.

Many of the project recommendations push for local and provincial government to play a more active role in supporting access and consumption of healthy foods. However, there are also important entry points for civil society to act. The COVID19 crisis reinvigorated community feeding structure and created new networks. While the crisis has hit families very hard, there is also a moment of potential where. For example, community kitchens may offer new ways to buy in bulk and prepare food for families.[4] Where food is central to good lives, we can reimagine the spaces in which we eat and prioritise nourishment in our neighbourhoods.

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This Briefing Document is a publication of the IDRC-funded Nourishing Spaces Project.

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[2] Global Nutrition Report Country Profiles, South Africa https://globalnutritionreport.org/resources/nutrition-profiles/africa/southern-africa/south-africa/#profile

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