

Food Decisions and Cultural Perceptions of Overweight and Obesity: the Case of Zulu Women in Durban, South Africa

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DECLARATION

I declare, to the best of my knowledge, the following statements to be true and correct:

- This work has not been previously accepted in substance for any degree and is not being currently submitted in candidature for any degree.
- This thesis is being submitted for the fulfillment of the requirements for the degree of Doctor of Philosophy in Anthropology.
- This thesis is the result of my own independent investigation, except where otherwise stated.
- Other sources are acknowledged by providing explicit references. A reference section is appended.

Winifred Ogana

Date

DEDICATION

I would like to pay tribute to my late father, Hezekiah Julius Ogana, who encouraged not just his sons but daughters as well, to aim high in their academic pursuit. Likewise I would also like to acknowledge my mother, who supported all her children in innumerable ways in this venture. Similarly I'd like to thank my siblings Dan, Davy and Betty who helped me in different ways along the long walk to my academic goals. A special dedication goes to my niece Pamela and her supportive husband Eugene. She represents the successful category of women who conquered obesity and its attendant complications through her weight loss efforts. By changing both her diet and lifestyle dramatically, she managed to shed countless kilos within record time.

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Abstract

This study investigates why Durban-based Zulu women in particular are experiencing a fairly recent exaggerated trend in weight gain. Relatively little has been written on this subject from a cultural anthropology perspective in general and in particular a food anthropological approach, which therefore remains a neglected field of study in South Africa. The study consisted of four objectives leading to knowledge that could have wide application towards curbing overweight and obesity among communities with similar belief systems and practices.

Since no single theory proved satisfactory to explain weight-related trends among Zulu women, the study hinged largely on cultural aspects supported by postcolonial feminist theory, postmodern feminist theory, acculturation theory and symbolic interactionism theory. Through qualitative inquiry, the following methods were used to gather data: in-depth interviews, group discussions and ethnographic observation. Data was gathered from 50 female and five male participants drawn mainly from the Durban-based University of KwaZulu-Natal, Howard College Campus. The study's 20 key research participants, half of whom were under 35, were identified for their ability to analyse and interpret their observations on the research topic.

The first objective investigated the discourses of food decisions and cultural perceptions associated with weight and attendant health conditions. Related concerns included what participants ate, why, the quantities eaten, how often, when and with whom they ate, and under what circumstances and physical environments. Overarching the above aspects were associated symbolisms that shed light on factors that predispose Durban-based Zulu women to overweight and obesity against the backdrop of a rapidly changing world. Unlike contemporary trends in the Western world, the majority of study participants were not overly pre-occupied by the nutritive value of food or weight gain.

The second objective highlighted food consumption patterns and weight-related health implications from an anthropological perspective. Paradoxically, while the plump woman is deemed healthy from cultural Zulu thinking, from a public health perspective such a body is considered unhealthy since excessive body fat is the precursor of a host of nutrition-related non-communicable diseases (NR-NCDs) or chronic diseases of lifestyle (CDLs). The thin ideal of a female body is idolized in the West is considered sickly among traditional Zulu thinkers. For example, to avoid being stigmatized in the contemporary AIDS era, thin women who are HIV-negative deliberately eat fattening junk foods in a bid to put on weight, while HIV-positive women maintain their weight specifically for this purpose.

The third objective centred on body image and identity, with participants indicating that weight tolerance among the majority of Zulu men and women was diametrically opposed to the thin ideal of a female body. The participants indicated the Zulus traditionally appreciated the fuller body exemplified by the following positive attributes among others: beauty, sexual desirability, fecundity, healthy, physical hardiness, happiness, being good-humoured, kindness, good nurturance, generosity, respectability, wealth, success and affluence. Thin people, on the other hand were deemed unhealthy, weak or not hardy physically, miserable, miserly and ugly. In the 21st century the above-mentioned buxom woman is still largely deemed the epitome of attractiveness among the Zulu, especially by the older generation. Consequently, a fast-widening generational schism has occurred in the conflicting standpoints between Zulu parents and their young, especially in urban settings. Nonetheless, according to participants, neither generation necessarily deems overweight or obesity as key health concerns, unless faced with accompanying maladies.

The fourth objective deliberated on efforts to discipline the body either through dieting or effecting lifestyle changes. The quest for bodily perfectionism has left in its wake a small but rising number of young women (those aged under 35) of Zulu ethnicity who have begun suffering certain extremes found in the West, where the desire to be thin has led to anorexia nervosa or bulimia nervosa (otherwise known as bingeing followed by vomiting), over-dieting and over-exercising physically. Such actions among participants suggest they are pursuing an elusive dream that is overly detrimental from both at a physiological and psychological level, as evident among their counterparts in the West. For example, some individuals are torn between two worlds – traditional Zulu and Western – to which they hold allegiance concurrently based on Zulu and Western notions of the female body ideal. In the process, some of the adversely affected women are attaining obsessive levels similar to those in the west in terms of weight watching, where body dissatisfaction heightens based on the disparity between an individual's imagined and actual ideal.

In addition the study noted that over time Zulu women's body dissatisfaction based on attaining the thin ideal is escalating among participants and fellow community members, especially on the basis of sex, age, education level, and class as well as to a lesser extent, the geographic rural-urban divide. According to study participants this was also the case where, young and older men beginning to show greater preference for slim female bodies that are increasingly perceived to be more-sexually adept in bed than their heftier female counterparts. To this end, participants indicated various measures women of their ethnicity took towards attaining the slender body. As a result, millions of Rand are invested in South Africa's burgeoning body weight industry. Customers are exposed to a wide array of over-the-counter slimming products, as well as concoctions prescribed by *izinyanga* (herbalists), *izangoma* (diviners) and pharmacists; body-sculpting products such as underwear with spandex, to rein in body flab in the torso; high heel shoes to create an illusion of extra height thus a slimmer silhouette; weight loss technologies and exercises. In addition, more women of Zulu ethnicity are engaging in forms of exercise that include walking, jogging, swimming, attending the gym, dancercise (dancing for exercise), and *sexercise* (engaging in sex as exercise), among other activities.

Considering the upsurge of overweight and obesity, among key recommendations was that since there is a dearth of information in this study's area of research in South Africa, a lot of applied research is required in the field of applied anthropology. Such a venture could aim at health education and promotion associated with preventive health as opposed to focusing on curative health; the latter being the main focus at present. The preventive health approach would be more beneficial in terms not only of lessening physiological and psychological trauma of ill health, but also millions of Rand required for curative processes, many of which involve chronic medication. In addition, knowledge gathered in this study has the potential to contribute towards health promotion geared not only in advocating towards improving women's health in terms of diet and lifestyle, but that of their families as well. Women's role in this respect is crucial in that they are best positioned to advocate for change by virtue of not only being key food providers, but as health carers in society as well.

ACRONYMS

ANC – African National Congress

AIDS – acquired immunodeficiency syndrome

BMI – body mass index

CASTEL-- CArdiovascular STudy in the ELderly

CDLs – chronic diseases of lifestyle

HIV – human immunodeficiency virus (HIV)

KZN – KwaZulu-Natal

LASSA – Lipid and Atherosclerosis Society of South Africa

NCDs – non-communicable diseases

NR-NCDs – nutrition-related non-communicable diseases

SA Heart -- South Africa Heart Association

SABC – South African Broadcasting Corporation

UKZN – University of KwaZulu-Natal

WHO – World Health Organization

WHR – waist-to-hip ratio

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Chapter 1: Introduction

1.1 Introduction

Among blacks of African indigenous ancestry in South Africa, overweight women are generally viewed in positive light. Favourable cultural associations among women of this ethnicity range from beauty to physical well-being, happiness, vitality to affluence – all often linked to the fuller figure (Mvo et al, 1999; Puoane et al, 2002; Popenoe, 2003; Hurry, 2004; Mvo et al, 2004; Swami, et al., 2010, Puoane, Tsolekile & Steyn, 2010; Hurley et al., 2011). Obesity in women is seen as a reflection of her husband's ability care well for both his wife and the rest of the family (Puoaane, et al., 2002). This thesis questions why such notions are still widely held by Durban-based Zulu women in contemporary times, despite overweight and obesity being implicated in the upsurge of public health disorders like diabetes, hypertension, cancer, coronary disease and stroke (Faber, 2005).

In this study, Durban-based Zulu women fall into two main categories. The first, are fat and therefore could be termed either overweight or obese, while the second comprise lean women. The first group combines what is known in isiZulu as *izidudla* (overweight people) and *abakhulupele* (obese people), who are juxtaposed against *abantu abazacile* (thin people). Taken to the extreme, overly-thin or anorexic people may be labelled *abantu abazinalithi* (the plural of what roughly translates as a bag of bones), which people of Zulu ethnicity associate with being sick. On the other hand, slender women could be categorized among *abantu abazacile* (people who are needle-thin) or *iminyovu* (women having wasp-like figures). From the traditional Zulu perspective, the most visually appealing woman has a combination of two features: the fuller-figured woman, albeit having a small waistline.

Among traditional Zulus as well as other black women of African ancestry in South Africa, fuller-figured female are seen in positive light (Govender, 2002; Puoane, et al., 2002; Puoane, et al., 2005; Puoane, Tsolekile, 2008; Keeton, 2006). Increasingly, a minority of Zulu women have begun aspiring to the preferred aesthetic look for women's bodies in contemporary Western societies which Williams and Germov (2004: 338) term the 'thin ideal'. According to Williams and Germov (2004: 338), "A thin body is considered the epitome of beauty and sexual attractiveness, and has been linked to social status, health, and even moral worth."

While the above description is upheld among white South Africans historically the opposite appears to have been the case among their black counterparts. For example, obesity in black South African women is seen as a reflection of her husband's ability to care well for both his wife and the rest of the family (Puoane, *et al.*, 2002). Such notions are still held widely among Zulu women in contemporary Durban and the rest of KwaZulu-Natal Province within which this port city is situated. This is despite overweight and obesity being implicated in public health concerns like diabetes, hypertension, cancer, coronary disease and stroke (Faber, 2005). Without sound nutrition and adequate physical exercise the obese individual is generally prone to the above health disorders.

With a focus on overweight and obesity this study examines cultural perceptions associated with food consumption, body weight, shape and size as well as lifestyle. The study also analyses how all the above four factors are linked to weight-related nutrition-related non-communicable diseases (NR-NCDs) as well as chronic diseases of lifestyle (CDLs). Faber and Kruger (2005), for example, found most of the *izidudla* (overweight) and *abakhulupele* (obese) women in Ndunakazi village in rural KwaZulu-Natal Province viewed their weight

positively, and did not link the condition to over-consumption of food or lack of physical exercise.

In addition, the above villagers do not necessarily link such weightiness to over consumption of food or lack of physical exercise. But where they do, the women express no concerns about weight gain or plan to reduce the extra kilogrammes. Nor do the women relate the amount of food consumed to degenerative diseases. In general these rural females are accepting of their weight; consequently they do not obsess as much over the piling on of additional kilogramme as some of their urban South African counterparts of the same ethnicity do.

The authors' study focuses on dietary intake in relation to traditional perceptions of body weight and attitudes towards weight control among Zulu women in Ndunakazi. But where they do, the Zulu women express no concerns about weight gain or plan to reduce the extra kilogrammes. In general they are accepting of their weight. Consequently they do not obsess as much over the piling on of additional kilogramme as some of their urban South African counterparts of the same ethnicity do. Nor do the women relate the amount of food consumed to degenerative diseases.

A nationwide 1998 Demographic and Health Survey covering a randomly selected sample of 13 089 urban and rural women and men throughout South Africa found the highest levels of obesity among adult urban women of African descent. Factors determining over-nutrition included ethnicity, residential area, education level and increasing age (Puoane, 2002). Black

South African women of all classes are currently undergoing a nutrition transition in which they are letting go of their traditional high fibre, high carbohydrate diet in favour of a typically Western one characterized by relatively higher intakes of fat, sugar, salt and animal protein as well as energy-dense carbohydrates that are low in micronutrients and fibre (Burkitt, 1980; Popkin, 2001; WHO, 2003; Steyn, *et al*, 2006; Pollan, 2008).

Popkin, Adair and Ng (2011) trace the prevailing nutrition transition's contribution to the current obesity pandemic in developing nations, South Africa included. Related factors that hastened the nutrition transition in the 1970s comprised changes in diet coupled with physical activity levels. A more sedentary lifestyle implicated in the change, accompanied by a spike in the consumption of processed food, food take-aways such as fast foods, edible oils and sugar-sweetened beverages. The association of these factors to obesity were only recognized in the early 1990s.

For a lack of better terms, the following expressions – the *Western-type* and *traditional Zulu diet* – will be used often in this study on overweight and obesity. Nonetheless, I acknowledge that neither of the two is static. If anything, both are in constant, and at times, rapid flux. In keeping with such changes Moore (2004: vii) underlines the fact that modification is inevitable by asserting: “it makes little sense to think of a pure national cuisine, a static set of preferences and tastes with their attendant aesthetics.”

This study employs a cultural anthropological approach, which at its simplest could be defined as the description and interpretation of “culturally pattern thought and behaviour”

(Rapport & Overing, 2000: viii). This approach lays is appropriate in unpacking the intricacies participants face under the prevailing nutrition transition, leading to overweight and obesity and attendant complications. (Hubinger (2010: 533) justifies the relevance of this approach thus: “Anthropology has to find its place in the sun, but unless it addresses topics that are important today, its chances of being generally recognized are very small.” For one, the importance of food lies in its universality based on a primary need and recurrent want, both of which are based the need for nourishment underlying human interaction, as Mintz (1985: 3) reminds us:

Like languages and all other socially acquired group habits, food systems dramatically demonstrate the infraspecific variability of humankind... Moreover, their food preferences are close to the centre of their self-definition: people who eat strikingly different foods or similar foods in different ways are thought to be strikingly different, sometimes even less human.

In the same vein this thesis underlines how similar and different the Zulu are in terms not only of the anthropology of food, but also of cultural perceptions related to the anthropology of the body. In keeping with Douglas’ (1966: 38) definition:

Culture, in the sense of the public standardized value of a community, mediates the experience of individuals. It provides in advance some basic categories, a positive pattern in which ideas and values are tidily ordered. And above all, it has authority, since each is induced to assent because of the assent of others.

However, as this thesis will depict repeatedly that what Douglas’ designates as ‘a positive pattern in which ideas and values are tidily ordered’ is no longer the case with the convergence of different cultures. Two examples is that what was – and is still is – such as oversize bodies as well as food portions, are no longer reckoned as positive patterns among the Zulu due to related health concerns mentioned earlier, as well as the trendy body size ideal that favours the skinny body. As Keeton’s (2006) Sunday Tribune (22 January 2006)

newspaper headline attests concerning changing body ideals: “Thin is in as black women shed kilos; pressure to be skinny filters in townships and urban communities.” The authors identifies the advancing trend among thousands of young black women in South Africa defying traditions about the portly female body ideal, especially among an expanding elite and middle-class individuals.

Concerning appropriate food servings, world renowned food anthropologist, Popkin (2010: 39) raise a rhetorical question: “Should we be concerned by portion control?” then proceeds to answer: “We don’t know if this is the result of visual cues, socialization, or other factors, but people in a number of countries around the world now feel that larger amounts are normal, or even ‘appropriate.’”

But should such notions be applied without taking into account attendant, increasingly sedentary lifestyles leading to overweight and obesity? Among Durban Zulus whose parents and grandparents were raised in rural area, oversize portions were associated with manual labour both in homes, to fetch water and firewood, to work in fields, in addition to walking wherever one needed to go. While this is no longer the norm, and more so in urban settings like Durban, the practice of serving oversize portions continues to persist, either by virtue of the younger generation inheriting the practice both at home, as well as away from it.

Among one of the best known food anthropologists of her time is Aubrey Richards of British origin, who published her PhD thesis entitled: *Hunger and Work in a Savage Tribe* in 1932. Despite her ‘othering’ Africa’s southern Bantu in the process of researching her thesis,

Richards (1932: 1) nonetheless delineates a universal trait in her area of specialization with the following unforgettable yet provocative opening line:

Nutrition as a biological process is more fundamental than sex. In the life of the individual organism it is the more primary and recurrent want, while in the wider sphere of human society it determines, more largely than any other physiological function, the nature of social groupings, and the form their activities take.

Richards (1932: 1) wastes no time in offering the following explanation on her thesis' pre-eminence of food over sex:

The impulse to eat food, after all, is a desire that cannot be inhibited or repressed, at any rate beyond certain limits. Unlike the drive for sex, it is a periodic urge, recurring every few hours. It cannot be denied fulfilment, as on the sex impulse, throughout the course of the individual's life.

In the thesis' Preface, Malinowski (1932: xxv) concurs, in the process defusing the term *primitive* that would in today's postcolonial era would be termed a racial slur, by levelling both the supposedly racially inferior and superior groups thus: "To the savage and to the civilized man like, there is nothing more important perhaps than what he eats and how he eats."

Commenting in the new (second) Preface on Richards' re-worked thesis published as a book 72 years later, Moore (2004) points out that this piece is still classified among the earliest and most influential ethnographic accounts associated with food and nutrition. In both the thesis and the book, Richards discusses food-related cultural anthropological aspects alongside biological, socio-economic as well as institutional features. Moore (2004: vii) goes on to expound that Richards' work:

...is an established truism of consumption studies in anthropology and sociology that what we eat signals something about differences; cultural differences, but also differences in status, classes, gender and ethnicity...food is nonetheless tied up with identity and tradition in both the popular and social science imaginations.

Similarly, the study examines cultural perceptions associated with food consumption, body shape and size, as well as lifestyle, and how the four elements are be linked to weight-related non-communicable diseases (NCDs) as well as chronic diseases of lifestyle (CDLs). On the contrary, Faber (2005), found most of the *izidudla* (overweight) and *abakhulupele* (obese) women in the study viewed their weight positively, and did not link it to over consumption of food or lack of physical exercise.

To establish contemporary trends, this study specifically employs a cultural anthropological approach in interrogating such representations as perceived mainly from the perspective of Durban-based Zulu women. These women fall under South Africa's black African population currently undergoing a transition from their traditional high fibre, high carbohydrate diet to a typically Western one characterized by relatively higher intakes of fat, sugar, salt, energy-dense carbohydrates that are low in micronutrients and fibre, and animal protein (Burkitt, 1980; Popkin, 2001; WHO, 2003; WHO, 2003; Steyn, et al, 2006; Pollan, 2008).

In the past, though, chronic conditions linked to being overweight and obese were largely associated with advanced and affluent societies in North America and Europe. Popkin (2010: 1-2) traces this these the advance of the conditions half a century back:

In the 1960s and 1970s poverty and hunger were the big problems both in the United States and abroad. In the 1980s, obesity began to replace hunger as the main nutritional problem... Today, however, obesity is a problem of epidemic proportions around the globe.

In addition to his concern over burgeoning body size composition worldwide, the above economic anthropologist points also to lifestyle changes associated with physical inactivity, a trend also implicated in the global obesity epidemic. In a bid to determine cultural foundations of the above developments among Durban-based Zulu women, his thesis will highlight how they eat, drink and move physically, in relation to their perceptions.

Popkin (2010), an American in his early 70s, still recalls his healthy childhood habits which are no long upheld widely in his country of origin, the United States of America. Popkin mentions his childhood days when everyday meals were quite basic; sweets were a rare treat, and drinks comprised mainly water and milk instead of commercial sugary drinks that were served only on special occasions. Back then, foods were mostly plant based, comprising vegetables, roots, tubers, seeds, grains and fruits. Juxtaposed to the USA, South Africans of a similar age in KwaZulu-Natal Province where Durban is situated have also undergone similar changes which in the above-mentioned practices, which have also gradually waned in rural areas albeit much faster in urban areas.

Today, on the contrary, “changes in the food and beverage industries determine the way, and what we eat and drink” (Popkin, 2010: 31), leading to overweight and obesity globally:

A half a century ago there were fewer than 100 million obese individuals and seven million malnourished people. There are now 1.6 billion overweight and obese people in the world, many living with the chronic diseases that contribute to the bulk of deaths worldwide, while about 800 million undernourished people.

In their younger days members of Popkin's (2010) generation walked everywhere, besides physical chores both indoors and outdoors being the order of the day. That generation played a lot outdoors, rather than the sedentary lifestyle among today's children who virtually on a daily basis sit cooped up indoors in front of gadgets such as a television, computer, or constantly fingering a mobile phone as is the case today.

Commenting on the escalating statistics from research findings accumulated by government health officials on obesity in the United States of America (USA), Roberts (2009) infers that overweight and obesity are likely to become the principal health issue in the above-mentioned nation, raising the ironic prospect that the most serious threat to health could soon be food. A cultural hegemony based on trends in the USA is often adopted by the rest of the world, driven by a food industry promoting unhealthy processed foods.

Roberts (2009) observes that such foods tend to contain high-calorie sugars and fats that to a certain extent are addictive; stimulating consumers to eat more. Since increasingly, individuals now lead a relatively sedentary lifestyle as compared to the past, their bodies do not burn up all the calories consumed. Consequently the excess calories end up stored away in the body as fat, eventually leading to overweight and obesity.

Since 1980, obesity has nearly doubled, with 65% of the world's population currently residing in nations where overweight and obesity kills more people than underweight (World Health Organization, 2013). According to the WHO fact sheet over 1.4 billion adults globally aged 20 or above are overweight, with 200 million men and nearly 300 million women among them qualifying as obese. To classify overweight and obesity in adults of both sexes WHO (2013) applies body mass index (BMI) measures which define disproportionate or abnormal accumulation of body fat having the potential to impair health.

The clinical community concurs that a body mass index (BMI) is a convenient weight to height measure for both children and adults (York, *et al.*; 2004). In this study the formula is applied mainly to calculate an adult's weight in kilogrammes by the square of his height in metres (kg/m^2).

The World Health Organization (a. Not dated) defines BMI as a simple index of weight-for-height generally used to classify underweight, overweight and obesity in adults. BMI is a formula through which weight in kilogrammes is divided by the square of the height in metres (kg/m^2). The BMI calculation determines the body fat percentage, which is the total mass of fat divided by the total body mass. A BMI of below 18.5 is considered as underweight. The ideal BMI – between 18.5 and 24.9 – is deemed normal and healthy. Overweight spans a BMI of between 25 and 29.9 while obese is identified by a BMI of 30 to 39. Morbid obesity constitutes a BMI of 40 upwards. The metric chart below demonstrates the use kilogramme and metre for weight and height to determine body fat percentage.

Table 1: The International Classification of adult underweight, overweight and obesity according to BMI.

Classification	BMI(kg/m ²)	
	Principal cut-off points	Additional cut-off points
Underweight	<18.50	<18.50
Severe thinness	<16.00	<16.00
Moderate thinness	16.00 - 16.99	16.00 - 16.99
Mild thinness	17.00 - 18.49	17.00 - 18.49
Normal range	18.50 - 24.99	18.50 - 22.99
		23.00 - 24.99
Overweight	≥25.00	≥25.00
Pre-obese	25.00 - 29.99	25.00 - 27.49
		27.50 - 29.99
Obese	≥30.00	≥30.00
Obese class I	30.00 - 34.99	30.00 - 32.49
		32.50 - 34.99
Obese class II	35.00 - 39.99	35.00 - 37.49
		37.50 - 39.99
Obese class III	≥40.00	≥40.00

Source: Adapted from WHO, 1995, WHO, 2000 and WHO 2004.

Despite these classifications, WHOa (n.d) cautions against a one-size-fits-all approach since BMI among diverse populations does not necessarily correspond to the same degree of fatness owing to different body proportions. To address such incongruences experts have lobbied for the revision of BMI cut-off points for different ethnic groups, based on variance in BMI calculated against the percentage of body fat and body fat distribution, respectively.

Responding to this debate a WHO Expert Consultation cited the example of Asian and Pacific populations were at a relatively high risk of diabetes and cardiovascular disease had BMIs lower than the stipulated cut-off point for overweight; namely, 25 kg/m² (see above

table). Instead of the coming up with a new BMI table, the Consultation chose instead to retain the existing one for international classification, but recommended the following:

...the cut-off points of 23, 27.5, 32.5 and 37.5 kg/m² are to be added as points for public health action. It was, therefore, recommended that countries should use all categories (i.e. 18.5, 23, 25, 27.5, 30, 32.5 kg/m², and in many populations, 35, 37.5, and 40 kg/m²) for reporting purposes, with a view to facilitating international comparisons (WHOa, n.d).

Durban based study participants belong to the majority of KZN's population is of Zulu ethnicity, classified among the Nguni (or Ngoni) language speakers. Set against the wider backdrop of the rest of the continent, this study interrogates cultural perceptions that could be fuelling overweight and obesity states among persons of African indigenous origin in general, but also South Africa in particular.

A small-scale nationwide survey by GlaxoSmithKline covering all of South Africa's races and classes indicates that 61% of adults are overweight, obese or morbidly obese in four of the country's cities, Durban included (Smith, 2010). Of the four, Capetonians were at the top of the scale with 72% being overweight, followed by Pretoria dwellers at 68%, residents of Johannesburg at 59%, and Durbanites at 52%.

From a global perspective, however, South Africa is not featured among the world's most obese nations. According to the Organization for Economic Cooperation and Development (2010) highest on the list is Mexico with 69.5% of its population being overweight, followed by the United State of America at 68%, New Zealand at 62.6% and the UK at 61.5%. Meanwhile, at 73.8% South Africa ties with the Seychelles in ranking as the nations with the

second highest percentage of obese women aged 15 and above on the African continent (WHO, 2013). Egypt is first, at 76%, while at 70.8% Lesotho ranks fourth in Africa. The figures in the GlaxoSmithKline (2010) survey were similar to those of the Medical Research Council (2003), which found that 56% of women and 29% of men in SA are overweight.

While overweight and obesity are associated with increased mortality in both men and women, the latter are more adversely affected (Hu, 2003, Hume, 2002). Women also seem to have a higher number of disorders related to obesity. Hume (2000), who focuses on researching overweight females, adds various health complications associated with overweight and obesity to the above list. The author includes irregular menstrual periods and infertility; polycystic ovarian syndrome; lower back pain; skin problems; depression and low self-esteem; psychiatric disorders; on-going infections, and ill health in general.

Based on the recognition of gendered health hazards, this study makes a special effort to investigate why overweight and obesity are so prevalent in South Africa, with a focus on Durban-based Zulu women. The Ulwazi Sharing Indigenous Knowledge website has attempted to clarify the term 'Zulu', which has been found confusing to some non-Zulu speakers:

Zulu (called isiZulu in Zulu), is a language of the Zulu people with about 10 million speakers, the vast majority (over 95%) of whom live in South Africa. Zulu is the most widely spoken home language in South Africa (24% of the population) as well as being understood by over 50% of the population. It became one of South Africa's 11 official languages in 1994 at the end of apartheid.

The worst affected in the obesity epidemic are black women of African ancestry. With this phenomenon in mind the thesis is devoted to a specific group: Durban-based females of Zulu origin. In general the total numbers of overweight and obese females are relatively greater since adolescent females attain relatively greater padding on parts of their bodies than their male counterparts. In addition, urban females are relatively less physically active than their male counterparts, especially since women gain weight each time they are pregnant.

Regardless of the gendered nature of overweight and obesity both scourges pose a risk for nutrition-related non-communicable diseases. Among others, the illnesses include type 2 diabetes mellitus, cardiovascular disease, hypertension, stroke and various forms of cancer (WHO, 2002). While female obesity is common in rural South Africa (Mollentze, *et al.*, 1995; Oelofse, *et al.*, 1999), the prevalence is highest in urban areas (Department of Health, 1998).

This chapter lays the foundation for the study by outlining the nature and extent of the problem. To this end the chapter begins by outlining the problem in the global and local context. Next, the chapter states the problem statement, research question, study aim and objectives as well as the type of study. Finally the chapter provides a brief summary of the content of successive chapters.

1.2 The role of culture in obesity

This study acknowledges that genetic factors inherited from a parent may predispose the offspring to obesity (Steyn et al, 2006; Barisi, 2003). However, genes do not seem to explain

the recent upsurge in overweight and obesity globally. Lee, Alexander and Banda (2011: ix) contend against the genes' hypothesis that despite many genetic predisposing factors, as yet no single gene or genetic combination prototype has been "reliably identified in obese individuals." But even more significant, the three authors advance, that over past millennia humans have maintained the same genetic make-up, ruling out the sudden obesity explosion on a genetic shift. The above authors advance instead that in contemporary times people increasingly encounter an obesogenic environment, a phrase coined in the mid-1990s referring to conditions leading to obesity.

While it is crucial to understand the pathological processes underlying weight-related disorders, it is equally important to consider cultural factors associated with the onset of the diseases as well as what exacerbates them. Hahn (1995), Brown, *et al* (1998) and Brown, *et al* (1997) advance that the effects of culture on sickness and healing are as powerful and pervasive as are environmental carcinogens, toxins, bacterial and viral pathogens.

This study is based on the same premise. For instance, there is need to probe those socio-cultural phenomena where the daily main meal among people of Zulu ethnicity is deemed deficient and unacceptable without meat. Ideally, according to this ethnic group, the fattier the meat, the tastier it is. Such widely-held perceptions need to be taken seriously from a public health perspective since this food habit has been known to trigger overweight and obesity since even the leanest cut of meat has hidden fats. Bredenberg (1996) points out that prime meats are known to have relatively more fat than lean meats, as do low cost meats such as kidney, liver, heart and brain, cheap sausages and hamburger patties. Such forms of animal fats have been linked to cancers of the breast, prostate, colon and pancreas.

On their part Wansink and Huckabee (2005) observe that over-consumption is determined by how much people consume at a single sitting. In a similar vein, the same authors also highlight the Law of Least Effort in relation to convenience food, which also contribute significantly to obesity. Put more succinctly, for instance, in the absence of adequate physical activity, over-consuming what could be termed the “C” foods – cookies, cake, crackers, chips and candy – can only result in weight gain, and eventually, obesity (Wansink and Huckabee, 2005).

In addition, Wansink and Huckabee (2005) mention the human tendency to avoid physical exertion whenever possible, instead creating a fat-friendly environment specifically for consumers. Consequently, consumers constantly resort to the convenience of easy-to-open (and consume) packaging, vending machines, drive-through restaurants, and free pizza delivery. In such ways the consumer buys ready-to-eat fast foods instead of having to spend hours preparing what is now termed ‘slow foods’.

Though Wansink and Huckabee (2005) elaborate specifically on the situation in the United States, the trends mentioned are becoming pervasive in South Africa’s most populous urban settings like Durban, Johannesburg, Cape Town and Pretoria. By applying cultural anthropological analysis from various theoretical viewpoints this study highlights the health hazards associated with the twin scourges of overweight and obesity among Durban-based Zulu women. The twin scourges of overweight and obesity, which have resulted from rapid

dietary and lifestyle changes the women have experienced under a nutrition transition, are a risk factor of myriad public health concerns to be discussed in this study.

For me personally the curiosity behind this PhD's research topic was sparked partially by a Durban-based Zulu speaking office mate's quest to lose weight instantly in a bid to fit into her wedding gown. She resorted to consuming diet pills as her main weight-loss strategy. Meanwhile, as the wedding day approached her stress levels intensified, resulting in emotional eating of calorie-laden lunches comprising junk foods such as greasy fried chicken and chips as well as carbonated drinks – daily. By some miracle, nonetheless, the zip behind the white dress did not give way at her wedding ceremony. Somehow, the zip managed to hold together the overstretched white satin cloth straining to cover her then 42-size body frame. In this respect the bride triumphed over her main worry, which was to be able to fit in the dress.

Since attending that wedding I found myself observing dietary, body size, shape and weight trends among Durban-based Zulu people in general, but women in particular. Overweight and obese women seemed to be in the majority as compared to their male counterparts. There began the literature search on the subject from a cultural anthropological perspective; an exercise that to my disappointment yielded a dearth of information on Zulu communities. The little information I came across was gleaned mainly from articles in clinical medicine journals rather than anthropological writing per se. Nor was it easy to find relevant ethnographic-based literature on classic food ethnographies based on South Africa.

According to Mintz and Du Bois (2002: 99) food ethnographies tend to highlight “single commodities and substances; food and social change; food insecurity; eating and identities; and instructional materials.” Instead, what I came across mostly was non-anthropological work in the areas of food and social change, eating and ritual, travel magazines, instructional materials such as cookbooks and recipe sections in women’s magazines.

Pondering further concerning this gap, I identified another reason as to what spurred me to choose my research topic. I came upon a book by Brantley (2002), who mentions the concerns of groups of aging women in my homeland Kenya. Brantley asked Giriama and other women among the Mijikenda people of Kenya’s coastal hinterland what makes them as a group, valuable to their culture as elders. The author expected to get what she considers a stock answer: caring for children. Instead, the various groups of Mijikenda women invariably concurred, identifying their involvement in food-related matters as a key concern. This is evident in Brantley’s words:

Not only did they insist that it was their knowledge about feeding their families – including farming, collecting edibles, storing and preparing foods, and cooking meals – but they also insisted that this knowledge was in serious danger of being lost as resources diminished and young people rejected agriculture in favour of school and hopes of employment (Brantley, 2002: xi-xii).

Urgency concerning the loss of food-related cultural epistemology spurred my quest not only to find out more on the subject but also to document the findings.

It was a similar concern that triggered in me the need to document the rapid loss of indigenous vegetables in Kenya. On further reflection it dawned on me that my interest in

food related matters went further back to two decades ago. The initial seed that germinated my research interest in food was planted in 1992. This occurred when an opportunity arose to write a book chapter in *Do it Herself* (Ogana, 1995), a publication on women and technology commissioned by the Intermediate Technology Development Group.

While researching into agricultural activities among women in Western Kenya, I was alarmed to find that the younger women were not as interested as their aging counterparts in the latter's efforts to preserve the production and consumption of indigenous vegetables. The older women, those aged 35 and over, could identify up to 40 different indigenous vegetables in their local environment in Kenya, Siaya District, while the younger women struggled to count readily beyond five. Without heavy prompting, the latter group hardly got to 10. Abandoning nutrient-rich indigenous vegetables and simple starches like maize as staples, adopting instead the constantly shifting Western-type diet coupled with an increasingly sedentary lifestyle, were found to be among the major contributors to overweight or obese in Siaya.

Little did I know at the time that in what began as an amateurish attempt to document the ongoing erosion of prized indigenous knowledge would ultimately give birth to a PhD thesis in Cultural Anthropology centred on changing food trends and the health impacts. This thesis, however, has gone beyond merely revisiting the cultural importance of African indigenous diets that were mainly vegetarian. Consequently, I also gained interest in the need to delve into weight and health concerns associated increasingly with the adoption of the Western-type and other newly adopted diets. From a public health concern such diets go hand in hand

with changing lifestyles, both of them adopted through borrowing from others mostly beyond the African continent.

Over the years, I have watched the gradual, but at times rapid, undermining of these traditional or indigenous foods which can no longer withstand various forces. The forces under discussion include the juggernauts of globalization, industrialization, urbanization and formal education – all initially ushered in by interaction with the West. This study endeavours to document body weight gain when populations, consciously or unconsciously, let go of their ‘traditional’ diets and lifestyle at the expense of their health.

Up to the final decades of the last millennium, public health programmes in sub-Saharan Africa were largely two-pronged; focusing mainly on the eradication of under-nutrition and infectious diseases (Kruger, *et al*, 2005). The second form of malnutrition, over-nutrition and resultant health conditions, only began to be researched in the last three decades of the 20th century as communities of African ancestry increasingly adopted non-traditional diets.

Such diets often involve eating more calories than the body requires, coupled with an increasingly sedentary lifestyle. Consequently individuals become overweight and obese; both of them health conditions increasingly implicated in the upsurge of nutrition-related non-communicable diseases (NC-NCDs and chronic diseases of lifestyle (CDLs). The World Health Organization (2002) lists being overweight as among the 10 leading risk factors for high mortality in both developing and developed nations. South Africa has not escaped the

scourge of obesity; if anything, this nation is among those with the highest obesity rates in Africa.

1.3 Justification for studying body size in relation to diet and lifestyle

There are a number of reasons why understanding issues surrounding being overweight or obesity in the South African context is vital. According to the earlier-mentioned survey report, GlaxoSmithKline (Smith, 2010) observes that, as a nation South Africans are in denial when it comes to perceptions of how overweight, unfit and unhealthy individuals are. . Similarly, according to a report by the marketing company Essential Marketing Inspiration (2010), even where a significant number of South Africans are either overweight or obese they nonetheless chose to believe they are healthy:

- 78% of obese individuals believe they are somewhat healthy/very healthy
- 60% of obese (and 62% of morbidly obese) people consider themselves as only being overweight
- 42% of South Africans have no health concerns associated with being overweight or obese
- 49% of South Africans do not exercise
- Only 47% recognize that exercise/ physical fitness is critical
- 71% of South Africans have never been on a diet

In response to the 2010 Essential Marketing Inspiration's survey findings, leading Johannesburg-based cardiologist Dr Jeff King (2010) suggests it is imperative that South Africans adopt a proactive approach to healthy living by eating a balanced diet and watching one's weight.

By drawing comparisons with different communities worldwide, this study endeavours to heighten understanding of the contemporary nutrition transition as experienced by Durban-based Zulu women. This approach was selected on the basis of disparities in that both nutrition-related problems and solutions are unique; varying from region to region, country to country, and area to area (Latham, 1965). Latham (1965) maintains there is a need also to take into account the notion that the above problems and solutions are in constant flux rather than being static. He expresses concern that despite the proliferation of Western or modern ideas leading to vast improvements in health in Africa; the imported information – especially on food – has created new and serious health problems by introducing what could largely be considered Western-type food trends.

Although referring specifically to the East African sub-region, Latham's suggestions have wider application for the rest of the continent. The author pinpoints issues associated not with lack of food, but rather, with a lack of knowledge about food in both personal and public domains. In addressing medical officers, health inspectors, nurses, midwives and other health personnel, Latham (1965: 2) emphasizes:

Without this knowledge it is impossible to adapt advice and action to suit each area. Improving personal and public health by better nutrition requires ingenuity and knowledge so that sensible practical solutions can be found on each new situation.

Latham (1965: 3) concludes that it is through application of such knowledge that nations can build their most important asset: "ourselves as human beings." This thesis aims to make a contribution by interrogating such knowledge from a cultural rather than the ubiquitous clinical perspective. To fill in some of the existing knowledge gaps on the trend, this thesis explores cultural factors associated with dietary habits and lifestyle among Durban-based Zulu women.

1.4 Problem statement

Out of concern over the myriad health conditions mentioned above, this study queries why South Africans in general, and Durban-based Zulu women in particular, are experiencing the current exaggerated trend in weight gain. In the process the study highlights food decisions and cultural perceptions associated with lifestyle in relation to attendant health conditions which were not the norm in the past. In *Lifestyle and Related Risk Factors for Chronic Diseases: Disease and Mortality in Sub-Saharan Africa (2nd edition)* the World Bank (2006) expresses concern that despite numerous clinical trials, no definitive explanations can be advanced as to why Africa, South Africa included, is experiencing this exaggerated trend in weight gain (Steyn, et al., 2006). This thesis therefore puts forward that the study of cultural trends among Zulu women could shed some light on the worrying phenomena as to why being overweight or obese has escalated in recent decades through easy availability of substances such as sugar and oil at lowered prices in the developing world (Popkin, 2009).

Commenting on the effects of the prevailing nutrition transition in South Africa, best-selling author of nutrition and lifestyle books who is also a certified nutritional consultant, a doctor in naturopathic medicine and a life coach, Dr Jordan Rubin (2008) has the following to say. He observes that on his first visit to South Africa in 2006 he saw as many obese people in this nation as in his home country, the United States of America (USA). The author justifies his reason for writing *Perfect Weight South Africa*; a book similar to one he wrote targeting his home country, thus:

South Africans are facing the same health challenges found elsewhere in the world from eating lousy meals on the go, not getting enough exercise or sleep, and dealing with growing amounts of stress and toxins (Rubin, 2008: 4).

Some of the above factors leading to obesity-related chronic illnesses are discussed at length in this thesis.

1.5 Research Question

This study proposes that studying cultural trends among Durban-based Zulu women could shed light on the worrying phenomena as to why overweight and obesity has escalated in recent years among these women of African ancestry. To this end, the study's key question is: what are the key food decisions and cultural perceptions leading to overweight and obesity among Zulu women in Durban, South Africa?

1.6 Research Aim and Objectives

This study aims to understand the key food decisions and cultural perceptions leading to overweight and obesity among Zulu women in Durban, South Africa.

The objectives for this study were therefore:

1. To investigate changes over time in the perceptions of Zulu women regarding their cultural importance of food with respect to overweight and obesity.
2. To capture notions on food consumption and lifestyle among Zulu women and, the consequent health implications.
3. To determine what Zulu women aspire to, and what the Zulu men consider to be, the female 'ideal' body shape, size and weight.
4. To probe the measures participants are taking to reduce, add or maintain their weight, if at all.

1.7 Type of Study

As food and lifestyle choices made by either the individual or the community at large are multifaceted; this study examines numerous factors associated with overweight and obesity. For example, people undergoing a nutrition transition have a propensity to gain weight due to such factors as acculturation and modernization (Renzaho, 2004; Renzaho and Burns, 2006; Renzaho *et al.*, 2006) Additional factors include the research participants' sex, age, education attainment, socio-economic status, marital status and parity; as well as participants' physical fitness and psychological status (de Garine and Pollock, 1995).

In the process this study also examines food consumption patterns and health consequences of factors such as the geographic distribution of foods at the local and global levels, as well as the influence of the mass media on both levels. This study attempts, for example, to portray how Zulu respondents are affected by the proliferation of aggressive advertising and marketing campaigns replete in the South Africa media. Food- and lifestyle-related television commercials often feature at prime viewing time, targeting the largest audiences possible.

This study sets out to highlight the seriousness of being overweight or obese among black South African women in an attempt to provide knowledge that is not readily or widely available to stakeholders. These stakeholders include the women themselves, their families, health personnel, government officials, the private sector, non-governmental organizations, community based organisations, international organizations and any other groups or individuals who work with such women.

It is anticipated that since women have the potential to help curtail both overweight and obesity, they are best positioned to advocate for change in their capacity as key food producers, providers and health carers. By virtue of being in a strong position to influence food decisions and cultural perceptions of body weight in society, it is anticipated enlightening women in the above three areas will influence the health of generations down the line, besides their own.

Health promotion as an intervention could help address NR-NCDs and CDLs associated with the steadily burgeoning cases of being overweight or obese in contemporary times. Intervention calls for prevention as “a necessary, cost-effective means of avoiding the high social, biological and economic costs of a treatment-based approach to nutrition-related chronic diseases” (Reddy in Doak, 2002: 276). By heeding this message such an approach could apply not only among people in Durban but beyond as well.

1.8 Structure of Thesis

This thesis is structured as follows:

Chapter 1: The **Introduction** investigates Zulu women’s changing perceptions with regard the cultural importance of food with respect to overweight and obesity.

Chapter 2: The **Literature Review** covers cross-cultural and cross-disciplinary literature on food consumption patterns and lifestyle associated with overweight and obesity as well as consequent health implications.

Chapter 3: The Theoretical Framework comprises the following multiple theories applied in this study since no single theory adequately covered the required scope: Acculturation Theory, Symbolic Interactionism Theory, Postcolonial Feminist Theory and Postmodern Feminist Theory.

Chapter 4: Methodology. This chapter details the sample population and size, data collection instruments and procedures, as well as the data analysis. The chapter also indicates the measures taken to address issues of validity, reliability and bias, and details the ethical requirements of the study.

Chapter 5: Food practices – past and present – among Zulu women in Durban. This chapter deliberated on cultural perceptions of food consumption practices linked to the prevailing upsurge of overweight and obesity among Durban-based Zulu women.

Chapter 6: The Overfed and Diseased Female Body in Durban. This chapter illuminates the adverse health effects of excess body weight coupled with lifestyle trends among Zulu women under the prevailing nutrition transition.

Chapter 7: Body Image and Identity in Durban at the dawn of the 21st Century. This chapter explores the ideal female body shape, size and weight; viewed from the viewpoint of both the Zulu male and female.

Chapter 8: The Disciplined Body: The Leaner the Better? This chapter focuses on Zulu women's efforts (if any) towards weight reduction, maintenance or gain.

The **Conclusion** sums up key socio-cultural trends which occur in tandem with other key determinants predisposing Durban-based Zulu women being overweight or obese.

1.9 Conclusion

From a public health perspective the twin scourges of overweight and obesity among Zulu women are a cause of grave concern, especially as it relates to their culture. It is anticipated this study will offer insight into perceptions linked to dietary habits, weight gain and health implications of being overweight and obese in the above-mentioned group of women. It is anticipated that a deeper understanding of cultural constructions of health associated with food consumption patterns and lifestyles, which underpin the nutrition transition as expressed by Zulu women could contribute towards the existing knowledge. Such knowledge could assist in addressing the current overweight and obesity epidemics in South Africa and other parts of the non-Western world where people have similar belief systems. Although knowledge does not always translate into behavioural change, it is nevertheless imperative to raise awareness on pressing public health concerns. Through a literature review the next chapter will probe global obesity-related trends in general, but among Zulu women in particular.

Chapter 2: A Literature Review – The Whys and Wherefores for Zulu Women’s Overweight and Obese Bodies

2.1 Introduction

This chapter reviews the international and local literature on overweight and obesity in general, but among Durban-based women in particular. The World Health Organization (2002) maintains that although males have higher rates of being overweight, women have higher rates of obesity worldwide. Females tend to put on relatively more weight in childhood’s growth spurt in the first decade of life as well as in puberty (Monyeki, et al., (1999). Physical inactivity among black young women is a major determinant of obesity (Kruger, 2002), as is child-bearing, with fat gained during pregnancy often being difficult to shed.

Kruger, et al., (2005) explain that while under-nutrition is deemed among the most prevalent and severe forms of malnutrition today, at the opposite end of the scale, paradoxically, lays the co-existing scourge of over-nutrition. Kruger and her team highlight the observation by the World Health Organization that contrary to conventional wisdom, the obesity epidemic is not restricted to the relatively high income industrialized societies. Instead, the global obesity epidemic, a complex condition indeed, currently threatens both the developed and developing countries. It affects people from all walks in life, spanning ethnicity, gender, age, and class, socio-cultural and economic groups. While reviewing existing literature on the on-going nutrition transition resulting in changed patterns in both eating and physical activity Kruger, *et al.*, (2005) also highlight related cultural factors, perceptions and beliefs associated with urbanization and globalization trends.

The intricacies of the health picture in sub-Saharan Africa can be illustrated by the region's key health concerns. As recently as in the final decade of the 20th century public health programmes in sub-Saharan Africa were largely two-pronged, with the spotlight on the eradication of under-nutrition and infectious diseases. Citing the World Health Organization, Kruger, *et al.* (2005) point out the irony, that despite obesity being among the most blatantly visible public health affliction of our times it remains among the most neglected. Among the most obvious consequences of rapid dietary changes in the current nutrition transition are overweight and obesity; both being markers or risk factors of a myriad of public health problems. It is predicted, for example, that by 2020, overweight and obesity epidemics emanating from a rapid nutrition transition will account for 70 per cent of deaths in developing countries (WHO, 2003).

2.2. The Nutrition Transition as a Global Trend

The current nutrition transition in relation to the contemporary western body ideal among the Zulu in South Africa cannot be discussed without referring to history, especially as food is among the uppermost pre-occupations of human-kind, being essential for survival. Highlighting the centrality of food in the past, Latham (1965:1), writing nearly half a century ago, posits: "It is said the history of nutrition is the history of mankind on this planet."

Food preferences are also affected by globalization, technology and other modernizing forces that result in unhealthy food being marketed and distributed. Perturbed by such developments Tibazarwa *et al.* (2008:6) raise concerns over the following globalized trends: "food marketing tending to promote less healthy foods high in fat, sugar, and salt... in a more

widely accessible manner at lower prices, it is hardly surprising that an epidemic of obesity has flourished without a suitable public health response.”

Popkin, Adair and Ng (2011) advance the same argument from a health policy perspective by pointing out that obesity reflects an energy imbalance. Reversing the imbalance calls for modification of both diet and physical activity. To reverse the obesity pandemic Popkin, Adair and Ng (2011: 6) observe the following:

It is clear that large shifts in access to technology have reduced work-related energy expenditure in the more labour-intensive occupations, such as farming and mining, as well as in the less energy-intensive sectors such as service and manufacturing. Changes in transportation, leisure, and home production (cooking, cleaning, child care, etc.) have also lead to reduced physical activity.

Popkin, Adair and Ng (2011: 6) observe that physical activity alone does not suffice since diet is equally important, offering the following practical measure:

For instance, to offset any increase of about 110 kcal of food or beverage in average daily energy intake, a woman weight 54 kg must walk moderately fast for 30 min and a man weighing 82 kg for about 25 min. Such levels of physical activity may be too much to expect, so dietary modification is a key approach to lowering obesity prevalence, particularly with the ongoing decline in physical activity and increase in sedentary time.

In a similar vein Popkin (2010: 2) goes further to include additional elements that need to be taken into account: a “seismic shift – big picture trends in technology, globalization, government policy, and the food industry that interact with individual choices about how we eat and how we live.”

Konner and Eaton (2010) offer another explanation for the prevailing obesity pandemic worldwide leading to chronic diseases through a mismatch in what the authors’ term the discordance hypothesis. The hypothesis advances that a departure from nutritional and

activity trends of humankind’s ancestors have largely contributed to the pervasive upsurge of chronic diseases in contemporary times. Konner and Eaton (2010) offer anthropological evidence indicating that the diet of these ancestors were characterized by higher levels of fibre and protein, a significantly lower carbohydrate consumption, and comparable levels of cholesterol and unsaturated fat. Konner and Eaton (2010:594) advance that the adverse health consequences of moving away from the hunter-gatherer diet, otherwise known as the Palaeolithic diet, has spawned what is referred to as “the diseases of civilization.” Consequent conditions include obesity, cardiovascular disease, type 2 diabetes, lung and colon cancers, hypertension and dental caries.

A sedentary lifestyle is also implicated in the alarming upsurge of these diseases, as is urbanization, both featuring in the prevailing nutrition transition. Popkin, Adair and Ng (2011: 3) sum up the transition thus: “Over the past several decades, a dramatic shift has occurred , in stages, regarding the way the entire global population eats, drinks, and moves, and these changes have clashed with human biology to create major changes in body composition. The primary mismatches between human biology and modern society that we have identified in our research are highlighted in Table 1.

Table 1 Technological clashes with human biology

Biology	Technology
Sweet preferences	Cheap caloric sweeteners, food processing benefits
Thirst and hunger/satiety mechanism not linked	Caloric beverage revolution
Fatty food preference	Edible oil revolution; high-yielding oilseeds; cheap removal of oils

Turner and Thompson (2013) concur with Konner's and Eaton's discordance hypothesis, pointing to a mismatch in that human bodies are ill-suited to adaptation of the modern industrialized diets which are dissimilar to the Palaeolithic diet, a discrepancy leading to chronic diseases. In a similar vein, Wiedman (1999: 43) associates adult-onset type 2 diabetes with rapid industrialization, but also offers two other explanations thus: "populations which migrate to urban settings and others which acculturate to European foodstuffs." South Africa has not been spared succumbing to the above three global trends associated with chronic illness.

Type 2 diabetes, for example, was virtually unheard of among North America's Oklahoma Cherokee Indians prior to 1940, yet by 1953, this obesity-related condition had become the leading cause of death among this community (Wiedman, 1999). Based on his ethnographic research among the Cherokee Indians, Wiedman (1999: 48) infers that this type of diabetes results from "a disordered physiological and psychological adaptation to a rapid culture change, which increases as cultures undergo lifestyle evolution from hunter gatherer to agrarian to urban to industrial society." Wiedman's (1999) research methodology combined ethnography and historiography (oral history interviews). He focused on individual participants' geographic location from childhood to adulthood, founded on sex, age, ethnicity, family background, occupation and health status. This thesis interrogates similar aspects of life among the Zulu women participants', although its focus is not confined to type 2 diabetes, as does Wiedman (1999), but disease in general and chronic illnesses in particular.

To illustrate his point, Wiedman (1999) highlights the plight of the Oklahoma Cherokee Indians in North America, among whom approximately a third aged 30 and above had type 2 diabetes at the close of the 20th century. He also mentions the Pima Indians of Arizona, USA, as having the world's highest population afflicted by type 2 diabetes. Among other communities he mentions as facing a similar plight are the South African Zulu, Australian Aborigines, Indian migrants in Africa, and Japanese migrants in Hawaii. The author attributes the rapid nutritional and lifestyle change among such populations to urbanization, in what he terms as "paying the Price of Civilization" (Prior, 1971 in Weidman 1999; 47).

A similar scenario that depicts an upsurge of diabetes among other chronic conditions, including obesity, applies not only among the Zulu in South Africa but other African nations. Previously considered a physical affliction associated with high-income nations, the rates of overweight and obesity are also escalating rapidly in low- and middle-income countries, where the phenomenon is relatively more pronounced in urban settings. Sub-Saharan African countries are currently experiencing a similar upsurge, encompassing nutrition-related, non-communicable diseases (NCDs) and chronic diseases of lifestyle (CDLs) (WHO, 2000; WHO, 2002; WHO, 2003; WHO, 2009; Steyn, *et al*, 2006a; Steyn, 2006b; Faber, 2010). The above conditions are associated with the 2nd Epidemiological Transition which Armelagos and Barnes (1999: 197) describe as follows:

Many of the diseases of the second epidemiological transition share common etiological factors related to human adaptation, including diet, activity level, mental stress, behavioural practices and environmental pollution (Armelagos and Barnes, 1999: 197).

The above authors illustrate their point thus:

For example, the industrialization and commercialization of food often results in malnutrition, especially for those 'in transition' from subsistence form of food provision to agri-business. The

economy capacity to purchase food that meets their nutritional requirements often not possible
(Fleuret & Fleuret, 1980, cited in (Armelagos and Barnes, 1999: 197).

Armelagos and Barnes (1999) observe that cases of chronic diseases within the epidemiological transition in developing nations is initially among individuals within the upper socioeconomic strata who have greater access to western products and practices than their less well to do counterparts. South Africa, a developing country, is experiencing this trend. The chronic diseases are associated with a sedentary lifestyle due to increased motorized transportation and urbanization. Also implicated is overly-processed food, as well as ingesting chemicals such as fertilizers, pesticides, growth hormones and food additives. In South Africa, both CDLs and NCDs are implicated in the burgeoning cases of health conditions under a nutrition transition characterized mainly by the Westernization of the local indigenous (traditional) diet.

Such changes, coupled with increased consumption of energy-dense food, are implicated in the current global obesity epidemic. Similar to Zulu people ethnicity, a number of cultures worldwide revere the overweight frame, such as French Polynesia, situated in an archipelago in the South Pacific approximately halfway west of South America and east of Australia, features among the world's most obese populations. Mallol (undated: 3) cites an indicator in which corpulence signifies social status: "To be big, to have a prominent stomach, *faere* or *opu fatete*, is not considered negative in Tahiti, but as imposing, in the order of the superlative degree." The author offers various other explanations for the obesity, one of which is that 62% of the population consume an excess of 120% of their daily average energy needs defined by the World Health Organization, while 39% ingest over 150% of the energy required. Consequently, this community's risk of cardiovascular and metabolic diseases, as well as diabetes, is among the world's highest.

Mallol (undated: 3) points out that instant gratification is reinforced by the following Samoan expression *Le polo e naea mea mata* (eat as long as you see food). Obesity is partially brought about by compulsive eating, besides eating at every opportunity instead of keeping to regular meal hours, together with an absence of regular physical activity. Besides practising a culture of serving excessively generous food portions, eating is largely dictated by food availability and food preparation times.

2.3. Health Conditions associated with Overweight and Obesity in South Africa

In South Africa, the twin disorders of overweight and obesity have escalated to the level of a serious public health concern. However, the increase in overweight and obesity among Durban-based Zulu women cannot be explained fully by diet, sedentary lifestyle, genetic pathological predisposition or disruption through changes in the endocrine system (Kimani-Murage, 2010). This study explores the role that culture might play in understanding the aetiology of obesity in South Africa, currently deemed mostly from a medical or public health perspective (Hurley et al., 2011; Puoane, Tsolekile & Steyn, 2010; Puoane & Hughes, 2005), as opposed to a cultural anthropology perspective. As Scheper-Hughes and Lock (1987: 18) point out:

...ethnoanatomical perceptions, including body image, offer a rich source of data both on the social and cultural meanings of being human and on the various threats to health, well-being and social integration that humans are believed to experience.

Over-nutrition is prevalent among many adult South Africans from all races and economic classes in general, but among urban black women of African ancestry in particular (Puoane *et al*, 2002). Faber and Kruger (2005) point out that the South Africa Demographic and Health Survey (Department of Health, 1998) attests that across the board, the malnutrition trends among the nation's adult female population is predominantly over-nutrition rather than under-nutrition.

In the Transition and Health during Urbanisation of South Africans (THUSA) study, black women with high incomes were singled out as being at greatest risk for weight gain in the overweight and obesity range (Kruger, et al, 2005). The authors point to environmental factors, including socio-cultural factors, urbanization, income, class, education level, parity and stress as being implicated in the escalating obesity epidemic among South Africa women.

In their literature review spanning 50 years, Bourne, Lambert and Steyn (2002) analysed *The South African Demographic and Health Survey* (1998). The survey reveals that the national prevalence of hypertension in blacks is 24.4%, albeit the survey contains restricted data on the population's physical activity and almost nothing on lifestyle patterns. The authors concluded that the increasing emergence of NR-NCDs in black South Africans, compounded by the HIV/AIDS pandemic, presents a complex picture to health workers and policy makers who need to place greater emphasis on healthy lifestyles. Every October, NR-NCDs and CDLs become a national issue, highlighted mostly by the mass media during South Africa's National Obesity Week spanning October 15-19.

According to World Health Organization (2009), non-communicable diseases are of public significance throughout South Africa, with the most common conditions including obesity,

hypertension, emphysema (chronic bronchitis), diabetes mellitus or type 2 diabetes, ischaemic heart disease, stroke and cancers. Mollentze (2006) amplifies some of these conditions when he observed that health consequences of obesity in South Africa include insulin resistance, type 2 diabetes, dyslipidaemia, osteoarthritis, coronary diseases, and malignancies such as cancers of the breast, endometrium and colon. Compared to individuals of normal weight, obese hypertensive patients are two to three times at higher risk for coronary heart diseases, as well as seven times the risk of stroke under the Cardiovascular Study in the ELderly (CASTEL) (Mazza, et al., 1983).

South African adults are not the only ones trapped in the web of overweight and obesity. Armstrong, *et al.* (2006) point out a relatively new trend of South Africa's children being obese from an early age. Commenting on childhood obesity, Mollentze (2006) highlights an aspect of this alarming public health concern, that childhood obesity is a predicator of the same condition in adults. Extrapolating from trends in the USA, in less than a decade it can be expected that up to 24 % of these South African children will have a BMI greater than 25, which demarcates the lower end of the overweight spectrum. Already, this prediction has been borne out among South Africa's white children as well as increasing numbers of black children.

2.4. Urbanization and the bane of over-nutrition

Rising standards of living, modern urbanization and Western diets are among key factors in South Africa's obesity epidemic, while rural black South Africans still maintain a fairly 'traditional' diet (Steyn et al, 2001). Steyn et al (2006) attribute the current nutrition transition to drastic changes in the political, economic, social and cultural arenas discussed earlier in this chapter. Such developments have resulted in rising urbanization and modernity,

where black Africans relegate vegetables and plant proteins replete in micronutrients to the status of disreputable poverty foods, in turn leading to an escalation of NR-NCDs and CDLs. Among the key causes of obesity is fat intake among South Africans, especially among people of African ancestry, which has increased by almost 65% since 1940, when records were first kept (Power, 2004).

Rubin (2008) concurs with the above authors in observing that increased rural-urban migration occurs as men and women take up jobs that provide disposable income. The author advances that a sizeable portion of their earnings goes into spending at supermarkets, where aisles are replete with packaged foods containing white wheat flour and maize meal, refined sugar and high-fructose corn syrup, artificial colouring and preservatives. In addition, urban dwellers are exposed to a variety of fast food restaurants that sell Western favourites: “... your greasy fried chicken, thick hamburgers, and heavily salted chips just like in my country, plus some local foods we don’t see in the States, like meat pies, *samoosas* and *vetkoek*” (Rubin, 2008:4). In comparing the South African situation to his home country USA, Rubin underlines the last three equally fattening foodstuffs originating from three other nations, respectively: the UK, India and the Netherlands.

All of the six food items cited by Rubin cause consumers to pile on visceral (abdominal) fat, which is a risk factor in heart disease. Rubin (2008:4) quips in the telling understatement about urbanized sedentary lifestyle behind an office desk: “They say you can tell when someone works in an office in South Africa – he or she has a bit of a belly”. Such a stomach, known as the *umkhaba* among the Zulu, is celebrated, the bigger the better. Among the Zulu, an *umkhaba* is deemed a sign of prosperity, and being well-looked after. When the above American author visited South Africa he was told that “... men stroke their fat bellies as a

sign to others that they have money and can afford to buy all the food they wish” (Rubin, 2008:4). In most instances, overweight and obesity are linked to eating large portions of food, a practice generally admired, where people carrying such weight are considered as not being stingy with food. In the following remark Rubin (2008: 4) observes that in South Africa overeating is seen as the norm rather than an aberration:

I could see that eating a great deal in one sitting was considered normal ... I heard that it was considered an insult not to have a second helping of everything you finished on your first plate – steak, potato and all the trimmings.

Where there is such an abundance of food an increasing number of health conscious Zulus are beginning to say ‘no’ either to food heaped high on plates or to second helpings.

2. 5. Moving Away from the Traditional Diet

While the nutrition transition that has precipitated the obesity epidemic in South Africa could be traced back over six decades, it is only recently that the World Health Organization has recognized obesity as a chronic disease (van der Merwe and Pepper, 2006). However, a literature search by Faber and Kruger (2005) on studies conducted in South Africa on chronic diseases spanning 1940-1992 reveals a marked shift from what is generally referred to as an African ‘traditional’ diet, to the adoption of an atherogenic, Western-type diet. Atherogenesis is the formation of fatty deposits in the inner lining of arteries, leading to coronary heart disease (CHD) (Longhorn Foundation, 2010). The Western-type diet is rich in cholesterol among other atherogenic factors.

Atherogenesis is an inflammatory response associated with risk factors, such as high cholesterol, smoking, hypertension and high blood glucose levels. The Longhorn Foundation

also points out those foods with saturated fat are extremely atherogenic. The main animal sources are beef and beef fat, pork, veal, lamb, lard, poultry fat, milk, butter, cream, cheeses and other dairy whole-milk and 2 %-milk products. Although less atherogenic, but also a health concern, are trans-fatty acids and hydrogenated fat. The main sources of these fats in the Western diet are cooking oils, margarine and shortening. Ideally, trans fats should not make up more than 1% of total daily calories. Trans fats and saturated fats are high in 'bad' cholesterol, otherwise known as low-density lipoprotein or LDL. Another category comprises meat-heavy meals, despite there being hidden and obvious fats in the latter. Among the worst offenders from an atherogenic perspective are beef and other red meats, organ meats and poultry fat.

The Foundation identifies other key public health concerns as fast foods and processed foods, as well as high sugar and sodium (salt) intake. A diet rich in salt, cholesterol, saturated and trans fats results in plaque leading to the accumulation of fatty tissue in the inner lining of arteries, which causes cardiovascular disorders such as stroke and heart attack. Jointly, it is such factors lead to what is known as an atherogenic environment. Fast foods, for example, are especially fried ones, are highly atherogenic. Deep-frying fats and commercial shortening are made through a process called hydrogenation in which trans fatty acids are formed. Fast foods prepared with the above-mentioned fats and shortenings contain both saturated fat and trans fat. Also common in the Western diet are highly processed and baked foods. Examples include white sugar, bread (especially white), cookies, cakes, *amagwinya* (*vetkoek*, a dough cooked in oil), mealie meal products such as *pap* or *uphuthu* (mealie meal porridge), combinations of potatoes and bread or potatoes plus rice in one meal, pies and French fries. The above foods abound in South Africa's urban settings.

Similar concerns are evident in a review of the THUSA (Transition and Health during Urbanisation of South Africans) project undertaken in the North West Province of South Africa, which established that urbanization has led to obesity (Venter; Wissing; Margetts, 2005). The study involving 1854 men and women aged 15 years and older from 37 randomly selected sites found that while urban subjects consumed less maize porridge, they ate more fruits, vegetables, animal-derived foods, fats and oils than rural subjects. Despite the fact that the diet led to improvement in micronutrient intakes, it resulted in increases in overweight, obesity and associated factors for NCDs.

Efforts to counter the nutrition transition in KwaZulu-Natal can be traced back to over a decade. Dr Halley Stott who, in 1951, after graduating as a general practitioner from Edinburgh University, devoted 25 years of his life to promoting a holistic approach to medical care, nutrition and agriculture. He worked among 45,000 people of African descent residing in an area then known as the Zulu Reserve near Durban in the Valley of a Thousand Hills. Working through a facility known as Botha's Hill Health Centre, Dr Stott also set up Valley Trust in 1953, a charity organization to help fund the centre. Stott (1976: 52) points out aspects of the nutrition transitions that were evident in the Valley of a Thousand Hills by clarifying that:

As families became more and more dependent on the [local] trading store for food it was inevitable that there should be a transition from unrefined food to refined foods... notably the nutrient deficient, refined maize products (sifted *mealie* meal, *samp* and *mealie* rice) white four products, commercial sugar, tea, curry and condiments.

Explaining why these items were so popular, Stott (1976: 52) states: “these highly refined foodstuffs, endowed with prestige value by commercial propaganda, kept well and were palatable, filling and relatively inexpensive.” Distinguishing between the traditional versus

modern food, Stott observed that the Zulu people he worked among were replacing whole grains, such as the coarse but relatively more nutritious unrefined *mealie* (maize meal), in favour of sifted *mealie* meal. Dr Stott observed:

Commercial sugar was used as a sweetening agent...All families adopted the use of sugar and inevitably, sweets, synthetic cool drinks, biscuits, cakes and which, like sugar, tend to be used unwisely and displace some wholesome food.

It appears that among his key concerns was that children who drank “sugared liquid porridge were grossly deficient in essential nutrients” (Stott, 1976: 54). Long-term breastfeeding, common previously, gave way to artificial feeding with bottles, with grave effects. The doctor observed that it was little wonder, therefore, that high on the list of principal causes of infant morbidity in the village were malnutrition, infantile diarrhoea and gastro-enteritis.

In addition, Dr Stott (1976) indicated another detrimental trend associated with the nutrition transition affecting the Zulu people in the mid-twentieth century as being their food preparation methods. Among them he highlights *ukuthosa* (frying), which quickly joined key cooking techniques used extensively by both Indians and whites. Dr Stott (1976: 54) describes the trend gaining popularity, especially among African Christians, who used dripping for frying thus: “All stews and curries began by frying onions as a base. The more advanced (Christian) sections even fried spinaches, cabbage and beans in dripping, with onions, tomato and chillies added, after first having boiled them, thus destroying most nutrients.” The doctor’s comments do not come as a surprise six decades later, as the same food preparations still apply widely today. The adopted methods are still considered the norm, increasingly leading to overweight and obesity, with their associated public health concerns.

Commenting on Zulu migrants who left other African Reserves and settled in the Valley of a Thousand Hills near Botha's Hill after the 1940's, Krige (1962: 2) points out that:

The fields are small and the bulk of the food is bought from the stores in the form of highly refined *mealie* meal, bread, sugar and tea. Even the traditional spinaches are now in short supply owing to erosion and over-grazing, and the more educated section of the population is beginning to despise them as food only for the uncivilized.

Referring to Zulu migrants displaced by white supremacy policies on land from the political economy perspective, Krige underlines the effects of the move to a densely-populated area where most of the food was shop bought. Denied the ability to grow sufficient food by virtue of being forced to live on wastelands, politely labelled as 'Reserves' under the apartheid era, the migrants had to adopt a new diet instantly, leading to fast-tracking the prevailing nutrition transition.

2.6. The Food Industry's Role in Promoting Obesity

The commercialization of food associated with technological advances in the nineteenth and twentieth century revolutionized the production, distribution, preparation and consumption of food in the West – trends that have since been adopted universally (Mennell, 1992; Schlosser, 2002; Wylie, 2001). Drastic changes included mechanization facilitating large-scale farming, with agrochemicals facilitating massive crop production. Advanced techniques in food processing, preservation and preparation, coupled with long distance distribution through improved transportation, have boosted easy access to food world-wide. Food-related advertising and marketing through the mass media and other means have stimulated wide adoption of the Western-type diet (Hurry, 2004; Warde, 1997).

Examples of specific food items referred to are as follows. Excess sodium is another key factor leading to hypertension, which is among the inflammatory responses that contribute to atherogenesis (Longhorn Foundation, 2010). In the Western diet, people get up to 75 % of their sodium from processed foods, including soups, tomato sauce, condiments, canned foods and prepared mixes. Monosodium glutamate (MSG) is a significant source of sodium in canned, packaged and frozen foods as well as in restaurant cooking. Excess sugars also contribute to high blood glucose levels as well as cholesterol. Having followed the footsteps of the US closely, South Africans have similar food consumption patterns.

In lieu of the above developments there is a need to explain how some of the above technological advances have contributed to cultural disintegration in Africa (Gbotokuma in Mbakogu (2004). A rural-urban exodus of African youth in search of white collar jobs has resulted in the adoption of alien traits of deculturalization, as well as depersonalization. Acculturation in food habits is among the key consequences of such trends. Consequently, South Africans have become addicted to fast food, otherwise known as the burger culture of North America (Fieldhouse, 1995), through a process Ritzer (2004, 1993) dubbed the McDonaldization of the world.

The core fast food items currently spawning overweight and obesity epidemics universally include burgers and French fries, hot-dogs, among items currently spawning overweight and obesity epidemics universally include burgers and French fries, hot-dog, fried chicken pieces, sandwiches, doughnuts, milk shakes and ice cream. Whereas in the early 20th century the burger was considered “a food for the poor” (Schlosser, 2002:197), many black South Africans from formerly disadvantaged communities count the above food item among those symbolising affluence or the ability to afford the good life. Food franchises that sell such

food strive to ensure the customer keeps coming back for more by selling super-size portions, often resulting in the overeating and consequent weight gain.

In their contribution to knowledge Viljoen, Botha and Boonzaaier (2005) employ a historical approach that traces back the prevailing nutrition transition among black South Africans to the early part of the twentieth century. The authors attribute the change mainly to acculturation, migration, urbanization, education and economic advances. Such change included greater contact with Western-oriented ways largely through missionary efforts and employment of black domestic workers in white households. In the process people of African ancestry adapted their traditional food practices through exposure to Western foods.

In addition, the above adaptation was the result of drought that demanded agricultural changes, as well as increased employment and cash earnings that enabled affordability of Western-types of food products. For example, while maize-meal, sorghum and millet remained the main staples among this racial group, wheat bread increasingly gained popularity among urbanites, as did sugar, salt, oils and fats. Availability and affordability became the determining food consumption factors. Furthermore, in keeping with Western ways three meals daily became the norm among South Africans blacks rather than their traditional two meals. Previously the first meal was enjoyed between 11:00am and 12:00pm after cows had been milked, and after sunset between 17:00pm to 20:00pm (Turner, Osborn, Noriskin, Ashton and Bryant in Viljoen, Botha and Boonzaaier, 2005).

2.7. Body Image from the Overweight and Obese Perspective

While overweight and obesity have become a public health pandemic globally, white women in the West appear excessively concerned about their body shape and size in relation to their

weight. In an article that explores the issue of what it means to be "fat" for women in Western (British/North American) society, Wray and Dreary (2008) focused on existing contemporary gendered biomedical discourses. The authors discuss dominant attitudes toward body shapes and sizes, where the fuller figure is deemed symbolic of self-indulgence and moral failure. At one extreme, body image in relation to body mass index within the context of Western consumer capitalism has spawned new trends in image-obsessed narcissism linked to physical self-improvement (Mennell, Murcott and van Otterloo, 1992). While African and Afro-American women tend to be more accepting of the fuller figure (Lupinski, 2003), the younger generations among these two groups, especially adolescents and women in their 20s to mid-30s, are beginning to emulate the above-mentioned body-alienating trends common in the West.

For the Zulu girls, the subtle, subconscious brainwashing process associated with white body shape and size could probably be traced back to early childhood. Until very recently, dolls were modelled on the white image of desirability, such as the Barbie dolls, which is changing slowly, although there are now black Barbie dolls. According to a documentary series "Celebrate the Century" screened on SABC 3 on August 1, 2010, the Barbie was first launched in 1959 in USA with the aim of representing what every girl wants as the 'ideal' body. Consequently, the extra tall, lean, wasp-waisted figure with disproportionately large breasts has become the ideal body shape that young girls in increasing numbers of women aspire to. Probably the only resemblance Zulu girls have in common with Barbie are the robust breasts.

In general, various body image trends weave together major strands in the tapestry of this study, among them sex, gender, age, ethnicity, class and health. Representations include

Barbie-like dolls to play with, the ubiquitous slender black models of African ancestry, and the white mannequins used in marketing. The Western thin body ideal reflects the preferences of Western white males, said to desire the pre-pubescent white, anorexic female deemed the most sexually attractive category of females (Williams and Germov, 2004).

While body image exploration is increasingly gaining interest among academic circles in the West (Grogan, 1999; Orbach 1979, Mennell, Murcott and van Otterloo, 1992), a corresponding interest is hardly noticeable among African scholars. Little has been written on the subject in Africa, much less from an indigenous African perspective. Fewer still, such as Zimbabwe's Tsitsi Dangaremba (1988) write about body image coupled with weight concerns.

One cannot discuss the African women's body image without mentioning the much discussed voluptuous Saartjie Baartman, also widely branded in Europe as the African Venus. In a chapter entitled "Ethnological Show business: Footlighting the Dark Continent" in the book *Freakery; Cultural Spectacles of the Extraordinary Body*, Lindfors (1996) interrogates the conventions governing the exhibition of Africans in the British Isles in the nineteenth century. It was the century that opened up European exploration of Africa, and concurrent institutionalization of imperialism. In his analysis of the subject of the representation of Africans, the author raises three questions: how Africans were represented among the British public; in whose interests the exhibitions were; and what subliminal messages lurked beneath the surface at these exhibitions.

To illustrate the discourse, Lindfors identifies Saartjie Baartman, a San woman originally from South Africa who was exhibited in London in 1810, as featuring among the most

notorious case of ‘freakery’, as the book title suggests. Dubbed the ‘Hottentot Venus’, the San woman was the butt of numerous jokes in the literal sense of the word. The ‘Hottentot’ label Saartjie carried suggests she represented black African women to her European beholders in a body they considered as diametrically opposed to European notions of classic beauty. Lindfors (1996: 208) unwittingly betrays his own Eurocentric-cum-ethnocentric prejudices in the following observation: “As many San women, she (Saartjie) was suffering from “steatopygia”, a greatly enlarged rump, which appears to have been the single feature of her anatomy sensational enough to bring out the crowds to see her.” By putting down Saartjie’s generous derriere as a grave medical condition, the author calls to question how her European audience generalized what they considered a physical abnormality among African women of her entire community, the San. It could be inferred, therefore, that the natural features of Saartjie and her fellow San womenfolk were biologically sound until seen from a European perspective.

In this particular case then, in what was anticipated as a money spinning venture, both a South African Boer farmer and British naval surgeon tried to promote an interest in Saartjie to an antiquarian owning an art and natural history museum in London. When the deal fell through, the farmer and surgeon put her on display near London’s Piccadilly Circus. Some sceptical spectators fingered her generous backside, probing for evidence of hidden padding or some other artifice beneath her skimpy dress. One spectator reported that as a fellow viewer “pinched her [Saartjie]; another walked around her; one gentleman poked her with his cane; one lady employed her parasol to ascertain that all was, as she reported it, ‘natural’” (Lindfors, 1996: 208).

Two centuries later, it is not uncommon to see Zulu women in South Africa with derrieres of similar proportions. Their male counterparts, however, do not view that part of the anatomy as a clinical deformation. In general, Zulu men not only admire but also prefer such generous features, which are deemed the sexual ideal among people of that ethnicity. This sexual attraction, however, runs counter to the current ‘thin ideal’ widely deemed sexually attractive in the West today. Zulu men are not alone on the African continent in their preference of women’s fuller-figured women. Rubin (2008: 4) cites a Nigerian blogger in a nation where men love plump women, where such females consider it a complement to be called ‘fat’. On the contrary, a similar remark in the West would generally be considered an insult rather than flattering.

2.8. Measures Taken to Counter Overweight and Obesity

In the past 15 years, chronic diseases of lifestyle have received increasing attention in South Africa from a public health perspective. In response, the South Africa Department of Health, in conjunction with the Medical Research Council, consulted widely to develop guidelines on chronic diseases of lifestyle (CDL). The joint venture yielded the report entitled: “*Chronic Diseases of Lifestyle in South Africa: 1995-2005, Medical Research Council – Technical Report*” (Goedecke, et al., 2005), which was followed closely along the same lines by the Medical Research Council’s “*Chronic Diseases of Lifestyle: 1995-2005*” (Steyn, et al., 2006).

The same year saw the publication of the revised directives for the detection and management of hypertension, outlined in the *South African Hypertension Guidelines* (Seedat, et al., 2006). Similar rulings were issued in 2005 on detecting and managing cardiovascular disease (dyslipidaemia) in *Adoption of the European Guidelines of Cardiovascular Disease Prevention in Clinical Practice – Guide to Lipid Management* (Raal, et al, 2006). This South

African version was compiled by the Lipid and Atherosclerosis Society of South Africa (LASSA) in conjunction with the South Africa Heart Association (SA Heart).

In reality however, well intended documents do not always translate into action, especially among the low income masses who ply the corridors of the public sector hospitals. Mollentze (2006) lauds measures that have been implemented successfully, as observed mostly in the private sector. Nevertheless the author calls for collaboration with the public health sector and other stake holders to combat overweight and obesity. The ‘other’ includes all in the nation, whom he urges to collaborate in a focused, well-orchestrated effort, drawing every resource possible instead of the current compartmentalized approach. Only then, he points out, will there be hope in tackling the challenge of the nation’s escalating epidemic.

2. 8 Historical accounts of Structural Violence as Key Factors in South Africa’s Nutrition Transition

In his book *Twentieth-Century South Africa* historian Beinart (2001) goes even further back in history to examine both the destructive and dynamic forces that shaped the pre-apartheid era spanning 1880-1944, as well as the apartheid era covering 1948-1994. Among key policies the author mentions in the pre-apartheid era is the Natives Land Act passed in 1913 and tightened in 1923 to control urban-based racial segregation barring blacks movement to cities. Another was the apartheid policy after the Afrikaner government was put in place in 1948, to ensure deeper entrenchment of white supremacy in South Africa.

An example is the paradox where whites not only separated from blacks, but whites also regulated the lives of both groups where while: “economically, blacks were essential as peasants, workers and farm tenants; politically the settler state tried to exclude them”

(Beinart, 2006: 48). The political economy was contrived to that of the major four categories: European, Coloured, Asiatic and Natives [people of African descent], and this demarcation took the same sequence on the economic ladder, with white at the top and the Native at the bottom. Even when a democratically elected government came into power in 1994 and was supposed to be representative of the majority, Beinart (2001: 48) regrets that “the divisions of apartheid era have not dissolved.”

To date, two decades later, the dissolution has not occurred, and does not seem likely in the near future. Over the centuries history traces how the lighter skinned races have taken advantage of the indigenous Africans. This trend began in earnest after the Dutchman Jan van Riebeck landed at what is now South Africa’s Cape Coast as far back as 1652, to set up a convenient trade centre for supplies for the Netherlands East India Company as its vessels plied the ocean from Europe to Asia. Indigenous Africans were employed as labourers under white supremacy arrangements. A growing trend of racial discrimination based on economic and other forms of exploitation has since followed.

Dismantling what has since become such a carefully orchestrated racially-discriminative political, economic and social structure cannot be achieved overnight, with those in power and wealth being generally reluctant to relinquish or share out either privilege more equitably. Commenting on the racially-skewed apartheid policy in 1952 the young N.R. Mandela, the then leader of the African National Congress Youth League, observed in DRUM (1952. Congress and Congression. February 1952, p 16):

The white people of South Africa are steeped in the *Herenvolk* philosophy of the ‘Master race.’ In a multiracial society such as we find in South Africa, this sort of

philosophical outlook breeds certain undesirable and even dangerous pathological attitude and reactions. It breeds the myth of racial supremacy.

That legacy persists over a century later, explained at greater length below. The democratic government that took over from the apartheid government in 1994 inherited a rather contradictory legacy. Despite the new government having inherited a South Africa publicized as the most developed African economy in terms of modern physical and institutional infrastructure, it also inherited massive socio-economic problems (Terreblanche, 2002). Among them were the high levels of unemployment, abject poverty affecting half the nation, extreme inequalities in distribution of income, property and opportunities in what Terreblanche (2002: 4) sums up thus: “What makes these problems much more pressing is the fact that it is mainly black South Africans much more – and particularly Africans – who are at the receiving end.”

Poverty still remains a key factor among those at the lower end of the economic ladder since they can mostly afford cheap food that does that does not promote health. Another deterrent to health is having to sit for hours in long queues at public hospitals where they are attended by overworked staff. Such conditions discourage sick people from seeking medical attention until too late. Another concern is the government approach to public health where the emphasis is curative rather than preventive health.

Delving into history Terreblanche (2002) also offers what he considers the three major explanations for the above situation on the structural violence that plunged the majority of the indigenous people into economic bondage that spanned the mid-seventeenth century until the first decade of the twenty-first century. The first explanation was white colonialists creating

political structures that privilege them at the expense of indigenous groups. Secondly, whites deprived the indigenous people of valuable natural resources including land, water and minerals. Thirdly, the whites reduced slaves and indigenous people into what he describes as un-free and exploitable labour. The author expresses concern that elements of the above forms of deprivation continues to persist to-date.

At the heart of the current deprivation is structural violence, described as any form of socio-economic, cultural and political structures which bar individuals or societies from accessing basic rights. Terreblanche (2002: 5) suggests that contemporary white South Africans who benefitted most from colonization, segregation and apartheid ought to:

...honestly acknowledge the systematic character of our socio-economic problems, and the central role the dual political-economic systems of white domination and racial capitalism have played in creating these problems and causing such widespread social injustice.

From a historical perspective, racial inequality is evident in many spheres of life, especially under the political economy of colonized nations.

Below are a number of examples found in the literature, including *Starving on a Full Stomach*, a book authored by the History professor Diana Wylie. Wylie goes to great lengths to point out that her key objective in writing on food specifically on South African soil was not about food *per se*, but to probe the political economy in order “to gain understanding of the human consequences of an industrial revolution that took place in a colonial setting” (Wylie 2001: xi). A greater part of the author’s task entails gauging the changes in quality of life through the lenses of colonialism and racism, based on the politics of hunger instead of merely focusing on the social history of food. In so doing she exercises agency by steering clear of official record that merely reflects “the way the state thought ought to happening” (Wylie’s, 2001, xiii).

The author seeks explanations as to why, at the beginning of the twentieth century until after the late Nelson Mandela became South Africa's president in 1995, a minority white population continue to justify denying the nation's black majority political participation. She points out that white supremacy is still justified based on the assumption that other races were unequal based on biology. For example, Afrikaner nationalists who rose to political leadership in 1948, marking the dawn of the apartheid era, applied both the ethnos theory and the Bible to justify "separate development" of the races (Wylie, 2001:2).

Ethnos theorists advocated that ethnic traits should be preserved, while the Dutch Reformed Church applied the biblical story on Ham to justify racial domination. Both tenets applied cultural racism to justify the existing contrast in wealth and power. By applying cultural racism whites convinced themselves of their inborn superiority and God-given right to govern. This resulted in the apartheid state "undertaking massive social engineering in the form of forced removals and homeland schemes aimed at entrenching white supremacy through the logic of divide and rule" (Wylie, 2001: 3).

Wylie's (2001: 3) book title is borrowed from the sentence: "The Native is starving on a full stomach" based on an African man's reply to three whites who asked him to comment on the health of his fellow Africans. According to the author, the bewildering oxymoron symbolizes Africans grappling with social change experienced in the wake of a new political economy in which they were ensnared. The above African was referring to industrial changes, where he was left little choice but to eat the monotonous cornmeal porridge ungarnished with wild vegetables, milk or the occasional meat as was the case in the past.

South Africa's industrial revolution, ushered in at the beginning of the twentieth century, disrupted the indigenous people's traditional diets, rendering them too weak to till the land or work on the new, white-owned mines and factories. The whites, on the other hand, had the opposite vantage point, as they "no longer prized quantity above quality of food, or distributed it to advertise age and gender distinctions, as Africans still did...Rather, food – and the knowledge associated with it – had become a way of publicising class distinctions" (Wylie, 2001: 5). On his part Mintz (1985: 4) ventures an explanation for such action: "What we like, what we eat, how we eat it, and how we feel about it are phenomenologically interrelated matter; together, they speak eloquently to the question of how we perceive ourselves in relation to others." Mintz offers further insight in this respect by linking differences in food choices and eating habits that could be taken into consideration, ranging from factors such as culture, sex, age, status as well as occupation.

In a similar vein, Wylie (2001) expressed concern that the racially biased nutritional facts and figures submitted by white researchers revealed more about themselves than the researched. Among their glaring was to highlight the fact that under the white-led supremacist political economy, food-related infectious diseases among blacks would not be cured merely by increasing the food supply. The author advances that as long as poor housing, unemployment and poor wages and health services among the poor black majority blacks persisted, their health was unlikely to improve. From a political economy viewpoint, they drew these conclusions after researching black communities in the following three research sites: Valley of a Thousand Hills in KwaZulu-Natal near Durban's Botha's Hill; Johannesburg, and what was formerly known as the Transkei, now the Eastern Cape.

Meanwhile, owing to their penchant for animal protein, historically, meat still remains a high priority item on the food agenda of the Zulu people. Commenting on the Zulu partiality to meat, Krige (1957: 55) point out that: “Best of all food the Zulu loves his meat. Meat is eaten on great occasions only; when a sacrifice has been made, an important event celebrated or a highly honoured guest welcomed.” Writing just over a decade later, Cowley, Griesel and Thompson (1968: 33) echoed the same sentiments, but go broader to cover the entire continent’s love for meat: “In Africa, there is an acute shortage of proteins from animal sources, a scarcity reflected in the high prices.”

To cater to their craving for meat, relatively unhealthy, fat-laden cheap cuts remain the order of the day among the poor. This trend often leads to overweight and obesity in cases where sedentary lifestyles are increasingly becoming established, especially in urban settings. A tendency not to acknowledge the seriousness of personal weight is common among both black urban and rural dwellers. Faber and Kruger (2005) illustrate the perception through a study involving 50 women aged 25-55 in Ndunakazi in rural KwaZulu-Natal, where only 2 % of over-weight and 30% of obese women thought they were too fat. Of the same sample, only 1% of overweight and 24% of obese participants wanted to lose weight. The South Africa Demographic and Health Survey (1998) yielded similar findings, where only 15% of African women deemed themselves to be overweight, while in fact 57% were either overweight or obese. Aligned to the above tendency are prevalent misconceptions that have clouded such women’s beliefs concerning the seriousness of being overweight or obese.

If anything, obesity was viewed in a positive light. The notion of ‘healthy’ or ‘benign’ obesity was disseminated in South Africa from the 1960s until the late 1980s, leading to misconceptions that obesity and related chronic illnesses did not pose a problem to some of

the nation's black ethnic groups (van der Merwe and Pepper, 2006). In this respect, it was widely held that high cholesterol build-up and heart disease were less prevalent in the black population. This was based on the assumption that obesity in this ethnic group was without consequence, and assumed as recently as 2001 that African women were less prone to hypertension, coronary heart disease and breast cancer than their white counterparts. The above authors expressed concern that even at present, obesity is not deemed a serious atherogenic factor among the black ethnic group, despite documented studies clearly stating that obesity predisposes this group to hypertension, glucose intolerance and diabetes.

Van de Merwe and Pepper (2006: 315) take pains to point out an irony spanning three decades, where between the 1960's to the late 1980's, notions of 'healthy' and 'benign' obesity proliferated, based on the belief that obesity among South Africa's black population was of no consequence. Health personnel and researchers have since advanced in their thinking, by duly acknowledging the adverse health implications of obesity, regardless of ethnicity. However, while the biomedical fraternity no longer upholds this perception, in general, it seems many among South Africa's black communities still do. Such a response is to their detriment, as individuals do not actively take the necessary disease prevention or management measures, resulting in increased morbidity and mortality. Culture-based denialism based on the acceptance of fat bodies is evident in the earlier-mentioned obesity survey conducted by GlaxoSmithKline (Smith, 2010).

Paradoxically, while most African nations grapple with poverty, food insecurity, under-nutrition and infections (including HIV), overweight and obesity among the continent's more developed nations are being experienced as both under-nutrition and over-nutrition concurrently (York, et al. 2004); World Food and Agriculture, 2001). South Africa is one

such nation, and needs to address the co-existence of both overweight and obesity in households affected by both under-nutrition and over-nutrition (Mvo, et al., 1999). The authors mention overweight or obese mothers raising their under-nourished children under the same roof in the African township of Khayelitsha, Cape Town. Paradoxically, according to the above authors, some children are undernourished, or may be experiencing stunting or wasting, while their mothers are either overweight or obese.

To explain this phenomenon Vorster (2010: 1) defines the occurrence of the double burden of under- and over-nutrition under one roof as 'hidden hunger'. The term applies where micronutrient deficiencies occur in apparently well-fed individuals. Distinctive clinical symptoms, such as stunting and being underweight in children, may prove fatal, while the same condition may also be prevalent among normal-weight, overweight or obese individuals. The children may be undernourished by virtue of having micro-nutrient deficiencies, while their mothers are obese by virtue of eating overly-dense foods. Under-nutrition in children could partially be explained by foetal malnutrition and a diet staple sufficient in calories but deficient in micronutrients after birth. Contrary to expectation, 'hidden hunger' is not confined to people of low income in under-developed countries, as it occurs in developed ones as well.

In homes where this form of hunger exists, where affected women reside in a disadvantaged community, reducing food intake is deemed unacceptable, especially as the fuller figure in females symbolizes marital harmony. In addition, a large number of women in such townships do not perceive themselves as overweight or obese. While these women express the desire to shed excess weight, they refrain from taking action, as they are not prepared to

face social pressure. Such action reflects cultural notions through which this weight tolerance is the norm among the majority of community members.

In the past, over-nutrition and under-nutrition were deemed the preserve of particular societal groups, namely the wealthy. Mayer (1968: 74) observes that obesity is attributed to overeating, which he identifies as one of the easiest forms of self-indulgence in a prosperous culture:

Over-eating where food is in abundance requires neither courage nor skill, neither learning nor guide. Gluttony demands less energy than lust, less industry than avarice. The fat human being, accordingly, is taken to be both physically and morally absurd, and to constitute a living testimony to the reality and the vapidness of his sins.

In his analysis, Mayer misdiagnoses overeating as a malignancy that afflicts only those in affluent cultures. He could be forgiven for such an assumption, as over-consumption-related obesity in the northern hemisphere was previously seen mostly as an affliction of the affluent West. Africa has been viewed by outsiders as a starving or famine-stricken continent not associated with food-related over-consumption.

As a form of malnutrition, over-nutrition predisposes individuals to the earlier-mentioned nutrition-related non-communicable diseases (NR-NCDs) and chronic diseases of lifestyle (CDLs). Senekal, Steyn and Nel (2003) concur that ethnicity could be cited as a risk factor for being both overweight and obese. Gordon-Larsen, Adair and Popkin (2003) add their voice by maintaining that efforts to reduce overweight or obesity need to take into account existing disparities between ethnic groups, as well as the environmental, contextual, biological and socio-cultural factors, among others. Doubtless, this applies not only in

Durban in particular, or in the entire KwaZulu-Natal Province, but also in South Africa in general, where populations are plagued by the bane of over-nutrition.

2.9 Historical Perspectives on Women's Body Sizes over the Centuries

The section below focuses on historical perspectives of the western quest for the thin ideal body. Accounts of self-starvation leading to thin bodies date back to the Hellenistic era, specifically during the third and the fourth centuries A.D. (Hopton, 2011). Women became emaciated by rejecting food in a religious bid to attain spiritual purity and perfection. The practice resurfaced again during the Renaissance between the 12th and 17th centuries, with hundreds of holy women fasting and purging in a similar bid, aimed at achieving redemption, salvation and spiritual perfection. The association with being moderately overweight as a pathological concern in the mid-18th century among the upper classed in Europe resulted in women 'fasting cures' at private clinics (Hopton, 2011: 177). At the turn of the 19th century, a fat phobic quest for a thin body occurred on a more affordable scale, with women wearing corsets to create an illusion of the desired size, a technique applied concurrently with fasting and dieting (Herbamas, 2005, cited in Hopton, 2011).

Another significant shift occurred in media imagery during the mid-19th century, where:

Numerous studies reveal a shift in the media imagery in magazines, films and television from the idealization of a voluptuous female figure in the 1960s to a progressively thinner ideal throughout the 70s, 80s and beyond (Hopton, 2011: 179).

To a certain extent, Arthurs and Grimshaw (1999) concur concerning the diffusion of media influence on the above body size, but their scope is wider. They associate the female body idea becoming a constant concern following the advent of the second wave of feminist towards the end of the 1960s. Henceforth, feminists analysed, endorsed and promoted notions

of the female body not having to be subjected to the dictates of the media, beauty, fashion, movement, and behaviour in general. Gradually, feminist analysis broadened, in the process, highlighting both the scope and range of body shape, size and youthfulness in relation to ethnic ideals.

The 1970s, a subtle shift from the idealized body as “no longer simply thin, but firm, toned and lightly muscled,” was attained by constantly subjecting the body physical disciplining (Arthurs & Grimshaw, 1999: 2). Commenting in the 1990s in a similar vein among the above authors, British anthropologist Pat Caplan (1999) notes that dieting as a form of selective fasting, generally practiced more by women than men in the west, where restricted food intake is associated with health, religious or political concerns. Caplan (1999: 14) draws attention to a widely cited maxim purported to having originated from the Duchess of Windsor: “One can never be too rich or too thin,” which the above women seem to have taken seriously. This notion has since crossed the Atlantic, as observed by Sobo (2008): “In the United States there is a well-known saying that you can’t be too rich or too thin.” The author mentions survey results in Britain that indicate that virtually all women are dissatisfied with their body shape, size and weight. These women resort to dieting in attempts to attain their body ideal.

The author notes that such pressure is born mainly by women, yet statistically, men are more likely to be overweight than women. Women’s reaction in this respect do not come as a surprise, considering they operate in a patriarchal society where, among the unwritten rules, is that female have to acquiesce to male’s wishes. However, Caplan (1999:14) highlights an existing discrepancy that runs counter to reality, that “the medical model of desirable weight, self-perceived body weight and cultural ideals.” This disjuncture is undergirded by Western

women, like their counterparts globally, to rely on their body shape, physical beauty and charm to access resources from men.

Arthurs and Grimshaw (1999: 10) raise questions regarding agency, motivation and pleasure, especially since, arguing as follows:

Some accounts of the disciplining nature of the body practices that women adopt have tended to construe women simply as victims of a pernicious patriarchal system or ideology that deploys body practices and the fetishization of certain types of body in ways that constrain all women. But if women are victims, they seem very frequently to be willing victims.

As depicted earlier in this thesis, some of the young study participants, the under 35s, are relatively more malleable in terms of adopting popular culture allied with the thin body ideal. Reasons include peer pressure, the influence of local and international media, sports, as well as fashion trends and other commercial areas such as weight loss food products as well as exercise machines.

2.10. Conclusion

Both NR-NCDs and CDLs have provoked anxiety in the South African health department concerning the escalating health cost and lost economic productivity resulting from the nutrition transition most of the nation is experiencing through globalized trends. Dietary habits and lifestyle are central to local discourses on disease prevention. Despite the government offering health education in nutrition coupled with lifestyle, individuals are nevertheless expected to take responsibility for their wellbeing.

In a different vein, the easier option is to blame the victim, expecting her or him to literally pull themselves up by the bootstrap. Other considerations need to be taken into account, as merely knowing what is correct or wrong does not necessarily lead to changes in behaviour. Such changes could be hampered by a people's historical and political past. To a large extent, the Zulu and other South African people of African ancestry still remain disadvantaged in certain respects.

One is that many cannot afford nutritionally sound foods on a regular basis. For example, organic and other healthy foods tend to be prohibitively expensive and not readily available, therefore out of reach for the majority. In the Durban context, this is especially the case among urban or peri-urban dwellers who grow very little of their own food due to a lack of farming space and/or agricultural skills. Agriculture is also considered as the domain of poor, old fashioned or uncivilized people. In addition, the majority, blacks of African origin, were often secluded into the least productive land under apartheid's policy of separate development. People holding such notions shun back-breaking efforts to eke out a living from the land. In an attempt to explain the adverse health effects of excess body weight gain under the prevailing nutrition transition, the next chapter focuses on the theoretical framework underpinning this thesis.

Chapter 3: Theoretical Framework

3.1 Introduction

Despite an extensive literature search, no single theory was found adequate to frame cultural beliefs and practices linked to the current nutrition transition as it relates to overweight and obesity, with consequent health implications. Theories applied in this study draw upon literature on food consumption patterns, weight concerns and lifestyle relevant to the rise of non-communicable chronic diseases. The four theories comprise critical medical anthropology, postcolonial feminism, postmodern feminism, acculturation theory, and symbolic interactionism.

3.2 Postcolonial Feminist Theory

Feminist postcolonial theory, an offshoot of mainstream postcolonial theory popularized by Said (1978), has emerged as a response to the critical absence of feminist thinking and activism in post-colonial theory and homogenisation of the post-colonial subject. Faced with the above form of marginalisation and exclusion, feminist activists, scholars and artists have spearheaded the location of feminist thought in relation to post-colonial theory: “It attempts to make sense of and ultimately to change the oppressive power relations encoded in the name of race, nation and empire, as well as those of gender, class and sexuality...” (Lewis and Mills, 2003: 2).

In the first place, why is a feminist perspective essential? To protect women’s interests, feminists are taking an aggressive stand in areas where they were either non-existent, or a mere handful. Hubinger (2010: 527) draws attention to this trend as follows: “It is anthropology, once male-oriented, where feminist thinking has found its terra firma, and which (anthropology) has entered cultures which in the past were only objects of its

scrutiny.” As an African woman, I have joined the fray, with a focus on studying ourselves as Africans, rather than the exotic ‘other’ as has been the long existing trend among anthropologists in a condescending process Hubinger (2010: 527) describes as observing those deemed ‘traditional’, ‘non-modern’, ‘different’ and ‘backwards’.

In its place Hubinger (2010: 259) demands the above reasoning be replaced instead with an *avant garde*, broad-minded one rather than the above in what he describes as:

...a concept of modernization that has taken on the meaning of ‘belonging to contemporary Western civilization, with the latter having been considered a goal almost universally aspired to. Whoever does not seem to shame this opinion, for whatever reason, is classified ‘backward’, ‘remote’ and doomed in the foreseeable future.

Bourdieu (1997: 194) advances a similar concern, as follows: “The habitus is the universalizing mediation which causes an individual’s agent’s practices, without either explicit reason or signifying intent, to be none the less ‘sensible’ or ‘reasonable.’” The author defines habitus as the biologically and socially-determined amalgam of individual and collective practices, both inculcated from early childhood. Put differently, it is within ‘the domain of habit’ inculcated through socialization and early learning leading to an extended process summarised thus: “In short, social structures produce culture, which in turn, generates practices which, finally, reproduce social structures” (Rapport and Overing (2000: 2).

In an earlier publication, Bourdieu (1977: 82) defines habitus as a system of enduring viewpoints incorporated into past experiences that generally influence “a matrix of

perceptions, appreciation, and actions and makes possible the achiever of infinitely diversified tasks...”

In what appears to be a dissimilar yet related vein, Bourdieu (1977: 87) expounds the habitus concept further, linking the above with economic status to physical properties pertaining to individuals in a class society based more precisely on:

... his position in the social structure and his rising or falling trajectory – and of his (or her) body – or, more precisely, all the properties, always socially qualified, of which he or she is the bearer – sexual properties of course, but also physical properties, praised, like strength or beauty, or stigmatized.

Ann McClintock (1995), author of *Imperial Leather: Race, Gender and Sexuality in the Colonial Context*, does not confine herself to highlighting the associations between gender, sexuality, race and class that moulded British imperialism. She ventures further to depict related power struggle in contemporary South Africa. By analysing feminist, postcolonial, psychoanalytic and socialist theories, McClintock takes a radical stance by rejecting what she considers as the entrenched traditional binaries prevalent in the postcolonial era, such as self/other, man/woman, colonizer/colonized. Instead, she calls for a better informed, highly complex understanding of classifications of social power and identity.

Based on his central concept of habitus, Bourdieu (1977: back cover) rationalizes similarly, though embracing a wider scope by dismissing binaries which he terms:

false oppositions which, for a generation, have shaped theoretical thinking about the social world: objectism/subjectivism; structure/history; culture/personality; synchrony/diacrony; model/performance; langue/parole; determinism/freedom; rule/improvisation; system/event.

Other postcolonial feminists have highlighted the contestation of the female body based on deconstruction of postcolonial theory in favour of women's human rights. In her book *Bodies that Matter on the Discursive Limits of Sex*, Butler (1993:18) advances that "'race' is partially produced as an effect of the history of racism, that its boundaries and meanings were reconstructed over time not in the service of racism, but also in the service of the contestations of racism." Such contestations are constantly spearheaded by feminist women of colour, who choose to be their own spokeswomen on issues affecting them adversely today, as well as about previous generations in the postcolonial era.

An exponent of the above contestation based on a struggle over how African female bodies are viewed, is Nakedi Ribane (2006) who, by virtue of having spent years as a model and owner of a modelling agency, has researched extensively on bodies of South African women of African ancestry. In her book *Beauty ... A Black Perspective* Ribane (2006: 6), herself a South African national of African ancestry, advocates that it is long overdue for black women to claim their stake in all notions of beauty:

...indigenous knowledge has been suppressed and African achievement denigrated and discounted. It is up to Africa to stop looking to the West for direction and permission and reclaim the pride, dignity and knowledge that is ours...But only when we can tap into our own culture and find our identity as a people, can we be truly proud of who we are and where we are headed.

In the same vein, Tamale (2011: 6) recommends thinking out of the box thus: "... we need to pry our minds open to new ideas; absorb new knowledge and apply our [African women's] intellect, knowledge and experience to develop a critical analysis of the issue at hand." Through these words, Tamale attempts to address the issue of African sexualities, which

touch on women's bodies. Ideally, the same caution should be applied to theoretical frameworks in this study.

Similar to Tamale's plea for African women to apply their intellect, knowledge and experience towards critiquing pertinent issues, Latha (2010), a Muslim African feminist, advocates for the above women to borrow a Senegalese traditional advocacy concept. It entails "*sani baat*, the act of throwing one's voice to create an epistemic violence to discourse that will create space for a hitherto unheard voice" (Mugo cited in Latha, 2010:58). The contribution of such unheard voices may likely contribute significantly to advancing epistemology, promoting the cause of African women both on the continent and beyond.

Looking beyond the African continent, Sanger (2002) observes that globally, the existing scanty literature interrogating race, gender and sexuality has tended to privilege representation of white femininities in advertisements over black femininities. Advertising in magazines and television reflect sexual and racial stereotypes employed in selling products. Commodification of body beauty is based on the constructions of women on 'Western ideals', with hetero-patriarchal values forming the foundation for attractiveness for women. Speaking in her capacity as a South African national, the author regrets that such symbols "serve as role models against which the black self constantly measures, judges, disciplines and corrects itself" (Overland cited in Sanger 2007:85). Sanger criticizes the above representations of gender in post-apartheid South Africa, by taking issue with current discourses compromising the dominant body of work that explicitly normalises whiteness as the ideal representation of beauty.

Meanwhile, Yvette Abrahams (2004) expresses optimism in her outlook by observing that black women are still struggling with the politics of the body but are currently doing so from a position of strength, unlike in the past. As a South African national of colour, the above author is proud that feminists are even publishing books on such issues. Abraham states categorically that such a struggle is by no means over; if anything, it has just begun, initiated by black women everywhere.

3.3. Postmodern Feminist Theory

Postmodern feminist theory provides the opportunity to study the subject of embodiment with ‘new eyes’, despite the ubiquity of the body. In order to define postmodern feminism in the research context, there is a need to define related ideologies. In the Enlightenment era, modernity focuses on the assumption that man is the rational, unified and autonomous subject (Lather, 1991). Post-modern feminism counters these assumptions. The following statement sums up feminism briefly: “Very simply, to do feminist research is to put the social construction of gender at the centre of one’s inquiry” (Lather, 1991: 71). With similar brevity, the objectives of feminism could be simplified to encompass four central tenets:

... a concern with gender; a perception of women as generally disadvantaged in gender relations; a perception of this gender inequality as problematic and a consequent aim in emancipatory reform (Betty Francis cited by Jones and Barron, 2007: 26).

‘Postmodernism’ is a loose term used to explain “the larger cultural shifts of a post-industrial, post-colonial era” (Lather, 1991:4). The shifts include economic, political and social changes. The social change shifts are evident in fragmentation in two forms, one being the marketing lifestyle niche among social classes. The other being the communication explosion, especially through the visual media of film and television, leading to a splintering in social

cohesion and coherence (Jones and Barron, 2007). In what could apply in the area of cultural anthropology, Thompson (1992: 223) reinforces the above authors' perceptions when stating that "cultural images and social forms and identities are marked by fragmentation, multiplicity and plurality." While some of the terms used are big, obscure and sophisticated-sounding, they apply across the globe, albeit to different degrees. However, feminism and post-modernism are similar in that both interrogate the homocentric nature of the fundamental dichotomies that have characterized the Enlightenment reasoning and Western thinking generally (Jones and Barron, 2007). In spite of this, feminism is entrenched firmly around women, coupled with gender as the centre of inquiry, while post-modernism hinges on notions of subjectivity, which is not fixed but fragmented, and perpetually changing. The point of convergence between feminism and postmodernism is that both demand a different mode of describing human epistemology. The intersection between feminism and post-modernism is in highlighting ways in which:

...identities of gender, ethnicity and class are constantly negotiated and brokered within the economies of meaning that emerge from communities of practice... What seems to emerge in a form of multi-modal identity trajectory where different aspects of identity are performed, negotiated and reflected upon in relation to each other and where difference and deferral are at the heart of what identity seems to involve (Jones and Barron, 2007: 5).

Regarding which feminist perspective to adopt, post-modern feminism theory appeared to be the most appropriate, as it is relatively unstructured and possibly more accommodating than others that require a rigid academic fit that did not necessarily address the discussion subject appropriately from a non-Western perspective. The Richardson describes the (1994: 517) postmodernists' domain thus: "The core of postmodernism is the *doubt* that any method or

theory, discourse or genre, tradition or novelty, which has a universal and general claim as the 'right' or the privileged form of authoritative knowledge.” In a book entitled *The Embodiment of Disobedience: Fat Black Women's Unruly Political Bodies*, Shaw (2006: 2) advanced argument that “the African Diaspora has rejected the West's efforts to impose imperatives of slenderness and to market fat anxiety.” As editor of the book, which brings together like-minded women of the Diaspora, Shaw seems to echo the racial identity mantra of the 1960s and 1970s, where the then Afro-Americans asserted: “Say it loud: we're black and proud.” Instead of denying their blackness, they not only asserted it but went further to celebrate it.

A number of the women writers from the Diaspora make no apologies for extolling the fuller-figured female body, similar to the older Zulu female participants in this study. In her 'Introduction', Shaw (2006) links the USA-based Diaspora by proudly citing, among other examples, a common practice by some ethnic groups in West Africa, where teenage girls are sent in batches to 'fattening houses' where they are prepared for matrimony in seclusion. While in confinement, they are fed copious amounts of food to acquire a well-rounded body that is admired among such ethnic groups. In this respect, Lock (1993: 148) captured the postmodern feminist theoretical approach:

Anthropology of the body provides an excellent forum to reflect not only the theoretical dilemmas, but also on the politics of the practice of anthropology and its use beyond the confines of the discipline. Despite increasing pressure we should, I believe, resist all pressures from the other to produce tidy answers and 'Just so' stories, remain eclectic in our own approach, and be content with a body that refuses to hold still.

On arriving at this decision, I knew I had to keep moving – in anticipation – regardless of which direction the journey took me. Risky business indeed, especially considering I only spoke a smattering of the majority of the research participants’ mother tongue, isiZulu. At times along that journey I kept wondering whether I had not set myself up for failure. After all, to a large extent and for facile two-way communication between the researcher and the researched, in a common language is critical in determining the quality of data gathered. Nonetheless, I undertook the task hoping that not too much detail would be lost in translation. I was delighted therefore that despite the language barrier some of the research participants have since become close friends, and many assisted by putting up patiently with attempts to translate isiZulu words and concepts on my behalf, when the need arose in interviews conducted in English.

The relevance of feminist theory for this study dates back to the 1970s, when a small group of women in the United States of America endeavoured to challenge patriarchy aggressively. “The second wave feminist scholars changed Western notion of the naturalness of patriarchy and male dominance (issues of gender and power) forever by highlighting the unnecessary subjugation of women under the (then) new feminist agenda” (Erickson, 2011: 275). Despite their good intentions, Western feminists assumed that what they were advocating against would apply to women worldwide.

In critiquing the assumption that Western feminism applies globally, however, bell hooks (2000) counters wide application of this theoretical framework on the grounds it had never applied across the board in the United States to cover the women who need it most. hooks (2000:131), a black American feminist, describes them as the women most “victimized by sexist oppression; women who are daily beaten down mentally physically, and spiritually –

women who are powerless to change their condition in life.” These women, she declares, are the silent majority, adding, “A mark of their victimization is that they accept their lot in life without visible question, without organized protest, without collective anger or rage.” Her remarks could well apply extensively in the South African context, where the majority of women of African descent appear to silently accept their circumstances, with the exception of a small minority. Such a minority could include the highly educated, professional and other well-heeled women, gender activists as well as human rights activists.

For example, bell hooks (2002) traces her appraisal back to Betty Friedan’s *The Feminine Mystique*, which is still upheld as having paved the way to the contemporary feminist movement. hooks (2002) points out that the silent majority in the US is not mentioned in Friedan’s book, and was written as though that majority did not exist. Friedan was referring to a minority of “college educated middle- and upper-class married white women – housewives bored with leisure, with the home, with children, with buying products, who wanted more out of life” (hooks, 2002). In this process, Friedan disregards the entire population of non-white women and poor white women. She regrets that other white women, who dominate feminist discourse, continue to largely articulate feminist theory with shortfalls similar to Friedan’s. This scenario does not apply in the US only, but is evident across the globe, with such white women assuming their plight is similar to the rest of women.

Appropriating feminist theory and perspectives from the West, however, poses problems elsewhere. In critiquing such a patronizing practice by Western feminists in the same vein as Friedan, African feminists, womanists and other gender activists who feel similarly alienated, are beginning to express resentment openly over the long-held practice of other voices representing them. This is indicated by: “... everyone had their own take or prognosis on

what Africa and African was. I felt here again, someone else is speaking for us. Where is our own voice in this discourse?” (Bonetti in Steward, 2004: 6). Similarly, Ugandan feminist author Tamale (2011: 3) asserts: “African feminists and other change agents are well aware of the dangers associated with the uncritical application of Western theories to non-Western contexts... all carry specific social meanings steeped in Western ideology and traditions.” She is not suggesting a total boycott of Western concepts and theoretical frameworks, but rather argues that such an approach would entail investing substantial resources in reinventing the wheel, which she deems to be an unnecessary undertaking. Nonetheless, postmodernist theories often call for deconstruction, which offers the possibility of performing differently outside stipulated ways of being (Jones and Barron, 2007).

3.4 Acculturation Theory

To explain sequential changes in dietary trends under the nutrition transition that Durban-based Zulu women are experiencing, this study employs acculturation theory. Acculturation could be defined as cultural change resulting from continuous first-hand contact between various distinct groups, as has occurred among generations of Durban’s urban women. This study will look into dietary changes that have occurred as a result of Zulu women or their family members coming into contact with other ethnic or racial groups. Most data under acculturation research has been gathered in migrant settings (Cheung-Blunden and Juang (2008), which applies to the women in the current study. These Zulu women, their mothers, or their grandmothers, migrated from rural to urban areas in search of employment, education or to accompany their spouses or partners.

This study is under-girded by a four-pronged theoretical acculturation framework developed by Jenome *et al* (1980), cited by Renzaho and Burns (2006). The framework encompasses four levels of analysis: i) family food practices; ii) continuity of changes in food practices in the host country or space; iii) opinion on the demands of living in a new environment; iv) family members' lifestyle; and v) family member's lifestyle. The origin of Jenome's relatively recent multi-dimensional framework could be traced to Park (1928), who was among key sociologists from the human ecological school of thought in the early 20th century. Park proposes a simple linear, directional process over which the group's original culture is lost through acculturation.

The book *Gender Modernity & Indian Delights: The Women's Cultural Group in Durban, 1954-2010*, co-authored by Vahed and Waetjen (2010), illustrates the complexities of culture in flux, complete with related exchanges and contradictions reflected in the elusive terms 'authenticity' and 'indigeneity'. The authors point out that the intergenerational mix of Indian women covered in the book forms the greatest strengths, undergirded by class, gender, ethnicity and race. These four themes capture the recollection of the role of food and family by many women in both private and public spaces. By applying the acculturation theory, this study captures how Zulu respondents have borrowed and exchanged culinary practices to make the smorgasbord that bring together the entire range of South Africa's races and ethnicities. The study also depicts cultural practices borrowed from the rest of Africa as well as other continents.

Both theoretical frames, but especially Jenome *et al.*'s (1980) adaptation, have generated a relatively complex acculturation theory, which has yielded a more comprehensive analysis of food consumption patterns and lifestyle among Durban-based Zulu women. In their context,

acculturation could be defined as cultural change resulting from continuous, first-hand contact with this study's respondents or their family members coming into contact with other ethnic or racial groups. More recently, local as well as international tourism have also played a role in introducing new foods in South Africa. So have South Africans in the Diaspora returning to their country of origin, as well as migrants from the rest of the Africa and other continents.

In Durban, for example, African foreigners marvel that indigenous crops are in use on a very small scale, these 'lost crops' (no longer consumed widely in urban areas) being popular fare among African immigrants. Foreigners still eager to eat what some locals dismiss as unappetizing '*gogo* (isiZulu for grandmother) food', go out of their way to cook such fare when ingredients can be found. During the past five years I have observed local restaurants selling such foods are increasing in number, especially in the Durban central business district. The University of KwaZulu-Natal's (UKZN's) immigrants are among other transnationals of different nationalities who often gather around social functions where 'home foods' (foods eaten in their country of origin) take centre-stage.

3. 5 Symbolic Interaction Theory

Through the above theory, this study links symbolic meanings deriving from interaction between people, as well as people's contact with their environment. The symbolic interaction theory aims at viewing social contexts under which food-related symbolisms occur and shape what people believe, how they behave, and the consequent health implications for both belief and behaviour. George Mead (1934) and Herbert Blumer (1969) advance that people create shared meanings through interactions, with the meanings consequently becoming their

reality. This study concurs with Blumer's assertion that qualitative inquiry is among the key ways to understand how people perceive, identify with and construe the world.

To deeply comprehend the symbolic world of research participants, the researcher has to have close contact and direct interaction with people in an open-minded, naturalistic inquiry, coupled with inductive analysis (Patton, 2002). To this end, symbolic interactionism is undergirded by ethnographic inquiry in this study. Through life histories, for example, food is depicted as a significant symbolic marker of the way individuals and the groups view themselves and others, and how others see them. In examining the background to the current prevalence of overweight and obesity, this study emphasizes the centrality of the concept of "culture", an umbrella term that defies easy definition. Rubinstein (2001) points out that while conceptions of culture proliferate at the elementary level, mainstream American sociology brings together elements of culture to include norms and values, attitudes and world views. Hays (1994: 65) speaks of culture as "systems of meaning... including not only the beliefs and values of social groups, but also language, forms of knowledge, common sense, as well as a people's material productions, international practices, rituals, and ways of life summed up by these".

Berger (1991:5) defines culture simply as "the realm of symbols and meanings." Clifford Geertz (1973: 89) defines culture to include "a historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by which men communicate, perpetuate, and develop their knowledge about, and attitude toward, life." To provide an even broader definition of culture, Nigerian academic Mbakogu (2004) cites Andah (1982: 4-5):

Culture embraces all the material and non-material expressions of a people as well as the process with which the expressions are communicated. It “has to do with all the social, ethical, scientific, artistic, and technological expressions and processes of a people usually ethnically and /or nationally or supra-nationally related, and usually living in a geographically contiguous area; what they pass on to their successors and how these are passed on.

An example is the cultural etiquette among Zulu people, where the host takes offence at a visitor’s refusal to eat in keeping with the spirit or philosophy of *ubuntu* (humanness), where sharing, caring, community and unselfishness and community are held in high regard (Cilliers, 2008). *Ubuntu* (humanism) runs against the grain of individualism. While *ubuntu* is not a uniquely Zulu trait and is practiced among many communities worldwide, in the Zulu ideal, everyone is responsible for the other’s wellbeing. The isiZulu version could roughly translate into Variations of the word *utu*, *umundu*, *unhu*, *botho* are to be found among other Bantu language speakers in South Africa, Botswana, Rwanda, Burundi, Kenya, Uganda and Tanzania. Among Durban-based Zulus, *ubuntu* is illustrated in the following ways, for example. Constantly eating wherever one visits, often consisting of large portions of energy-dense and fatty food, even when not hungry. In addition, where they can afford to, both visitors and hosts tend eating large servings of food despite largely sedentary lifestyles in urban settings. Such practices are contributing to the prevalence of overweight and obesity in the absence of a lifestyle that expends the energy that is consumed.

Another example is the exploration of food consumption practices from a cultural anthropology perspective. As Counihan and Esterisk (1997) observe, food is all-embracing, in that it touches on everything that is important to humankind, by marking social difference

and strengthens social bond. But while common to all people, food also has symbolic value, as it signifies different things to different people. Counihan and Esterisk (1997) analyse cultural symbols and meanings, the former from an anthropological perspective, and the latter from a philosophical perspective. In addition the above authors observe that socio-economic and political environment also feature in discourses on food.

While ethnographic methods are typically employed in the in-depth study of a small group of people, individual consumer decisions need to be contextualized in the broader context of structures of power, which include social, economic and political concerns. Politics are among the key determinants shaping the values, practices and identities of consumption (Brewer and Trentmann, 2006). From an economic perspective, the culture of consumption is closely interwoven with money, this applying in South Africa as elsewhere, where globalized trends promote consumerism that invests heavily in advertising and marketing efforts, targeting the public in general but women in particular, despite their having less money than their male counterparts.

South Africa's female headed households are relatively more disadvantaged economically than those headed by males, with 60% of the former falling below the poverty line, compared to 31% for the latter (Development Policy Research Unit, University of Cape Town cited in Woolard and Leibbrandt, 2009). Key factors explaining the disparity is that female-headed households are more likely in the rural areas where poverty is concentrated. Black female-headed households usually have fewer adults of working age, while male employment rates are higher and the wage gap favours males. In addition, regardless of whether based in rural or urban areas, black female-headed households tend to be more reliant on remittances, social grants and pensions than male-headed households (Woolard and Leibbrandt, 2009).

Such issues draw attention to the importance of racial, class, sexual and gender inequity, all of which have a negative bearing on living and working conditions, as well as on the distribution of disease and health (Singer, 1995). This thesis advocates an emancipatory approach, which ventures beyond simply comprehending people's situations, but advocates for change towards culturally inappropriate, oppressive and exploitative patterns, not only in the field of health. Commitment to change is fundamental to this approach.

Brewer and Trentmann (2006) explain that modern globalized consumerism has partially emerged from women having been freed from patriarchal submission, enabling them to take sole responsibility for the finance and welfare of family. In South Africa, this is the case in that at least 35% of households are female headed, with most of them occurring among women of indigenous African origin (Development Policy Research Unit, University of Cape Town cited by Woolard and Leibbrandt, 2009). This applies to people of Zulu ethnicity, who have the highest population among the 12 major ethnic groups in South Africa. In addition, more women are becoming economically self-reliant through education and job employment, be it in the formal or informal sector.

The poor are also drawn into the global web of food consumption in a different manner, although the consumption revolution tends to focus mainly on the middle and upper classes (Brewer and Trentmann, 2006). The authors express concern that the activities of these two groups serve as the model for workers and the poor. They seek to "climb up the ladder of modern consumption in a race for distinction where the rules, tastes and customs are defined by the elite" (Brewer and Trentmann, 2006: 8), with the less affluent falling victim to what has recently been dubbed 'luxury fever.' In order to comprehend the symbolic world of research participants, the symbolic interactionist model states that one has to have close

contact and direct interaction with people in an open-minded, naturalistic inquiry coupled with inductive analysis (Patton, 2002). To this end, ethnographic inquiry was chosen to inform this study.

3.6 Conclusion

Four theories were applied in this study to assist in understanding the discourses between food and women's bodies. Postcolonial Feminist Theory insists on non-Western women voicing their concerns and airing their views, rather than relying on Western standpoints grounded in racism, colonialism and associated legacies. Postmodern Feminist Theory asserts that nothing should be taken for granted, based on new trends in thinking and praxis. Acculturation Theory highlights how adjustments are made in a two-way process of give and take when people of different cultures come together. Analysis through Symbolic Interaction Theory derives meaning from human behaviour, events and objects. Each theory provides a significant input in enhancing the understanding of the research topic, which is analysed through specific methodology and methods amplified in the next chapter.

Chapter 4: Research Methodology and Methods

4.1 Introduction

This chapter outlines the study's research design, the sample site, population and size as well as data collection instruments comprising the unstructured in-depth interview, focus group discussion and ethnographic observation. The chapter goes on to detail the procedures and data analysis applied, and specifies the processes taken to address issues of validity, reliability and bias, and outlines the ethical requirements of the study.

4.2 Research Design

Under an interpretive research design, three qualitative inquiry methods were used, namely: in-depth interviews, focus group discussions and participant as observer. To this end the design aimed to depict changes in dietary practices and food habits over time the research, thus the diachronic (making comparisons across time) approach rather than the synchronic (making static comparisons at one point in time) one was applied. The study, which is social constructionist rather than positivist in nature, elicited primary data through ethnographic means.

A mainly qualitative paradigm was used, as the quantitative positivist approach tends to objectify people through reductive representations of complex processes (Tamale, 2011). Feminists have censured positivist methods for their masculine bias in qualities such as reason, hard [statistical] data and objectivity, in what are lumped together as the machismo factor in research. This study chose a feminist approach, making deliberate effort to focus on women's concerns, through which their everyday lives took centre stage (Jones and Barron, 2007).

4.3 Data Collection Methods

4.3.1. Ethnography

Ethnography, which is the anthropologist's central strategy in studying culture, focuses on understanding symbolic aspects of behaviour and the context of that behaviour (Punch, 2005). This strategy's key tenet was the assumption that shared meanings of a group are crucial to understanding behaviour. As a human instrument, the ethnographic researcher is expected to be a sensitive and perceptive data gathering tool, employing all his or her senses, thoughts and feelings during fieldwork (Fetterman, 1998).

Most of the existing knowledge has been documented by men; knowledge that has tended to be patriarchal by nature rather than neutral and universal. Such biased knowledge, which is inclined to replicate stereotypes and prejudices emanating from male-centric thinking, is common in all research disciplines, including ethnography. To this end the study demonstrated the relatively 'new' feminist ethnography, a post-modern methodology aimed at offering an alternative that pays greater attention not just to women, but other marginalized groups as well. Ideally, the new methodology's guiding principles should distinguish them from 'traditional' male ethnographies, which also cover female ethnographies that are not feminist. Deliberate efforts were made to employ narrative, a key feature in feminist ethnography in which the women tell their own stories. According to Rapport and Overing (2000: 27):

... far from being relegated to the periphery of the anthropological enterprise, or pejoratively contrasted with impersonal, generalizable truth, the biography and autobiography of fieldwork selves must be written into an inclusive narrative of analysis and experiences.

This is where self-reflexivity comes in, on the part of both the researcher and researched, unlike in quantitative research where the researcher tries to remain as detached as possible in

his or her reportage. In the self-reflexivity process, the researcher and researched as well as the reader are able to connect by imagining the other's experiences. Through ethnomethodology, background knowledge coupled with interpretation methods serve to understand each other's situation. Hence it could be said of the above method: "It is the knowledge of shared norms which enables members to perceive actions as intelligible, conversation as meaningful and events as orderly" (Rapport and Overing (2000: 132), which in the context of this thesis entails individual bodies and minds.

In the process of writing up my thesis's findings I realized that the undertaking led me along the path of self-discovery. By theorising on the experiences of study participants from a feminist stance that called for subjectivity in one's writing, it was imperative that I locate myself in the complexities of the research topic. In my capacity as a Kenyan female migrant in a South African setting, in terms of food consumption patterns, lifestyle and associated cultural perceptions, I faced similar health challenges encountered by Durban-based study participants on Zulu ancestry.

Being of Bantu origin, as they were, our cultural perspectives were similar in numerous ways. In the process I found myself constantly drawing both parallels and contradictions through comparisons with my research participants, thus narrowing the space between 'self' and 'other'. In process proved to entail baffling self-discovery involving various levels of intricacies which Birch (1998: 12) sums up thus: "... it involves the relationship between the inner and outer, the public and the personal, and the social and the psychological."

In some instances the narratives I gathered from some participants closely reflected my own, while others differed entirely. Among the greatest challenges I faces was the fight against gaining excessive weight within Durban's obesogenic environment, as described repeatedly

in this thesis. Constantly aware of my mother and three sisters' experiences as well as my own, I knew I had the propensity to gain fat 'overnight', or almost. My being health conscious, I knew I had to be relatively rigid in terms of keeping my weight on keel, if I had to avoid being obese in a short time span.

To avoid nutrition-related non-communicable diseases (NR-NCDs) and chronic diseases of lifestyle (CDLs) I put up a constant fight that called for a daily walk ranging between 60 and 80 minutes, to keep my 76 Kg body weight constant. The fight also entailed being a careful eater which some of my labelled as fussy, since I religiously avoided salt and artificial sugar in its many guises, and excessive fat despite being surrounded by the delicious temptations on constant offer. To keep up my resolve, when tempted I often made a mental list of some of my fellow women counterparts, whom I'd watch putting on weight at an alarming speed by virtue of being relatively more lax concerning both their diets and lifestyle against a obesogenic backdrop.

An example in this study was employing feminist thinking on body size, image and identity in relation to body weight issues seen from multi-racial perspectives. This approach was demonstrated through a racial discourse where Nakedi Ribane (2006: x), a black South African author, contends the domination of Western notions of beauty concerning African women thus: "I do not know if we can really talk of a universal standard of beauty. One thing I know for sure is that some aspects of beauty are relative and culture-specific." The author draws from her own experience spanning over two and a half decades in her home country.

Beginning in mid-1977 Ribane became a top model in her era, and has since also been a model agency owner, actress, political activist and trade unionist. To illustrate how blacks and whites tend to differ in judging bodies is evident in the poor performance in international

beauty contests where Africans have stopped selecting voluptuous girls, instead sending slim substitutes constituting the Western ideal. A breakthrough only came for Africa through compliance when Nigeria sent a *lepa* (thin) girl Agbani Darego who clinched Miss World 2001 title. In so doing Darego was a first for Africa in this role specifically because she ran counter to the Nigerian ideal of corpulent woman.

Racial or ethnic concepts of beauty ideals may take on additional dimensions as well. Taking a feminist stance from the viewpoint of a woman of colour, Ribane (2006) asserts that notions of beauty tend to be time-specific, with subjectivity biased by economic, political and educational developments as well as changing morality. To stress her point she cites the arrival of the Dutch to South Africa in April 1652, followed by the English and other white settlers whose stamp of cultural dominance, which the author regrets has since proved difficult to erase to-date. “Their White-supremacy values did lasting damage to Black pride and self-image, resulting in the suppressions, and in some cases, virtual erasure of indigenous culture... It was against this backdrop that beauty in all its forms came to flourish” (Ribane, 2006: 2). Drawing further from a historical perspective she points out that white supremacy marked by draconian laws effected in 1948 at the commencement of the apartheid era was evident in forced removal of blacks from ancestral homes and productive farmlands. The blacks were resettled in locations with poor agricultural potential.

Painting a horrific picture of the effects of apartheid, Ribane (2006: 3) observes that the apartheid government’s “dehumanizing laws, police brutality and Bantu education waged a psychological war against Africans to undermine their belief in themselves, their customs, and self-worth. Consequently, anything indigenous became a swearword and blackness was a source of shame instead of pride.” Ironically, at the height of the apartheid era, black people

exercised agency by organizing black beauty pageants for entertainment, despite the Western body ideal taking precedence. In an outpouring in her capacity as a feminist postcolonial theorist Ribane (2006: 5) maintains: “Western images have dominated the scene... The notion that beauty transcends race, colour and politics is a myth.”

Adopting a postmodern feminist stance that demands deconstruction of ideologies that have become hegemonic in contemporary times Ribane (2006: 6) advances that it is long overdue for Africans to claim their stake in all notions of beauty, expressing regret that:

...indigenous knowledge has been suppressed and African achievement denigrated and discounted. It is up to Africa to stop looking to the West for direction and permission and reclaim the pride, dignity and knowledge that is ours...But only when we can tap into our own culture and find our identity as a people, can we be truly proud of who we are and where we are headed.

Ribane insists that at the end of the day, Africa as a continent needs to exercise agency when it comes to such issues.

4.3.2. Life History

The life history method, which employs narrative, served to provide an intimate, personal cultural portrait encompassing an individual's experiences over their life span (Kottak, 2008). This approach is advantageous in that the “Narrative provides a way of temporarily experiencing the world by the way it records and recounts, defines, frames, orders, structures, shapes, schematizes and connects events” (Rapport & Overing, 2000: 284). This study's life histories were recorded in notebooks or audio-taped, and later transcribed and coded under themes. Feminists defend their choice of methodology by arguing that the “personal contextualization of women's lives found in life histories makes them invaluable for deepening cross-cultural comparisons, preventing facile generalizations, and evaluating theories about women's experience or women's oppression” (Geiger, 1986: 338). By

listening to this study's women participants interviewed, in many instances they raised the same concerns, thus addressing the issues of validity and reliability.

4.4 Study Site

The Durban-based study is set in KwaZulu-Natal, South Africa's most densely-populated province. Among South Africa total population of 51,770,560, KwaZulu-Natal (KZN) Province has 10,267,300 people, which is the second higher provincial population after Gauteng at 12 272 263 (Statistics South Africa, 2012). Of KZN's population, the black Africans comprise 86.8%, the majority of whom are Zulu. Durban, based in eThekweni Municipality, has KZN's highest urban population (eThekweni Demographic Statistics, 2013).

4.5 Study Sample

By virtue of residing in Durban, I chose women of Zulu ethnicity as research participants, as they represent the largest ethnic group in South Africa's and I had the opportunity to observe and interact with them closely, as they are the dominant group in KZN. A sample size of 50 female participants was drawn mainly from the Durban-based University of KwaZulu-Natal, Howard College Campus.

This consisted of the following: 20 key informants comprising staff members and students at UKZN, who were selected due to their ability to analyse and interpret their observations on the research topic (Gray, 2003). Of the remaining 30 women, 15 were included into three focus groups to provide additional information on the beliefs, values, opinions and attitudes associated with the study topic. All 50 participants resided either in Durban suburbs, townships or surrounding peri-urban areas. Some of the Zulu women had spent the better part

of their lives in rural KwaZulu-Natal, and offered deep insights by comparing traditional ways of life versus the contemporary life under the prevailing nutrition transition.

Purposive sampling was applied to recruit respondents, due to the need to focus on particular characteristics of a population of interest in order to elicit the required information.

Semi-structured in-depth interviews conducted among 20 key participants who each provided her life history.

The 20 key informants were Zulu females consisted of:

- students and staff identified as potential participants at Howard College, UKZN campus,
- 10 of the key informants were below 35 years, while the rest were 35 or above
- Of those under-35s, aged between 21 and 34, nine were students and one was a professional,
- Of the key participants aged 35 to 71, five were professional women while the other five were students

Focus group discussions consisted of 15 participants comprising family members and friends of the 20 key informants

The rest of the 15 participants were staff members and fellow students knowledgeable on issues related to the thesis topic.

4.6 Data Collection Instruments

The researcher collected data in the following three ways: in-depth interviews, focus group discussions and observation.

a. In-depth interview schedule administered to individual participants

Using the above-mentioned schedule, interviews were conducted among 20 key participants aimed at obtaining information to meet this study's four objectives (See Appendix 1). The semi-structured interview schedule consisting of the following sections was administered:

- Demographic data: sex, gender, age, marital status, education level, occupation, urban or rural residence, physical body details in terms of height, weight, bust size, waist size and hip size
- Life history: dietary patterns and lifestyle since childhood to-date
- Cultural perceptions associating food, weight gain and health
- Gendered food consumption pattern in relation to weight gain
- Opinions on what constitutes the ideal body size
- Measures taken in the prevention and management of overweight and obesity
- Institutions that have influenced weight gain and ill health
- Anything else the participant wanted to add concerning the research topic

b. Focus Group Discussions

Data was also elicited through three focus group discussions which filled in pertinent information gaps that were not anticipated the interview schedule. Two discussions were held with participants under 35 years, and the other two with those aged 35 and above (see Appendix 2). A focus group discussion guide was prepared for the two groups with similar open-ended questions addressing the following aspects:

- How easily attire in clothing stores fit individual participants' bodies
- What place meat takes within Zulu cuisine
- How HIV-positive Zulu women deal with their body weight

- Alcohol consumption by Zulu women at the University of KwaZulu-Natal, Howard College
- General trends of smoking by Zulu women at the University of KwaZulu-Natal, Howard College
- How marriage impacts on women's weight in Zulu culture
- How Zulu women deal with weight gain after pregnancy

c. Ethnographic Observation

Through observation, the researcher employed both the emic (insider) approach which investigates how local people perceive their world, and the etic (outsider) approach, which focused on what the anthropologist researcher interprets of what he or she observes during fieldwork (Kottak, 2008). Through the emic approach I took the role of a participant observer who merely observes what's going on, while as a participant observer I actively engaged in whatever activities the participants were involved in.

In both processes, taking field notes helped the researcher to ensure accuracy in detail, attain systematic organization of information, provide fodder for 'thick description' (detailed information) and maintain a focus on the research problem. Taking field notes also enabled the researcher to capture the details of the participant's physical and social environments. Beyond description, the field notes also enabled the researcher to exercise reflexivity on her own observations in the various environments in which study participants were interviewed.

4.7 Data Collection processes

The data collection process took two years, 2010 and 2011. I began the research fieldwork by interviewing the 20 key participants. The focus group discussions were conducted during the

second year to fill in knowledge gaps identified after the interview schedules were transcribed. A semi-structured interview schedule was used to elicit data from both the key participants and focus group members.

The remaining 35 participants were interviewed on specific aspects of the study objectives. Most of the interviews were recorded using a tape recorder, where possible in a quiet venue to avoid distractions for both the researched and researcher. While recording, or as soon as possible afterwards, the researcher took field notes on her observations. The rest of the interviews were recorded in a field note book when I chanced to meet someone who was deemed capable of adding value to the study objectives.

I often recorded more than one interview among the 20 key participants since most had a lot to say in response to the researcher's questions. Consequently, I put questions to the same participant either two to three times, working systematically through the interview schedule for between an hour, or one and a half hours per session.

For the purposes of ethnographic observation, I attended numerous functions at the invitation of the research participants which demanded the researcher's part in the capacity of either participant observer or observer participant. The research was conducted in settings such as the UKZN (Howard College) halls of residences, workplaces, study areas and other public spaces, and wherever else eating played a central role. The various activities covered:

- Food outlets: university food outlets, off-campus fast food and other restaurants, supermarkets and *spazas* (kiosks), African food outlets and specialist food markets, street vendors
- Official functions as well as seminars and workshops

- Traditional functions such as shisa nyama (barbecue, known as *braai* in Afrikaans) pre-wedding functions like *umemulo* (a Zulu coming of age rite of passage for an unmarried daughter aged about 21) Modern functions such as kitchen parties, white weddings, birthday parties, food festivals and exhibitions
- religious functions
- funerals
- examining people's packed or bought lunches

The data was collected in the following ways for the in-depth interview, the focus group discussion, and the observations.

a. In-depth interview

A schedule guided face-to-face in-depth interviews with individual participants to enable the collection of perceptions, meanings of the perceptions, definition of situations and constructions of reality (Punch, 2005). After transcribing the interviews, the material was coded according to specific themes such as foods eaten in childhood versus contemporary cuisine, how consumer practices affect health adversely, physical exercise trends past and present, changing body ideal images over time, among others.

b. Focus group discussion

The focus group discussions also ventured to elicit information to complement data gathered in the in-depth interview schedules. In addition, the focus group discussions are applied to find out why participants feel the way they do about research-related issues as well as how they go about making decisions on what they themselves identified as pertinent issues. Data gathered was also coded using a thematic approach.

c. Ethnographic Observation

Participant observations are important in that they enable the researcher to verify what they say and do in relation to what actually happens. For the purposes of this study, observation was conducted on two levels. One was as an observing participant as an ‘outsider’, in which I applied a relatively detached approach. The second was as a participant observer from an ‘insider’ perspective, by actively experiencing the world of the ‘Other’ who is under observation. Both were necessary, depending on the kind of event and the degree of access the researcher has to individuals in the context of the environment or event under observation.

Observation consisted of watching and recording study participants’ food and lifestyle-related matters, both on the UKZN campus as well as around the Durban central business district and its environs. To deepen understanding on the above also called for identifying issues of interest in the mass media which included watching television, films and documentaries on food consumption practices, body weight concerns and health.

Field notes consisted of documenting the researcher’s observations in a notebook where it was permissible. Where not possible the challenge was to observe while concurrently committing as much as possible to memory. Among the greatest challenge in the process was to write notes while audio recording the informant using a tape recorder. This exercise calls for skilled multi-tasking which poses challenges as the researcher seeks to understand the complexity and breadth of participants’ experiences on various levels of the phenomena under study. For example, the levels include context at the

physical, socio-cultural, economic and political aspects, in addition to any other levels of interest determined by wherever respondents live or spend time.

Furthermore, the researcher needs to observe the respondent's body language, character and behaviour. These aspects comprise who the respondents are, what they do, how often do it, and with whom. The researcher's skills also need to keep the conversation going as well as to keep the participant interested throughout the interview. An additional task is to probe beyond the interview schedule in cases where additional information is required. In some instances the probe process may provide dividends by yielding valuable insights on interesting, new or unexpected twists in the respondent's responses.

4.8 Data Analysis

The data was analysed with respect to each of the three data collection methods, namely the in-depth interviews, focus groups and ethnographic observations.

a. In-depth interview

The in-depth interviews with study participants were voice recorded and transcribed then coded using a thematic approach. The audio-taped in-depth interview and focus group discussions were analysed for content and discourse based on the following five themes, as indicated in the structure of the data collection tools:

- Major changes experienced in food habits and lifestyle since childhood
- Cultural perspectives on the association between food, weight gain and health
- Gendered food consumption patterns
- Institutions that have influenced weight gain and ill health

- Measures, if any, taken in the prevention and management of overweight and obesity among Zulu women

The researcher then endeavoured to conduct a analysis of a number of cultural variables that influence Zulu women towards chronic health conditions under the prevailing nutrition transition.

Close observation both as observing participant and participant observer also added to the layered nuances in creating a heightened understanding of individual responses. The ensuing challenge was the attempt to transform the profusion of the often seemingly unrelated data into an interesting account. Being a qualitative study, thick description was employed heavily towards the required effects. Few authors sum up the need for ‘thick description’ better than Denzin (1989: 83), stating this form of writing goes beyond mere fact and surface appearances. Thick description offers not only detail, context and emotion, but webs of social relationships as well. This form of writing includes life histories and narratives to establish the significance of research informant’s experience and sequence of events. Informant’s voices, feelings, actions and meanings form a valuable contribution to the research, as does self-reflexivity on the researcher’s part.

The various elements combined aim to create “verisimilitude: that is truth like statements that produce for the readers the feeling that they have experienced, or could experience, the events being described” (Denzin 1989: 84-85).

Unlike the objective, impersonal observation of research participants, ethnography demands the researcher’s “emersion, empathy and shared experience” with research participants (Emerson, 2001: 33). Such an approach calls for Clifford Geertz’s concept of ‘thick description’, a phrase he borrowed from Gilbert Ryle, a British analytic philosopher. Such description does not stop at merely collecting, assembling and reporting facts, but it goes

further to “interpreting and representing the subtleties and complexities of meaning.” (Emerson, 2001: 33).

Below is one of my ethnographic experiences illustrating symbolic interactionism, together with postmodern feminism and acculturation theories in a Durban study site. Through an invitation tendered by 40-year-old key informant Thandi and her 24-year-old daughter Zonke, I visited Ace Butchery, a *shisa nyama* (roast meat joint). The restaurant is situated in the Point Road area in Durban’s central business district (CBD). After placing our orders at the food bar, Thandi offers an explanation of the symbolic activity pertaining to a local meat-related consumption cultural pattern thus, “In places like this (a business establishment located in the CBD) we come to *eat*, but in townships it’s more about *socializing*.” In their characteristic mother-daughter mode of dovetailing each other’s comments, the mother reiterates what her daughter has said, adding: “In townships it’s more about socializing; who’s there, and who’s interesting.” Both statements underline the practice of *ubuntu* (human-ness) in townships where eating in public spaces focuses on togetherness rather than disparate individuals merely eating within the same space.

This section covers a sample of ethnographic research. At the Ace Butchery table to my right is a group of three men in blue uniforms, seated facing a wall with their backs to me. Alongside them is a woman clad in an olive green sweater to ward off Durban’s winter chill. Emblazoned on the backs of the three men’s shirts is the inscription: ‘eThekweni Municipality Electricity’ in highly visible white letters. All four patrons, who are of African descent, scrutinize the drinks’ menu while a waitress stands by their table holding a pad, pen hovering in anticipation. She waits impatiently to move to other tables since it is peak time for business at this *shisa nyama* between 12.30 pm and 2.30pm. The four oblige her speedily,

speaking in isiZulu. In turn, she returns shortly with both the soft drinks they ordered and a white platter of meat accompanied by three white bowls whose contents I cannot see from our table.

I turn to look at the three male patrons at the table to my left where they are halfway through their meal. Surveying their paunches I presume they are middle-aged. They rapidly tuck into the remaining half of the roast meat presented to them on two of the *shisa nyama's* characteristic extra-large white platters. They hardly talk; all three busy themselves in flurried efforts to clear the bulky meaty contents served on two over-sized white platters. Most mouthfuls are shoved down with a scoop from a white starchy mound in three small bowls. Matching the colour of the platters, the three white bowls contain *ipapa* which is otherwise known as *pap* or alternately *iphalishi* (stiff maize porridge). The bones and other in edible bits are placed in a tiny heap directly on the table, which does not have a table cloth. At intervals each patron washes down the food with the ubiquitous Coke; the two-litre bottle stands empty except for the coffee-brown dregs at the bottom. All the while they eat; I see no trace of vegetables or cereal grains alongside the mounds of meat and starch. The patrons are consuming quantities and types of food and drink that if taken often will most likely result in obesity and attendant non-communicable chronic diseases characteristic of food habit in urban centres coupled with sedentary lifestyles.

One of the three patrons systematically cubes the two gargantuan chunks of roast flesh into bite-size segments. His adept use of his fork – but especially the knife in the cutting process – suggests he is moneyed or well-educated. More often than not, those who lack these attributes tend to use spoons instead, considered simpler to use than a fork and a knife. The moneyed or educated tend to use the latter two eating instruments probably as a result of frequenting up-

market eateries where it is the norm to use the implements. In no time the three men demolish two platters of man-size portions of meat. In what seems like no time the two platters are empty except for the browned bloody stains where the roasts had sat briefly while awaiting demolition.

As I watch the men to my left getting up to leave, I turn to observe how the other three electricity employees to my distant right are faring with their lunch, together with the female companion. None are in sight; the only evidence suggesting they ate there is a waiter swiftly clearing the table after them. The speedy turnover of most of these customers at this weekday lunchtime suggests most come to satisfy their hunger at this time of day rather than; Zonke is right in her observation about the activities at this meat joint.

All along since we arrived at Ace Butchery, I have attempted dutifully to play the role of a participant observer for the purposes of this study's ethnographic research. I confess I'm struggling in my efforts to multi-task as best as possible while concurrently observing other patrons while listening to Thandi filling me in in detail on the establishment's background. In keeping with the feminist I know her to be, I trust Thandi to filling me in on the ownership of the eating place. She proudly points to a businesswoman at the far end of the restaurant. From where I am I cannot clearly see the features of the Zulu woman who resides in Durban's African township of KwaMashu.

After observing various activities for a while I conclude that regardless of their background, each patron is converging here with the intent of eating choice meat. The food joint is certainly a carnivore's paradise. At the time we were there, there was no shortage of clientele entering Ace Butchery to make a selection from an array of raw meat on display.

Our agenda – Thandi's, Zonke's and mine – is altogether different and relatively more relaxed. The two are offering me, a foreign student, the opportunity to engage in an ethnographic research exercise as a participant observer. Each one of us has chosen different kinds of meat dishes, plus one bowl of traditional leafy vegetables that turns out to be substituted by steamed spinach. The portions being so large I can hardly clear my plate of the fried liver I selected earlier from menu, though. Besides, I am also expected to clear the bits I have acquired off my two friends' plates, comprising roast beef and goat ribs, respectively, in addition to a bowl of the indigenous vegetable that we had also ordered. All items on my plate go cold since I'm too busy trying to chew while simultaneously probing whatever is not clear or comprehensive in the information both Thandi and Zonke are plying me with.

In the 20 or so tables I observe at the Ace Butchery restaurant only one other table is occupied by women. By so observing I exercise reflexivity, which Fox and Murray (2000:1161) define as a self-conscious reflection about the part one plays in the generation of knowledge through "recognition by the scholar that he or she is an actor intimately involved in the generation of knowledge, rather than simply a recorder and reporter of what is seen outside oneself." Determined to exercise self-reflexively, a key tenet of ethnography, I wonder inwardly as I observe what's happening around me at Ace Butchery. On one level I wonder why there are such few women patrons (including Thandi, Zonke and I) compared to males at this restaurant at this particular time. I wonder, from a symbolic interactionism perspective what does this gendered disparity signify?

I question to myself whether we –Thandi, Zonke and I – are we simply exerting economic independence albeit all three of us being students, demonstrating the ability to afford

whatever item we desire on the menu? Are we exercising agency by taking ourselves out rather than merely wishing and waiting for men to take us out, perhaps? Are women more thrifty spenders than men? Do more women choose to pack rather than buy their lunches, as compared to men? Or are we establishing a different kind of independence on a broader sense, taking a feminism stand by refusing to be fazed by occupying a space that is considered predominantly men's space?

My mind keeps highlighting the case of the owner of this restaurant, a successful business woman in a largely patriarchal society where men own most of the best food businesses, except among street vendors and food kiosks? My mind wonders further, wondering whether it is possible that the above-mentioned well-heeled woman in a green jersey is figuratively turning the patriarchal table over by giving her three working-class colleagues a lunch treat on pay day, and at that, choosing a medium-priced restaurant rather than a down-town inexpensive fast-food outlets that more women than men tend to run.

Any of the above symbolisms could be anybody's guess... What appeals most to me is another aspect, though. Isn't our eating out episode simply just about having fun as friends who aspire to be connoisseurs of good food regardless of where it is found? For me personally this is my preference among the above possible symbolisms. In this case we don't have to prove anything. Or do we? And if so, what? The question hangs in the air, unanswered...

This example points to women's agency through which Andermahr, Lovell and Wolfowitz (2000) decry the fact that the crucial role of women's agency is poorly theorized and not generally accorded the importance it deserves. The three authors cite Mani (1992: 40) a

feminist concerned with issues of gender complexities, race and post-colonialism who declares:

The discourse of woman as victim has been invaluable to feminism in pointing to the systematic character of gender domination. But if not employed with care, or in conjunction with a dynamic concept of agency, it leaves us with reductive representations of women as primarily beings who are passive and acted upon.

This study attempts to capture respondents who exercise agency in some respects where others would accept things as they are, in unquestioningly keeping either with habit or responses of the majority.

4.9 Validity, Reliability and Bias

This study relies heavily on the life history method to elicit information from key participants. Critics might raise validity and reliability-related issues with the life history method applied by sociologists, historians, psychologists, as well as anthropologists who have the strongest claim on this tradition (Geiger, 1986). Such critics take issue with two main aspects: one is to what extent such reports are representative in terms of being typical or deviating from the cultural norm, and the next is attendant subjectivity. Unlike quantitative research in which statistics are used to verify validity, reliability and bias, qualitative research has different measurement parameters. The verification strategies applied to assess the validity and reliability of vigour in this study's qualitative paradigm comprises trustworthiness based on credibility, conformability, dependability and transferability. Ideally such elements are measured through checking only the coding process, peer debriefing and getting research participants to verify the data.

4.10 Ethical Considerations

Ethical approval was obtained from the UKZN Higher Degrees Committee (Protocol Reference No.: HSS/0963/011D).

Informed consent was secured from the 20 key informants and more than half of the other 35 participants. The rest did not sign an informed consent, but were informed about the study and gave verbal consent to participate, as they were interviewed by chance, with the interviews being unplanned, as indicated by the study sites above (e.g. supermarkets, exhibitions).

4.11 Conclusion

This chapter spelt out the various methods used to gather data, resulting in a methodology that aimed to highlight major concerns associated with the prevalence of overweight and obesity among Durban-based Zulu women. In a nutshell the specific areas under interrogation encompassed nutrition, weight, health and ethnicity in relation to the female body, backgrounded within South Africa's socio-cultural, economic and political contexts which are in constant flux.

With the aim of gaining a deep understanding of overweight and obesity from the cultural perspectives of Durban-based Zulu women, this study employed a research methodology encompassing various methods undergirding an interpretive research design. The above social constructionist research methodology was chosen over a positivistic framework which focusses instead on gathering quantitative data. The latter approach was deemed inappropriate since it tends to objectify people through statistical representations of complex processes, based on fixed choice questions.

This study's main data gathering approach under the interpretive paradigm comprised the following methods using semi-structured, open-ended that provided interviewer the leeway to probe interviewees' responses, as well as nuances that would have otherwise been overlooked under the fixed choice option. The same data-gathering approach also provided leeway to the interviewee to offer further insight as deemed necessary, without feeling constricted by a rigid close-ended questionnaire.

The first method consisted of the life history method conducted among this study's 20 key participants comprising Durban-based Zulu. The undertaking entailed tracing the historical narratives of from childhood to the present in relation to a matrix bringing together culture, food, body weight and health concerns experienced over the years. The next method consisted of an observational method of ethnographic nature, which is fundamental among cultural anthropologists. Ideally, such a participant attempts to engage as fully as possible in his or her participants' lives both as a participant observer and observer participant.

In a subjective style in keeping with both post-colonial feminist theory and postmodern feminism, this study attempted to depict self-reflectively how both sex and gender have defined, constructed, constrained, and expanded an individual woman's experiences and opportunities in specific areas. Through this method the scope of data gathered is drawn not only from the researched, but from the researcher as well. Both the researched and researcher are not expected to shy away from subjectivity and self-reflexivity in their writing; both of which are mandatory in ethnographic research of the above two feminist ideologies. One of them – the 'new' feminist ethnography – has emerged under postmodern feminism, which lobbies on behalf not just for women, both other marginalized groups as well.

The following chapter illustrates women of Zulu ethnicity who narrate their own stories, thus demonstrating the various research methods cited under this chapter's methodology, within the next four chapters beginning with Chapter 5, which features different aspects of corporeality with a focus on the overfed and diseased body.

Chapter 5: Food practices – past and present – among Zulu Women in Durban

5.1 Introduction

This chapter addresses Objective 1, which is to investigate changes over time in the perceptions of Zulu women regarding their cultural importance of food with respect to overweight and obesity. It presents the results of questioning 50 women through ethnographic and life history research methods. The chapter begins by mentioning Africa's oral nature of pre-illiterate practices of passing down important information on the continent, which has fallen short of wide application in raising awareness of food-related experiences in relation to the upsurge of overweight and obesity cases in the region. Secondly, the chapter traces the occurrence of overfeeding from infancy to young adulthood. The third section depicts food allocation practices in tandem with patriarchy dictating gendered patterns in this respect, followed by food taboos in the fourth. The fifth section focuses on African traditional food practices as they relate to ancestral worship, Christianity and witchcraft. The sixth dwells on the ubiquitous far-reaching adverse effects of the globalized food industry on African traditional food practices. The next section highlights how an escalation of meat consumption trends has adversely affected the health of the Zulu people. The eighth section focuses in on unanticipated paradoxes associated with overweight- and obesity-related concerns associated with the stigma of HIV/AIDS, followed by the conclusion.

While much has been written about food in Africa from an agricultural viewpoint, relatively little has been written on the subject from an anthropological perspective. Whatever little exists in the latter category, it has been written mainly by anthropologists of European descent. While there is a lot to learn from their contribution in terms of adding to existing

knowledge, it is also necessary for individuals of African origin to take their space in the anthropology discipline by telling their stories. As Finnegan (2007) suggests, the time has come to abandon the long-engrained image of Africa as an oral continent by advancing to documentation on a wider scale. This chapter attempts to make a contribution in this respect, taking cognizance of the reality that from Africans have their own way of telling their story on the human condition, mainly through oral narration rather than in written form.

Based on the prevailing nutrition transition, this chapter documents the rapid changes occurring in Africa's contemporary socio-cultural scene through acculturation. Since culture is in constant flux this chapter endeavours to interpret the significance of those changes in the contemporary world in general, but in Durban in particular; with the latter situated against the backdrop of the KwaZulu-Natal Province. This endeavour calls for reflection on how the past is interlocked with the present, with emphasis on cultural symbolisms specifically associated with the anthropology of food. To this end, this chapter offers a general overview through accounts of Zulu women discussing food-related cultural mores handed down from generation to generation through oral tradition. This section goes further to document how the past dovetails with contemporary times. Consecutive chapters will probe to greater lengths specific aspects of some of the themes touched on briefly in this chapter.

5.2 Overfeeding in Infancy, Childhood, Adolescence & Young Adulthood

Overfeeding from infancy though youth may be fraught with incongruities. As plump babies and children in general are preferred by Zulu mothers, overfeeding of offspring begins in early infancy. Fika, a 29-year-old respondent explains how overfeeding occurs among people of her ethnicity, the Zulu people. In so doing she draws parallels among fellow-Africans in general:

You know, I think that it's just eating too much starch, quite honestly. And also, it is pride for the mother to have a fat baby; it's always been like that with African people. It's like, if you are fat, you are healthy. That's what people believe, so they will even force feed the child to eat whatever... but mostly too much starch.

Unpacking what she means by starch among the Zulu, Fika adds, “I would say mostly bread, mostly *pap* (stiff porridge), mealie meal (maize flour), *uphuthu*, (crumbly *pap*) you know. Especially *uphuthu* with *amasi* or *maas* (sour milk), is very popular for babies because, you know, sour milk from full-cream milk.” The above scenario illustrates the origin of overeating at infancy, which leads to childhood obesity; eventually progressing into adult obesity.

In South Africa, childhood or adolescent overweight or obesity are associated with increased risk of cardiovascular complications, orthopaedic difficulties, asthma and psychosocial morbidity (Kimani-Murage, 2010). In addition, the above two sets of youngsters are likely to grow into obese adults at risk of cardiovascular disease and other health problems. Besides having to cope with impaired social, economic and educational productivity as a result of obesity-related problems, such adults also risk premature death.

Where a family can afford it, what could otherwise be the above simple meal for children may be further enriched in creative ways. In Fika's case, the domestic worker who fed her as a child would add both sugar and margarine in what would otherwise have been a simple dish. Commenting specifically on sugar she derides the practice, laughing jokingly to soften the impact:

A lot. A *lot* of sugar! I mean, I remember the nanny who was taking care of us, she would feed us this delicious porridge where she would put peanut butter, even to this day sometimes when I want to indulge, I put peanut butter. She [house help] would put about three or four big spoons, heaped spoons

of sugar into this in a small bowl because it's a child's. So four big spoons of sugar, that's a lot of sugar! Yes, tablespoons, so it was like a dessert. And then she would put an egg because she believed the yolk was healthy... A raw egg, yes... And then I would eat three or four bowls of that because it was so tasty!

Extreme as this case may appear, this form of indulgence occurs in varying degrees to date.

As in the above case, overeating was, and still remains, the order of the day among Zulu families with parents coveting a plump baby. Culturally such a body size denotes excellent health and upkeep from the cradle to the grave. Oblivious of the long-term dangers of obesity, mothers, child minders or domestic workers continue to express their affection or care by over-feeding children and others in their care. From my observations in some households, serving big portions of food or drinks, where affordable, is the traditional norm of generosity among the Zulu. This practice remains sturdy in the 21st century with seemingly few exceptions to the rule. It does not come as a surprise, therefore, that large amounts of energy-dense food are offered towards achieving the ideal of a plumb baby among people of Zulu ethnicity.

What has changed to a certain extent is determined by class considerations that depend on affordability, reflecting technological advances over food served to infants, based on globalized trends. Be they plant- or animal-based, natural home-made baby foods are gradually getting displaced by factory-processed food conveniently packed in bottles or packages. Such foods are likely to introduce babies to an affinity for sugar and salt, paving the way to obesity and other associated health conditions like high-blood pressure.

As an example, Zenzele, a female participant aged 54 explains how her babies ended up obese. Both her daughters were fed processed food from the global food conglomerate

Nestle. Zenzele's first daughter Zinhle, lived only on Nan infant formula for months, refusing to eat anything else. The mother indulged her by giving in to the infant's demand, especially since the baby was living up to the traditional Zulu standards that dictated that ideally a baby should be fat. Eating less selectively, Zenzele's second daughter was significantly plumper than the first, because Zenzele added Purity bottled food, mealie (maize) meal porridge and other fare to the Nan baby formula. With the pride of a mother who had excelled in feeding her baby daughters well from a cultural perspective, a beaming Zenzele states:

They were healthy; they were so fat in such a way that the nurses at the clinic used to say to my maid: 'Please don't over-feed this child; she is too big for her age.' My first daughter was big but the second one was the biggest; she was bigger than the first one. With the second one, Mabu, after six months we introduced Purities [a brand of bottled baby food], porridge... she was eating anything that you put in her mouth, so that's why she was bigger than Zinhle.

Laughing at the recollection Zenzele adds, "We had to chase Mabu away whenever we gave Zinhle food to eat." Now in their twenties, both women have clung to their baby fat over the years, eventually becoming obese young adults, thus facing the public health concern that obese babies have the propensity to carry that weight throughout life. By being plump babies, Zinhle and Mabu did not have the same childhood worries as Fika, an informant aged 29, did. As a child of seven, Fika remembers wishing fervently that she were more like her friends "who were quite fat, with big stomachs" in keeping with the Zulu view of the ideal body shape for well-fed children. To her delight, in due course Fika's body weight budded into that 'perfect' shape similar to that of her friends. This happened through a combination of two factors: over-eating and reaching puberty, but to Fika's dismay her new-found contentment was shattered shortly afterwards.

Overnight, quite literally, Fika's perception of the Zulu ideal shape altered to adhere to the Western ideal when she joined a girl's high school where whites were in the majority:

Everything changed! Then, I just wanted to be skinny," she recollects, "so you just didn't eat. You'd starve yourself... anything to be small! We did that in high school. But being from the township to the white school, it was like being in another world; it was like traveling between two worlds.

In retrospect, Fika chortles cynically at the incongruences of a racially-divided nation. Increasingly, it seemed, no girl from Durban's townships wanted to be an *isidudla* (buxom Zulu ideal of a female) on enrolling at the former whites-only girls' schools. Being in the minority, schoolgirls of African ancestry like Fika began succumbing to peer pressure in a bid to identify with the majority. To avoid being the odd ones out, Fika and her African friends also embraced the propensity to starve themselves of food in keeping with a common trend among their fellow white schoolgirls.

Though she jokes about it now, her self-hate experience during adolescence was a grave matter. She recalls sharing this form of self-loathing with a fellow township girl of Zulu ethnicity whose naturally big body build made her one of the odd ones out in the school. In order to fit in with the Western female body ideal, Fika discloses the litany of desperate measures to which the two of them resorted:

Oh yes, we did all sorts of funny things when we were teenagers. We ran, like, kilometres, me and my friend. We would tell my mum that we would go home by ourselves... I mean, we were 10 km away from the school! We would run home. It was unfair; we would do things like that!

As though that was not enough, the two teenagers tortured themselves through serial dieting in keeping with young women in the West aspiring to achieve the thin body ideal. Fika and her schoolgirl buddy knew intuitively that disclosing their dieting would have drawn censure from their mothers. Both the girls' mothers were brought up in Zulu traditional thinking where eating large portions of food was highly esteemed, which to a large extent still is.

Expounding on their adolescence dilemma further, Fika continues: “We would just not eat sometimes; we’d go on diets, big diets, you know. Like, maybe, a cabbage diet. So if there was no cabbage at home, then you’re just hungry for that whole time...” Unanticipated disappointment followed: “I should have felt good according to what I was hearing all along [about weight loss through dieting], but it didn’t feel good. I mean, it wasn’t nice.” This appeared to be a high price to pay for social acceptance in the school in the then Model C setting where the majority of adolescent girls were aspiring to a waif-like female figure considered alluring by Western standards. Projecting into the future the adolescent Fika developed a phobia that ushered her into serial dieting based on the following perception: “I just imagined, if I carry on eating, then by the time I get to matric, I’m probably going to be a size 40, you know... and I didn’t want that!”

Attending a Model C school, in what was a Whites’ only school under the racist apartheid regime, spawned a small group of indigenous African girls who faced a seemingly terrifying time. The girls tried to emulate ‘white’ ways in every way possible in a bid to fit in among the majority white counterparts. The minority Black African girls relentlessly grappled with a race-based identity crisis on ‘otherness’ which included a different body build based on the thin ideal. In an unanticipated twist considering the rigours of dieting and physical exercise involved, copy-cat action ensued.

The lens of postcolonial feminism reveals body politics that contribute to women’s agency and ideas around the ideal body. Through various discourses the participants decipher the meanings inscribed on their bodies. Postcolonial feminism also exposes how gender and race contribute to perceptions of black women’s body ideal. For example, according to Fika the

newly-adopted Western (Caucasian) ways mirrored by this minority of Black girls of African descent had ripple effects back home in their township setting. Girls who did not have the privilege of going to such schools began aping girls like Fika whom they admired, albeit based on white role models.

The inferiority complex instilled among Blacks under the apartheid regime concerning body size, shape and colour still persists two decades later. Among young Blacks females, most things white still rule supreme. According to Hopton (2011), across generations young women experience the greatest pressure to adhere to thin ideals in western culture. Due to their youth, members of such an age group are relatively more gullible than older counterparts, and therefore less fixated on accepting change. This is especially the case when confronted by peer pressure and the pervasive influence of the mass media, leading to copy-cat behaviour associated with the thin female body ideal. Such pressure goes even deeper than physical appearance, leading to being judged adversely founded purely on physical appearance:

In modern western society individuals with larger body size are ascribed negative personality attributes such as lack of self-control and laziness, and are found unattractive and sexually unappealing... By contrast, people who are thin are upheld as good, attractive, virtuous, and self-disciplined (Hopton: 2011: 179).

No individual, regardless of class, age or sex, would want to be identified by such negative attributes; but more so the young, who are especially sensitive to criticism due to undeveloped self-esteem. It is therefore imperative that efforts continue to further understanding into the class-related as well as socio-cultural aetiologies at play among Durban-based Zulu women in the wake of the prevailing obesity-related concerns.

Such a class-skewed body ideal is reflected in food–related consumption-related discourses and practices among consumers in Western societies in general – but the United States of America in particular – is becoming universal through globalization. Wyllie (2002) asserts that in this process of consumer capitalism, commodities and practices of consumption come to dominate social relations, and conversely, all aspects of social life become constituted as commodities. Through this form of capitalism, the body becomes a primary commodity of visual display. Where there is an abundance of food minus adequate physical exertion, at times notions of the beauty ideal swings to an unanticipated extreme: “It is no longer fat which is valued as evidence of wealth, but thinness, the ability to control and regulate the appetite and the body” (Wyllie, 2002: 64).

When Wyllie (2002: 66) conducted her MA research among students of all racial groups at the then University of Natal (the predecessor of the current University of KwaZulu-Natal), she found that across all four groups, “women’s experience of body is permeated by self-surveillance, in which women only feel good about their bodies and selves when they are exercising control for slenderness.” Three among my study’s female respondents who previously attended predominantly white, wealthy high schools (the former Model C institutions) express having undergone the obsessive concern with weight.

In addition, agonizing to attain the ‘thin’ body ideal among some of my study’s research participants took on frenzied proportions just before the matric (matriculation) ball. The respondents described relations of mutual self-surveillance among women themselves, in addition to self-surveillance targeting the male gaze. While the girls had experienced pressure to impress the boys at the event, greater pressure came from their fellow girls. In my study, one respondent spoke of the lengths to which her fellow Zulu girls in the past adopted

stringent measures to lose weight in time for the matric ball in order to fit into stylish gowns. Where dieting and exercise did not work as rapidly as anticipated, all too often these girls found that many such garments in clothing stores or boutiques only come in sizes too small to comfortably fit young women of their ethnicity. Hence, the women being forced to getting such attire tailored at relatively exorbitant costs.

Increasingly also besides dieting, going to the gym is no longer the prerequisite of professional or affluent women living mostly in the former white suburbs. One of this study's young respondents elicited laughter when she spoke of a relatively new trend in townships where droves of black girls took to dieting and jogging between the months of September and November. Aiming at the 'thin' body ideal girls exercised frequently with the hope of 'catching' a man during the Christmas month and New Year festivities, despite the abundance of readily availability of overly rich food. Apparently, their black male age mates prefer the 'new' trendy thin ideal as opposed to the larger-boned, curvaceous female that is the Zulu ideal.

5.3 Food Sharing and Gendered Eating Patterns among the Zulu

Feasting is among the most gratifying aspects of food sharing, forging social cohesion while providing aesthetic and sensory enjoyment. Food sharing among the Zulu occurs in numerous ways, demonstrating a wide spectrum of behaviours, procedures, contexts and motives. Below are some explanations of the logic behind food sharing among Durban-based women of Zulu ethnicity. In certain instances, some food sharing practices may pose a public health concern, as they can lead to overweight and obesity.

According to participants, food decisions concerning the feast are determined by multiple parties comprising those who provide, process and prepare the food. The groups encompass both nuclear and extended family as well as neighbours, friends and other well-wishers. In some instances eating together in different settings is demonstrated amid song, dance and laughter. Eating is also common amid sombre events such as mourning or spiritual rituals. Besides being a form of hospitality, the benefits of food sharing may comprise a moralistic act towards food distribution among the extremes of the binaries of scarcity and plenty in a community. In such instances, those with plenty share food calculated specifically to engender self-respect and pride among those lacking food.

Feasting has wide-ranging connotations. Take the example of *umemulo*, a Zulu traditional coming of age ceremony to mark the transition of females from adolescence to womanhood through which she is granted the rights of an adult. Several research participants explain that in recent years the Zulu have westernized the function to coincide as closely as possible with the 21st birthday celebration. Traditionally this rite of passage denoted a public acknowledgement of a father honouring a daughter who has respectfully followed parental advice. In recent decades, though, the celebration also has an added component signifying parental appreciation towards a daughter not having fallen pregnant outside wedlock. On the girl's part this attainment is perceived as a daughter having shown respect for her family by not shaming them by having brought forth an illegitimate child.

In keeping with ethnographic practice, one Saturday morning just after 10am I arrive at an *umemulo* in Durban's African township of KwaMashu. In this instance the get-together is to simultaneously honour two daughters who have a small age gap between them. Such an arrangement works out more cost effective in terms of resources employed, considering the

extravagant proportions the ceremony has taken in urban centres. On this particular day the girls' home compound is milling with family members and guests spanning all generations. Guests who find no seating space in the host family's home compound overflow onto an open patch of grass along the adjoining street.

Where possible some of the overflow visitors manage to secure the hired plastic seats, while latecomers mill around either talking to old friends or making new acquaintances. Such an arrangement enables the hosting of unspecified numbers of guests and is a common practice in high density spaces in African townships where attendance is not strictly by invitation only. Ernst (1978: 187) advances that: "Reciprocal exchanges provide important 'evidence' as to the intentions of others, or provide evidence as to the agreement of parties involved as to the nature of relationships between them." Sooner or later, the hosts presume to attend ceremonies or rituals held by others, and by the same token, undergirded by reciprocity, not expect to attend strictly on an invitation basis. To avoid obstructing traffic in this particular function held on a Saturday morning in KwaMashu Township, the day's main eating function is held in a vast white marquee erected strategically next to the fence of the two girls' home compound.

Guests who arrive early are offered non-traditional Zulu fare comprising plain and bran muffins and hors d'oeuvres such as fish fingers and mini-pies with various fillings. Had the same function been held in rural KwaZulu-Natal (KZN) Province, the food items in the offering would largely fall under Zulu 'traditional' cuisine. According to Phila, a Durban-based key informant who grew up in rural KZN, food served would be mainly beef and goat meat in abundance, where the host could afford it. Other fare would include both traditional African and Western-type food, though oriented more heavily towards the former. Mostly, food

served would invariably have *amadumbe* (coco yam), *isigwaqane* (mashed beans and mealie-meal), *idombolo* (wheat dumplings with baking powder as the raising agent) and a variation of the same, *ujeqe* (wheat dumpling with yeast as the raising agent). Drinks of various kinds would accompany the food.

In keeping with tradition, a consideration taken into account while serving drinks, is based largely on sex, age and seating arrangements. While women, girls and children mainly take soft drinks such as cordials and fizzy sodas, the men, who sit in seclusion, eat the finger food but prefer to take alcoholic drinks. Among either group, from the speed at which food items and drinks on offer are consumed, it appears many guests have arrived with empty stomachs. At this function guests have come anticipating to consume plenty of food and drink in keeping with Zulu customary practice of serving an unstinting array of delicacies. Traditionally, guests expect the host to hold a function whose ultimate success food-wise is measured by the amount remaining after guests have eaten to their fill.

In the same vein, the various sets of food and drink are calculated to serve all guests who arrive regardless of the number; since no formal guest list is used in most instances. And even there is a list, regardless, more guests than anticipated usually arrive. This kind of sharing boils down to reciprocity; doing unto others as you would have them do unto you. More often than not, at such feasts overindulging in food is the norm rather than the exception. The same applies, be it a *braai* (Afrikaans for barbecue), weddings, religious functions, funerals, cultural rituals and wherever food is served to groups of people. Among the Zulu, the expenses associated with hosting the above functions that include food are usually born mainly by the immediate and extended family, with assistance from other community

members, who choose to help in many forms, including cash or kind, or through manual labour.

The host relies mainly on a kinship reciprocity system through networks founded on the basis either on consanguinity (based on blood ties) or affinity (based on marriage) relationships. The arrangement hinges on reciprocal *ubuntu* (the philosophy of humanism). In the context of food, sharing could be considered as extending a gift in the spirit of *ubuntu* (human solidarity or collectivism), based on the following concept: “*Ubuntu ngumuntu ngabantu*”, an isiZulu expression which translates literally as: “I am because you are.” The expression implies an individual’s existence and development hinges on the person’s relationship with others. My study demonstrates various forms of reciprocity undergirded by cultural phenomena among the Zulu. From an anthropological standpoint, reciprocity, which encompasses exchange, could be traced back over millennia according to Harding (1978: 161), who offers a broad spectrum as to what some forms this mutuality takes:

As a product of human reason and speech, exchange is a cultural invention, panhuman in its distribution, highly variable in its forms and its relationships to other cultural phenomena which include production, leadership, ranking, myth, art forms, ritual, marriage, warfare, intracommunity conflict and the socio-political order itself.

Globally, however, the author most cited on reciprocity in the field of anthropology is Marcel Mauss, a Frenchman who lived between 1872 and 1950. His acclaimed anthropology classic, *The Gift: The form and Reason for Exchange in Archaic Societies*, was first published in French in 1950. The translation was first published in Great Britain in 1990. Though he bases his book on Polynesia, Melanesia and the American Northwest, his interpretation of reciprocity associated with gift giving and receiving applies universally.

In keeping with today's popular, cautionary adage: 'There is no such thing as a free gift', or alternately, 'a free lunch', Mauss (1990: 4) pointedly warns: "...the so to speak voluntary character of total services apparently free and disinterested but are nevertheless constrained and self-interested. Almost always such services have taken the form of a gift... when really there is obligation and economic self-interest." In so stating Mauss underlines the fact that reciprocity is built into the seemingly innocent act of generosity among the individual or group, regardless of the nature of human transaction in all societies, which is based on a hidden, or not-so-hidden, agenda. In warning that to every gift proffered the inevitable strings are attached, Mauss cites Samoa, where receiving goods or services either from the individual or collective imposes not only obligations of exchange, but includes a contract upon the donor and recipient parties, be they families, clans or tribes.

In her introductory chapter in *The Gift*, anthropologist Mary Douglas (1990) as editor concurs with the main author in her summary, in which she asserts that invariably, there is an ulterior motive in gift giving. Mauss (1990) generalises by using the term 'potlatch' as an umbrella word for gift giving. Potlatch, a term borrowed from the Chinook, is a lavish gift-giving ceremonial feast among the indigenous American Indians living in the north-West coast of both the United States and Canada. Mauss (1990: 5) uses the term to encompass the *system of total services* rather than the Indian word's meaning confined to mean 'to feed' or 'to consume'. Mauss' eclectic application of the word *potlatch* is much wider, in the process also embracing initiations, shamanists' séances, and the worship of gods, totems and clan ancestors – woven together through rites, legal and economic services, as well as societal ranking spanning tribes from the basic level up to the international level, including Africa.

Despite the Zulu in South Africa being thousands of miles away geographically in relation to Indians residing in the Pacific North West Coast of USA and Canada, for example, the African would nonetheless resonate with the lavish nature of potlatch. Douglas (Mauss, 1999: xiii) hypothesizes that proffering a gift connotes human solidarity. According to Douglas, behind the system of reciprocating gifts is an endless, obligatory cycle of exchanges within and between generations, which is illustrated by the North American potlatch. Douglas (Mauss, 1990) maintains that gift giving connotes unanimity, wherein the individual or groups are obligated to give and receive globally. Motives underlying the lavish exchanges of consumption are wide-ranging, and include “competition, rivalry, contests, a show of extravagance, showing off ostentatiousness, the seeking after the grandiose, the stimulation of interest,” (Douglas in Mauss, 1990: 17). Whatever the motive, self-interest takes centre stage, with benefits measured variously in terms of the value, utility, luxury and wealth creation under guarded by the process of acquisition and accumulation of goods.

At the earlier-mentioned *umemulo* the sharing is rooted in the reciprocity system that widens to embrace friends, neighbours, work colleagues and other members of the community also offering assistance in various capacities. Usually through such joint ventures opulent feasts are attended by those officially invited, as well as the uninvited in the neighbourhood. Various research participants concur that traditionally in Zulu culture, whenever an animal was slaughtered; neighbours invited or otherwise, were welcome to partake of the meat after it had been portioned first to respective nuclear and extended family members.

Before the main meal is served this particular Saturday, among the highlights of *umemulo* is a dance where other young women, mainly peers, join in to publicly honour the girl at the centre of the celebrations. In this instance the two sisters are serenaded by their peers

comprising mainly of female relatives and friends who dance alongside to songs led by one chosen among the latter two sets of girls. With bare breasts bouncing as they prance, keeping with the musical rhythm, the near-nude unabashed maidens are dressed in keeping with tradition. To display their bodies to the best advantage each girl wears an *isikeke*, the Zulu traditional beaded mini-skirt worn by young, unmarried women.

Audience participation takes various forms. Besides singing, audience participation is ensured through cheering by the crowd. The loudest cheers are raised whenever members of the audience present the two young women with gifts in the form of paper currency in South African rand. Playfully, but with cautious manoeuvring of fingers to avoid piercing the scalp, family and guests secure safety pins to fasten the money on the headgear of the two daughters taking centre stage at the ceremony.

The greatest degree of audience participation at the ceremony, however, occurs shortly afterwards under the white gazebo. Because of the large numbers, guests are seated both under the tent and beside it. Guests sit down to a grandiose luncheon supervised by dedicated commercial caterers. The key item on the menu is meat, some of which was earlier delivered by a white refrigerated van parked close to the tent. This form of commercialization of the ritual also reflects the weight of the host father's wallet. For a lack of better terms, the following expressions – the *Western-type* and *traditional Zulu diet* – will be used often in this study on overweight and obesity. Nonetheless, I acknowledge that neither of the two diets is static. If anything, both are in constant, and at times, rapid flux. In keeping with such changes Moore (2004: vii) underlines the fact that modification is inevitable by asserting: “it makes little sense to think of a pure national cuisine, a static set of preferences and tastes with their attendant aesthetics.”

Impressive as it appears, the refrigerated meat cited earlier at the *umemulo* ceremony is superseded by a different kind of processing involving the ritual slaughter of animals at the celebration site. The ritual, an indispensable component of the feast entails yet another, albeit traditional, aspect of impressing guests by offering them as much meat as possible. In keeping with Zulu custom some of the meat served at this function includes a bull, a sheep and a sacrificial goat which are slaughtered in the host's compound. In construing such forms of extravagance, Mauss (1990) observes that regardless of economic class, both the masses and the elites worldwide indulge such forms of purely irrational spending, through a constant process he terms icy, utilitarian calculation. The author regrets that "The brutish pursuit of individual ends is harmful to the ends and the peace of all, to the rhythm of their work and joys – and rebounds on the individual himself" (Mauss, 1990: 77).

In my study the animal at the *umemulo*, slaughtered in keeping with tradition, are juxtaposed starkly with the symbol of modernity: the frozen meat from the refrigerated truck parked by the white tent. The commercialization aspects exhibited through costly hiring of both refrigeration truck and caterers is an adaptation of Western-type catering. The above consumerist aspects denote the lengths to which hosts are prepared to go to impress their visitors in an increasingly materialistic society. Clearly, the family hosting the function in the African township of KwaMashu is out to impress at all costs through conspicuous consumption.

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Osseo-Asare (2005: 150) observes that in sub-Saharan Africa, culture dictates that guests be honoured with “special expensive foods related to the prestige factor intertwined with food as conspicuous consumption.” As illustrated by the ostentatious demonstration of wealth above, sharing and generosity often go hand-in-hand in sub-Sahara Africa, but not necessarily with honourable motives. Whatever the motive – whether rivalry, prestige, authority, honour or obligation – families entering such contracts seek to outdo each other through a wealth display in what could be termed as contractual gifts.

According to Mauss (1990: 5) such exchanges comprise acts of politeness displayed as such functions as:

...banquets, rituals, military services, women, children, dances, festivals and fairs, in which economic transaction is only one element, and in which the passing on of wealth is only another feature of a much more enduring act...although in the final analysis are strictly compulsory.

Various visitors to the *umemulo* function offer explanations of other cultural intricacies surrounding the ceremony. Today’s ceremony, while held on a Saturday, does not signify the launch of the *umemulo*, which occurred four days earlier on Tuesday. According to male elders of Zulu ethnicity, the Saturday function was officially launched when communication with ancestors commenced with the slaughter of goats. To this end, the function was initiated on Tuesday with the slaughter of two sacrificial goats to specifically inform the ancestors of the developments concerning the two daughters’ above-mentioned achievements.

In Zulu rites, goats play a significant role in communicating with the living dead (ancestors), either as an offering to honour them, or to appease them. Both items were served in abundance at the *umemulo*-related functions on the past Tuesday as well as on Saturday. Food sharing through reciprocity remains a fundamental feature of Zulu ceremonies.

The above function illustrates bonding between humans through fellowship and mutual social obligations embedded in food-related reciprocity. Drawing such boundaries has its limitations, though, as one of the the founding father of anthropology, Robertson (1889: 269) states in what could be considered an antithesis in reciprocity: “Those who sit at meat together are united for all social effects; those do not eat together are aliens to one another, without fellowship in relation and without reciprocal social duties.” Thus, instead of building or strengthening social boundaries, such action breaks them down.

Reciprocity associated with food sharing of the bygone days in Zulu history is gradually shifting with the times through modernizing trends. While sharing in the spirit of *ubuntu* is still going strong, individualism is beginning to take root as the result of a spike in the cost of living as well as exposure to trends such as Westernization and other forms of acculturation, urbanization, acquisition of formal education and employment, resulting in the scaling down of food-related generosity. Such changing trends are evident where those invited are allowed to enter an event venue strictly by invitation only.

Nonetheless, collectivism among the contemporary Zulu people continues to persist albeit at a relatively watered down state, say, in comparison to past generations of Zulu society. While contemporary Zulus are no longer as inclusive in sharing their food as in the past, nonetheless the portions of food they eat generally remain large. Exceptions in this respect apply mainly

among conscientious weight watchers and other individuals who suffer health concerns that bar them from eating too much.

Like elsewhere in the world, inclinations towards certain food among women and men serve as symbolic markers of femininity and masculinity in Zulu culture. The section below focuses on various gender-based patterns of food distribution and consumption, beginning with the two above-mentioned cultural ceremonies. By virtue of participating in both *umemulo* and *umembeso* I observed first-hand the existing patriarchal mores among the Zulu taking a temporary gender role reversal. Ordinarily males keep out of the kitchen, traditionally considered a female domain. Nevertheless, the gendered reversal of cooking becomes apparent at traditional ceremonies, with men taking on key decision-making roles when it comes to the slaughtering and apportioning of meat. As they boil and roast meat from the slaughtered animals, the men help themselves to choice cuts as they wait for the rest of the animal to cook. In this context it is the men who have an upper hand in determining to whom meat is disbursed, in what quantities and when.

As I step into the backyard where the *umemulo*-related functions on the material Saturday, the carcasses of a bull and another goat slaughtered earlier in the day now boil separately in an outsized *ibhodwe lesizulu* (cast-iron three-legged cauldron) each fuelled by crackling firewood underneath. The sweltering Durban heat coupled with the three-stone fire under the pots render temperatures that are unbearable even where I stand just a few metres away, observing. Also in keeping with tradition, about an hour later, the meat from both animals is prepared by men. Men also serve the meat, offering it in order of chronological seniority, on the basis of gender differentiation. Males are served first, with the elders receiving first priority. Categories of males at the function also include boys and young men under 21.

Under Zulu patriarchal practice women and girls are served meat afterwards in keeping with customary practice.

A month and a half later, animal slaughter features also at *umembeso*, another traditional function. A research participant I accompany, Ntombi, a fellow UKZN student attending the *umembeso* explains it is a traditional Zulu engagement ceremony where the groom's family buys gifts listed in advance by the prospective bride's family. Besides a cow and goat being slaughtered early in the day, a sheep will also be slaughtered later at an evening *braai*. Before midday, though, I listen to one of the prospective bride's elderly uncles who explain the mutton braai is a Western adaptation rather than a Zulu cultural practice: "Anything goes in this new era", he declares, "It's an extra, there's no need for it. If you have the cash, you can slaughter such an animal." With pride he takes the trouble to brag that slaughtering a sheep is a status symbol signifying the wealth of the hosting family.

The uncle offers the explanation as a hefty black sheep is hauled in by four men through the kitchen door into the courtyard. Each man holds tightly to a leg of the struggling, belly-up animal. My stomach lurches as I watch a sharp knife lunges into various parts of the sheep's body as young men work swiftly in sync to slaughter, de-skin and portion the animal. I catch myself squirming involuntarily over what seems a tortuous death process, yet seemingly incongruent in that despite the knife lunging repeatedly in the sheep's body it does not elicit a single bleat. Nor can I help myself repetitively contemplating, for the rest of the day, the unblinking eyes of the dying animal now surrounded by its blood spurting on the courtyard's cement floor.

By refraining from asking to taste the meat I find myself identifying with Zulu women in terms of having no say in such matters traditionally. For a while I watch enviously as the men eat mouth-watering bits of meat on trays being passed back and forth. I was famished as a result of having a skimpy breakfast in order to leave home early in order to set off for the *umembeso*. However, due to growing hunger pangs in the current site I'm tormented by the tantalizing aroma of the roasting meat, I resolve to break with tradition. I can no longer continue to merely watch as boiled meat straight from the pot and roast meat from an open fire is first passed around on an *ukubaza ugqoko* (carved wooden tray) to male elders. Unable to contain myself any longer I break with tradition by requesting the elders, as tactfully as I can, whether I too could likewise sample the meat doing the rounds among male folk in the host's backyard.

Momentarily, the surprised group of three male elders I am interviewing for explanation on the cultural aspects of this function stare at me disdainfully by way of patriarchal disapproval of such brazen behaviour on the part of a woman. Nonetheless, they oblige me with the occasional morsel henceforth. Though sumptuous, the meat titbits passed my way are hardly filling, as the male elders consider it a priority to meet their own needs first. It is clear here that "food taboos instil sentiments of respect for seniority, and so on" (Douglas (1966: 66). By the same token, food taboos also instil misapplication concerning gendered inequalities associated with food distribution, as the section below demonstrates.

I, a seemingly 'uncivilized' female outsider from beyond South Africa's border, have dared over step the cultural etiquette. Zulu women attending such ceremonies, on the other hand, *always* wait to be offered some meat, which they do get *eventually*. This age-old male prerogative, however, does not seem to blend with the changing times. Needless to say, at the

umembeso, the age-long gendered roles of washing and clearing-up afterwards, invariably reverts to the womenfolk, regardless of the passage of time.

As the men eat, they also help themselves to the drinks being passed around. The financial status of the host family is also evident through the copious flow of drinks, both alcoholic and non-alcoholic, traditional as well as modern. Imbibed in excess, all are based on starches, which could lead to overweight and obesity. Selecting a Castle Larger above a Castle Lite, the prospective bride's uncle I am interviewing downs the brew directly from the bottle while explaining what goes into Zulu traditional beer. The latter beer, also available at this function, is brewed by mixing *umtombomela* (sorghum) and *imphuphu* (mealie meal) with hot water, and leaving it to stand overnight. The mixture is then strained by squeezing it through an *ikhama* (traditional sieve of woven reeds). The modern version of this apparatus under use at this function is a plastic sieve improvised from discarded fine-mesh plastic bags previously holding fruits or vegetables to facilitate the free-flow of air.

Standard practice is that the brew, prepared traditionally by women, is shared out by males. In keeping with traditional etiquette, the men serve the brew to both fellow men and the women on only one condition: that they offer it to the ancestors first. The men serve the ancestors by pouring to the ground a libation served out of the *ukhamba*, a small earthenware pot covered by *imbenge*, a woven grass lid. The rest of the brew is imbibed mainly by males, though females also drink some of it. Traditional etiquette demands a gender-based division of labour in a practice that dictates that males be served first in keeping with partaking of the premium brew in the largest quantities.

Among key considerations in this section is food-related etiquette as befitting males and females and in what order the foodstuff is served, as well the portions. From an early age more food is served to boys as opposed to the smaller portions served to girls. This is in keeping with the attendant tendency of serving boys first rather than girls in keeping with the patriarchal priority pattern where males of any age are served before their female counterparts. When food happens to be in short supply, girl children are served after the men and boys, with adult females eating last and least. In contemporary times there is a more equitable food distribution system where those eating from the same pot sit around a table. Nonetheless, the senior-most males still tend to be served first from a traditional perspective, the ranking could be attributed to the assumption that the man is the household head-cum-provider, a practice that is still upheld even among female-headed households. In addition, gender-based discrimination is evident in the choicest of foods being dished up first for males.

Meanwhile, at the other end of the back courtyard women comprising immediate family, relatives and friends are busy cooking food in king-size cooking pots. The womenfolk prepare white rice and *iphaphu* (stiff *mealie* meal porridge more commonly known as *pap*) curried beef, fried chicken and vegetable salads. Serving large portions of food is also the order of the day, albeit larger quantities than those served as daily meals. Those who can afford to do so adopt the same over-size food portions at home in a show of either actual or simulated wealth. Either way, whether for display purposes or otherwise, the large portions of food consumed at every opportunity is leading to overweight and obesity. This is especially the case where a sedentary lifestyle is increasingly becoming the order of the day, coupled by a new consumer culture where large or oversize portions are peddled mainly by the fast food industry.

Research participants helped me piece together age-old cultural mores which have persisted into the twenty-first century. Participants divulged that traditionally among the Zulu, different kinds of foods were served among the sexes. To-date, meat and *pap* (stiff porridge traditionally made of maize meal, sorghum, millet or other cereals) are still associated with strength and virility among men in keeping with traditional notions. Women, whose libido had to be reined in in every possible way in the past, were expected to settle mostly for vegetables and *amasi* (sour milk), which went with different kind of starches including *pap*. According to Anele, a key informant aged 65, in the past, most of the foods eaten by women were carbohydrates and *imifino* (green vegetables). Times have since changed, especially in urban areas, where women make their own choices based on their preferences and the weight of the purse. This is especially the case in female-headed households, which are increasing in numbers. Hunter (2008) affirms that marriage is no longer the norm among contemporary Zulu.

Likewise, with time, other changes in foods preferences along gender lines have also occurred beyond the indigenous Zulu diet. In carbohydrate intake, for example, women consume rice, Irish potatoes, bread and pasta, influenced largely by Indian, Afrikaans, English and Italian cuisines, respectively. The three food types were relatively recently introduced during South Africa's pre-colonial, colonial and post-colonial eras. Study participants maintain that to-date men of Zulu ethnicity have stuck to their *pap* as the first option of a carbohydrate, purporting that the above-mentioned Western type cuisine 'does not hold the stomach.' In comparison to *pap*, the less stodgy Western fare leaves one feeling hungry relatively sooner. This is especially when *pap* is made from unprocessed grains, which take longer to digest.

5.4 Food Taboos

One cannot talk about the anthropology of food without mentioning food taboos. Cross-culturally, food taboos around the globe tend to apply more often to women than men (Caplan, 1994). Certain forbidden foods, for example, are often linked to aspects of female reproduction, such as menstruation, pregnancy, the period after birth and sexuality. Some such taboos are revealed by study participants in this section. Take the example of chicken. Traditionally among the Zulu beef and other meat was eaten mainly by men, although they were not outlawed for women, except for chicken. These fowls were believed to act as an aphrodisiac, which rendered women lascivious. Perhaps chicken could be classified among the same category as other meat in this respect. While red meat is valued for its high protein and iron content, and has traditionally symbolized wealth and male sexual potency, it has nonetheless been identified negatively as contributing to obesity and health disease, among other health conditions (Bell and Valentine, 1997).

Some foods, associated with gender identity and the notion of being either male or female, have sexual connotations. According to research informants, food associated with exciting the libido in both male and females among the Zulu is chicken and meat consumption among females and males, respectively. In a similar take Fieldhouse (1986) and Ogden (1990) draw parallels between meat and sex in that both are widely regarded globally as essential for survival in that both perpetuate life and are pleasurable. In this respect food symbolizes sexual pleasure and self-gratification (Todhunter, 1993). Study participant Anele concurs that the prohibition targeting females, which was common in the past, still persists today: "It used to be taboo for a woman to eat chicken, which was eaten mostly by men." Palesa, a study respondent now in her late fifties, also recalls that in her youth it was taboo for un-married

girls and newly-married women to eat eggs. It was believed this food in particular would encourage the above females to steal what was then considered a delicacy.

That eggs were considered an aphrodisiac among people of this ethnic group in the past is a notion that still prevails among women aged 35 and above. Still extremely traditional in her thinking Mbali, another participant in her mid-fifties, concurs, heatedly blaming the numerous South African young women who eat chicken for the high prevalence of HIV infection. Mbali is among other participants who also mention that peanuts and cheese are among protein foods women should avoid eating in a bid to curb their sexual appetite. In a voice laden with censure, Mbali also attributes her hypothesis on the consumption of eggs by females to widespread HIV infection, which she associates to the upsurge of teenage pregnancy among Zulu girls. Explaining from a cultural perspective, Mbali maintains that eggs heighten a girl's libido, resulting in casual and excessive sexual encounters with multiple partners. Meanwhile, adolescent girls and young women of Zulu origin do not hold such beliefs, underlining the existing schism concerned with reproductive health perceptions associated with food between themselves and their mothers' and grandmothers' generations.

Traditional notions that barred females of child-bearing age were not confined only among the Zulu, but were also prevalent in other communities of African ancestry. Africa. In my home country Kenya, among the Luyia people, taboos surrounding eggs and chicken existed, but were thought to accomplish the exact opposite: guaranteeing infertility. In my mother's teenage days spanning the 1940s, girls of child-bearing age were barred from eating chicken on the grounds that they would become barren. Eggs were considered a forbidden food, considering the high premium placed on female fecundity among the Luyia in my home country, Kenya.

Listening to Mbali, the above taboo prompts me to recall the conflict between my mother and grandmother concerning a similar taboo, despite being based in Kenya situated some 3745km north-east of Johannesburg, South Africa. Neither of the daughter-mother pair saw eye-to-eye, with my grandmother's generation steering clear of eating both eggs and chicken. However, my mother, strong-willed by virtue of being both the firstborn and a long-awaited child, adamantly refused to comply with her mother's fervent pleas to void the two proteins. Her mother's admonition against eating either food item, supposedly having the power to render a woman barren, fell on deaf ears with my mother insisting that barrenness would *never* be her fate. My mother triumphed ultimately, and from time to time gleefully recounts the confrontation between herself and her mother. In such instances she invariably concludes with the now familiar words: "I went ahead and had six children!" To my grandmother's bewilderment, all six were born within wedlock rather than outside it, as was expected in her time. Likewise, with a few exceptions in contemporary times, like my mother doves of contemporary Zulu girls and women have chosen to ignore what in the past were widely-entrenched taboos among communities of this ethnicity. Talking to my student counterparts, other parts of the African continent reveal similar taboos in their respective countries.

Meanwhile, Mbali's hypothesis on the above prohibition, in which eating eggs or chicken is deemed the cause of a spike in pre-marital sexual activity among pre-adolescent, adolescent and young adult females, has not been subjected to scientific trials. Along the same vein another theory circulating in contemporary times is that growth hormones injected into today's mass-produced chicken are resulting in girls reaching puberty prematurely, hence the natural instinct to engage in adolescent or pre-marital sex.

This example among the Zulu is also common elsewhere in sub-Saharan Africa, where females are forbidden to consume either eggs or chicken. In some instances the prohibition encompasses both eggs and chicken. Such a prohibition may apply in the case of either single or married women with the aim of suppressing libido associated with pre-marital or extra-marital sex, respectively. Likewise, gender-related double standards apply here as men, who are considered to be relatively more sexually active, are not subjected to similar food-related embargoes. The underlying concern is that females having what is considered illicit sex could end up having babies outside wedlock, and in the process pollute the legitimate family bloodline under patriarchy.

The above-mentioned taboos were rooted in ulterior motives favouring men within the patriarchal set up. Did the taboo aim to deter women from competing with men for chicken as food, perhaps, in days when rearing chicken was a slow process? Was the taboo instituted to ensure as many of the existing eggs were permitted to hatch into chicks eventually, ultimately reserving more animal protein for the male folk? Currently, with technological advancement enabling mass production of chicken, this animal protein is the most widely consumed among all races and ethnic groups in South Africa, albeit based mainly on its affordability and availability (Human, 2005).

Gendered food eating patterns are demonstrated in many other ways under the patriarchal order of people of Zulu ethnicity. Basing her gendered categorization of food on starches, Wandile says this concerning what is considered ‘feminine’ food among the Zulu.

I would say they will be rice, you know, the soft food: the rice, the pasta, the spaghetti, the tomatoes, and all that kind of stuff... And then for the males, it would have to be *uphuthu*, *pap* and you know [pauses] what else? They usually eat the strong food. They say *uphuthu* makes them feel full and strong.

The same argument prevails in my home country Kenya, where ugali (*pap*) is likewise revered by men based on the same premise. My late father used to assert that eating comparatively light starches such as rice would result in him waking in the middle of the night due to hunger pangs. Put differently, he would claim eating rice for dinner could be equated to sleeping hungry.

Venturing justification of the male preferences, Wandile ventures the following:

They say if you eat *uphuthu* in the morning, up until 12:00 or 13:00, 14:00, if you're working, you won't feel dizzy or all of those things. But then, if you eat rice or bread, then you'll feel hungry; within two hours you are hungry!

It is not uncommon to hear versions of statements, a truism that could be summarized as follows concerning carbohydrate staples: that the maize, sorghum, millet or *teff* (a grain of Ethiopian origin) are reputed to 'hold the stomach better.' The latter three are of indigenous African origin. Those who eat such staples do not seem to want to snack at short intervals; they prefer food that you eat, with a lengthy interval before the next meal. The rice and pasta (except for brown rice or whole-wheat pasta products) are indeed easier to digest, and cook, than the above-mentioned four male preferences comprising the following grains: maize, sorghum, millet and *teff*. All four have a lot of roughage, which by virtue of slow release are very filling. In this way, the fibre reduces the need to snack at short intervals, a habit resulting in weight gain among people of Zulu ethnicity of both sexes.

Wandile points out practical, gendered concerns as to why women seem to prefer the rice and pasta options, as opposed to the maize-based staples, which are now considered 'traditional' African, although the latter originated in South America. Speaking from what could be considered a generic typical Zulu female perspective, she says:

I like soft stuff like rice; it's easier to prepare. *Uphuthu* (a crumbly maize meal dish), it takes a while [to prepare] and you have to watch the pot while you are cooking it, you know, otherwise it will burn, and when it's burnt, no one wants to eat it. Rice is easier; you can put the rice on the stove and do other stuff.

In the latter case, cooking rice frees women from having to constantly 'babysit' the pot while on the stove. This affords women the liberty to multi-task, in keeping with the time considerations required to address the numerous domestic chores most women are required to perform, in addition to minding children and husbands. Asked for a time comparison in the preparation of different starches, Wandile estimates that *uphuthu* takes close to an hour, or 45 minutes at best, while rice requires less than 30 minutes. Fifteen to 30 minutes certainly make a difference in a woman's busy schedule, hence the time preference for fast cooking starches. Apparently males eating pasta has a sexual innuendo that is better avoided. According to Wandile:

The guys would say pasta is for girls. When you are eating pasta as a guy, they (male counterparts) will comment: 'Wow, why are you eating it?' all because [it is assumed] you are gay; [as a man] you're supposed to eat meat... like beef, and *uphuthu*, you know, all this stuff. Or [meat] burgers, for modern men... It has to be, you know, those *strong* foods.

The respondent, nonetheless, makes an all-encompassing and less of a sweeping, stigmatized statement that makes a comparison concerning male salad eaters in terms of geographic environment: "I think there is a distinction between the men that are living in rural areas and those who are living in the more urbanized areas. For those living in the rural areas, they don't like salads at all."

Venturing an explanation for the urban-rural divide concerning raw salads' consumption by males, Wandile posits tentatively, "I don't know... They [rural men] think it's something fancy of which they didn't grow up eating, you know, like for lettuce for instance, they are saying, how can you make me eat something that is eaten by rabbits?" At the UKZN Howard

College Campus, rural men make a mockery of the raw vegetable assortment, which a handful of urbanized males living on campus eat for health purposes. According to Wandile concerning their rural counterparts:

Men don't eat salads at all, on the basis of their upbringing. The rural men argue, 'We didn't eat this while we were growing up, so why should I start now? I didn't have a [health] problem then, so do you think I'm going to have a problem now from not eating them [vegetables]? I am still the same way I am [health wise], you know!' So they are pig-headed; they cannot change their minds!

Wandile regrets that such men hand over such beliefs to their sons, hence another generation who are averse to eating uncooked vegetables. "If you were raised under those conditions at home, not eating the salads as a boy, you also have this male ego, saying that no, if you eat the feminine food, then you become feminine in yourself," this key informant regrets, adding:

They [father] classify them [sons] as sissy-boys, you know... you're not fully male. You are classified as an *isitabane* (males with gay tendencies, also known as *ungqingili*) if you keep on eating the food that, really, *women* are eating. Or maybe you are weight-conscious all the time, then they will say you are *isitabane* or something like that, just because you are very concerned about the weight issue as a boy.

Zulu men and boys are not supposed to abdicate their masculine traits by taking on feminine attributes, like some women and girls who tend to stress over their weight. Asked why this is the case, Wandile replies:

It's because women are more... they are the ones who are mostly affected by weight issues. They are getting fat easily because they like to eat all this sugary stuff, chocolates, you know, all these fancy things, which will make them gain weight, while males, you would hardly see a male obsessed with chocolate. They don't really get obsessed over those things.

Making further comparison among differences in food choices between males and females on campus, she repeats what she has said for emphasis before advancing her argument further:

Chocolates, they [females] eat yoghurts and chips – all this kind of stuff – cakes. Those are women's stuff. But for a male to be eating chocolate or yoghurt or something, even from the university's residence, if you go to one of the *reses* [residential halls] and just open the fridges in the boys' rooms, you will see. Maybe there will be drinks instead of chocolates or lettuce or you know, things that would make them [female students] feel they are being healthy.

Through this statement Wandile is alluding to the gendered role where Zulu males have a greater say in food-related decisions. This seems to be the case not only in the past, but also against the backdrop of fast changing tastes in the face of both urbanization and globalized dietary trends. Male preference is apparent in the proclivity to take meals lacking in vegetables; ultimately contributing to obesity and other related conditions currently on the upsurge in South Africa. Wandile portrays female students living in university residences as tending to eat more vegetables than their male counterparts on the one hand, but eating relatively more energy-dense sugary junk foods than the men. She implies that while men eat relatively fewer sugary foods, females chose to eat only what tastes good in their mouths, at the expense of their health in terms of weight gain.

In reality, though, this does not imply that women and children do not have similar preferences as men. It is just that due to patriarchy among the Zulu, men tend to have an upper hand in terms of having their say, coupled with greater buying power than their female counterparts. By virtue of the two advantages, males tend to dictate their food preferences categorically, regardless of health concerns.

5.5 Syncretism: Ancestral Veneration, Christianity and Witchcraft

Food-related African traditional practices have a critical place in other spheres of life as well. In the light of the above representations, this section attempts to highlight both the common

traits shared by males and females, as well as idiosyncratic twists pertaining specifically to the Zulu. Among them is reciprocity, where the emotional investment that binds individuals and social groups together through food sharing, is based on moral grounds being and are therefore, underpinned by *ubuntu*. *Ubuntu* endeavours to promote humanism or collectivism rather than individualism. An example of *ubuntu* is food-related reciprocity, exercised as a rationalized form of agency that is geared to augmenting the distribution of wealth among communities. Expanding the scope of *ubuntu* further, Busi, a 22-year-old key informant, adds that the food served honours not only those physically present, but the ancestors as well. In politically correct terms, ancestors are referred to as the ‘living dead.’ Just like their living counterparts, the living dead are also known to relish meat and beer.

The shedding of blood through ritual practices is common among the Zulu. Among people of this ethnicity it is common for the individual or group to engage in both Christianity and ancestral veneration concurrently, while also relying on witchcraft. Sindiswa, a 19-year-old research participant goes at lengths to illustrate syncretism where the fusion of differing belief systems and practices may occur among members of a Zulu family. Sindiswa explains:

My mother usually donates lots money in church. Like, you know, when you actually donate [tithe], especially 10% or even more for the church, the Lord actually blesses you with much. And it's happening to my mother because my mother, like, last year, she slaughtered seven cows to actually thank the ancestors for the prosperity and whatever... she, like, spent R50 000 just on the cows. People say: ‘Oh my gosh, you're wasting money!’ And like even though people do voodoo things [to us], they don't actually succeed because of [protection from] the Lord and our ancestors. We are flourishing.

Sindiswa's mother, like others of Zulu ethnicity, believe ancestors watch over the living, and deserve to be thanked for prosperity in business and other areas of life.

To this end the teenager's mother conducts the above and other activities routinely each December. As the year draws to a close the mother takes stock of activities she believes her ancestors have engaged in. "In our culture we believe that the ancestors are there. You know, like when you pass away, there's a life out there," Sindiswa elucidates further. She continues:

The connection between man and the living dead is effected through burning *imphepho* (incense)... sometimes if you go to those healers, *sangomas* (diviners) they actually tell that the ancestors are hungry; they want rituals for this and this... So in our way, by actually slaughtering the cows and actually thanking them, things actually do happen.

Could it be extrapolated, therefore, that the living Zulu have inherited their penchant for meat from their ancestors, often referred to also as 'the living dead'? To illustrate her point further Sindiswa narrates of near-tragic road accident involving her mother in 2008, leading to a thanksgiving feast commemorating ancestral protection over the event:

It was just a way of thanking the ancestors for health and saying, 'Let them eat, let them just feast and celebrate. And you know, we usually had lots of alcohol. They [ancestors] just love to drink, you know, for restoration of health.

It appears that while the living imbibe Western-type drinks like Smirnoff vodka, gin and whiskey, the ancestors appear to prefer to stick to the old and tasted, literally. "There's usually a corner [in the house] where you just... where the ancestors have beer, *umqombothi*, which the traditional African also drinks." According to the respondent, when ants are observed to converge around the beer in that particular corner the next morning, the creatures are believed to represent the ancestors feasting in appreciation of the libation.

In addition Sindiswa draws attention to other occasions in which the living dead also partake, where feasting calls for the slaughter of animals. When a Zulu girl enters puberty on seeing her menses, thanksgiving occurs not only at church a traditional rite of passage ceremony

known as *umhlonyane* is also conducted. The ceremony falls under what Mauss (1990: 8) labels the potlatch reciprocity system, which he points out as going far beyond marriage ceremonies to include the following events: “the birth of a child, circumcision, sickness, a daughter’s arrival at puberty, funeral rites, trade.” Mauss (1990: 12) further links the logic behind the potlatch as being part and parcel of the spiritual essence of the giver’s soul, in the following way:

...the thing coming from the person not only morally, but physically and spiritually, that essence, that food, those goods... those ritual or those acts of communities – all exert a magical or religious hold over you.

On her part, Sindiswa relates the intricacies of the above-mentioned Zulu traditional ceremony involving the ancestors as follows:

It's, like, a ceremony for when you start your period; you have to tell the ancestors that you're grown up. Then you do your 21st, *umemulo* (coming of age celebration). And now, you actually have to tell them (living dead) that you’ve grown up... We all come from different backgrounds. Some people believe it and some people don't. And, like, in my culture, my grandmother was an *isangoma*, so we were forced to actually do these traditional things.

Without being defensive about the spiritual dualism common among the Zulu, Sindiswa observes of her family: “Like, you know, like, among the African people, many people have this conception: ‘I’m a Christian and I also acknowledge the ancestors.’

By virtue of being an *isangoma* (diviner), Sindiswa’s late grandmother was even more intimately involved with the living dead. Sindiswa relates of a ceremony involving livestock slaughter when her maternal grandmother “had to go to the sea, and live there. And when she came after three months, we had to put a goat inside the sea so that she could actually come out.” In order to explain the significance of the sacrificial animal, in her characteristic candid

manner, Sindiswa recounts another instance involving animals; this time to ward off bad luck among her family members:

I remember, we had to buy a cow, put it in the sea. We were not supposed to look back... you don't look back because you are there to actually put away the bad luck. So if you look back, you're going to take all your bad luck with you. You may even see something, you know, like a snake or like a big anaconda, which you're not supposed to see.

Clarifying further why a supplicant should avoid looking back, Sindiswa says people have been known to faint at the sight of a creature they are not meant to see. Likewise Sindiswa explains that as a requirement of the ceremony the family had to slaughter an additional six cows and two goats, complying with a time-specific requisite: “The two goats we usually slaughtered to actually to tell the ancestors [of human activities]. And then the cows, we'll slaughter on a Sunday at 00:00 because 00:00, we believe that it's time for ancestors, time for angels.” She further underscores the significance of the timing: “Twelve in the night. We just believe it is *isikhathi samadlozi*, that is, ‘ancestors’ time.” Seemingly Zulu cultural beliefs dictate that the hour after midnight has established as the prime time for ancestral spirits to communicate with human beings. By citing the example of her aunt Sindiswa offers further explanation on the aftermath of the butchering of the animals during that hour, by describing a scenario that integrates seemingly conflicting belief systems:

Like, I remember my aunt, she's very spiritual, she prays, and then she actually prayed and she started fainting. You know, like when like pastors actually pray for you and you just... [swoon] *ja*. I mean we actually recognize it. You know, all the angels, people actually go, wandering all around, all the evil spirits just go and run all around.

In her explanation, Sindiswa marries Christian and ancestral beliefs. Apparently, the supernatural takes over the natural order, through a syncretic process that destabilizes not only paranormal angelic and malevolent beings, but mortals as well. Such activity occurs

through the shedding of blood of cattle, which in turn affords an additional opportunity to feast on beef.

Beyond South Africa to the rest of the African continent, it is not unusual for individuals to deem themselves either as traditionalists or modern thinkers employing food for sacrificial purposes. In describing the role of food in sacrificial activities, Adogame (2009) observes that it is not unusual to find in a Yoruba town or village objects such as raw or cooked food comprising such items as a decapitated bird or animal and eggs alongside candles, coins and shells at a road intersection at the foot of a gigantic *iroko* tree. Many indigenous Africans can identify such items as having ritual and religious significance, in compliance with instruction from a diviner, traditional healer, sorcerer or even as a self-initiative of an individual. Such a symbolic demonstration of material or physical objects to spiritual entities connotes ritual action, aimed at averting calamity, atoning for offences or attracting the benevolence of spiritual forces such as ancestors and other spirits or deities.

According to the same author, ritual sacrifice to ancestors and divinities in the African context is commonplace, with the offerings serving as the object facilitating the interaction between human and spiritual entities. Food items are often central in this process. Sacrificial offerings often involve the shedding of blood through birds and animals such as cows, sheep, goats and chicken, sometimes in addition to foodstuffs like food, fruits and drinks which may include water. “All these materials and victims of sacrifice have symbolic meanings, and as such they are not ends in themselves but means to an end,” Adogame (2009: 78) explains. The author categorizes the instigators of sacrifices at the individual, family, community and corporate levels. He further specifies that sacrifices could be instigated as a formal procedure solely by a person, a family festivity, or a communal celebration. Similar occurrences are

common among Durban-based Zulu study participants, as Sindiswa and Wandile have attested to earlier in this section.

In another instance Sindiswa mentions food in relation to poisoning, a constant concern where the instigator seeks to harm someone on the basis of reprisal. In this case, the respondent cites her *isangoma* grandmother's demise in 2006, whereby a post-mortem revealed food poisoning in what might be attributed to a turf war among *izangoma* (diviners). The respondent acknowledges that besides her grandmother having been hypertensive, the latter was generally sickly. It appears her calling as a diviner did not equip her to handle nutrition-related chronic illnesses, which she ultimately succumbed to.

Asked whether the aging woman sought help from fellow-*izangoma* (plural for diviner) for hypertension, Sindiswa replies, glowering at the mere thought of what had transpired in her grandmother's case. The respondent refers to her maternal grandmother's saga in present tense, as though the aged woman were still alive or only recently dead:

Not really. You know, it's like a lot of voodoo things. You know, like, she's powerful, and like *sangomas* (diviners) have this tendency to actually steal your powers, *ukudliswa* (two people jealous of each other deriving from the other's power, success or wealth); they actually put things in your food. And you know, my granny just was full-figured (*isidudla*)... she liked eating. Most times you wouldn't actually think that, oh my gosh, some people would actually put poison in her food and she just eat it and actually died! A post mortem was made; it's like, oh my gosh, *udlisa kanje!* *Udlisa*, is like, the person sprinkled *muthi* [an umbrella word that could describe herbal cure, poison or love potion] on the food, and *ja*.

In this fatal case poison was administered using food as a medium, based on ulterior motives among diviners who purport to help fellow-human beings through ancestral guidance. The bait was then used to trap Sindiswa's obese, hypertensive grandmother who could not resist

food. On other occasions, being obese may attract the wrong kind of attention, leading to negative consequences against the owner of such a body. Wandile, a 29-year-old participant relates:

If you have a stroke today or ... let's say you're overweight and then you pass out because of the weight issue, they (community members) wouldn't say it's because of the weight issue. They would say, somebody is jealous of your body, so you should go and see a *sangoma* (diviner), avoiding the fact that you are overweight and your heart is having problems, you see! They will say, no, no, no, it's because somebody in the community, or your neighbour, is trying to bewitch you or is jealous of you, that's why they are making you feel sick.

When I question the connection between jealousy as it relates to bewitching and body weight, Wandile replies:

No, you cannot compare the two, because they (people of Zulu ethnicity) don't see weight as a problem. They don't! At the rural areas, if you are fat, it's considered that you are wealthy. You can afford to eat anything you want at any time, that's why you've gained so much of weight, whereas when you're thin, it means you're suffering, you cannot afford [to eat well], therefore you cannot gain weight, you have problems, you have stress. So whenever somebody who is overweight is sick, then they will say: 'No, you don't have any problems in your home, you are able to buy anything you want, and therefore somebody is jealous of you, which is why you are getting sick.'

Some individuals have been known to resort to witchcraft to level off personal differences in communities where excessive body weight is admired since it connotes prosperity. Jealousy or envy are implicated among the underlying motives for the extreme measure. Resorting to witchcraft in such instances is not unique to the Zulu only but is common to other ethnic groups throughout Africa (see for example, Turner, V. W. 1994).

Witchcraft is not a rare occurrence among the Zulu people who are among the Nguni or Ngoni offshoot. "Ngoni frequently stress that any act of giving or sharing may potentially

trigger later dangerous acts of witchcraft or poisoning by those left out” (Munn, 1990: 3 in Auslander, 1993: 178). Using stronger language, Bastian (1993: 129) classifies the above-mentioned groups: “Witches are predators, bloodhounds that have no friends. As predators, greed is their hallmark; an abiding zest for destroying the successful, the healthy and the “lucky” in the community.”

Elaborating further, Auslander (1993: 178) gives witchcraft an unusual twist:

Reciprocity builds up social relationships and ultimately enables social reproduction, as in bride wealth transactions. By contrast, the witch – as the “excluded other – who has been denied gifts, commodities, or assistance – is held to reciprocate subversively, by endangering the community...she may be represented as a marginal being excluded from redistributing works or even as an avaricious, secretly wealthy hoarder.

Austen (1993: 92) also has his say, wrapping up the phenomenon thus:

The conception of witchcraft as an ambiguous attribute of power within Africa is often presented in ahistorical terms, as a timeless reflection of the tension between communal values and selfish individualism and anxieties about natural threats to subsistence.

5.6 Far-reaching Effects of the Globalized Food Industry

This study attempts to locate its findings in the broader global context aimed at learning from the condition and experiences of other countries already aggressively addressing public health problems associated with nutrition and lifestyle. As an example, out of habit, 23-year-old Busi’s shopping list never includes fruit. She divulges her food choices, which contain largely animal proteins, therefore hardly being balanced. She acknowledges: “I can’t remember ever buying fruits.” In her childhood, fruit were picked from bushes and trees rather than bought. Hence the deeply entrenched childhood habit negating establishing a new buying habit of buying fruit. Like so many others who do not see the need to buy fruit, it

might be as a result of having been reared plucking fruit from trees or bushes during childhood. Children tended to climb fruit trees or pluck berries and fruit from other bushes on the way back from school, eating to their fill. At the subliminal level, fruit remains the kind of food mostly growing in the wild, thus relegated to low rank as children's food.

Hence so many years later, though in her early 20s, Busi does not consider how crucial it is to eat the recommended five helpings of fruits and vegetables daily. The recommended quantities are publicized as going a long ways to keeping the body healthy. In so doing she, among the others thinking along the same lines, is missing out on crucial vitamins and minerals required for a healthy diet. Some of the same individuals who do not eat fruit are known to drink sugary fruit juices or cordials, as well as fruit-flavoured pop soda.

Because of their high sugar content, all these categories of energy-dense drinks whether natural or otherwise, are contributing to obesity. Under the hard-hitting title: "Soft drinks, HARD FACTS!" Naish (*Daily News*, August 24, 2012: 11) unpacks the health hazards of seemingly innocent drinks that have excessive sugar content and implicates in the prevailing obesity epidemic in South Africa. The author pinpoints the calorie contents as follows. The ubiquitous 330ml can of Coca-Cola contains nine teaspoons of sugar comprising 139 calories. The 275ml can of Appletiser fruit juice contains seven teaspoons of sugar comprising 129 calories. A 250ml can of the energy drink Red Bull also contains seven teaspoons of sugar and 113 calories.

In a similar vein Naish (2012) cites research by Bangor University in North Wales, United Kingdom. The findings were published in the *European Journal of Nutrition* and reported that soft drinks alter the normal metabolism process, causing body muscles to use sugar for

energy instead of burning fat. Constant exposure to liquid sugar results not only in body metabolism becoming less efficient, but results also in the body piling on weight. In addition, liquid sugar hampers the body's ability to cope with a spike in blood sugar. Consuming a single can of sugary drink a day or just two a week alters body metabolism sufficiently to pile on weight, besides increasing the risk of hypertension, heart disease and liver failure.

To illustrate his point with regards to children, Naish (2012) also cites another study by the Health Behaviour Research Centre under the University College of London. In the study, 346 children aged around 11 indicated that consuming soft drinks made them desire not only to drink more often – even when not thirsty – but also instils a craving for more sugary drinks. In comparison, children under the study who drank water or fruit juice did not experience unnecessary urges to either drink or crave sugary drinks. The researchers express concern that in the long run, soft drinks may set the children's habits for life in terms of having a sweet tooth. Other tendencies are for such children not to eat less food to compensate for extra calories from excessive sugar intake. Besides, children acquire a taste for high-sugar food.

According to another study by Oregon University, 75 children aged between three and five consume sugary soft drinks, a trend which has a far-reaching impact (Naish, 2012). An unexpected impact is that such drinks caused the children to avoid eating raw vegetables; opting instead for foods high in calories like chips. In contrast children who drank water did not experience similar cravings.

Might the findings of the above studies offer an explanation of why Durban-based children of all races have developed a penchant for fried foods accompanied by sugary drinks? Popkin (2010: 30) advances the following explanation:

Consumption of sweet foods increases our levels of serotonin which is believed to play an important role in the regulation of mood, sleep, sexuality, and appetite... Perhaps it shouldn't surprise us, then, that the global consumption of calorific sweeteners is at an all-time high, and that it's increasing rapidly.

To illustrate sugar addiction Bruk (2014:52) challenges *The Oprah Magazine* (August 2014: 52) readers drink a mug of water comprising 17 teaspoons of sugar, which is how much the average South African consumes daily, according to the 2013 South African National Health and Nutrition Examination Survey. The survey also established 19.7 % (a fifth of South Africans) consume excess sugar, instead of adhering to the World Health Organization ideal daily ration of five to 10 spoons of sugar.

In light of the above findings, Bruk (2014: 52) reveals the following concerning human bodies being naturally programmed to favour sweet foods:

Recent research suggests that sugar can be addictive – that it may activate the same neural pathways and pleasure centres that are seen in drug addiction. In addition, high sugar intake has been linked to chronic diseases, like diabetes and cancer, and it's more likely to lead to concentration problems, dental decay, weight gain, mood swings, poor digestion and sleep disturbances.

Popkin (2010: 31) identifies refined carbohydrates in addition to sugar as among the underlying upsurge of both heart disease and obesity cases at present. Under such circumstances of pervasive sugar addiction in South Africa, only an aggressive and far-reaching public health campaign by the nation's health department would have the desired effect.

Popkin (2010: 32) further reveals the largely unknown and hidden, yet pervasive nature of sugar addiction affecting the pregnant women and foetus:

... we are beginning to understand more about our predilection of sweet foods. We know, for example, that if we feed sweet foods to pregnant women, the infant will be more likely to eat

them after birth. We also know that if pre-schoolers eat sweet foods in large quantities, they'll eat more when they are older.

Popkin (2010: 32) goes a step further by shedding light on the following four food consumption trends that have potentially dire health effects: "snacking, weekend eating, supersizing, and eating away from home." Adopting what has been hailed as The French Paradox could be advocated as an antidote for the above four scenarios.

Constant snacking reminds me of Palesa, an older key informant whose parents virtually snacked themselves to a premature demise. By virtue of losing her parents she regrettably has hindsight concerning the dangers of overeating Western-type supermarket fare, especially high-calorie foodstuffs. Palesa can never forgive herself over well-intentioned generosity which ended in tragedy. Still anguished at the recollection of her involvement, the 55-year old still agonizes over her parents' demise, damning herself repeatedly with the anguished cry: "I killed my parents!"

Both Palesa's parents died prematurely following years of plying them with a boot-load of the above kinds of food at the end of each month after payday. Most of the food was purchased at supermarkets, reflecting globalized food trends. While they were alive she considered over-feeding her parents with all manner of foods as among the best action she could take in terms of filial obligations. In the process, however, she literally hastened their journey into the grave. In the above case, as Scheper-Hughes and Lock (1987: 25) would explain it, "...ill health is no longer viewed as accidental, a mere quirk of nature, but rather is attributed to the individual's failure to live right, to eat well, to exercise."

When it comes to specific food preferences that have been determined by a rapid nutrition transition, South Africans of all races have been caught up among the majority of people worldwide in globalized food trends (Popkin, 2009). One among them is the addiction to dietary or refined sugar consumption. Increasing numbers of individuals, from the poorest to the richest, from the unremarkable to the famous, have developed a sweet tooth. Sugar addiction is seen as the norm rather than the exception, and has now been proven and acknowledged by scientists to be an addiction similar to nicotine or alcohol addiction– albeit at different levels. Daily for example, a study informant Zenzele used to eat a chocolate bar and sweets stashed away in her office desk’s top drawer, consuming them at intervals throughout the day. She only reduced this form of sugar intake when she gained too much weight.

Among exponents of traditional African fare who have succumbed to sugar addiction is ex-South African president, the late Nelson Mandela. According to his cook of 19 years Xoliswa Ndoyiya, the ex-president of South Africa developed a sweet tooth and began eating custard and *malva* pudding for dessert at dinner. Nonetheless, Mandela still preferred fresh fruit for dessert, in keeping with eating healthily. The same cannot be said of sugar addicts in terms of distinguishing between the non-nutritive white sugar and other forms of sugar in fruits and vegetables offering multi-vitamins and minerals, in addition to fibre which helps toxic waste through the bowel.

In keeping with globalized trends today’s Zulu women in Durban are constantly snacking on energy-rich foods and sugary drinks throughout the day, resulting in their becoming overweight and obese. Asked what she would eat between breakfast and lunch if she were hungry, Ntombi replies that snacking is a new concept to her. Recalling her childhood, the

41-year-old participant says: “If you were hungry, then you had to wait [for the next meal]. Snacking is something new coz we grew up being told that you had to eat three times a day.”

Offering an explanation as to how her fellow Zulu women are obese Ntombi says:

So if you add snacking then it's probably between five and seven meals a day. Moreover, snacking does not mean merely eating a handful of crisps, it's probably like, means... depending on what you have in your fridge or cupboard, like frying something heavy: a sausage with bread, or prepare French fries. Snacking is not something light... it ends up as a heavy meal.

For some research participants, snacking is the result of emotional eating caused by academic stress, where arming oneself with chocolates and sweets is the order of the day as they sit to work at a computer. Some female fellow students alongside whom I sit in the Research Commons, a post-graduate computer room, eat sweets constantly. On a daily basis, it is not unusual to see sweet wrappers either discarded on computer desks or in the dustbin. One participant's coping mechanism was to arm herself daily with a bag of mints and a chocolate bar. The amount of these delicacies escalates depending on her stress levels. With time, increased consumption of this form of excess sugar led to her clothes getting tight as the kilograms piled on.

In tandem to constant snacking, the sedentary lifestyle of female study participants is characterized by relatively greater use of public and private transport. They spoke of spending hours indoors daily, sitting in front of the television. Another recent trend among Zulu women is that of spending as little time as conveniently possible in the kitchen. The practice has spawned a generation of young females who do not know their way around the kitchen, consequently resorting to eating fast foods or convenience foods, a tendency linked to rising obesity worldwide. In her statement, Zozi, a research participant in her early 20s whispers in a conspiratory tone, disclosing that her friend and peer Busi can hardly cook:

“The other thing, between you and me, is she cannot cook but I can.” The statement illustrates a relatively new phenomenon in which there is no guarantee that young women can cook properly, or cook at all.

Though this new-fangled tendency is beginning to also occur among my people in Kenya’s Western province, it is frowned at by the middle-aged generation aged 40 and upwards. Historically, when it was said of a woman that *yachia okhutekha* (literal translation: ‘she went to cook’, an alternative expression implying she got married). The expression connoted her reproductive role, coupled with her productive role that included feeding the family, housekeeping and farming. In the past a wife’s inability to cook was not condoned; a requirement deemed mandatory. Likewise, to a large extent this gendered responsibility remains mandatory among young women of Zulu ethnicity as well as among other South African black females of African descent.

Traditionally, in Western Kenya a husband dissatisfied with his bride’s culinary skills exercised the right to send her back to her mother. Before taking this extreme measure such a husband would warn the incompetent cook to strive towards improving on her culinary skills lest she be packed off to her mother’s in disgrace, for crash cookery lessons. It was expected that the mother, thus shamed for not having brought up her daughter well had to re-train her daughter prior to dispatching the young woman back to her irate husband. A Cameroonian female student at UKZN puts it differently, capturing a dissimilar scope which nonetheless is just as pertinent a gender role: “In Cameroon cooking defines a woman’s identity.” This applies among Zulu women as well, implied by Zozi commenting on her friends who have not taken the trouble to master culinary skills.

An increasing number of young women are known not to have mastered cookery skills, especially where domestic workers or mothers to fill that gap. This is the case especially where girls are accorded the luxury to concentrate on their studies or other sedentary activities like viewing television. On the other hand, working mothers who have no time to cook or reach home too exhausted to prepare food, end up increasingly feeding their families on obesity-inducing convenience and fast foods. When such girls leave home, those who can afford it also rely heavily on such foods, which include takeaways. At the University of Kwazulu-Natal Howard College Campus, the above category of girls continues eating such foods until they run out of money, and then either subsists on cheap fare like *amagwinya* and two-minute Chinese noodles. According to a female student on this campus, rather than resort to the monotony of eating such cheap, plain fare, female students opt to keep sugar daddies who provide money to buy flavoursome food substitutes. However, all too often the latter fare often proves to be carbohydrate- and fat-laden, gradually leading to excess weight gain.

In the context of the prevailing global obesity epidemic, traditional or indigenous ‘African cuisine’ has often lost out to Western and other cuisines adopted from around the globe. In many instances, the latter cuisine comes in a variety of comparatively tantalizing tastes that are often coupled with markedly appealing presentation. Busi explains these forms of appeal are rendered even more mouth-watering through astute advertising, coupled with the seduction of the sedentary lifestyle, jointly contributing significantly to obesity. Years earlier for Busi, however, obesity ceased to be joking matter. Through what people of her ethnicity considered ‘good eating’ adopted from global trends, Busi’s mother suffers an obesity-related condition, Type II diabetes, which the research participant’s late father died of.

Young as she is at 22, Busi is already obese, a state which among the Zulu was considered adorable as far back as she can remember in her childhood. As a chubby baby she received plenty of complements over her weight, a scenario which has persisted to date. The difference now is the increasing recognition, albeit among relatively few Zulu, that obesity is often accompanied with other worrying health conditions. Despite this form of recognition on a global level and increasingly at the local level, complacency related to taking measures against such conditions remains prevalent among Durban-based Zulu women.

One reason advanced for this form of complacency in the choice to live for the moment. Ntombi, a UKZN student points out concerning even her fellow Zulu women who know of the consequences of obesity and should ideally take precautionary measures: “We Africans live for the present; we don’t worry about the future.” However, while this statement has a wide application among study participants, it does not apply across the board among South African nationals of African descent. A third of this study’s key participants indicated expressed health concerns associated with weight-related diet and lifestyle. This was evident in the precautions they mentioned they were taking by eating healthily and exercising as weight control measures.

In Durban, food-related globalization is evident in numerous different formats which include not only the food consumed, but food-related practices as well. Commenting on today’s harried lives in which individuals are pressured to cram in as many activities as possible into each day, Hyman (2012) identifies most people as opportunistic eaters in the sense of eating whenever the opportunity presents itself. Mentioning the USA specifically, the author points out such trends have led to the continent having among the highest obesity statistics globally.

In Durban easily accessible foodstuffs are elicited from, among other service providers which include fast food restaurants of North American origin such as KFC and McDonalds, as well as convenience mega-stores like South Africa's Game and Makro, where the locally-based company Massmart has partnered with Wal-Mart USA to supply drinks which include sugar-laden ones. Popkin (2010: 3) disapprovingly terms the above aggressive and far-reaching monopoly process the "the Wal-Mart-ization of the globe" by virtue of contributing significantly to creating an obesogenic environment.

Such globalized food trends have become omnipresent in Durban and the rest of South Africa, where additional outlets abound through *spazas* (kiosk/s) and street vendors. Another ever-present eatery is the *shisa nyama*, an isiZulu term which translates literally to mean 'burn the meat'. The eatery embraces an ever-present buy-and-barbecue concept originating in black townships, where the majority of patrons prefer fatty to lean meat, thus creating an obesogenic environment. High calorie alcoholic and soft drinks also feature at such food joints.

Hyman (2012) demonstrates his disapproval of the above-mentioned food sources in the US and elsewhere as a vast nutritional wasteland, otherwise termed a food desert. Considering how closely South Africans from all walks of life mirror North American eating behaviours and lifestyle, the African nation has followed the latter's footsteps closely. South Africans do so by imitating USA's obesity trends, with both nations currently classified among the world's fattest nations. Though food consumption patterns and sedentary lifestyles are similar between the two countries, cultural reasons for being fuller bodied vary. Women in the US generally strive towards the thin ideal of a female body. On the contrary, in South

Africa women of African lineage – who are in the majority in their nation – are relatively few in comparison.

Orbach (2009), a psychoanalyst who consults with numerous females dissatisfied by their weight, observes that most women in the USA tend to be weightwatchers. The author observes such a preoccupation as being evident in constantly stressing about calories in food intake, while concurrently weighing themselves often. Conversely, the laissez faire attitude of some married Zulu women towards food intake in relation to food consumption and weight gain is exemplified in the following statement uttered by Nozipho, a middle-aged woman:

We Zulu women eat all that is put in front of us. Everything! We don't choose what we eat; why should we since we are not worried about our weight. Why would you be worried about your weight when you already have a husband? And even single women; only some worry about their weight since most of our [Zulu] men prefer fat women.

With her right index finger wagging sternly for emphasis, Nozipho declares: “Zulu men don't like *thin* women!” As though she cannot stress the point enough, for additional emphasis she firmly repeats the latter sentence twice more. The repetitive emphasis implies the *thin* – or to put it more politely – *slim* female body leaves a lot to be desired. If anything, in Zulu culture such a body is regarded as sexually repugnant even.

Except for a minority of young women following Western trends, Zulu women participants who weigh themselves often were often older women who were either health conscious or harboured chronic illness. Generally the above negative notions of a thin body spur other Zulu participants into eating large portions; a practice implicated in the prevailing global obesity epidemic. Often unacknowledged, for example, is that chronic overeating leads to diabetes (obesity coupled with diabetes). Overindulging also predisposes the body toward inflammation from insulin resistance, any disorder in blood sugar metabolism, elevated fats

and blood pressure, psychiatric illness, hormone imbalance, poor digestion as well as malnutrition (Hyman, 2012).

Nozipho speaks from the viewpoint of the older women who either are unable to change from a physiological perspective of the aging body, or see no need to change with the times in terms of the contemporary Western thin ideal of a sexually attractive woman. In the latter case menopausal women, whose body metabolism slows down following that major change in life, would find it hard to reduce their weight if they so choose to. Whatever the case, such women are prone to the wide array of earlier-mentioned health conditions associated with being overweight and obese.

5.7 Conclusion

While this chapter has focuses on food, it has gone beyond nutrition-related factors by probing into how food choices are made, mostly by Durban-based Zulu women, in order to meet Objective 1. It aims to highlight changing perceptions on the cultural importance of food in influencing excessive weight gain leading to chronic illness. Increasingly worldwide, nations are taking their food consumption cues or leads mainly from North America and other Western countries. Significant changes have occurred over time, resulting in contemporary dietary trends, coupled with decreasing physical activity patterns jointly termed the nutrition transition. The modifications are evident in nutrition patterns that include changes in average size and body structure (Popkin, 2012). The author attributes the changes largely to increasingly sedentary lifestyles and a diet replete in saturated fat, sugar, refined foods and low in fibre, now commonly labelled the Western diet. Based on this process, this chapter has attempted to explain the relationship between tradition and contemporary practice in terms of the prevailing nutrition transition. The transition concerns the swift global changes

encompassing food production, distribution and consumption juxtaposed against physical activity levels.

It is against this backdrop that the thesis highlights the challenges on what it means for Durban-based Zulu women to live in an obesogenic environment. This means an obesity-inducing environment that brings together a wide-ranging set of circumstances that encourage people to eat and drink more calories than their bodies require. Public health consequences include excessive weight gain ranging from being mildly overweight to morbidly obese, conditions which predispose affected individuals to nutrition-related non-communicable diseases (NR-NCDs) and chronic diseases of lifestyle (CDLs). In an attempt to capture the cultural and other related complexities Durban-based participants face, the next chapter focuses on the overfed and diseased body.

Chapter 6: The Overfed and Diseased Female Body in Durban

6.1 Introduction

This chapter addresses Objective 2, to capture notions on food consumption and lifestyle among Zulu women and the consequent health implications. The first section offers an overview of the subject under discussion. The second offers related background information, while the third focuses on the prevailing nutrition transition as experienced by these women. The fourth section outlines the health disorders of Zulu women associated with excessive weight gain and increasingly sedentary lifestyles. The fifth highlights the role meat has played in the above disorders, followed in the sixth sub-section on how such women's body weight is viewed in the context of AIDS. The chapter closes with the conclusion.

This chapter illuminates the adverse health effects of excess body weight gained by Zulu women under the prevailing nutrition transition. The chapter begins by illustrating various aspects of disease at they relate to overweight and obesity viewed from a cultural anthropology perspective among Zulu people. It depicts how urbanization and the supermarket culture have contributed to overweight and obesity. This chapter also depicts how self-identity is portrayed through food consumption. Below is an ethnographic report illustrating aspects of an obesogenic environment. Standing at the busy outlet of the A5 mega-supermarket along Durban's Albert Street some years back, it occurred to me that instead of idling while waiting for a friend who had entered the superstore, I should count the number of overweight and obese women streaming into this hypermarket as a matter of curiosity. Batching the women in tens made it easier to keep track on the numbers while concurrently making calculations concurrently calculated he percentages. Consequently I observed that an average of seven out of every 10 women ranged from being overweight to morbidly obese. The retail chain is a magnet to women out to save money at an outlet selling small quantities of consumer goods at wholesale prices. It was at this point that I began wondering what food habits cause that kind of weight gain and consequent health implications. I deliberated whether culture had anything to do with the oversized bodies of Durban's Zulu women. In general, the existing literature yielded little insight into this conundrum from a cultural perspective.

Over and over this search left me wondering to what extent acculturation featured in the obesity equation, in association with ethnic diets and lifestyle of the past. I also pondered the extent to which obesity was determined by rural-urban migration, or the reverse, if at all. The advent of supermarkets may well have eroded 'traditional' eating habits, with the food items

it stock being implicated in weight-related ill health. Pollan (2006: 4-5) who paints a picture that renders the ubiquitous supermarket in an urban area as a perilous jungle that gradually erodes the consumer's health:

The cornucopia of the American supermarket has thrown us back on a bewildering food landscape where we once again have to worry that some of those tasty-looking morsels might kill us (perhaps not as quick as a poisonous mushroom, but just as surely).

Besides the supermarket I also mulled over what other factors might also be contributing to disease among Durban women's burgeoning bodies.

I wondered too, the extent to which such forms of modernization, entrenched in urbanization, are not only linked to our cultural past as Africans, but also to health implications for our future generations. I began contemplating on how ethnicity affects food decisions, whether digging into the individual past of Zulu women's could yield the answers I sought. Thus began the literature search on the subject of urban migration in relation to a nutrition transition, a reference to changes in dietary patterns and lifestyle.

6.2 A Snapshot of Weight Gain Patterns in Urban Settings

As stated earlier in this thesis, South Africa is among Africa's most overweight nations. Once people have migrated to towns or cities, they tend to engage in less physical activity to the detriment of their health. Commenting on lifestyle, Candib (2007), a doctor in Family Medicine and a proponent of community health, expresses concern that obesity and its sequelae are increasing in cities in the developing world. In their quest for a better life in urban settings, migrants walk less, ride more, and rely overly on television to entertain both adults and children. In addition, urban areas have fewer safe places for exercise. Besides

relatively sedentary lifestyles, urban dwellers are more likely to eat fast food or fried food and a sugar-laden diet. The harried urban life does not offer enough time to invest in cooking wholesome meals, as they take time to prepare.

In the wake of the above obesogenic environment among growing urban populations, overweight and obesity are implicated in the acceleration of non-communicable diseases (NCDs) as well as chronic diseases of lifestyle (CDLs). Such conditions include hypertension; high blood cholesterol; glucose intolerance; type 2 diabetes; cancerous malignancies of the breast, prostate, colon and endometrium; gout; kidney disease; cardiovascular diseases; stroke; and osteoarthritis, among others.

6.3 Nutrition Transition and Lifestyle

Busi, a 22-year old key informant, illustrates the prevailing nutrition transition and lifestyle on migrating to Durban from peri-urban Greytown to pursue university education at UKZN's Howard College Campus. The thickset youngster wears size 42 clothing from men's stores, as she cannot find the female equivalent in women's clothing departments. While she was a plump baby, her body weight and body took on new dimensions when she joined UKZN. As a university student Busi's body has burgeoned even further by virtue of constantly eating fast foods whenever she could afford it. Busi has a heart condition.

Undeterred by her cardiac condition, Busi often takes the shortcut of eating fast food from two sets of outlets, a common practice among many fellow students at Howard College Campus. During the day Busi and her two female friends often eat at the university's main fast food outlet. On the day I sat with them to observe what they were having for lunch, the three devoured fried chips and a chicken drumstick each, washed down by canned Coca-

Cola. For some students such lunches are the rule rather than the exception, until whatever money they have runs out. Before that happens, though, Busi and her fellow students shop for food at a nearby set of four fast-food franchises comprising Nandos, KFC, Steers and Debonair's Pizza which literally jostle each other for business at a nearby set of flats. In disgust, one of Busi's student friends, Sisanda, observes that these fast food outlets are minting millions of Rand by selling junk food to the hundreds of students, who, unless cash-strapped, opt to pay rather than spend time cooking healthier slow food.

A student remarks on how some mothers choose to pack more nourishing lunches for their children attending university, and may also offer them pocket money for a drink or extra snacks. At times, these privileged youngsters either abandon the relatively wholesome lunches in public places, or simply trash the food in dustbins. Such youngsters opt instead for the junk food that is so readily available on campus and its precincts. The eateries on Howard College campus offer mostly Indian food while the rest serve Western fare apart from one known simply as Jubs (situated at Jubilee Hall at Howard College Campus). Jubs offers some traditional food on its predominantly Western menu.

An example of 'traditional' African food sold at Jubs is the now ubiquitous *igwinya* (plural *amaguinya*) sold by a male student on Howard College Campus. *Igwinya*, also widely known as *vetkoek* (in Afrikaans), is the simplest version of an item derived from dough of white flour, sugar and baking powder. The dough is portioned into a ball then fried in oil. He has risen up the economic ladder rapidly in less than two years by selling this product at two rand each, after joining the fray alongside two other women who were already in the business. He soon overshadowed the female competitors by working overtime selling his wares far beyond office hours into the night. He only leaves his business premises after selling the last *igwinya*.

To improve the item's nutritional value the student sells accompaniments like cheese slices and polony sold at one rand and 50 cents, respectively. Famished students seeking filling but low-cost food flock to the innovative student's wares. The student's business flourished even further when he became the sole supplier of *amagwinya* after his two female competitors were prohibited from vending their wares at Howard College. They were barred by virtue of not being registered students, and not having been licenced by the eThekweni Municipality to cater in public spaces.

The male student's business thrived even further when he bought sophisticated video and audio machines to draw and entertain his young scholars who flocked to his new business premises on the campus' business concourse reserved specifically for student entrepreneurs. Clearly, from his relatively large scale, brisk business, this student outperformed the rest operating in the same space where the others sold muffins of various kinds, crunchies, sweets, fruit and popcorn. Day after day, including weekends, an increasing number of cash-strapped students joined a queue to buy the business' original product, the *igwinya*, but were persuaded to also buy the above additional items, the store having gradually widened the variety of goods on offer at this particular kiosk.

While the business thrived through such expansion, the *igwinya* maintained its stature by symbolizing the main – and at times the only – breakfast, lunch or dinner item for needy students, students who are too busy to cook, or staff members who cannot afford any better. Though in relatively smaller numbers in comparison to student numbers, staff members on the campus also eat *amagwinya*, which at R2 each feature among the most economically-priced foods on campus.

For some customers the *igwinya* serves as a snack in between meals. For emotional eaters the *igwinya* serves as a stress reliever associated with student worries. Other students simply eat the *igwinya* for the following reasons: either out of boredom, while idling between lectures, or simply because they find it delicious. Whatever the case, the above students seem unconcerned about the high calories intake of the stodgy, oily *igwinya* rendered even heavier since the item is dipped in the oil before the liquid has attained sufficiently high temperatures. Ideally, dipping the item in oil at high temperatures seals the outer cover of the *igwinya*, leaving it not only crisp but also healthier in that such an *igwinya* absorbs relatively less oil than its counterpart fried at lower temperatures. Most customers do not seem to worry about how many times the oil used for frying *amagwinya* has been re-used.

Saguy and Dana (2003: 143) explain what makes such food so appealing: “Fried foods are popular due to their taste, distinctive flavour, aroma and crunchy texture.” However, what is not widely known or acknowledged are the consequent, far-reaching health effects. The above authors point out that the concentration trans fatty acids (TFA) due to the exchange of fatty acids between the fried food and oil as well as the high temperatures and the prolonged frying process leading to the following maladies. Conditions include diabetes, hypertension, coronary heart disease and forms of cancer such as of the skin, colon and lung. Stone and Papas (1997) add to the list to include cancers of the oral cavity, oesophagus, stomach, breast, prostate and pancreas.

Ntombi, a health-conscious female student from Durban’s KwaMashu Township observes that such over-use of oil renders it carcinogenic. She weaned herself from eating this delicacy on a regular basis at Howard Campus by forcing herself to think of township *amagwinya*

where some entrepreneurs used the same oil repeatedly; to the point where it turns black before getting discarded.

Up to the second semester in 2012 health conscious individuals like Ntombi used to be able to verify the state of the oil by checking the liquid in a fryer. Since 2013, due to the popularity of the fried item, the student began wheeling in large consignments of *amagwinya* already fried and packed in large plastic containers. As a result potential consumers could not verify over-use of oil. With time, though, the cumulative effect of eating the energy-dense *amagwinya* is likely to lead to overweight or obesity unless the regular customer engages in rigorous physical exercise or has a fast body metabolism rate. It cannot be ruled out that the booming *amagwinya* business may be contributing significantly to excess body weight on this campus, especially since at times business opens as early as 8am and may close at 8pm or even later, depending on when the last *igwinya* is sold.

For students – both male and female – keeping the stomach from rumbling from hunger takes higher priority than concerns over gaining abdominal fat, affectionately dubbed ‘love handles’. Such fat is associated with attendant chronic illness such as cardiovascular disease, type 2 diabetes and cancer. When the worst comes to the worst, students who cannot even afford the relatively inexpensive fast food *igwinya*, or other foods from alternative food outlets, resort to stealing fellow-students’ food from community fridges in campus residences.

While some students and staff members at UKZN have become addicted to fast food, such a penchant for *amagwinya* does not apply across the board, however. In a surprise turn during the first semester of 2011 university students *toyi-toyi-ed* (demonstrated publicly) against the generally unhealthy food served at the Campus Foods at Howard College, demanding that the

canteen should at least offer vegetables alongside the meals. According to one of the protestors their demand got buried under a pile of other demands; with this item ultimately landing on deaf ears on the grounds that it was not an issue of vital importance.

Meanwhile Bathini, a UKZN staff member-cum-study participant regales me by narrating how she became obese during pregnancy mainly by gorging on large quantities of *amagwinya* and pizza. Pregnancy has been sited among key reasons why women become overweight or obese. In Bathini's case, gaining weight during pregnancy changed her body size; after she bore her firstborn now aged 14. She explains thus:

Because I used to exercise a lot previously, I *never* gained any weight until I got pregnant. Then, I was polishing [wolfing down] everything; I was eating so much that I gained 28 kg during my pregnancy. Oh my goodness! From a 34A my bust shot up to 38D. *Ja*, I could also wear a 38DD even! And I even gained a lot of weight on my bum, you know, something very foreign to me. My face also became round and fat. And it took me roughly 18 months to two years to get back to, like, normal; but not to my pre-pregnancy weight, which was very small – a mere 45 kg.

Indeed, comparing her now to how she looked in her photo two months before delivering the first of her two sons, you would be forgiven for thinking she was someone else not even remotely related to her. If anything, to a certain extent the figure in the photo resembled the smiley Michelin tyre man – although dark-skinned and dressed in female clothing. Explaining how she had attained this body size, she confesses with her characteristic candour: “Through sheer eating; it had nothing to do with genes. It was eating. I was eating constantly. Pizza, *amagwinya*, *that is, vetkoek*. My weight was attributed to eating...I stopped working, I stayed at home and I binged. And I did not exercise.” Alarmed, her doctor intervened. Ultimately, Bathini's doctor's stern advice helped reverse the above eating trends when he told her it would have a negative impact on the baby. Bathini cites the doctor thus:

If you gain too much weight, you are going to have problems with high blood pressure, you are going to have problems when you deliver, you might not be able to deliver normally, you might need a Caesarean Section...you know, a lot of health risks that I was putting myself and the baby in!

By complying as best as she could, an alarmed Bathini gave birth to her firstborn son without too much difficulty.

Dr Merwin Jacobson (2010), a specialist in reproductive medicine could concur with the above doctor's verdict. In addition, the specialist points out that both being over- and under-weight can affect the normal ovulation process; thus reducing the chances of falling pregnant. He also observes that in comparison with normal weight women, overweight women tend to have difficulty conceiving; are at higher risk of having miscarriages; experience increased pregnancy complications; and experience more risks associated with anaesthesia. At the opposite end of the spectrum of obesity is anorexia nervosa where the individual loses weight to the point that it becomes life-threatening. Either extreme, whether obese at one end or anorexic at the other, poses problems at the conception of pregnancy and at delivery the stage.

In addition, Ntombi ties together various common strands that illustrate the lives of many other women of Zulu ethnicity faced with making healthy or unhealthy food choices under the prevailing nutrition transition. Expressing regret that she lacks the culinary expertise of her widowed mother, Ntombi, aged 40, admits eating healthily is no longer characteristic of her household in Durban's KwaMashu Township. However, her facial expression portraying remorse over the benefits that accrued from her mother's insistence on eating healthily, Ntombi discloses:

Now that we are adults living on our own there is not much time to cook healthy foods because we are mostly working and studying. We end up eating fried food most of the time; not the homemade [food] that is part of our culture as Zulus.

Ntombi expounds further on what she considers gross wrong-doing on her part as well as of the part of her siblings by expressing guilt over excessive oil use: “I can say we rely mostly on fried food; we use oil like Indians. We fry eggs. We make French fries... Most of everything, we like it to pass under oil, *ja*, that’s how we grew up.” Despite the recession South Africa has recently undergone Ntombi regrets that people of her ethnicity continue to consume copious amounts of cooking oil: “If you want to fry or scramble an egg, you use five or four spoons of oil, considered okay for average use. Big spoons! People, they like their food in deep frying oil.” Ntombi’s explanation on the over-use of oil spans the 1980s to-date when seed oil extraction proved comparatively cheaper than that of animal oils (Popkin, 2008).

Without deliberately sounding racist in her above utterance Ntombi is alluding to Durban-based Indians’ propensity to fry a wide variety of foods, rather than boiling most fare in keeping with traditional Zulu cuisine (cited by Bryant, 1947). In contemporary times Durban’s fried street food has become commonplace, thus rising to prominence in current Zulu cuisine. The now ubiquitous *igwinya* has become standard fare in African townships as well as public spaces like the bus or taxi ranks, markets, shopping centres, schools, offices and hospitals. While the origin of the *igwinya* is not known, the item ranks among the highest food items contributing to overweight and obesity among the Zulu and other blacks in Durban.

For the following reason as Ntombi points out, this popular item can be classified in both the atherogenic and carcinogenic category:

The mamas who sell *vetkoek*, they use the same oil several times; they use the same oil more 10 times...These people who cook *vetkoek* and all the [fried] stuff, they do not care about people's health.

What is most on their mind is to gain money and make profit.

Ntombi expresses concern over the above public health issue: "I do understand what makes them (vendors) do that, because no one has informed them that [ideally] they have to use oil only once. Two or three times is not okay." She observes that in some instances some Durban-based businesses like fast food chains and some hotels sell their 'tired' (over-used) cooking oil to small business owners. Such oil is sold cheaply to businessmen or women either in rural areas or townships. In many such cases the overly re-used oil turns black, literally, before it is discarded.

Nonetheless, 'fried foods are popular due to their taste, distinctive flavour, aroma and crunchy texture' (Saguy & Dana, 2003: 143). These authors caution against repeated use of frying oil at high temperatures leads to chemical changes likely to lead to chronic illnesses such as diabetes, hypertension, coronary heart disease, and various forms of cancers (lung, skin and colon). Also pointing to fried food, Stone and Papas (1997) add to the above list to include cancers of the oral cavity, oesophagus, stomach, breast, prostate and pancreas. On their part, Lyon and Mahoney (1988:1000) observe: "Fried foods, and specifically fried potatoes, have been associated with breast, colon and stomach cancers, while fried and grilled meat has been associated with pancreatic cancer."

In a different vein Ntombi recalls her late mother, who used to be a menial worker at a private clinic, citing her employer as "...a doctor who is very conscious about cholesterol; He keeps saying that African people, they over-use cholesterol [cooking oil or fat]." Explaining what

cholesterol means, Ntombi states confidently: “It’s oil.” Nevertheless, the mother was repeatedly forced to flout the doctor’s warning due to poverty, thus breaking the very rule the doctor advocates for tirelessly. The daughter remembers: “My father died when I was 10 years old so she (mother) struggled on her own to raise six kids. There was never so much of fancy food; we appreciated whatever was on the table. Sometimes all we had was bread or *vetkoek*.”

Reminiscing about better times, Ntombi relates a past practice reinforced by her late mother while currently endorsing indiscriminate consumption of such food types. She cites eating overly large food portions coupled with feeling obliged to clear her plate even when feeling satiated:

According to the financial situation, if things were right, we will eat meat, beef, chicken, fish or anything, even cabbage or beans. As I said before, whatever was on the table, we had to eat it. We know the situation; if you grow up under difficult situations you don’t have many fusses. You accept what you are offered whatever’s around.

In the same vein Ntombi emphasizes her penchant for meat which she and her siblings acquired from their late mother:

When things are right, you will eat meat just like other families. *Meat!* Meat for us, even today, eh, a plate without meat is not considered as a healthy meal, or as a good meal, whether it's beef or chicken or mutton or *boerewors* (sausages in Afrikaans).

Her sentiments concerning meat echo what most of this study’s key informants reported in a trend contributing significantly to obesity among Durban-based Zulus. No matter how lean meat is, it still has hidden fats. Whether at homes or elsewhere where meat is *braai-ed* (barbecued), roasted, boiled, stewed or minced, there is a tendency towards partiality for the fatty parts.

Also contributing to the obesity epidemic is serving large helpings of energy-dense or calorie-heavy starch, which more often than not is overly processed and therefore of relatively compromised nutritional value. Ntombi lists the most popular as: Rice, *uphuthu* (crumbly, usually over-processed maize meal), *samp* (de-hulled maize) and *ujeqe* (steamed bread) and *amadombolo* (dumplings). Her mother's and grandmother's generations relied on what some individuals among the younger generation refer to disparagingly as 'gogo food' (grandmothers' food). This category of foods mainly comprise indigenous tubers, legumes, cereals and leafy green vegetables; all organically grown in the past, and therefore relatively healthier than modern fare.

All too often, any kind of fresh vegetables and fruits are considered an additional expense to the already overstretched household budget among low or middle income families, consequently dropping off the shopping list to a large extent, or even altogether. Even where some families can afford the *gogo* foods (food appreciated mainly by grandmothers who represent aging women still clinging to tradition), the younger people steer clear of such fare. Such foods are despised as *poverty foods* which a number of study participants prefer not to be identified with if they can help it. Such foods are considered what you eat only when there is nothing else. Thus consumption of the nutritionally superior *gogo* foods of the past is compromised in favour of relatively inferior 'modern foods.' Most of the latter are grown using artificial chemical fertilizers and pesticides, to the detriment of human health. Once harvested, the latter foods are often over-processed, and either preserved or prepared using numerous harmful additives. Technological advancement dictates usage of growth hormones and antibiotics, which are harmful to the human body.

When I enquire which starches her family eats most frequently Ntombi replies:

It's rice, *uphuthu* (crumbly pap or stiff porridge made mostly from maize meal) and *ujeqe* (steam bread). However, back then rice was tending to be a little bit expensive so we cooked *uphuthu*, *ujeqe* or *samp*.

With time the popularity of rice proliferated to the point where when it comes to preparation, Ntombi elaborates food-related acculturation occurring among her fellow Durban-based Zulu women thus: "Rice got so many recipes, each and every household got their own style, *ja*."

Other drastic changes have also occurred in Ntombi's food habits since her childhood. In assessing the variety in the Zulu traditional meals of that era Ntombi observes: "Previously there was a lot of things that are no longer available now." A number of African foods are either no longer valued, or have become altogether extinct through lack of demand. The respondent adds: "Back then people of my age would surely survive without eating anything fancy." Even today the monotony of food choices and preparation methods as well as unaffordability of Zulu traditional fare often rules out widespread usage of such foodstuffs. But equally significant is the link Ntombi makes with what the Zulu then considered poverty foods, to structural violence associated with both colonialism and apartheid.

The British colonial government passed the 1913 Land Act, through which 13% of South Africa's land was set aside to create native reserves that accommodated 75% of the population classified as African (Hart, 2002). When the Afrikaans' headed apartheid government took over from the British in 1948, the eviction of people of black ethnicity from their traditional land in what is now KwaZulu-Natal. In the 1950s, representatives of the apartheid state, working jointly with white farmers, set out to resettle blacks on the grounds of "*die beswaring van die platteland*" (the blackening of the countryside) (Hart, 1999: 62). Both the colonial and apartheid systems appropriated choice land, relegating black South Africans to areas known as homelands (also known as Bantustans), which comprised the least economically productive areas. The segregation led to blacks facing poverty-related food

scarcity, a plight which still persists to date in the post-apartheid era. Ntombi's arguments partially explain why individuals go overboard in making 'modern' food choices, which symbolises and escape from the traditional food associated with both poverty and backwardness.

In addition, in many instances, over-nutrition has continued become the order of the day, which could be construed either as compensation for childhood lack, or due to current widespread exposure to a variety of enticing non-traditional foodstuffs from other cultures. Aggressive advertising of marketing an array of such cuisines is the order of the day, dominant among them being Western fare handed down in the colonial past, gradually driving African 'traditional' foods into oblivion. Another reason for such a loss is that when many aging women die, they depart with a repertoire of recipes that were never documented. Despite Ntombi's mother's keen interest in eating healthily, her generation tended to store recipes in their minds. Furthermore, women of past generations did not consider it a high priority to serve food in a visually enticing manner. In their days, in which ever form of food was served, it was likely to be eaten. A middle-aged Kenyan woman summed up the occurrence thus: "Whatever [food] comes to the table does not return to the kitchen" (personal communication with Lucy Chikamai)." Nor was picky eating entertained to the extent it is today. In those days, both young and old alike ate fare that did not have to compete, unlike now, with artfully presented fast foods, convenience foods or artfully presented food in replete photo-shopped media images.

For many, avoiding *gogo* foods is also symbolic of figuratively escaping a trying, poverty-stricken past which one would rather forget. Reasons include travel either locally or abroad, upward mobility by virtue of acquiring formal education or climbing up the class ladder, as

well as not wanting to be deemed primitive or uncivilized by eating such foods. Conversely, through impromptu interviews of three Nigerian students at UKZN, each spoke of having experienced a two-pronged culture shock concerning food consumption patterns among the Zulu in Durban. One was that too few African indigenous vegetables are available in Durban, and the other how available fast food is. One among the three responded by naming the leafy green vegetables eaten predominantly by her people, the Yoruba in South West Nigeria: *tete*, *ewedu*, *sokoyokoto*, *gbure*, *amunututu*, *ewuro* and *ilasa*. The names literally rolled off her tongue, and; given the time, she would probably have tripled or quadrupled the number of vegetables listed, knowing how keen UKZN's Nigerian community (both staff and students) are to make efforts to eat what they are used to in their country of origin.

In recognition that a low intake of vegetables and fruit is among the top ten risk factors that exacerbates mortality worldwide, the World Health Organization (WHO) recommends a daily intake exceeding 400g of vegetables and fruit combined per person to protect against diet related chronic diseases (WHO, 2004). The above authors acknowledge that in practice, though, the stipulated amount is nearly double that consumed daily by the average South African. In a study conducted among both rural and urban South African women in KwaZulu-Natal (KZN), affordability, and to a lesser extent availability, pose major constraints in the consumption of vegetables and fruit.

The authors observe that indigenous leafy vegetables can potentially contribute towards the dietary requirements of micronutrients such as calcium, magnesium, iron, potassium, zinc and vitamin C. Study participants point out that wild-growing green leafy vegetable are generally richer sources of various micronutrients than exotic or commercially produced

leafy vegetables. However, participants also expressed the view that African leafy vegetables are often regarded as poor man's food; eaten only when there is no other food is available.

Both perceptions were commonly expressed by respondents in response to what they considered poverty foods, implying experiencing the misfortune-cum-shame of having sunk to the bottom of the economic ladder. The same concept applies when consumers resort to buying low-cost brown bread, regarded as inferior to white bread. Nonetheless, from a nutrition viewpoint brown bread is superior since it is made from unprocessed or partially unprocessed wheat, while white bread which is made from highly processed wheat and is thus less nutritious.

In Durban some indigenous foods are not accessible today either because they have become extinct, or are no longer readily available since there is not sufficient demand. Where such foods are available, prices may prove prohibitive especially since rural-urban transportation ups costs. Under such circumstances cheap mass produced or globalized food trends are fast taking over if they have not entirely taken over yet.

A case in point of globalized food trends could be illustrated through sugar usage. In the past, usage of white, non-nutritive sugar was significantly less. Despite Ntombi's glum visage as she recalls childhood poverty her face lights up instantly as she evokes her lengthy love affair with sugar. "On a weekday it was tea, Oros juice (fruit cordial range) and *umbhubhudlo* (sugar water solution)." Venturing variations of the recipe, she continues:

Sometimes you cut a lemon and then squeeze it into the sugar solution. Nowadays you take a jug or a cup of cold water or iced water then you add three or four teaspoons of sugar, according to how are you addicted to sugar. *Umbhubhudlo* is a traditional energy drink even now.

Among Zulu-based study participants the love affair with sugar may partially explain the rising cases of ‘sugar diabetes’ more commonly known as pre-diabetes or type 2 diabetes. The two conditions are becoming common among middle-aged (aged between 40 and 60) and older women, especially among Zulu middle-aged and older women among whom substances containing non-nutritive sugar used to be a rare treat in their childhood days.

Such women have passed on that penchant to successive generations. The latter generation are even more addicted to sugar as a result of constant exposure to a vast array of well-advertised and marketed products containing non-nutritive sugar. The younger generation have been dubbed the Coca-Cola generation due to their affinity for a myriad of sugar-laden drinks. Such drinks have since displaced the likes of *umbhubhudlo* tea, which were once the rage among women and children. In defending *umbhubhudlo*, Ntombi draws attention to its use for medicinal purposes for health conditions that hardly existed in the past:

You still get that energy from *umbhubhudlo* even if you have not eaten anything. Even some of the doctors recommend it to people who have diabetes or high blood pressure, when they feel dizzy or seeing that black shades in their eyes, which is something that happens.

While an increasing numbers among the youth get obese and develop tooth decay as a repercussion of sugar addiction, so do older people likewise. Thus both generations experience the above kinds of non-communicable chronic diseases.

Despite knowing the repercussions of such addictions, people still persist in living for the moment rather than worrying about the eventualities of their excesses. Ntombi owns upto being a sugar addict: “I am a sugar fan; I take three or four teaspoons of sugar, or at times two; depending on how strong [sweet] the sugar is. Hulett’s [brand name Tongaat Hulett’s] is the strongest, followed by Illovo.” Since her last birthday Ntombi has since put on several kilogrammes but shuns sitting in the overly lengthy queues at the KwaMashu public clinic to

get her constant headaches diagnosed. At present, she would rather buy over the counter headache pills rather than ‘discover’ she has *hayi hayi* (hypertension), or any of the other dreaded NCDs. Despite the fabric of her clothing stretching ever tighter over her steadily expanding body, *dieting* or *physical exercise* are not words she applies regularly in her life, regardless of the recommendations by health practitioners; that is what *others* do... Meanwhile, an indicator of advancing obesity is the rapidly shrinking number of clothes Ntombi can wear comfortably, necessitating a new wardrobe altogether.

In her past, another participant Anele used to overindulge in sugar until she experienced a ‘wake-up call’ concerning her health. Over six years ago, when she used to take six spoons of white sugar in a cup of tea several times a day, I inquired into the habit. Her clipped response was, “I’d rather die than take sugarless tea!” Having experienced a mild stroke from substantial weight gain Anele has since had to swallow her words. Now, in a bid to curb weight gain she still takes several cups of tea, albeit using sugar substitutes.

In another attempt at weight loss Anele has begun eating small meals periodically throughout the day in a trend currently known as grazing. In the process she snacks on items like nuts that are fattening; a variety of fresh fruits most of which are sweet; dried fruits whose sugar is in a concentrated form from drying; an assortment of wheat products either salted or sugared, frequently washed down either by tea or overly-sugared juices. Such drinks purport to comprise 100% fruit juice, devoid of artificial flavours, colouring, preservatives and sugar.

Despite her noble intentions to eat healthily through vigilant food choices, in Anele’s case the hidden salt, fats and sugars, coupled with a sedentary lifestyle are ultimately working against her. Alongside the above-mentioned mouth-watering delicacies in her office drawers, she

also stocks a wide array of costly-looking pills and elixirs aimed at health maintenance and restoration. Anele's dilemma illustrates the case of too much of a good thing, through which she is paying the price through over-nutrition, resulting in obesity related chronic diseases of lifestyle. Ingestion of a diversified diet has been known to lead to consumption of greater food amounts that could aggravate the burgeoning obesity epidemic in South Africa (Maunder, Matji and Hlatshwayo-Molea, 2001).

Below is a similar instance in what is apparently a case of indiscriminate adoption of non-traditional cuisines under the nutrition transition, leading to far-reaching public health implications. The narrative below illustrates how food-related acculturation may ultimately carry a death penalty. In comparison to students, such staff members are not only regular customers but some buy larger food portions and can afford more drinks as well. Over the years, I have watched formerly trim males and female staff of Zulu origin increasing in body size from eating junk food daily at the fast food outlets either within, or in the vicinity of the university.

One of this research study's participants, Palesa, a Howard College UKZN staff member aged 57, used to be among the above-mentioned. She was raised in the countryside throughout her childhood and adolescence days, only migrating to Durban to study at the tertiary level. Just over a year and a half ago, her daily routine included buying fast food for breakfast first thing on arrival on campus. Her daily routine also included fast food for both a mid-morning snack and lunch. On her way home Palesa would buy the mandatory large bag of crisps for consumption while driving home to Umlazi Township 17 km from the university. The fried rather than the baked, oil-free version of crisps served as an appetizer to the large dinnertime meat portions that were the order of the day. This increasingly obese

woman embraced the sophistication and prestige of Western fare devoid of the wholesome grains, vegetables or fruits that were the norm in childhood.

Palesa's daily gorging routine was brought to a halt unceremoniously in 2010 when a doctor diagnosed her as being at the verge of suffering a stroke, following years on high blood pressure medication. The health impasse was compounded by urbanization in Durban, and the excitement of earning a salary for the first time, through which she could afford any food desired, coupled with living a sedentary lifestyle. Palesa has since reformed by changing her diet and lifestyle to the point that people assume she is in the final stage of AIDS, where the body wastes away significantly. She declares unflappably that she does not care what people think, as long as she steers clear of the unhealthy obese status that nearly cost Palesa her life – prematurely. That was the price she nearly paid through acculturation associated with food habits that seemed a good idea earlier, but not any more.

When the wake-up call came, the then morbidly obese Palesa was a hefty 104 kg as a result of embracing wholesale a Western-type diet high in salt, sugar and fat. Her condition was execrated by snacking constantly and eating mega-portions of food; all in the absence of physical exercise. Since the stroke scare as well as both her parents untimely demise, the now slim Palesa runs a minimum of 10 km daily to keep her weight off. She has since modified her lifestyle dramatically, which could be likened to the militarist and social Darwinist ethos that advocates that the fast and fit win, while the fat and flabby lose and drop out (Scheper-Hughes and Stein, 1987).

This response illustrates what Palesa has learnt from western medicine body ideals as cited by North American anthropologists (Pollitt, 1982, cited in Schepper-Hughes & Lock, 1987: 25):

In our own increasingly “healthiest” and body-conscious culture, the politically correct body for both sexes is the lean, strong, androgynous, and physically “fit” form through which the core cultural values of autonomy, toughness, competitiveness, youth, and self-control are readily manifest.

Over-nutrition closely allied to overweight and obesity, is revered in keeping with a Zulu traditional gender role which undergirds acceptance of the large woman. Manto, a 35-year-old key informant identifies one symbolism among the advantages of being fat: “Being fat means you can cook... or if you are thin, basically that means you are not a good cook. They [men] prefer the one that can cook. I mean, *ja*, they think you can cook, so they prefer that one.”

This perception echoes the English idiom: “The way to a man’s heart is through his stomach.” However, the slogan differs with Zulu cultural perceptions where a stout woman and a good cook are one and the same; interpreted as a crucial component for marriage material. As another research participant observes, a woman with ample weight connotes she is not stingy with food since she feeds herself well and is therefore likely to feed others likewise.

6.4 Lifestyle and Disease

It is not only the kind of food one eats that determines one’s level of wellbeing, lifestyle also has a significant bearing on the obese body. Both diet and lifestyle contribute significantly to the prevalence of overweight and obesity in both urban and rural areas in KwaZulu-Natal. This section specifically examines cultural perceptions associated with food consumption, body weight shape and size in tandem with lifestyle, and how they are linked to weight-related non-communicable diseases (NCDs), as well as chronic diseases of lifestyle (CDLs).

In the strictest sense of the word, the definition of ‘lifestyle’ simply means the typical attitudes and values a person or group go about their daily living (Stedman’s Medical

Dictionary. nd.). However, it may have a myriad of other explanations, bringing together the way individuals and groups of people cope with their physical, social, psychological and economic aspects of their lives. In this thesis' context, it will mean making a conscious effort to lead a healthy and productive existence. In an assessment of coping patterns in rural and urban Africans, Malan *et al.*, (2008) specifies lifestyle factors that go beyond physical activity to include alcohol consumption and smoking habits. The section below focuses mainly on physical activity, which affects the general populace much more than the two other elements.

There is a marked difference in what people perceive as exercise between the past and the present, as well as from an intergenerational perspective. Nokuzola, a 27-year-old university student, points out: "I think the difference between now and then was, everything was far away, like, you would have to walk to the Pavilion" [a distant shopping mall visible from UKZN's Howard College Campus]. Raising an index finger to point at the chalk-coloured complex in the distance approximately 10 km away the student observes: "Look at it, it's far, you know!" She continues:

But in those days, since there's no mode of [mechanized] transport you had to walk there and come back, then eat your mealie meal and stuff like that [energy-dense, simple carbohydrates], and you still looked good because it was exercise. But then you didn't even know you were exercising; all you knew was that you were going there to buy something, you know...

Contrasting the past and present she points to the above-mentioned public health concerns mentioned above, associated with abdominal fat:

And *now*, you hear, like, I hear of parents and even my extended family they're saying, like, "You now have girls with the big tummies hanging over; it's the food they are eating." And I'm thinking, not necessarily, but then my opinion is, [pauses to reflect] we don't walk, you know. You call your mum and say, 'Pick me up,' or you walk only to the [UKZN Howard College Campus] gate and you take a taxi. The taxi is going to drop you off at another bus stop and then you're going to walk even less than

two minutes. You know, there's no proper walk nowadays; my mom used to tell me that they would leave home at five in the morning to get to school, let's say, at eight, so from five to eight you're walking. Can you imagine how much exercise you're having there? So they weren't educated about it but then they didn't need the education then, about the carbohydrates and stuff, because they had the exercised. But it didn't matter, you know, you even found that old people were not getting sick – like your high blood pressure and stuff like that – because they used to walk.

Nokuzola's mother was raised in the rural area before relocating to the port city of Durban. Contemplating such a past, the informant falls silent for a while before continuing to compare Durban's urban situation with rural Kwazulu-Natal's. She draws parallels in physical fitness in the past and against the backdrop of the existing generational gap:

Even people who live in rural areas, you find your 80-something woman walking, and you [referring to herself and those of her generation] will be hyper-ventilating, it's like, [exaggerated panting] she'll be walking like, you know, with her walking stick. The only thing that's affecting her walking is the age, you know, but then other than that she's fine. And you find that you're much younger than her, but then you are hyper-ventilating. Why? 'Coz you're not used to exercise.

The informant draws attention to a trend where her fellow Zulu female youth, especially, are loath to inconvenience themselves through the slightest physical exercise, even if it means spending a hard-earned R5 on taxi fares to avoid walking from one bus stop to the next. And it's not just the 'challenge' of walking from one bus stop to the next that poses a problem in this respect. Walking anywhere is. On a particular Monday morning I overhear a student in her 20s bemoaning to fellow students what she considered a feat: "Last Saturday when I walked, I almost died!!!" The exaggeratedly worn-out tone in which she narrates her saga – mimicking extreme exhaustion – implies the short stretch she negotiated that weekend has left her out of breath totally.

Reflecting later on a representative of her generation, aged under 35, it occurs to me that besides opting for the path of least resistance by avoiding physical exercise, the above student was bragging that she never travels anywhere on foot, since, it appears, the least exertion of this nature is considered a nightmare. With pride the student brags she is always chauffeured around, thus merely touting her class status in an increasingly consumer-obsessed society by virtue of having been born of past generations of poor black South Africans who have never afforded a car in their lifetime. With such low levels of physical exertion one wonders how much longer her body, and those of the urbanized others of her age group, will be able to defy chronic diseases of lifestyle.

I often reflected, in keeping with ethnographic expectations, on how I situated myself within this study I was conducting and how it affected me, personally, as well as how I compared with my research participants. Pondering the potential plight of the above participants transports me to my past. I vividly recall early childhood in the second half of my first decade, when even though Pa owned a car, most of the time my siblings and I walked almost everywhere. We always walked to school, except when forced to run to school to avoid punishment for arriving late. Walking became even less of a mission since this form of unintended sports' training equipped me to win both for the 100 yard sprint as well as the 800 yard stretch. High school did not offer such opportunities since I ended up cooped in relatively small compounds that had no open spaces to indulge in. The study requirements of undergraduate days left no time for sports either, despite the sports' field galore on the university grounds.

Meanwhile, adolescence in high school together with tertiary requirements of study led to being 'fat', which by BMI standards would have been considered overweight. However, the

extra weight melted away to thinness by virtue of walking across the city daily to catch a bus or minibus to and from my suburb. Over the years my weight has move up and down, mainly in the overweight range, but has never shot up to obese on the scale. Sitting behind the computer hours daily undergirds this incongruity. Being a careful eater, and briskly walking a minimum of 70 minutes a day has helped somewhat, besides eating healthily – measures to safeguard against CDLs and NCDs. I admit, though, it's easier said than done. More so by virtue of being middle-aged, where the body seems to pile on weight despite measures taken.

Making comparison with study participants I noted it was not only youth aged below 35 who were affected in the above respect, the young are not spared either. As young as she is, Busi, a 22-year-old interviewee, does not have to wait any longer to discover the adverse effects of a sedentary lifestyle. She knows already, after visiting the doctor on a different mission while seeking a cure for a severe asthmatic attack. Changing food habits where indigenous food is either ignored or abandoned altogether, coupled with a fairly sedentary lifestyle in recent times, has landed her in a health situation where the doctor's verdict leaves her shell-shocked. The morbidly obese youngster was diagnosed with a heart problem, at 20. Advising her to engage in physical exercise more actively, her doctor warned her that mere sauntering from one destination to another is far from adequate exercise.

Busi traces her road to obesity back to the era in which she was a much-admired plump baby. Beyond infancy, her weight continued to pile on, reaching new heights through adolescence her body metamorphosed into womanhood: "I gained weight in my teenage stage. In our culture such a thing is not seen as bad. Ah, to me, being a (size) 16 (being big-bodied) is not to say I was sick, you know." Envious Zulu friends complemented her over her obese body through such phrases: 'Now you are one of the rich girls since you can eat good food.' The

friends are echoing traditional notions among the Zulu that the fat body connotes positive attributes such as good eating associated with wealth.

Besides putting on weight at puberty, Busi piled on additional kilos by eating with a family heading a Norwegian missionary organization in Greytown, where her mother had just begun working for as a child minder. Busi was housed in the same compound with her mother, sister and brother in a new scenario exposing them often to the Western-type diet. It encompassed items such as polony, pizza and other fast foods, whenever events such as birthdays, were celebrated. Consequently, with time, Busi's mother's home cooking was fashioned on Western trends, imitating Norwegian cookery (gleaned from her mother's Norwegian employer), as well as from the ubiquitous American-style fare in the wider South African context. However, both Busi's Norwegian and American-style favourite foods have contributed to her weight again, which, in her opinion is a plus in terms of the Zulu female body ideal.

Asked why she prefers the well-padded traditional Zulu ideal of a female body, Busi replies:

Because we are exposed to this American kind of style [food] but at the same time we still try to hold on to our roots in Africans tradition. As African women you are not considered overweight or obese; I mean it's a new era for us to be told: 'You are overweight or obese,' and you ask, 'What does that mean?' As Africans there is no such thing as being *overweight*; we see someone who is big in a different way, so there is no such thing as being *too big*.

To illustrate the favourable acceptance in the thinking among her people, especially in the marriage context among the Zulu, Busi observes:

I'm looking deep into our culture even when, in terms of marriage; the women who have meat on their bones are preferred as wives. They are the one who hold the family together, you know... What I'm saying is, when the time comes for a guy to marry, he will not take the skinny lady. He will take the

one with meat on her body; whom the family can actually respect, and who is easily approachable. But then, things are changing right now you know.

In traditional Zulu thinking on gendered roles in the marriage context, it helped to have a curvy body in order to attract and secure a suitor, a notion which has since begun shifting conversely towards the Western thin ideal. Traditionally, the fuller-figured woman was deemed both healthy and strong, and industrious, associated with the capacity to work harder than her thin counterparts. Even today, the voluptuous female body is generally viewed as relatively more attractive, besides being deemed more friendly and approachable than her thin counterpart.

Asked to expound further on the above perceptions, Busi ventures the following concerning changes in cultural perceptions concerning body weight:

We are changing in that we all want the American ideal to wear [clothes] size 6 to 12, really small, and [bra] size like 28 to 32. We people are striving towards this ideal these days, we are being told thin is much better than being big.

By way of explanation Busi adds:

The explanation as it goes, ok, they, they [Westerners] find a thin person more appealing. Thin people are said to be more healthy than big people – which is true. I mean, look at my health complications right now... Fine, I have asthma, but I did not know that it was severe up until last month when I went to the doctor and discovered not only that the asthma was bad, but also that I've got heart problem. My mother has heart problem, so I think I picked it up from her. But now, the doctor said: 'If you carry on like this you will live a short life.'

"Like what?" I prompt, to which Busi replies, offering an explanation as to how the doctor's medical team had reacted:

They ask me about my lifestyle so I told them I used to go to the gym but stopped last year. They asked me why and I said it was difficult to maintain schoolwork and exercise, and everything. They asked me what I now do for exercise. I'm not someone into exercise but I make sure I walk.

The doctor warned Busi that unless she undertook relatively more exacting physical exercise she would end up with what she describes as the following predicament: "They told me I'm likely to end up with lung and weight complications like what my mom is facing right now. Kidney failure, lung failure, if there is such a thing like liver failure, as well, eh... heart problems."

Asked whether the doctor and his medical team made an association over such conditions with food, Busi replies:

They told me I should stop eating takeaways; my diet should contain lots of vegetables and fruits; I should not snack on junk food but I should snack instead on fruits like an apple or whatever; I should drink lots of water as well; and I should do lots of exercise... so that's what they told me.

I ask her how they verified her need for water, she says: "They tested my urine, *ja*; the water content was quite low."

Commenting on the doctor's verdict, she declares:

I was quite shocked you know... I never saw myself as someone who is sick. I've always seen myself as someone who suffers from a heart condition and asthma...but I've never seen myself as someone who is *that* sick. I was quite shocked... *quite* shocked!

Busi stutters, assessing her health status as through a prism of denialism. At 22, Busi probably cannot envisage how this early in life she has ended up as a candidate for chronic diseases of lifestyle mostly associated with the aged.

Asked what action she has taken since the medical team's verdict, she replies: "Actually, I drink lots of water but I hate going to the toilet every now and then." Busi still has a long way

to go, though, considering she still clings to old habits of eating junk food and sweet carbonated drinks like Coke on virtually every weekday while on campus. Through self-diagnosis Busi surmises:

Obviously when you gain weight you're gonna [sic] be more prone to types of chronic diseases such as hypertension, diabetes, and all those other diseases. But also, if you are thin as well, you gonna [sic] get diseases – I even don't know what type of disease – but your immunity is not that strong. All I know is that having too much or too little weight is a threat on both sides...either way, to keep fit or normal you must exercise. That's when you say it is the globalization thing that says we must exercise, you know, we must be active people who don't just lay back and relax; not caring.

Busi takes this activist stance on discovering her heart problem but also on learning unless she changes her diet and lifestyle drastically she is likely to end up like her mother who has various nutrition-related chronic diseases.

Apart from negative health practices handed down through the generations, class considerations have also begun to have a positive bearing on physical activity levels among a small but growing number of Durban's Zulu women. For example Sanda, aged 29, makes a comparison which seems incongruent with what happens in the West, where women of means tend to be leaner than middle or working class women. She remarks as follows concerning upper and low income women of Zulu ethnicity in Durban's urban setting:

Most women who are working, they are fatter as compared to women who are not working. I don't know why, but I guess coz we spend most of our [working] time sitting and not moving from the computer, being stagnant in just one place...

For such women, a sedentary lifestyle for most of the week has negative health consequences despite their enjoying the privilege of earning what would be deemed a good salary in South

African terms. Sanda traces a similarly sedentary trend in the homes of working women as follows:

So even at home you [a working woman] won't do anything [domestic chores], you have a washing machine, and you have a dish washer. You have a microwave which cooks for you. You cannot function without these things [labour-saving appliances] which think for you. You have almost everything figured out. You have a helper [domestic worker] at home. With the washing is done [by the washing machine] you tell her: 'Aunty So-and-so, can you just go and do the rest.' Do you think you will get thinner? [Chuckles disparagingly] No, you would not!

Physical activity does not appear to feature in the lives of either set of women who are either middle- or upper-income Zulu women, though some of this study's respondents mention using the gym. Membership fee is a deterrent among low income women. Fairbrother (2009) points out that the high cost of gym membership bars some women from using the facility.

Upper income women in South Africa include tertiary-educated women of Zulu ethnicity. Sanda's above remarks could apply in their case as well. Nonetheless, Zulu women at the lowest ranks of the economic ladder could also be said to have sedentary lifestyle due to urbanization, depending on whether they work or what kind of work they do. While in the past it was generally sub-Saharan Africa's highly educated and wealthy individuals who were most likely to become obese, currently their poorer, less educated counterparts are experiencing the same plight (Mbanya *et al.*, 2010). The authors observe that it has been recorded among people of African origin that the poor have also adopted a Westernized lifestyle characterized by a drop in physical activity coupled with cheap energy-dense and high fat diets in both urban and rural areas.

Eager to speak of emerging trends currently applied countering both sedentary lifestyle and weight gain, Sanda points out that dieting coupled with gym attendance seems to be gaining popularity in what seems an unlikely space: the African township in Durban. Asked to qualify the above scenario, the above 29-year old respondent says the trend is becoming increasingly common; mostly among young women beginning roughly as teens of 18 up to 35-year-olds, though it does include a few women beyond that, aging up to 50.

Conversely Sanda observes that among some Zulu people she knows, both measures are deemed as being among the odd and awkward activities only white people undertake. Zulus do not understand why Whites should punish themselves physically in such a manner. Another research participant offers the widely-held notion that an African person seen running is deemed a mental case. However, in a patriarchal world male athletes or soccer players are not categorized as such, nor are males who engage in sports like martial arts and other forms of keep-fit activities.

Another widely held perception among the Zulu that runs counter to public health concerns is that it is only Whites who diet. Chuckling, Sanda dismisses such a view that used to be prevalent in the past but has since changed:

Dieting...? All people do! Actually even in townships people do diet. It is very interesting because I live in a township, my sister also lives in a township, and for sure she is dieting. It also depends with the people you associate with, but mostly young women in our generation aged between 18 and 35. In this day and age they like dieting. There is no other solution for obesity, I mean, they are working [implies they lead a sedentary lifestyle]. This calls for frequently dieting. Or doing other stuff, such as exercise. Or having a certain plan that you are following, a health plan; a certain way of eating. Normally if you go to the gym you are given a health plan, you are measured, your body mass and you are measured, the index of the body in comparison to the age you are in. Then you are given a diet to help you maintain the right weight, and if you want to lose weight you are advised what sort of exercise

you should do. If you go to the gym there is one thing for sure: you will gain some muscle. So it's not only about losing weight in particular; it is also about fitness and keeping healthy.

Asked what she does personally to maintain her size 30 figure, Sanda replies:

Before [five months previously] I used to go to the gym. It was not so much on weight issues but more on fitness. Just for more stamina; the issue that normally if you don't do anything, or exercise, or walk, or whatever... you get tired often as compared to when you do your exercises in the morning or in the afternoon. I have never taken any particular weight measure to keep my body this size. Maybe if I am a size 36 I will talk of [consider] such a thing.

Sanda, a mother of two, concludes with a smug smile, being among the isolated cases of women whose weight remains constant despite pregnancy. Asked what they do for leisure, a number of the study's key informants report they spend hours daily watching television. Television watching and other sedentary activities have contributed significantly to the rising levels of obesity in South Africa. Peltzer (2010) undertook a study to determine leisure time physical activity, sedentary behaviour and substance abuse among adolescents in the following eight African countries: Botswana, Kenya, Namibia, Senegal, Swaziland, Uganda, Zambia and Zimbabwe.

Peltzer (2010) found that over a quarter (28.7%) spent three or more hours, while just over a tenth spent five and more hours, respectively, sitting around in what could be described as sedentary leisure behaviour. The statistics nearly concurred with those in his home country South Africa, where nationwide, a quarter (25.2%) of adolescents learners aged 13 to 19 spent more than three hours daily watching television or playing video or computer games.

In an attempt to discourage this kind of behaviour among children, the author links lengthy sitting time independent of physical activity, with mortality from many causes. Peltzer (2010) states categorically that physical inactivity leads to higher morbidity and mortality from

chronic non-communicable diseases. He cites Warburton, Nicol and Bredin (2006: 801) who point out: “There is irrefutable evidence of the effectiveness of regular physical activity in the primary and secondary prevention of several chronic diseases (e.g., cardiovascular disease, diabetes, cancer, hypertension, obesity, depression and osteoporosis and premature death).”

Furthermore, Peltzer (2010) associates physical inactivity and sedentary lifestyle specifically with being overweight or obese among both children and adults. Peltzer, who researched levels of activity among adolescents, extrapolates that the same findings apply for adults as well. Peltzer suggests that increased physical activity coupled with decreased television viewing, should be employed as a strategy to prevent and treat obesity among both youth and adults. In KwaZulu-Natal this applies mainly in urban settings rather than among rural folk.

Peer pressure and cultural context also influences the female body image in rural settings in KwaZulu-Natal. Citing rural settings such as Nongoma some 268 Km north of Durban, 35-year-old respondent Manto observes that the plump woman is still considered the female beauty ideal in keeping with traditional Zulu thinking. Venturing an explanation for the disparity between rural and urban convictions on the ideal female body, the respondent concludes, “People’s views change because of whom or what is around you.” She is alluding to societal expectations in one’s immediate vicinity.

Whereas urbanites have embraced the Western thin ideal of beauty and sexual attraction in a woman extensively, rural dwellers on the other hand have been slow in the uptake, despite television being almost as ubiquitous in the countryside. In the latter case deep-rooted cultural perceptions appear to have superseded modernity. Conversely, Manto points out categorically that in urban or peri-urban Durban – be it a former white suburb like Glenwood or a black township like Umlazi – the *new* beauty ideal is the slender female. She attributes

this new-fangled thinking as having been popularized by the TV in either of the above-mentioned environments.

6.5 Meat as the Centrepiece, and Consequent health

Among the Zulu, a main meal is deemed deficient and unacceptable without meat, yet this foodstuff is among the key triggers of overweight and obesity among people of this ethnicity. It is not uncommon to see adults who were raised mainly as vegetarians, heaping their plates with every kind of flesh in the offering at functions. In a case of extreme acculturation, though more often than not, hardly any grain or vegetables grace their plates, despite such courses being available. Inability to serve substantial portions of meat at functions or in homes is construed as being poor or worse still, stingy. Daily availability of meat becomes a statement that one has ‘arrived’. This is the case even if, as one student pointed out, it means eating ‘walkie-talkies’ (chicken heads, necks and feet), which are counted as meat. In low income neighbourhoods, the popular walkie-talkies are sold at most butcheries and supermarkets.

Asked what her family's favourite dishes in her childhood, Zanele replies, “Um, I think, [pause] my dad's: anything with meat. My brother's? Anything with meat. My mother: she eats anything when she does eat, but I think she's also crazy about potatoes, so anything potato-orientated.” Asked what meat symbolizes for her father and brother, Zanele offers a gendered perspective from a Zulu cultural context:

Um, I think, for my dad, it means that he is a Zulu man, because back in the days, that was the food that they ate. Even when we go visit my granny and aunt – my father's sister – the women are there, on that side of the house, and the men are on the other side of the house. They [women] brought meat with *ujeqe* (steamed bread); I think that's the food of the Zulus.

Pinpointing the gendered nature of food among people of her ethnicity Zanele corrects herself quickly, “Of Zulu *men*, because if you don't eat meat as a Zulu man, it's sort of like, there's nothing to live for. You haven't eaten anything if you haven't eaten meat.”

Currently, for those who can afford it, meat and meat products are readily available at butcheries, supermarkets, restaurants, fast food joints, street vendors and other outlets.

According to Aphele, a member of the under-35 focus group discussion:

I've come to realise that where there is alcohol there is meat; specifically mutton and beef, which are the worst type of meat that can give you weight, heart problems, cholesterol, high blood – hypertension issues. You cannot have a braai or little family function without alcohol; alcohol with red meat is a given. Meat's gonna give you weight issues most of the time is eaten. People are gonna have meat in bulk.

Aphele illuminates the link between meat and weight gain, based on the fact that no matter how lean meat is, it still has fats, albeit invisible. The informant then focuses on how excessive amounts of carbohydrates accompanying meat intake are also implicated in excessive weight gain among her fellow Zulus:

People also eat a lot of heavy starch food. So, you have the meat, your *pap*, your *mqushu*, which is *samp* (de-hulled maize), and beans, your *idombolo* (white wheat flour dumpling). Those three combined with meat plus alcohol are gonna make you fat. And let's not forget there's gonna [sic] have added salt. You end up with cholesterol [build-up] and *hayi hayi* (high blood pressure), that's just typical.

Most alcohol also contains calories which, depending on amounts consumed, lead to weight gain. In analysing the above scenario Aphele cannot help but mention the generous use of cooking oil both in urban and rural setting; a practice which exacerbates all the above-mentioned health conditions associated with borrowed foodways. Aphele expresses concern

thus: “Even in the rural areas where the poorest of the poor women live, they go shopping and buy, like, buy five litres of oil. You ask yourself why they need so much.” Liberal use of oil is evident in both daily usage and on special occasions.

In South Africa the on-going rapid nutrition transition is characterized by major changes in diet not only in rural areas, as Aphele points out, but even more rapidly in urban areas. With better earnings urban dwellers spend more on fat, sugar and salt while fibre intake decreases, to the detriment of health. Popkin, Adair and Ng (2011) express concern that global consumerist trends driving obesity. What is widely termed the ‘Western diet,’ with excessively high intakes of fats, sugars and animal-source foods, has become the norm not only in urban areas but increasingly in rural areas as well.

Relatively inexpensive oils, now easily available throughout the world, are used lavishly, leading to overweight and obesity. Pointing to a related development the above authors regret that traditional fibre-rich diets found in legumes and other vegetables as well as coarse grains are disappearing in all countries regions worldwide. Due to improved technology leading to consumption of excessive animal source products such as meat, poultry, pork and eggs, has risen dramatically. The trend is linked with excessive consumption of saturated fat intake leading to premature mortality associated with obesity.

Dietary changes in addition to increasingly less physical exercise leading to detrimental health in terms of non-communicable diseases (NCDs) strongly associated with body weight. Steyn et al. (2012) identify a strong link with such a relatively deficient diet as compared to the traditional one, especially between childhood malnutrition and future susceptibility to NCDs such as type 2 diabetes. From a Critical Medical Anthropology perspective the

prevailing structural violence rooted in the historical past where the political economy of the apartheid era saw a trend towards leaving the impoverished homelands and flocking urban areas in pursuit of employment. Nearly 20 years after the official end of the apartheid era in 1994, structural violence evident in low wages among a racially segregated past still persists to date. Such conditions continue to militate against a healthy diet.

Conspicuous consumption relating to meat and drink is also leading to overweight and obesity. Aphele cites the following rural scenario:

Rural women own sheep but instead of selling them to make money they go and slaughter them [animals] to host *umgidi*, a huge party. It's like a feast. It's not like the Western ones where it's all nice and civilized. Here the only thing that the hostess has to provide is booze, which can either be traditional or Western... a crate of beer and whisky, and whatever other booze.

At a focus group discussion Aphele volunteers information on the various drinks consumed at such functions. Drinks mentioned include *umqombothi*; *mbamba*; *imfulamfula*; *ihhashi*; and *imfulamfula*. A heated debate ensues on the merits and demerits of the various types of alcohol in terms of weight gain capacity, functional properties and legality. Half of the six focus group members venture explanations as to the weight gain effects of the popular but highly intoxicating brew *umqombothi*. Statements include: "It is fattening because it has a lot of starch" and "With traditional beer a person can get fat easily, *ja*."

Participants point out that besides contributing to weight gain, such brews could prove fatal either from long use, or a single dose, in which some ingredients are used in excess. Explaining where such illicit alcoholic drinks are to be found, an informant specifies township *shebeens*, which were considered illegal beer halls under apartheid era, generally

situated mostly in informal settlements. In rural areas, such brews are sold wherever the brewers resided. A respondent explains the toxicity of a brew which costs R2 per two litres:

They [brewers] collect stale bread with fungi; they add yeast, pineapple... I'm not whether it's correct; some people keep saying that they [brewer] use some battery water acid. That is why if you see some of them are so thin if the wind blows they could be swept away by wind. They are thin; their lower lip is red or pink. When they walk they get tired. There is a mama who is selling two litres at R2 or something. It's affordable and yet it's killing them (patrons). It is easy to identify someone who is drinking *this* thing.

Asked which sex indulges most in this form of drinking, a focus group member replies: "It's both." After a pause she elaborates further on consumer characteristics:

It's not the youth; it's someone above thirty-something. The homeless... This mama is selling drinks and beers they have to go and order her stock. Instead of giving those who fetch her stock money she gives them this alcohol. It's more like they are hobos, let me say if there are living in townships they have to work hard for these two litres of this *umqombothi*, also known as *siqatha*, *govini* – all these names. In other areas they call it *ihashi* [horse] – it differs depending on where they come from.

The study participant observes that alcoholic drinks sourced from such liquor joints cost little, based on the following considerations:

They don't pay a lot for these drinks because but they [brewers] make a huge amount and sell it cheaply. With this type of alcohol, which is easily available, makes all the worries just go away. They [brewers] gain a lot of money because everybody can afford to buy. For instance, such a mama mentioned it might sell in quantities of R2, R1, 50cents... I don't know how much [alcohol] that is... but it becomes even cheaper since they make it in huge amounts and therefore the mamas earn a lot.

In this instance the economy of scale applies through availing affordable liquor widely, but in the process it propels customers towards ill health evident either in sickly, emaciated or obese bodies. Owing to such relatively low pricing, individuals abusing alcohol may lose their

ability to work. By drinking cheap liquor clients end up getting more than they had bargained for beyond instant intoxication. They may imbibe lethal substances whose health consequences have not received high priority in public health research. Asked what goes to making such drinks, another focus group member replies:

She [one of the brewers] said battery acid, rat poison, whatever they can find... come to think of it. This is the mixture they use when they make illicit drugs; the actual drugs that they smoke. They [brewers] also buy the same items which are easily available and cheap to buy.

The same respondent takes issues with the use of such toxic ingredients like rat poison in some brews but lauds the other less potent but relatively healthier versions of the drink:

...such as your *umqombothi*, it is rich, it is creamy. However, probably the water used to brew the drinks is contaminated with cholera, so neither is good for health generally; one makes you thin and the other one makes you fat.

Viewed from a public health perspective neither is ideal, especially since the key ingredient, water, is potentially a health hazard in itself. For emphasis, wherever alcohol is served, meat is usually served nearby; the two could be likened to inseparable twins. The two are served among all, regardless of economic classes among the Durban-based Zulus.

6.6 The HIV/AIDS Scenario and Obesity

Race-based exclusion of blacks under the colonial and apartheid eras led to the Zulu people in present-day KwaZulu-Natal Province being forced to live in the homelands, a predicament which led to food shortages as well as the disruption of family units since the early twentieth century. Nonetheless, whites needed labour which was sourced from the homelands, initially leading to male labour migrancy which had an adverse impact on families left behind in terms of their nutrition status.

Hunter (2008) echoes similar sentiments by observing that over a long period both missionaries and ethnographers have highlighted how white rule, mounting capitalism and forced labour migration destabilized African households in South Africa. Detailing the process Hunter (2008; 567) observes that with the hope of raising bride wealth in the form of cash, which had replaced cattle for this purpose: “In the 1940s virtually all Zulu men who wanted to marry entered labour migrancy, usually as paid workers for European settlers.”

The kind of wages they earned, however, did not always suffice to enable all these men to attain the status of *umnumzana* (head of a household) a title conveying respect by virtue of marriage. Hunter regrets that the consequences of family disruptions are still felt in South Africa over seven decades later, with statistics revealing that: “Today, less than 30 per cent of adult Africans employed are married and unemployment rates are well over 40 per cent” (Hunter, 2008; 567). In the wake of such family disruption black women began exercising agency by entering the labour force in droves since they could no longer depend on men as reliable providers.

Some men’s attempts to fill their dependents’ bellies as well as their own have led to a different kind of death. Many of the economically disadvantaged men have taken on an *isoka* (a man who successfully woos many women) image. Hunter (2008: 571) expresses concern that such an era has since been reduced to mere memory when viewed in the contemporary era of HIV and AIDS, “If in the middle of the twentieth century, the end game of *isoka* behaviour was marriage, today the end game is death”. Today’s *isoka* continues to keep many girlfriends with little or no intention of marrying them.

In discussing the current AIDS era one hardly ignore the adverse effects of HIV progression on the human body. Body weight and shape has become a critical factor in the era of HIV and AIDS in Africa, the continent with the highest positive population. Among the Zulu and other ethnic groups of African ancestry, the overweight and obesity discourse is inversely associated with being HIV-positive, especially due to the sudden weight loss and emaciation that occurs at the fourth and final stage of AIDS. Faber and Kruger (2005) argue that it is probably the HIV-related stigma attached to the rapid weight loss – rather than the thinness itself – that is the greater concern of the two.

In a study on weight evolution and perceptions of HIV-positive adults following the initiation of antiretroviral therapy (ART) in South Africa, Hurley, et al., (2011: 650) points out an anomaly which was common in the first decade of the 20th century:

There is a mismatch between the baseline BMI and PLHIVs perception of whether their weight was 'normal.' The reasons include cultural norms regarding ideal body size and stigma surrounding HIV, in which weight loss is an important external marker of the disease.

The above authors recommend proper counselling to counter such notions, which influence whether or not patients gain weight. In some patients the ARTs commonly available in South Africa led to lipodystrophy, a complication through which patients developed enlarged breasts, obesity in the trunk area, as well as wasting in the buttocks, face and limbs. In the contemporary AIDS era, rapid wasting of the body is generally considered synonymous with HIV infection. So prevalent is this notion, that individuals among the Zulu community see no point in going to the gym or dieting in case their resultant trim bodies are associated with the dreaded disease.

Conversely, widely held misconception among the Zulu is that fat people cannot possibly be harbouring the virus. Rubin (2008) points out that individuals or families with protruding stomachs, for example, are considered a sign not only of wealth, but of health as well. Rubin (2008: 4) highlights a gendered perspective commonly pegged on HIV/AIDS in South Africa and the rest of the African continent, by observing that:

Many women don't *want* to lose weight because they fear their neighbours whispering that they have AIDS. Young men and women, in some African cultures, prefer "big love" dating because going out with someone who is fat means that person is probably AIDS free.

Nonetheless what you see is not necessarily what you as Sanda, points out:

It is generally assumed if you are plump, you cannot possibly be HIV-positive, and so men would prefer having sex with such women as opposed to slim or thin girls. It could be extrapolated, therefore, that fat girls and women especially, could be at higher risk of HIV where unprotected sex occurs.

In another twist, some women – both HIV positive and negative – take deliberate measures either to overeat or eat junk food in order attain or maintain a well-rounded body. Such women seek to avoid being stigmatized as having HIV, a condition dubbed the 'slimming disease' in both Southern and Eastern and Africa. Since fat people of both sexes are assumed not to be HIV-negative, their sexual partners tend to condomize mostly with thin partners who are assumed to be HIV-positive. The myth that fat people are HIV-negative has to some extent contributed to the spread of HIV in black South Africans (Mvo *et al*, 1999; Keeton, 2006).

Women in South Africa are often seen as the carriers of disease, and in contemporary times, are suspected of harbouring the human immune-deficiency virus (HIV). "In a country plagued by Aids, the skinny body has meant – as it used to mean among Italian, Jewish and

Black Americans – poverty, sickness and death” (Bordo, 2003: xiv). In a similar vein, Deborah Lupton (1994) cites Foucault as viewing medicine as a major institution of power in labelling bodies either as deviant or normal, hygienic or unhygienic, and alternatively, as controlled or needing to be controlled. Lupton maintains that in public health discourse the body is regarded as dangerous; problematic; threatening to run out of control; attracting disease; generally posing imminent danger to the rest of society. Historically in the case of infectious diseases, prejudiced public health authorities have tended to single out groups such as the poor, the working class or foreign migrants as agents of disease. In South Africa’s deeply entrenched patriarchal society, men mistakenly deem women as agents of disease in the Aids era (Leclerc-Madlala, 1999).

In South Africa, state policing is evident in the gendered approach used in yearly surveys on sexually transmitted infections targeting women attending ante-natal health-care in public health institutions. By virtue of these women belonging mainly to the low and middle income strata, they cannot afford medical insurance to enable them to attend private clinics or hospitals where female clients are not subjected to compulsory HIV testing. The documenting of disease patterns of populations through the above surveys involving constant record-taking, measuring and reporting back to government agencies, has become “an instrument of order and control, a technique for managing the distribution of bodies and preventing their potentially dangerous mixings” (Armstrong, 1983: 51).

The above surveys test only women for HIV, placing the burden on females to disclose their status, which in a way implies that women are responsible for the spread of HIV. Under South Africa’s health policy pregnant women who visit ante-natal clinic are subjected to compulsory HIV testing. Consequently, since more women than men are likely to know their

HIV status, the former are often blamed for having introduced the virus into heterosexual relationships they engage in.

Discussing weight-related discourse at her workplace and among the community in general, key informant Bathini pinpoints an aspect of gendered stigmatization of women that has had a repercussion on physical exercise in the AIDS era:

Women have stopped exercising, because if they lose weight then immediately there is an assumption that they are not well. In fact, they are moving towards gaining weight now, instead of losing it, because the bigger you are, the more people think you don't have HIV. It's a misperception, it's strange, it's very strange, but that's the belief.

If you are thin, especially if you have been fat, and you suddenly lose weight, even when you are losing it through exercising, it is assumed you are HIV-positive. There is a lady here that I work with; she was fat when I first came here, so I encouraged her to exercise. We were exercising with her, everyone saw us exercising. And she lost [weight]. She moved from a size 38 to a size 34; she lost a lot [of weight]... a *lot*! Immediately, there were rumours she was [HIV] positive. *Immediately!* 'She's HIV-positive, there's no way she can lose so much weight, she's definitely HIV-positive!'

Such were the repeated rumours arising from people who had either seen or heard of the above two friends exercising regularly:

Bathini follows through by explaining her colleague's response to the misplaced rumours:

She maintains [her weight], though she is a bit bigger now because she is no longer exercising with me. She does gym in the day. She is now around a size 34; much smaller than she used to be. But she doesn't care. She says that in the township where she lives people label her as sick, as HIV-positive, because she has lost this weight.

Palesa, the colleague Bathini refers to is among the few who have chosen to exercise agency over stigmatization of the body image rather than be cowed by the wagging tongues of others concerning her drastic drop in her weight. Their spiteful remarks fall on the deaf ears of the

strong-willed Palesa as she forges a lone path in her community despite the onslaught of the myriad of rumours surrounding her.

In a different interview, asked whether there is an association between women's body weight and HIV, Palesa, a key informant aged 57, replies:

Yes *it is!* (pause). It is, because if the man is not happy to see his wife's body [shapeless body due to being overweight or obese], he'll look somewhere else. And where women are poor, even if he offers, 'Here's R60 or R100' [for a sexual encounter], the lady will take it. When you look at the women who such guys are dating, they will always go for nice size, nice body.

Such circumstances illustrate the double bind some Durban-based older women face by being forced to compete for their husbands with younger better shaped bodies. In such a scenario the wives' health may be compromised where their husbands fail to observe safer sex practices.

As to what size this is, the informant replies:

Ja, you know, up to [size] 38 or 40, if well-maintained. But 42, 44 upwards, it's [obese body] really, *really* bad because everything starts hanging! Like me, I know, when I was 42, like, and I was weighing all that, I am telling you... you look at such a person and think, 'Gosh, who is that?' It's frightening! In heterosexual relationships, concurrent multiple partnerships become the order of the day when men who can no longer stomach the sight of their burgeoning wives or partners, especially as they age.

The above-mentioned 'nice' bodies are relatively easier to find among younger women. Such women have not yet been ravaged by the natural progression of aging where body metabolism slows down, usually leading to inevitable weight gain.

Some older men choose to believe the misconception that the younger women are sexually innocent and therefore unlikely to carry HIV in their trim, pubescent or post-pubescent

bodies. Such body shapes have the added advantage of being relatively more sexually lithe in bed in comparison with than their sluggish, older female counterparts deemed as having unsightly, sagging overweight or obese bodies in addition to not being regarded as sexually alluring in comparison.

From a female perspective Palesa discloses the potential hazards where men have the tendency of engaging in intergenerational sex coupled with having multiple, concurrent sexual partnerships. Several university students in their twenties have concurred, pointing out that accepting food and money in exchange for sexual favours is a prevalent practice among female students on campus. The informants observe that well-heeled older men with expensive cars and plump wallets are among the greatest attraction as partners engaging in such a practice.

One university student declares it is not unusual for women to have as many as five boyfriends – either young boyfriends who are age mates and sugar daddies – in a bid to secure money mainly for food, clothes and hair weaves. Such women probably have attained the seemingly prestigious membership of the ‘High-Five’ club, a sisterhood one joins through a single requirement that entails having five boyfriends concurrently (Saneka, Zondo and Leclerc-Madlala, 2007). Commenting on age-disparate relationships, transactional sex and multiple, concurrent partnerships Leclerc-Madlala (2008: S22) observes that such practices are nothing new, and are actually rooted in tradition:

There is no evident from either historic or ethnographic records that strong social taboos against age-disparate relationships ever existed in Southern Africa... The importance placed on fertility and having children... (particularly boy children in

patrilineal societies) is a factor in the cultural acceptance of men's relationships with younger, presumably more fertile women.

Such cultural practices largely conducted without adequate protection against sexually transmitted infection, however, have resulted in the above sub-regions having a hyper vulnerability to HIV infection, consequently leading to the highest HIV/AIDS cases globally.

Meanwhile, HIV-positive women who are not overweight or obese often have concerns over how their emaciated bodies look to their sexual partners, especially during the advanced stages of AIDS. Some women take extreme measures to up their weight in order to achieve the semblance of healthy normalcy in body size terms. Palesa, mentioned above, relates what she knows about such women:

I know a close friend of mine, a colleague, who is taking all sorts of medication to keep her weight up. I know someone from the church who is also doing the same. And then I also know someone who passed away, she was, like, size 40; you wouldn't have guessed [judging from her body size] that she was at an advanced stage of being HIV-positive.

In addition, Palesa illustrates in detail a case linking weight to HIV infection:

And I know one lady from our church. She was so-o-o-o thin, shame! She had no energy, in such a way that she wouldn't get up, she was just bedridden, and then she started taking some, these other *muthis* (anglicized term for herbal remedies in *isiZulu*), this *imbiza* (herbal concoctions dispensed by either traditional healers known as *izinyanga* or diviners termed *izangoma*). She has since put on weight and now has just gotten engaged.

Expounding further on the recent engagement of the above friend, Palesa conducted an Internet search to identify self-help treatment measures comprising nutrition-based immune boosters. At that point in time, Palesa was bent on assisting the then emaciated friend in the final throes of AIDS to secure a husband. To do so Palesa surfed the Internet to locate an

immune booster which would help the patient regain her weight and health. The patient improved significantly to the point that, “now she is getting engaged, she looks so nice.” *Lobola* (bride price) has since been paid through a bank account by a White foreigner based in Europe, after the patient turned down a local suitor of African descent. This case demonstrates that women with wasted bodies will go to any length to gain weight to deflect suspicion of being HIV-positive. Such women face double jeopardy by suffering HIV infection concurrently with NC-NRDs and CDLs.

In such scenarios, however, one can only guess what percentage of individuals has disclosed their HIV status to their sexual partners. This becomes a critical public health concern, especially under the guise of coming across as healthy despite being HIV infected. In an environment where AIDS is highly stigmatized one wonders whether, wittingly or unwittingly, infected partners use condoms and other protective measures at all in the relationship in an environment where being fat are associated with physical wellbeing.

6.7 Female Body Ideals in Relation to Health

While beauty is said to lie in the eye of the beholder, the standards keeps changing with time. Regardless, in both Western and non-Western societies the hourglass figure is still considered the most attractive among female body shapes since time immemorial (Singh and Singh, 2006). In attempting to explain the enduring universal appeal of the above figure, the above authors advance that the hourglass figure is attractive in that it gives a reliable cue to a female’s reproductive capability, fertility and good health.

Singh and Singh (2006) advance that the hourglass body shape, otherwise known as the ‘Coca-Cola’ contour, is defined by the waist-to-hip ratio (WHR). Across generations and in

diverse ancient cultures, for example, the 36-24-36 ratio remains in vogue, invoking the image of a young-looking and sexually alluring woman. While in the USA plump bodies were deemed beautiful over 50 years ago, nonetheless the hourglass ideal still applies at present; thinness is a prerequisite for female attractiveness.

The above two authors maintain that over history, faced with having to assess a female's mate value, humankind's male ancestors tended to consider the following variables. The variables included reproductive age; hormonal profile, fecundity, parity and resistance to diseases – none of which could be directly observed. It was widely held then – and still is – that by observing the above characteristics in a female, a male could see visibly the fat distribution of the female body, largely determined by the hourglass shape.

Singh and Singh (2006) assert that WHR is a reliable indicator of fecundity among pre-menopausal women in the following ways. In comparison to women with a high WHR, women with a low WHR have fewer irregular menstrual cycles; optimal sex hormone profiles; ovulate more frequently; and have a lower pH in the cervix – a condition which favours sperm penetration. In addition, low WHR is an independent predictor of pregnancy in women attending artificial insemination clinics, and in women attempting in-vitro-embryo fertilization transfer.

Likewise, Singh and Singh (2006) espouse that regarding susceptibility to certain chronic diseases, women with low WHR have lower risk of heart diseases; stroke; type 11 diabetes; gallbladder disease; kidney diseases; as well as cancers of the breast, endometrium and ovary. Also, such women are at lower risk of premature death. Many obese women have a low

WHR, and from a biomedical viewpoint, therefore, could be seen as at risk for the above conditions.

In the interim, health education campaigns on overweight and obesity-related public health concerns might to some extent safeguard sufferers from experiencing certain forms of pain and discomfort. Unless health personnel and the community at large are prepared to make an attempt to understand each other's perspectives linking food, weight gain and health within the on-going nutrition transition, certain chronic conditions may reach epidemic levels. Conditions falling under the umbrella of nutrition related non-communicable chronic diseases (NR-NCDs) and chronic diseases of lifestyle (CLDs) will continue to proliferate.

Such health concerns need to be tackled in their environmental context. Cassel (1957: 732) maintains:

For social scientists a study of food ways and the system of attitudes, beliefs and practices surrounding food may constitute an important technic [technique] in unravelling the complexities of the over-all culture pattern of a community. Health workers are, in addition, now learning that food habits are among the oldest and most deeply entrenched aspects of many cultures, and cannot therefore be easily changed, or if changed, can produce a further series of unexpected and often unwelcome reactions.

Speaking in his capacity as a medical doctor, Cassel (1957: 732) cautions health workers against being 'culture bound' in the sense of tending to "reject concepts and patterns of behaviour different from our own." He warns that unless the two frames of reference – pertaining to both the community and health personnel – are considered by the respective parties there can be no common meeting ground. Consequently change for the better will therefore be hampered unless behavioural change is taken more seriously than at present. Such wisdom could apply in contemporary times as well, in the wake of the worsening obesity epidemic currently sweeping across the world, South Africa included.

6.8 Conclusion

Set against the wider backdrop of KwaZulu-Natal, this chapter set out to interrogate cultural perceptions associated with public health concerns of overweight and obesity. Despite age, sex, gendered, educational, class, ethnic and racial differences, some participants chose to exercise agency as they deemed fitting how they handled body weight issues.

Ultimately, this chapter acknowledges that the causes of obesity are syndemic, defined as a complex and widespread phenomenon in health undergirded by multiple conditions. These also include the broader features such as genetic, physiological, psychological, familial, social, economic and political. From a public health concern, though, overweight and obesity are both obvious to the naked eye and are widespread both in Durban and the rest of South Africa, yet they are largely not seen as an epidemic requiring urgent attention.

Meanwhile, the twin scourges of overweight and obesity escalate unabated in South Africa, affecting urban black women of African descent more than any other group. In order to probe deeper into this phenomenon, the following chapter will depict how women's body image and identity are viewed among Durbanites at the dawn of the 21st century.

Chapter 7: Body Image and Identity in Durban at the dawn of the 21st Millennium

7.1 Introduction

This chapter addresses Objective 3: To determine what Zulu women aspire to, and what the Zulu men consider to be, the female ‘ideal’ body shape, size and weight. It outlines, how, in contemporary times, women increasingly seek their identity through what they consider the ideal female body size and shape, based on cultural, consumer and lifestyle trends. The first section in the chapter touches on how the above body ideal juxtaposes cultural notions form a complex matrix based both on traditional Zulu and modern Western trends. The second section draws attention to what is considered the most sexually alluring body from various perspectives. The third section of the study problematizes the politics of identity in the gendered context of the body, while the next section features the extent to which consumerist trends affecting the body have the potential to impact on identity. The conclusion sums up the extent to which trends mainly borrowed from the West concerning current consumerist practices coupled with notions of the female body ideal, play out among Zulu women in terms of body image and identity.

The various theoretical perspective in this section are drawn to illuminate representations of the body in various contexts which include body beauty and fitness ideals, sexuality, media influence, consumerism as well as associated dietary practices. According to Turner (2001: 5), since the 19 century anthropology has conferred a place of central important to the human body, based on the notion below:

... a theory of the body (or at least a strong research interest in the body) because in pre-modern societies the body is an important surface of which the marks of social status, family position, tribal affiliation, age, gender and religious condition can easily and publicly displayed.

An appraisal of the paucity of relevant information on body image and identity reveals additional information in this respect:

Closely related to conceptions of self (perhaps central to them) is what psychiatrists have labelled body image. Body image refers to the collective and idiosyncratic representations an individual entertains about the body in relation to the environment, including internal and external perceptions, memories, effects, cognitions and action (Schilder, 1970 & 1950, and Horowitz (1996) cited in Scheper-Hughes and Lock (1987: 17).

Citing Schilder and Horowitz (1996), Scheper-Hughes and Lock (1987) regret that the existing literature on body imagery remains virtually untapped by social and anthropologist researchers. This is especially in the area relating to body boundary conceptions and distortions in body perceptions. Among other issues, this section will offer insight that fill in some of the existing gaps, with a particular focus on Durban-based Zulu women.

This chapter begins by interrogating changes on how Zulu women in particular view their sexuality in terms of their body weight, size and shape. To demonstrate consequent changes, this chapter is divided into three sections: the sexual body; the gendered body and the consumer body. Their sexuality, alongside their gender roles and consumer tendencies are viewed against the backdrop of the individual's image and identity. The above concepts are juxtaposed against the Western 'thin ideal' of a sexually enthralling female body. In this respect, current trends depict Zulu ethnicity interwoven with the past on the one hand. On the other hand, however, increasing numbers of younger women are adopting contemporary aspirations spearheaded by women in the globalizing West. While this chapter touches on health, food and lifestyle, the main focus is on embodiment. By employing a cultural anthropological perspective, this section attempts to capture changing perceptions of women of Zulu ethnicity concerning their sexual body ideal, to what extent such changes have

occurred, the direction in which such ideals are heading, and why. In the same vein, this section further attempts to tease out changes that have occurred over time concerning the body in relation to gender roles and consumerism.

This study's urban-based Zulu female participants aspiring to the Western thin ideal police themselves through constant surveillance of their body weight, size and shape. They do not do so in a social vacuum, however. While individual decisions determine the extent to which the women conform to the thin ideal, these females also have to reckon with existing structural factors and material interests. The latter include weight loss, physical fitness, fashion, health and the cosmetic industries.

In South Africa the Western thin ideal has heavy racial overtones for the majority of blacks whose outlook is still shrouded by a minority white culture that continues to dominate 20 years after apartheid era. Whether for or against the contemporary Western 'thin ideal', for Zulu women there is no escaping the cultural changes currently mapping future trends around the female body ideal. This chapter endeavours to highlight the contestation accompanying such changes by examining concepts of cultural imperialism, hegemony and modernity against the backdrop of globalization.

7.2 The Sexual Body

This section focuses on the differences that have occurred among some young Zulu women by virtue of being constantly bombarded by all manner of images of the western thin ideal body's portrayal as the sexual ideal.

7.2.1 The Western ‘thin’ ideal

Despite the impossibility of attaining their quest for the thin body, many women in the Western world continue to chase after that ideal in which the sexually alluring female can never be too thin. Conversely, in keeping with the perceptions of this study’s participants, the majority of their Zulu counterparts hold the voluptuous body as the ideal. Towards the end of the 20th century and into the 21st millennium, however, changing perceptions of the female body ideal among Zulu women have occurred, tending increasingly toward the Western thin ideal. This is especially the case among adolescents and young women up to their mid-thirties. The ‘thin ideal’ is the preferred aesthetic look for women’s bodies in contemporary Western societies (Williams and Germov, 2004: 338): “A thin body is considered the epitome of beauty and sexual attractiveness, and has been linked to social status, health, and even moral worth.” This study’s respondents zero in on the multifaceted associations mentioned in the above paragraphs.

The thin ideal has not always been the norm in the West. Applying a historical approach, through *Fat History: Bodies and Beauty in the Modern West* (Stearns, 2002: 7) traces back this specific thin ideal to the 1830s when this beauty ideal began gradually replacing female voluptuousness in previous centuries:

In the 1830s high fashion in New York briefly stressed a willowy look, with a hint of frailty, as standards of appearance began to be more important for respectable women... some women began to eat more sparingly or corset themselves...

However, it was between 1890 and 1910 that middle-class America launched its on-going battle against body fat, which has since escalated into becoming a global trend. But it was only in the twentieth century that dieting for medical reasons and for the purposes of the

aesthetic body ideal became “an abiding daily preoccupation of millions of American people,” (Stearns, 2002: 4) in general, but for women in particular.

Through a feminist lens Ribane (2006: 123) explains the preoccupation from the perspective of South African women of African ancestry thus:

The more we worry about the way we look and how the public perceives us, the more we spend to get that elusive ‘right’ look. Billions of rand are spent on diets that will give us the right calories to have an acceptable figure.

The author regrets that the pressures of modern living are undermining health. The author lauds the relatively few women of African ancestry who, rather than engage in the above-mentioned extremes of conspicuous consumption that have become rampant, have chosen instead to exercise agency by looking within the body rather than focusing solely on the external:

As a rule, South African Black women are quite voluptuous and have no intention of being something else, so they say. They prefer to see the media depicting images they can relate to, rather than what is dictated or foreign to them... (Ribane, 2006: 122)

To this end the author also applauds the increasing number of magazines depicting ordinary people as models in their fashion pages, in conjunction with the flawless images of stick-thin professionals.

The various perspectives represented in this chapter expose a relatively wider scope in terms of body image and identity. They include the subtle nature of rigid ideological terrains of the ‘traditional’ female body ideal among the Zulu in association with the potential risks of negotiating new paradigms of the Western thin ideal in contemporary times. By rocking the boat, so to speak, the new paradigms clear the path towards either empowerment or disempowerment, resulting in formation of new identities.

Such identities exemplify emergent forms of self-expression and self-representation on the part of respondents either individually or collectively. In this respect, for example, some female and male respondents take a more analytical stance, at times spanning the following three different perspectives. The three comprise the ‘traditional’ African, the colonial and the contemporary global, in a process that is certainly not without risk of being misconstrued. As Orbach (2009) points out, the way individuals view their bodies has become the mirror of how they view themselves; with their bodies bearing the measures of their worth.

Unpacking self-worth as it relates in her book, Thompson (2008) contributes chapters which highlight both positive and negative aspects of the enigma of black women bodies in *Black Womanhood: Images, Icons and Ideologies of the African Body*. Summing up this book’s contents, Thompson (2008: 21) mentions among key themes that jointly form the core of this chapter: “... each perspective carries a preoccupation with sub-narratives about ideals of beauty, fertility, sexuality, maternity and nurturance, and women’s social roles and identities.” The various aspects are interrogated in this chapter.

In the book she edited, Thompson (2008) draws attention to various authors’ personal thoughts on the physical body around the histories of cultural, racial and gender politics, which contextualize the existence of African women today. She points out, for example: “Together, these narratives divulge the tangled forces that have created ideologies of black womanhood, many of which continue to shape our world” (Thompson, 2008: 22). Through parallel perspectives, this chapter exposes the complex and interwoven relationships between Africa and the West, male and female, as well as the past and the present.

7.2.2 The Zulu female body ideal

This section combines the way the female body has been constructed historically, as well as in contemporary times among the Zulu in Durban and the rest of KwaZulu-Natal. In so doing, the section picks up on various issues pertaining to both past and contemporary contexts. Apart from perspectives of this study's participants, this section incorporates the insights of prominent contemporary scholars with a view to understanding constructions of the sexual, gendered and consumer bodies, respectively. Various contexts covered include socio-cultural as well as public health discourses within the broader context of South Africa's political economy.

Key informant Palesa, aged 57, discusses the traditional ideal body image of the sexually attractive female among the Zulu people, and to what extent it still persist in Durban-based urban and peri-urban contexts. She concurs with the majority of research participants in that the female sexual ideal is a plump woman with a "really big bum." Unable to contain her hilarity she points out: "The breasts should be like cushions; cushions for men [to enjoy in bed implied]."

To complete the picture, Palesa adds: "The legs are the crucial, crucial, crucial issue! If you are a Zulu, you have to have appetizing legs. My ones are not appetizing! They are too thin; like needles, that is, *izinalithi*." In so admitting, the above respondent underlines the fact that she does not fit into the hourglass female body ideal. She qualifies the Zulu ideal between the knee and the ankle as well rounded structures that are strapping, but tapering off toward an incongruously slim ankle. However, aspect of the body does not comply with the hourglass ideal mentioned by Singh and Singh (2006).

Continuing her running commentary Palesa reiterates, but this time laying emphasis on marriage material concerning the Zulu female's ideal body: "So if you have got big breasts, a big bum, and you have got such legs, *iyoh*, you are the best!... If you are like that in the rural areas, you know that you are going to get married because you have met the requirements." Palesa qualifies her statement by pointing out that the above body is ideal, by Zulu men or rather, used to be deemed so in the past, in terms of marriage material. The respondent points out that such a perception still applies in rural settings mainly, rather than in urban areas. Her statement reinforces the rural-urban divide in cultural perceptions; with rural areas being much more 'traditional' and relatively less open to change.

While Zulu men in general purport to find the voluptuous woman most attractive, a small but albeit increasing numbers of males – and females – seem to prefer the Western 'thin ideal'.

Bathini, a petite university graduate aged 40 represents the minority. She explains:

In the Western way of seeing weight, the thinner you are, the more attractive they say you are, and we have adopted Western ways. You don't want to have a big bum, you don't want to have big breasts, and you would limit your starch intake if you don't want to gain weight.

Generational differences in outlook do exist among study participants, however. In what could be viewed as a generational difference between young women aged under-thirty five and those older, Thandi, a middle-aged respondent, rejects the thin ideal outright. Responding to my question as to what shape and size the woman in the television advertising is, the 40-year old informant observes:

A white woman's shape. A *typical* white woman shape: thin and not too much big bum... actually, maybe no bum at all! Boobs, like a size A, a 32A. And with a gap in between your thigh. Long neck. *Ja*, thin. A little bit of a teenage body, kind of, but you are in your 40s, but somehow you are struggling to look like a fifteen-year-old or a twelve-year-old. So that's the body that, apparently, is sexy. So the

media capitalizes on that [image] and then you find big women like me running around, wanting to lose weight.

Her scathing remarks target aging women apparently aiming at the impossible. Thandi is referring to the minority of Zulu women aged 35 and above who choose to chase the thin ideal; a mission which could be likened to chasing a mirage. This would be the case especially since nature dictates otherwise in that pre-menopausal, menopausal and post-menopausal gradually lose their body elasticity of sexual body parts through a process that marks the end of their reproductive career. The ageing process encompasses a sluggish body metabolism resulting in weight gain, a process leading to being less active by virtue of the additional kilogrammes. A sluggish metabolism results from the aging body's declining ability to break down calories and fats as efficiently as before, reflected in relatively larger bodies.

Thandi is among the minority of Zulu women constantly fighting against the biological inevitability of this form of natural aging progression. Among reasons for this minority's efforts are class consciousness among the moneyed middle- and upper- income females who include professional and highly educated women, as well as health-conscious women. Another reason is aging women battling to keep their men from having affairs with younger, trim-bodied women.

Meanwhile, in commenting about the male body in relation to the female one from a Zulu traditional perspective, Bathini exclaims: "From both a male and a female perspective among the Zulu – whether traditional or contemporary – a big bum in a man is a *no-no*!" Asked what a big bum on a man symbolizes, she replies candidly: "Several times I've asked, and this is the answer I have been given: If the bum is too big, the front part will be small [participant

almost shrieking with laughter]. Feigning ignorance in order to rule out guesswork, I probe further: “The 'front part'; what exactly...? She replies, “The penis will be small [laughs again, piercingly].

“Oh, okay, I respond with a dead-pan facial expression, as neutrally as possible I ask: “And with women, is it similar ... if the bum is big?” Without hesitating, she replies on the contrary: “A woman’s bum is big, the private part is big – there is that feeling that this one [Zulu female] is going to bear your children. But again, it's a traditional belief. With the Western ones [Westernized Zulu men], they don't mind, they all have Western medicine if you can't have [conceive a baby], there is IVF [in-vitro fertilization], you know. So they don't worry about the big pelvis, because you know that there would be some Western intervention if you can't have.”

However, in her conference paper entitled: “Bantu Gynaecology: Bodies of Knowledge and Birthing Labours in South Africa”, Burns (1993) counters the widely held misconception prevalent in white-dominated establishment up to the 1970s that African women have larger pelvises in comparison to women of other races. Supposedly such pelvises denote relatively higher fecundity and ability to deliver fairly easily in comparison to their counterparts from other races.

In her explanation above Bathini is elucidating the Zulu traditional belief that big buttocks and hips on a female are associated with fertility, but conversely, on a male they denote a diminutive – hence ineffective – sexual organ. As though her repugnance for this male anomaly is not enough, she comments on its appearance as well:

Ja, I don't like a man with a big bum, I think it's disgusting, you know. It's just the... it's the shape; it's a funny shape. You expect a man to be agile, to be able to move around, to be able to run... yet there is

this thing protruding at the back that's just not making it all that possible for him. [Besides] he looks like a woman; he *basically looks like a woman* when he has a big bum! You do expect a woman to have a big bum, and it's not as disgusting as when a man does, because women are supposed to be softer and have a bit of fat *anyway*.

Nathi, a male research participant aged 38, concurs, pointing to the traditional Zulu perception that is still widely held by men of this ethnicity: “Zulu men like big butts [sic]. Us guyz [sic] also like cleavage – big breasts. Breasts should be straight [not droopy], which indicates that a woman has never slept with a man,” says Nathi, explaining why such breasts have extra sexual associated with virginity. He observes that to re-create this ideal version of breasts among women who have lost their virginity, such females resort to wearing the heavily padded, push-up bra.

While a push-up bra may re-create the illusion of virginity, it is not the only physical sign attesting that a girl has not been deflowered. At a virginity testing conference held in 2002 at Richard’s Bay in northern Kwazulu-Natal, a speaker claimed a virgin’s muscle tone “...is taut (not flabby), buttocks and breasts are firm, and the abdomen is flat and taut” (Scorgie, 2002: 59). At the same conference *Izangoma* (diviners) concurred with the speaker, claiming that just watching a girl was enough to determine whether she was a virgin or not based on the firmness of the above-mentioned three body parts.

In a similar vein, commenting on why some girls and women do not mind displaying their cleavage by wearing clothes with extremely low necklines, Thabile, a female participant aged 70 opines: “Some people would not like to expose their tits while others would, it all depends on individuals. Culturally, though, no one used to wear a bra. Breasts were never hidden, they were made to be seen, and admired.” She however points out a contradiction in the larger

breasts size Zulu men prefer in contemporary times versus traditional thinking in the past where small breasts were rated higher. Thabile explains: “In fact, [in the past] they used to say that the smaller the tit the more milk it produced.” The above participant also points out what would be considered an anomaly in some parts of the world concerning the role of sexuality and the breast.

Thabile expounds on the relatively recent development where, like their counterparts in the West the present-day, Zulu men have developed a penchant for breasts as sexual objects. She observes that in the past, “Tits were seen as something that carries milk for the baby.” Amplifying her statement on the asexual nature of the breast, she widens the scope of this thinking beyond the Zulu male: “Among black people the thinking was that breasts are not a secret. You breastfed your baby in public, be it in the taxi, shop or in a waiting area.”

Meanwhile, the whole body, rather than specific parts of the body, tend to also attract censure. This is evident in the proliferations of derogatory names applied to slur fat individuals in contemporary times imply changing perceptions away from the traditional acceptance of overweight or obese bodies among the Zulu. In the following statement, 22-year old Busi observes that the Western thin ideal is gradually replacing the plump Zulu one:

They [the Zulu] say curvaceous women are no longer seen as, you know, sexy or *look-able*. They are seen as suffering from some eating disorder... I don't know, but I'd say it's some form of discrimination because when you grow up as a plump person in school you're gonna be bullied. There are [unflattering] names associated with that – *isidudla* (fat person)... eh, what is this other name? *Amagwinya* (doughnuts). *Idombolo* (dumpling). *Fats.Fehle fehle* (the sound of the heavy footsteps of a stocky person). *Oros* (a cordial whose brand is advertised by a jolly, obese male).

Asked what the link is between the juice concentrate brand Oros and an obese person, she replies, “The shape of the orange guy.” The Oros bottle carries a label with a jovial obese

man with an exaggerated waistline who distinguishes the fruit cordial from others. The disapproval in the above nicknames suggests that some of Durban-based Zulu youngsters have moved beyond older generations in the conceptualization of human body ideals, having borrowed from global trends of the body based on the Western thin ideal.

Among such youth additional derogatory nicknames for obese students continue to be coined. A UKZN student Phindile comes up with the following: ‘2 slice’, ‘*mapakisha*’, ‘*slenda*’, ‘*maskito*’ and *Mampintsha*. Asked to expound on associated symbolisms, she replies:

‘2 slice’ means the person eats only 2 slices of bread [at any given time]. ‘*Maskito*’ refers to a mosquito-thin figure. ‘*Slenda*’ is the translation for slender. ‘*Mapakisha*’ means ‘one who is packing’ [away food], like when you pack your clothes. Then somebody who has got hips or a big bum is called ‘*Mapakisha*’. *Mampintsha* is used to refer to fat guys; it originates from a *kwaito* musician from a group called ‘Big Nuz’. The guy is really fat and his stage name is *Mampintsha*.

Being called derisively by such names could be contributing to body weight consciousness to the extent individual youngsters feel compelled to lose weight, albeit being an involuntary move.

Reasons vary for taking such drastic measures to lose weight. Reminiscing from her own experiences of those of fellow thickset university girls struggling to lose weight, Busi’s anguished tone illustrates what it feels to be labelled as such:

With girls, *eish*, it’s sad, should I say...! *Ja*, they lose their self-esteem, their self-confidence, then they feel depressed. And then they are told: ‘You fat girls walking around campus are not in style; you are not taking care of yourselves; you are not trying to look good; you are told you are not sexy... there is nothing attracting about you being fat...

Busi’s generally jovial face takes on uncharacteristic sombreness as she reiterates with greater emphasis than before: “It’s *very* sad!” In the past such girls would have been

classified as the most attractive. Over the passage of time, however, the Caucasian Western ‘thin ideal’ has become increasingly globalized.

7.2.3 Urbanization, schooling and race

Study participants specify that the multiple forces of race, class, formal education and urbanization are closely interlinked, and pivotal in influencing varied perceptions of the female body ideal in Durban, in particular, but throughout KwaZulu-Natal. This study also found urbanization and economic class to be among key determinants of Zulu women’s aspirations towards the thin ideal. Affluence associated with urbanization has seen an increase in the prevalence of obesity among Durban-based Zulu female participants. This trend seems to run counter to the Western practice where affluent people tend to be more particular about their weight. Nor is this minority constrained by price; they can afford highly nutritional, healthy food in comparison to the majority who can only afford cheaper foods which lead to excessive gain weight.

Half of the young participants aged under-35 in this study are buying increasingly into the Western-type lean ideal, abandoning their mothers’ and grandmothers’ generations of the ideal ‘traditional’ female sexual characteristics among the Zulu. Most participants aged above 35 – including those with tertiary education or are middle-income earners and above – still hold the plump body in the highest regard.

Certain students who attend former Model C schools are often referred to in contemporary South Africa as *Coconuts*. The derogatory term is used for blacks of indigenous African origin aspiring desperately to white ideals in a bid for acceptance among peers and to blend in within the racially stratified academic environment where these blacks are in the minority.

The racially symbolic term ‘Coconut’ highlights the contrast between the coconut fruit which is brown on the outside and white in the inside. For this reason Coconuts are viewed as sell-outs by virtue of aspiring to be White instead of being Black and proud of their skin colour.

In the final decade of the 20th century most of the young women who fit into the above description in this study previously used to be from upper-middle-class backgrounds. Such individuals mostly attended the former Model C Schools which previously catered for Whites only. Currently, however, while relatively few ‘Coconuts’ can afford to reside in former white suburbs, most of these girls reside in Durban African townships such as Umlazi, Inanda and KwaMashu, while some originate from rural areas. This has resulted from parents from varied environments making every effort to send their children to the former Model C schools, since higher education standards and better facilities in former Model C schools offer better job prospects for their offspring’s future.

Nonetheless, whether from the suburbs or townships, Coconuts can be recognized easily since they have ‘white’ accents when they speak English which is often a mixture of pseudo-American and pseudo-UK English accents. In a similar vein, their diets and lifestyle generally incline towards ‘white’ beliefs, values, behaviour and practices. This includes compulsive behaviour in varying degrees concerning dieting, physical exercise and trying by all means to attain and maintain the Western thin ideal of the female body.

Ramphela’s (2008) assessment helps explain the above phenomenon when she asserts that racism in South Africa cannot be viewed merely as an unfortunate historical phenomenon. Rather, it shapes notions of white superiority and black inferiority since over the centuries it as programmed deeply in the psyche of both whites and blacks to accord societal status by

virtue of their skin colour. This form of racism works in tandem with others when it comes to body size and shape. In the comment below, Bathini, a 40-year-old respondent identifies education, socio-economic status, peer pressure, gender, age, health concerns and marital status as determining factors: “It depends, for instance, on the level of education, or on the socio-economic group the person belongs to. You know, the more educated ones are particular about their figures, how they look; and they tend to be extremely healthy.”

7.3 The Gendered Body

Any gender theory therefore presents a relational approach that problematizes existing power relations between women and men. This section will illustrate how these concepts are applied in advancing the gendered nature of the body. The scope of interrogation covers the socio-political constructs of gender inequality which are invariably embedded in culture among Durban-based Zulus in this study.

7.3.1 The gendered body from a Zulu traditional perspective

Gender-skewed relations based on male superiority have prompted both comment and action from feminists. Stearns (1998) sums up the definition of gender roles allotted by society to the ideological and material relations that exist between women and men, rather than the biological differences between the sexes. Stolcke (1993: 20) identifies gender as a concept that “... transcends biological reductionism in interpreting the relationship between women and men as a cultural construct which results from imposing social, cultural and psychological meanings upon sexual identities.” Valle (1963) explains it is essential to differentiate between the term ‘gender’ as a symbolic creation, ‘sex’ as the biological fact of being male or female, and ‘sexuality’, which is to do with sexual preferences and behaviour.

From a framework that critiques patriarchal culture this section assesses the identity politics delineating Zulu women's gendered perceptions in relation to body image. By so doing, it raises issues pitting the historic past versus modernity; in the process querying socio-cultural mores concerning the female ideal body. In most cases traditions are based largely on patriarchy which privileges the agency, values and aspirations of men over women's. Based on patriarchal frameworks, the burden of negotiating the new female body ideals is borne disproportionately by women.

Over a decade into the 21st century, Zulu female agency continues to be subjugated largely by men. In the past, Zulu culture dictated that females defer to male relatives, be it families into which females were born or married into. Subsequently, the socio-cultural disenfranchisement of these females is rooted in certain biased processes of patriarchal sexual control of women's bodies. Such practices are demonstrated in the section below.

As noted earlier in this chapter, cultural notions upheld in the past by Zulu culture, and still upheld today, dictate that large hips, buttocks and breasts are synonymous with fecundity in females. These three assets are widely held as improving marriage prospects for females. Following the thread linking large breasts, hips and buttocks, Palesa makes that link when she observes in retrospect: "You know, it's very rare in the rural areas to find an *omakoti* (newly married woman) who is thin. A person like that will be mocked that they look like *izinalithi* (bones), associated with being sick." She talks from experience, describing her own plight as a young woman. This respondent illustrates her plight through a comparison of societal expectations of body ideal among traditional Zulu men and men:

The man must be hefty; he should look like a warrior. But in their [men's] case they are the ones choosing the bride, they are not being chosen... you know what I mean. So you will find that for man who is born thin, it is not an issue, but for a lady it is an issue.

Though a thin, weedy man is not deemed ideal material for a mate as he does not appear as strong as his hulking counterparts, nonetheless patriarchal notions of male superiority shield him relatively more from being discriminated against. He is not subjected to the intense scrutiny his thin female counterpart has to face when it comes to ideal body size. Palesa exemplifies the point in this respect by recounting the cultural double standards involved as she reminisces over what she considers a misfortune of her own:

Before, I used to be thin, very thin – in such a way I ended up being called *amathambo* (bones) and all sorts of names [nicknames]... Then it came to a point where I had to really ask for my sister to help me, get me some medication which was going to make me fatter or something, because I was really worried.

The participant discloses that the thought of her being skinny was ‘killing’ her.” Even now, over four decades later, Palesa discloses in a heart-wrenching stutter subdued by emotional wounds that have not healed since her teenage days:

It was... I mean... to say that... it was killing me inwardly, hurting, because I was not acceptable [to my peers]. Although I was good in sport and all those stuff, but going back to my rural area, it was not acceptable because while I was 16, 17, 18, I was still thin... very thin!

In the same dejected tone, Palesa narrates the rejection she suffered as a result of athletic skinniness in her youth:

Oh, the boys; they didn’t look at me at *all!* *Ja*, because I was very thin. So I asked my sister to get me something. I remember we went to Overport City Chemist, it is still there now, and then we asked over the counter what was going to help me up my weight, because my sister could see that it [rejection] was disturbing me yet I was about to sit my matric.

For emphasis she reiterates: “It was really disturbing me...” She continues in a crestfallen tone:

I remember it was in 1972 that is when I started taking Weight On tablets to gain weight. I took those tablets; they really helped me because I could *eat*! And I used to eat like... I was really overeating, but I was still thin. So then I would take this medication – those Weight On tablets – with my food.

Conversely, on a buoyant note she relates further:

I started gaining weight, and by 1973, I was *very* fat. And it was, you see, [comments from an admirer] ‘This one has become so beautiful.’ I was, like, really beautiful by then, the men were chasing me left and right. They wanted to marry me, but then the only thing that was a problem was that my legs were not, that, you know...

Her voice peters out almost to an inaudible whisper, forcing me to lean forward to capture her last remark. Brightening up after a lengthy pause, she consoles herself by declaring: “But at least my body was... I had a nice body, you know. So yes, they started following me and then asking me to marry them, but anyway I was not interested because [voice trails off again]...” Both out of curiosity and to bridge the prolonged silence I inquire, “Because?” to which she replies:

Because I was studying, I had no intention of getting married. And more especially, in the rural area, in our culture, I am not... when it comes to ploughing and all this funny stuff, I was not that good. So I knew very well that I wouldn't make a good *omakoti* because I would hate to have the whole family sitting me down, you know, forcing me to help them out, like working [slaving away on their behalf] for them; doing whatever because *omakoti* does that. I knew that I was not that type... you know, to do that.

Ultimately the young Palesa rebuffed the inundation of marriage proposals that followed her artificial weight gain, despite her legs resembling *izinalithi*. She did not see herself as fitting into the ‘traditional’ gender role of an *omakoti*. The role required docilely obeying the whims of what she deemed slave driver in-laws. Palesa knew they would expect her to fulfil numerous backbreaking obligations constituting gendered roles in marriage such as fetching

water, collective firewood and the drudgery of agricultural toiling. To cap it all she had to be at the beck and call of *omakoti* constantly.

What Palesa mentions above is summed up in an anthropological study on the Gogo ethnic group in Tanzania, in which Mabilia (2007:5) describes a crushingly daunting set of duties, aptly summed up as follows: “A subsistence economy which sees them [women] as producers of food for the family nucleus, and as to other daily tasks added... gathering wood, collecting water, caring for the family and children...” Nonetheless, Palesa’s narration of her saga ends on the following positive note: “I started gaining weight and my life came back because I could see that people had interest in me because I was fat. I was, like, really of an acceptable weight, and all that...” She ends up on a positive note, re-living her long-held-dream finally become true.

After chronicling the negative features on her stick-thin legs and the presumed consequences on her marriage prospects, Palesa critiques other parts of her body. She divulges her hate for ‘my body and tummy’, both of which she considers overly big – a notion that runs counter to the Zulu ideal of a sexually attractive female. Incidentally, as one research participant pointed out, an expanded midriff is not frowned at ‘traditionally’ in Zulu culture, and is deemed acceptable in terms of being a signifier of being well fed or wealthy.

Nonetheless, the hourglass figure described earlier, bringing together big breasts, hips and buttocks, has its down side too among people of Zulu ethnicity, when taken to the extreme. Bathini, points to some disadvantages of a woman having such a figure but also being overweight or obese. The respondent points out that ‘traditionally’, though voluptuous women were highly esteemed by Zulu men, the scale of body size mattered:

You were [considered] lazy if you were plump, but again, it depended on the degree of fatness. If you're too big, like wobbling when you walk, then you were seen as a very lazy person. A wife who was too fat was seen as lazy and not... [pauses while searching for appropriate wording] able to satisfy her man sexually because there were these fatty deposits that stood in the way of intimacy.

Her words illustrate that individuals or groups in different cultural settings have diverse preferences of the female body ideal.

Take, for example, Popenoe (2004) who asserts that specific body ideals can only be understood within the context of cultural rationalities coupled with social structures. However, features of female body size and body parts feature widely; based on anthropology, biology and psychology. Popenoe (2004: 4) advances that:

Although with increasing affluence and Western influence more and more societies across the globe are beginning to adhere to bodily ideals of streamlined, willowy thinness, the vast majority of human societies have had ideals that tend towards plumpness, especially for women.

Popenoe (2004) supports her argument by citing Peter J. Brown (1991: 49), a medical researcher of obesity whose study established that “the desirability of ‘plumpness’ or being ‘filled out’ is found in 81 percent of the societies for which this variable can be coded” under the Human Relations Area Files. Popenoe is quick to establish, therefore, that the terms ‘fat’ and ‘obesity’ are not seen in negative light among 81% of societies globally; both words that otherwise bear negative connotations in the English language. By contrasting the above extrapolations, Popenoe (2004: 5) concludes:

In general, the association around the world between female fatness and happiness, well-being, sexiness, beauty, and social status contrast starkly with modern western reading of fatness contrast starkly with modern Western reading of fatness as indicative laziness, lack of self-control, ill-health, low status, and unattractiveness.

A white American herself, Popenoe (2004) finds it of interest to note that USA-based non-white American like black American black American women, women, Philadelphian Puerto Ricans, Mexican Americans and Native American generally prefer the fuller figure which has a positive association of obese women. Similar to traditional Zulu values, the plump wife connotes her husband providing adequately for her. The above-mentioned groups of women do not share the dominant white value attributed to thin women. Popenoe (2002: 5) suggests instead that the preferences of the non-white American women:

...all serve to suggest that, even in the face of strict notions of female beauty and health perpetuated by doctors, the media, popular culture, and the dominant white majority, contrasting female body ideals have a particular tenacity as markers of identity, honour, and well-being among marginalized and non-dominant ethnic groups within American society.”

In the Durban context, however, Zulu women’s aspirations towards the thin body ideal are associated mostly with a minority of middle and upper class, urban, educated women, especially the under 35s. Middle-aged and aging Zulu women residing in Durban’s former white suburbs and peri-urban areas, and under-35’s who migrated into the city, tend to uphold the fat body ideal. Most of this study’s older participants, aged 35 and above, view the thin body as weak, sickly, infertile and ugly – in a nutshell, despicable and to be despised.

Concerning the above issue, I ask Bathini what happens if, genetically speaking, a woman is small boned like her, what her fate would be? Instead of answering directly, Bathini advances her argument tentatively, explaining the intricacies of female body weight that male counterparts are *not* subjected to under traditional patriarchal practice among the Zulu. The respondent points to a traditional fattening measure targeting thin women:

You had to eat a lot of dairy products to gain weight. There was conscious effort to make sure you gained weight, because they otherwise thought you wouldn't be able to carry a child full term if you

were too small. Also, you would have problems looking after a child if you were too small because a thin body was associated with weakness as well.

In her book, entitled: *Feeding Desire: Fatness, Beauty, and Sexuality among a Saharan People*, Popenoe (2004) discusses Moors comprising Azawagh Arabs living in Niger, situated in the Sahara Desert. From the outset Popenoe (2004: 1) makes it clear she is out to 'shed light' on a body beauty ideal that is "very different from taut thinness that has become synonymous with beauty in the contemporary West" based on media pressure or male fantasies. The conspicuous dissimilarity is that the Azawagh women "work to maintain the rolls of fat around their stomach, fleshly behinds, and stretch marks on every limb by continuing to stuff themselves with particular types of food thought to fatten best" (Popenoe, 2004: 1).

Such food is compulsory for a female from an early age until after her first baby tooth falls out, when she is force fed on carbohydrate-rich foods comprising *couscous* and milk, a practice reinforced frequently by blows when necessary. Weight gain accelerates puberty towards marriageability of teenage girls, an era by which they end up with steatopygic back sides. Gender roles dictate that "women should look as different to men as possible, symbolized by females having "round and fleshy" bodies while men are "mannish", "lean and trim" (Popenoe, 2004: 4). In matching the Western versus the Azawagh female body ideals Popenoe (2004: 4) concludes:

...when thin or very fat bodies become emblems of status, our natural aesthetic instincts to see beauty in what is average are overridden. This holds true in the class-stratified West, where cheap food is fattening and where keeping trim and fit costs money, and for the Arabs in Azawagh, where being able to consume a lot of food and resist movement has helped elite women distance themselves from lower class.

Likewise, in contemporary Durban, a fat or thin body confers advantage, depending on gender, age, economic class, education level, or the urban/rural divide. An overriding difference as compared with the Azawagh women, is that their fat body corporeality and sexuality are embedded in religion; specifically Islam, which Popenoe (2004: 8) sums up thus:

Although sexuality is the seat of both pleasure and family increase, it's potent force is also threatening to family bonds and the social order, and thus must be kept in check not only behind veils of cloth but also, at least publicly, behind veils of silence.

In contrast, Bathini, a study participant in her forties concedes that unlike in the past, today's slender body is the preferred one among some individuals in terms of the contemporary female body thin ideal:

Things have now changed, it's no longer like that, I mean, a lot of women, as soon as they get kids they want to go back to their pre-pregnancy weight... A pregnant woman was supposed to eat for two, because you have to have strength to look after the baby while inside [the womb] and after the baby was born. And to be able to push as well, during labour, yes. And they thought that if you were fat or big, you limited your chances of [undergoing] a Caesarean section because you had enough energy to push.

Asked to what extent the Zulu people have changed their views concerning the traditional female ideal body weight, the participant replies:

Oh! To a very big extent. Again, it depends on where they come from, or where they live at the moment. The ones that stay or live in rural areas, I'm talking about now, the deep rural areas. But strangely, iNdwedwe as well, you know iNdwedwe? iNdwedwe is not far from Durban. But the way they think, it is so rural, it's shocking, you know! So for them, I know we have [in the workplace] a few men here, about three, coming from iNdwedwe, they always comment about my weight. 'Hawu!...[Inaudible] wife, so small.' Although they are not blatantly disapproving, you can sense they don't approve of a small wife. I can see, I can tell. And then we have ladies who work here with big bums and all that, and they [men] always approve of them (women well-endowed in their backsides)...

In comparing Bathini with other female employees with voluptuous derrieres, her male workmates at the university comment:

If I were married to a Mr Ncobo: '*Ushadile unomisa ukuNcobo*', which translated in Zulu means 'Mr Ncobo has really a really good wife here, you know.' But to me they'll say: "When is your husband going to start feeding you? This is not how a married woman is supposed to look, you are supposed to be big to show that you are now a married woman and you have a man who is able to take care of you.

Those who cling to traditional notions still think along similar lines, as opposed to those who are less conservative.

But with the Western ones [Westernized Zulu men at her workplace]; they are into trim, smaller women. It's like showing off, you know. Before, people never even used to travel with their wives. My father even says: 'This is new to me, where you have to be seen with your wife all over the show.'" In contemporary times this kind of wife is displayed like a 'trophy', remarks Bathini, contrasting it with the times of old: "Your wife... could have been fat, she could have been a bit ugly, she could have had scars, but as long as your mother-in-law and your family liked her fat; then she was fine. So she could afford to be fat, and you were seen as a man who's looking after his wife if she was fat.

Among Zulu traditionalists fat wives symbolized responsible husbands who looked after their spouses well, Bathini explains. But such perceptions are beginning to cave in against the onslaught of modernity. Bathini continues:

But now, wives are like trophies as well, and we've become very Westernized and we've adopted Western norms and Western ways of looking at weight. Because a wife is a trophy, because you show her off, and the people you are showing off to have also adopted those Western, you know, beliefs. She has to conform; she has to be small for you to be able to show her off. I have come across my friends who have experienced this. The moment they gain weight, especially after having a baby, a lot of people think the husband is not taking the wife with [along] because she's looking after the baby. It's normally not the case, it's because the husband is, in a way, ashamed of being seen with a fat woman.

From what the above participant is saying, it could be inferred that such a husband or male partner would do anything to avoid being seen with his obese, supposedly ugly, wife in public. Do women's gender roles permit women, such as the shunned aging female, to strive against obesity? Another informant, Manto, aged 35, reports of her 10 closest friends, "I think almost all my friends are 'a bit big'. She justifies such a size by pointing out half of them have had babies. She does not have to explain what seems obvious, that women gain weight during pregnancy, which could be considered a tautology of sorts. However, the respondent attempts to explain why most of the other half are also big without having been pregnant. Hesitant at first while searching for an answer, she ventures tentatively:

I mean... they... I don't know... you get a better job, you get comfortable and then you gain couple of kilos. Women wage earners doing well in their fields of work earn salaries that permit them to live comfortably, and in the process gain weight.

Citing herself as an example, the respondent divulges weight gain unrelated to pregnancy: No, it's not so much about pregnancy because even myself, from what I was before – when I got married, and now, before the baby – I did not have couple of kilograms." She makes this comparison since she only managed to carry a baby full term seven years after her marriage, with a miscarriage along the way. Compared with her wedding picture in which she had a sylph-like teenage figure, she certainly has put on weight, partly due to a desk job.

To trim excess fat that could surpass her current weight consequently leading to obesity, Manto says that she walks home from work from Monday to Friday, a stretch she does in 45 minutes. Unlike her above-mentioned friends, however, "Most of them go to the gym; they are fortunate enough to have nannies with them. So there is nobody who actually walks. O *ja... ja* there is a couple that jogs." Unlike Manto, most of her friends are in an income

bracket where they can afford to hand over their maternal roles of child minding to domestic workers. Money affords them getting away from such time consuming duties. In addition, money also enables them to also pay the gym fees required in what in many instances is beyond the reach of many Durban-based women.

The maternal role may pose additional challenges to those who would have wanted to frequent the above spaces. Among the Zulu, as among other cultures globally, the mother figure is the most stereotypical roles in which women find themselves cast (Samuelson, 2007). Thandi, a participant, expounds on her body weight in the light of her maternal role. She gained considerable weight through having three children and as a result the 40-year-old informant's current weight fluctuates between 84 kg and 86 kg. Her ultimate goal is to reduce it to 75 kg.

Despite the 10 kg disparity, Thandi has chosen to accept her body as is, albeit partially due to other considerations. With a self-assured smile she asks rhetorically: "Am I happy with this body?" Without hesitation, she adds, beaming with pride: "Absolutely! Especially since my husband is happier [sic] with me like this. The idea is to keep him happy." The informant is contented in two ways. Firstly, in that traditionally the married Zulu female should ideally be voluptuous. Secondly, her husband prefers the fuller figure and is therefore not pressurizing her to lose weight.

The difference between the two married women, Manto and Thandi, is that the first is dissatisfied with her body, despite her husband's preference for the curvy female body. The second, on the other hand, makes deliberate effort to keep her husband happy by not losing *too much* weight. Both responses are common, though the first is manifested relatively more

among the under-35s in keeping with the thin body ideal. Thandi has two additional reasons for accepting her plus-size body in the face of her maternal role:

I am comfortable with this body despite having grown up being thin. I still have that reference in my head that I am supposed to be [if she were aspiring to the Western thin ideal]. But I realise that having had four kids, it's not going to be the same... And gravity is also taking its course." Surveying her body, she quips: "But this is *beautiful* [laughs]. I am not sick anywhere, though I'm 5 kg overweight according to the scale, or according to the calculation of body mass and all that, I am 5 kg overweight.

Nonetheless, this is not to say Thandi does not exercise, she has several machines at home to ensure she finds no excuse not to exercise. Meanwhile, Zulu men carrying pot or beer bellies resembling those of women in their second or third trimester of pregnancy are not frowned at by people of this ethnicity. By and large among the Zulu, protruding bellies on men were approved in the past. Commenting on the male body for the purposes of gender role comparison Bathini highlights an important distinction based as to whether she should answer from both a male or female perspective:

According to women, both traditional and westernized, a [Zulu] man is the protector. A protector must be tough, you know, big and tall. You should feel safe and protected when you are around that man. And then in Western terms, they [Zulu women] have now been influenced by material things. As long as he has a car, [it is assumed] he can provide, he can [choose to] be fat, you know. But the ones [Zulu women] who are not materialistic, they don't like them [Zulu men] fat. In her above statement Bathini highlights an important consideration that is still widely held among contemporary Zulu that an *umkhaba* (potbelly) which used to be seen as a sign of wealth in the past still is. A closely allied notion is that the rotund woman is seen as one who is well looked after by such a man.

7.3.2 Contestation over food, gender and body size

This section illustrates participants' perceptions on the role of over-nutrition in obesity. This segment also highlights food-related struggles – or their absence – that Zulu women face in relation to the Western ideal of a thin body. Citing rural settings such as Nongoma, Manto observes that the plump woman is still considered the female beauty ideal in keeping with traditional perceptions. While urbanites have embraced the Western thin ideal of beauty in a woman more extensively, KwaZulu-Natal's rural dwellers have been slow in the uptake. Middle-aged and the aging have chosen instead to uphold traditional body ideals, while bit-by-bit the under-35s in the same settings are gradually beginning to appropriate or re-invent beauty ideals as they deem fit.

On her part, Sanda, a 29-year-old key informant highlights in Zulu cultural beliefs as to what a fat female body represents in metaphorical terms, “We can see that you are well fed; or you have food at home; or are well taken care of; nor are you starving or poor.” She attributes the attainment of all four as a man's responsibility: “If you are someone's wife who is big in size it means you are well fed and taken care of in all these respects.” Most of the key participants echo these traditional values, which still apply among contemporary Zulu, where cultural beliefs are relatively more flexible than among rural counterparts across sex, gender and age.

Advancing her argument on embodiment also associated with food, Bathini touches also on gendered perceptions of body weight among urban Zulu:

There is this belief that the men can eat whatever they want; they don't gain weight as much as women do. Even if they do gain weight, for as long as they [male] have money they will always get women. With us [women], you have to look good to get a man. So the younger, more affluent, educated ones

tend to be very particular about what they eat, I'm talking about women now, because at the end of the day they have to look good to attract a good man, and to be attractive even to their friends.

Besides being seen as a provider a man may symbolize status and security which women who get close can appropriate. Expectations around marital obligations can also impinge on a woman's resolve to hold down her weight. Such expectations are illustrated by 40-year-old Thandi discussing traditional rites at ceremonies – ranging from weddings to frequent funerals – may contribute to weight gain. In a candid interview she disclosed that:

From a health perspective, I just find that every time I attend a function at home [in rural areas] I feel guilty coming back [returning to Durban] because if I don't eat that goat meat which is seen to be the meat that is associated with the ancestors then it's almost as if I'm committing – not a crime as such – but I'm stepping on people's toes based on having to eat [large portions of meat] specifically for *omakoti* (plural daughters-in-laws).

Among the Zulu sacrificial goat meat is offered to draw ancestors' attention to significant human activities. Expressing consternation over health concerns that go with the gender role of an *umakoti* (a daughter-in-law) which entails cooking at gatherings, Thandi declares reflectively:

Most of the time, because as a daughter-in-law my place in that family is in the kitchen, whenever there is a function, I [get to] know nothing about what takes place when they are doing the ritual because I am just parked at the kitchen waiting for them to say: 'Cook this, cook it like this... this is traditional; this is for the ancestors, so this you touch... this you don't touch. So food is central to, ja. My responsibility, as *umakoti*, is to make sure the fire is up and running, and to cook.

Exercising curiosity at such functions, she feels deprived of engaging more fully in ceremonies beyond being trapped in the kitchen where it is all about endless cooking. Meanwhile, constant cooking at family functions poses a great hazard to the weight-watcher

omakoti like Thandi, who exercises to keep fit. Thus Thandi grumbles that invariably women at such functions end up eating in excess:

You taste a lot, so in that cooking process, you are eating a lot. But the fact is at the same time you are going to have to sit down and eat that meat that they put for you. Beyond goat meat there's chicken. Then there's *amadombolo* (*dumplings*) and then sometimes there's *amadumbe* (a starchy tuber elsewhere known as yam or taro), and you know... So coming back [to Durban] I feel bloated, I feel fat! I hate everything that we go through [at such functions], and *ja*... So it does affect how I see myself and it does affect the way I think about my health, because I don't think eating that much food, or that much meat, is healthy for anyone.

In response I inquire into what is likely to happen 10 years from now, through eating the above-mentioned kinds of carbohydrates and animal protein in large quantities at most functions. Contemplatively, Thandi replies: "I don't know. If I continue, probably I'll be fat."

As though to comfort herself, she rationalizes:

I don't get to do this every month or every... it does not happen that often as among other families. I have my own household; we eat the way I think is healthy. But coming back [to their rural home] does really make me feel, like, a little bit heavy, but if it was my life or my lifestyle or my everyday life, then I'd get diseases such as gout, I suppose, and diseases such as diabetes Type 2, and all those [other illnesses].

In so saying Thandi implies that the long term effects of being an *umakoti* who unquestioningly obeys her in-laws and ancestors ultimately suffers chronic diseases of lifestyle. Asked whether there is anything she would wish to add, she concludes enigmatically: "Nothing I can say now that is not going to get me into trouble with the Zulu people. No... Nothing!" [participant laughs satirically in a resigned manner]. No amount of coaxing gets her to reveal what she is holding back.

Meanwhile, cooking is no longer strictly a female domain whereas in the past Zulu males would have chosen to remain hungry than demean themselves by engaging in the gendered activity of cooking. Except for special occasions where men *braai* (roasted) or boiled meat, cooking was, and still, is deemed generally as a menial job befitting of women. Such a notion implies cooking was below the dignity of men on an on-going day to day basis. Nonetheless, a few contemporary males who have a passion for cooking engage in this activity for different reasons: either as a career, hobby or conversely, to attain or maintain a specific body size through healthy eating.

Thembeke, a 26-year old key informant points out a relatively new trend in Zulu culture where the contemporary male partner decides his woman should aspire for the thin ideal to the 't'. Consequently, she is expected to bend backwards to adhere to his stringent food-related specifications for the following reasons, explains Thembeke: "A modern guy would want his woman to be *slim* and *trim* and *proper*. No fatty food in the house; [maintain] a strict diet." In so doing such men deprive their female partners the agency over what to eat or chose as body size preference.

On the whole, though, since Zulu men do not cook traditionally, the burden of weight watching through food choices and preparation in such households generally falls squarely on the woman's shoulders. Thembeke specifies that this kind of man falls mainly under 35, but the numbers are extending to include middle-aged men aged up to 50. A new relatively more health conscious metrosexual, out to look good, is emerging among the Zulu. Some such men go to the extent of thinking out of the box by mastering cookery skills, which defies Zulu gender stereotypes. According to Thembeke: "Women – who have more say in buying food also prepare it most of the times. But they are also the younger men up to 45 years who like

cooking, so they can have as much say at home in terms of food preparation. My sister's husband he is very good in the kitchen; he actually does more cooking than my sister in their house." Such men, though, form a tiny minority.

While relatively few Zulu men seem to be picky eaters, in the same vein equally few are compulsive weight watchers. In comparison greater numbers of Zulu women are obsessive about the kilogrammes they carry on their bodies. Thembeke observes in comparison:

I can say it's a growing trend among young women – but also those up to age of 50 – they still worry a lot about weight and what they eat... and even beyond 50 sometimes... I think mostly its women who are model Cs; the women from rural areas would be definitely eating anything. Mostly those [Model Cs] and others who are influenced may by their [Model C] friends.

7.3.3 Age- and health-specific concerns in the pursuit of a body ideal

Women of different age groups display divergent concerns about their bodies, demonstrating different perceptions on an inter-generational basis. While acknowledging that Zulu women's voluptuous bodies are rooted in biological factors, Manto, aged 35, is nonetheless consumed with the plight below: "I and my friends, we are so health conscious it's not even funny, unfortunately because of our genes we are big built." Manto points out some of the stereotypical aspirations of the Western thin ideal that her friends aged between 24 and 40 have: "They want to be a [size] 34, so I think maybe then a size 34 has become the ideal body size of a Zulu woman." Manto is pinpointing her generation's aspirations.

Her circle of friends, who are also her peers, are opting to strive towards achieving a relatively smaller body in comparison to the buxom traditional body ideal of a Zulu woman. What Manto does not realize though, in what is now a widely held misperception, is that

ethnicity cannot necessarily be equated to biology. If anything, her argument is based on ethnic, racial or cultural considerations rather than on genetic scientific findings.

Despite not yet being conclusive, ground-breaking research conducted in the USA sheds light on the above issue. By investigating the genes of 200 humans and some mice, Prof C. Ronald Kahn and his research team can specify the extent of how fat a human being is plus his/her body fat distribution without viewing the research subject (Britt, 2006). Research findings headed by Prof Kahn of the Harvard Medical School and president of the Joslin Diabetes Center also identifies whether a human being is “shaped like an hourglass or a pear and whether you have huge hips or a beer belly” reports Britt (2006: 1), citing the *Proceedings of the National Academy of Sciences* journal.

According to Kahn and his team’s research the following three genes: Tbx15, Gpc4 and HoxA5 help predict not only an individual’s body mass index (BMI) but their waist-to-hip ratio (WHR). The BMI and WHR are key determinants of obesity. Britt (2006) points out; however, a key question as to whether genetic activity is a cause or an effect of obesity is yet to be answered. Research findings also determine that various forms of obesity may stem from developmental problems early in life. The latter might be the case among Manto and her peers born in the apartheid era. Due to abject poverty among blacks in South Africa, such problems were common in the era that began in 1948 and ended in 1992.

Meanwhile, in articulating what she has heard on female obesity from the viewpoint of Zulu men, Manto asserts with conviction:

I would say a *real* Zulu man would want a woman who is not too big, but not thin, you know. That is why I was saying that people [Zulu women]..., ideally prefer size 34. I would say size 36 because they [men] say you should have a little bit of meat [chuckling], meaning: you must have a little bit of hips... a woman who is a little bit big, but not too much.

Such views do not take into account that women come in all shapes and sizes, ruling out the one-size-fits-all myth. In this respect, there seems to be a conflict of beliefs between Manto's Western thin ideal, and her husband's traditional Zulu beliefs concerning her body weight and size. For a comparison on her past and present body weight, Manto points to her wedding photo on her office desk, a svelte bride posing with her husband in front of a limousine. Beaming at her recollections of the event the 35-year-old woman comments:

I was small, as you can see my wedding picture. My husband prefers the way I am now; I just need to work on my tummy. But he does not want me to be smaller – the size I was before we got married. Then, I was wearing a size 32 or 30.

Aged 38, Manto's husband and circle of male friends seem to think alike concerning female body preferences. According to Manto: "Most of his friends and colleagues, their wives are not small either, they [men] don't have thin wives. In the first place, they *don't* want thin wives." Such views are characteristic of her own husband's stand, in making it plain he does not fancy a rail-thin wife. Such thinking could account for Manto and her friends' ambivalence, in which though wives or girlfriends would opt to be trimmer, once married, the priority is to adhere to their husband's preferences. Hence, according to Manto, married Zulu women gain weight once they have 'caught' a man (husband).

Meanwhile, peer pressure kicks in with the non-Model Cs opting not to holding the traditional body ideals of their mostly chunky-bodied mothers, whom the daughters deem old-fashioned and unsightly. Surprisingly, though relatively young h at 26, unlike her friends, Thembeke considers women of 50 young. Ordinarily such women fall into a category where they are branded by the derogatory terms like *aunty* (elderly woman) or *gogo* (grandmother). The above respondent age is just a number as far as a youthful body is concerned.

Thembeke attended a Model C high school where, she observes “there were different kids from different backgrounds, you know, where some were concerned about their weight. That was something new for me; I learnt a thing or two about weight [watching].” However, like many other young women of Zulu ethnicity of her generation, Thembeke is trapped in a dilemma trying to honour her boyfriend concerning her weight on the one hand and her mother and girlfriends on the other.

He represents a growing number of Zulu men who prefer slender female bodies tending toward the Western thin ideal. Paradoxically, Thembeke’s mother (in her 50s) considers her daughter, an only child, too skinny. Meanwhile the respondent’s boyfriend (aged 36) covertly suggests she is gaining too much weight. Thembeke divulges his preferences: “My partner, he been complaining lately, saying I’m gaining weight; what I am doing to gain weight?” She concedes she has gained weight ever so slightly but her boyfriend seems to perceive even her slightest weight gain as excessive. This case illustrates that a minority of Zulu men who are beginning to take on what in the past was largely a female trait of obsessing over weight; both theirs as well as their women’s. The gender-based power politics could be illustrated by Scheper-Hughes and Lock (1987:) as follows: “The relationships between individual and social bodies concern more, however, than metaphors and collective representations of the natural and the cultural. The relationships are also about power and control.” Opting to ignore her mothers’ and girlfriends opinions, Thembeke choses instead to comply with her boyfriend’s expectations in what is considered the ideal weight.

On the one hand, for example, the pressure to lose weight among some former Model Cs like Thembeke outweighs her mother’s protective concerns. The 26-year-old university

overweight student, weighing 85 kg, would rather honour her boyfriend above the wishes of both her mother and friends. Next year, after graduating, Thembeke plans to join a gym in order to lose some of that weight. Most probably due to the increasingly universal aspirations of young women her age, Thembeke's first priority, though, is to work towards eliciting a marriage proposal from her partner, therefore pleasing him in what seems the most expedient option. With her eye on the gender role she aspires to by getting married, Thembeke is prepared to side with her partner at the expense of her mother's consternation. In the interim, her peers' vying for Thembeke's retention of her current body size, takes third place.

More often than not patriarchal entitlement to control both the female sexuality and body embedded within body politics often privileges men. Within such a context oppression is seen in the values that are attached to the body, mediated by patriarchal practice and a static culture that does not allow for the opportunity to exercise agency nor accept rapid change.

7.4 Conclusion

As the above section illustrates, the Western thin ideal of the body image borrowed from distant continents is making inroads in non-Western societies, among the Zulu women in KwaZulu-Natal Province. In some instances the effects have been positive, seen from a health perspective, though in other cases the effects have been dire. As one respondent pointed out, in the latter case adopting perceptions and practices geared towards what is currently considered the trendiest, Western-type modern image of the female body may prove counterproductive by instigating conditions like bulimia or anorexia nervosa.

It is becoming increasingly apparent that when it comes to body ideals the above Zulu women either choose to amicably accept or get coerced into upholding ethnic patriarchal

ideology. The third option entails exercising self-determination among women who chose to run counter to expected social mores. The study indicates that young, tertiary educated women aged below 35 are more likely to take the third stance. This group of women tend to raise more questions on weight issues as compared to their mothers or grandmothers.

Consumer goods also tend to play a significant role in the construction of the user's identity based either on education and career planes, or alternatively through individual or collective identity. Mostly, the study participants, as consumers, were found to either be resistant to or coalesced by capitalist-driven consumer culture, though some were ambivalent. The above multi-faceted identity becomes apparent through probing how consumer goods are experienced, utilized and located within usage patterns.

In this chapter Zulu female respondents and other parties have examined the meanings inscribed on their bodies, both past and present. The meanings include the subversion of gendered stereotypes currently shaping perceptions encompassing the elements of weight, shape, size and health. Some of the younger women especially, challenge age-old ideas in a process in which they critique their own ethnicity and other cultures. Their counterparts, women aged above 35, adhere more rigidly to 'traditional' ways of thinking rather than adopting modern perceptions of the Zulu body ideal.

In working towards female body ideals that are either pro- or anti- the Zulu or Western ideal, study participants' action may produce multiple or shifting identities that were previously non-existent. At the extreme end of the scale lurks the danger of newly blended identities lapsing into a "cacophony of identities", a phrase borrowed from Prof Francis Njamnjoh (2011). The academic don was delivering a public lecture on "Potted Plants in

Greenhouses”: A Critical Reflection on the Resilience of Colonial Education in Africa” on September 14, 2011 at the University of KwaZulu-Natal, Howard College Campus. His controversial statement on identities is illustrated by some of this study’s research participants who are struggling to patch together traditional and modern perceptions and practices in relation to the sexual, gendered or consumer bodies, respectively.

The challenge remains whether to synthesize African and Western values; upholding the best perceptions and practices that tend to promote the healthy body of both past and present, or alternatively opting for one at the expense of the other. Either way it has to be acknowledged that adopting either measure is easier said than done, especially with individuals increasingly aspiring towards Western values in order to be ‘with it’ in the wake of pervasive globalizing trends.

A gradually growing pool of Durban-based Zulu women are tending towards reducing, maintaining or adding to their respective body weight in order to attain the sexual, gendered and consumer bodies they aspire to. There is need therefore to interrogate how this applies in the context of this study’s participants. To this end the next chapter will look into approaches, if any, of maintaining or managing body shapes that are increasingly becoming a cause for concern from a public health perspective. To this end the next chapter will focus on the disciplined body.

Chapter 8: The Disciplined Body: The Leaner the Better?

8.1. Introduction

This chapter addresses Objective 4. To probe the measures participants are taking to reduce, add or maintain their weight, if at all. It identifies the motivation behind Zulu women's efforts (if any) to pre-empt or address adverse health conditions associated with both food consumption and lifestyle in the prevailing nutrition transition. The introductory section outlines the extent to which individuals are prepared to pay the price of 'panel-beating' the body towards attaining the body ideal. The second section depicts ways in which participants subject their bodies to dieting towards weight loss, while the third section highlights the various forms of physical exercise the women engage in towards weight loss. The next section comprises the shortcuts participants take to shed undesirable kilogrammes, revealing the measures individuals engage in to circumvent the rigours of dieting and exercising.

For some overweight and obese women of Zulu ethnicity, the voluptuous body is the female ideal, while for others, a relatively small group, such a body is deemed imperfect. Ten of the 50 participants view their individual body as faulty to the extent that it requires "panel-beating" into the preferred shape by disciplining it. This chapter relates ways in which the 10 and their fellow female Zulus discipline their bodies towards the desired shape, in line with what practicing psychotherapist and psychoanalyst Orbach (2009: inner front cover) as follows: "The body is no longer a given, and to possess a flawless one has become the ambition of millions." However, this chapter demonstrates in a miniscule way that only a handful of those millions are prepared to pursue what it takes to discipline the body towards attaining the imagined ideal.

The majority opt not to pay the price to attain the above ideal, despite the fringe benefits of maintaining or attaining health. In her book titled *Bodies*, Orbach (2009: 1) states she is constantly bombarded by clients in her consultation room requesting bodily transformations, enhancements and ‘perfectibility’. The author discloses that whatever the clients’ emotional predicaments and conflicts happen to be, concerns for the body are nearly always folded into them. Invariably, such clients find fault with their bodies on the grounds that it makes them feel better and more in control, to improve on them. Orbach (2009: 2) discloses that greater numbers of people consequently have what the author describes as “a progressively unstable body, which to an alarming degree is becoming a site of serious suffering and disorder.” This obsessive trend is beginning to manifest among women of African indigenous origin in South Africa. Durban-based women of Zulu ethnicity are among them, as the section below attests in diverse ways.

8.2. The Dieting Body

Undisciplined dietary habits leading to unhealthy eating are becoming apparent among millions of South Africans of indigenous African origin, who were born into what is among the world’s most unequal nations. According to Ramphela (2008), in the 1950s, Hendrik Verwoerd formalized apartheid, a system of governance whose adverse socio-economic ramifications persist to-date, despite South Africa’s democratic government taking over in 1994. The author observes that in 1953, the then education Minister Verwoerd, imposed a new education policy that justified racial bigotry by stipulating:

Education must train and teach people in accordance with their opportunities in life... The Bantu must be guided to serve his own community in all aspects. There is no place for him the European community above the level of certain forms of labour.

Thus blacks of African ancestry sank to the bottom rankings in the education arena where they have remained firmly entrenched since.

This racially-skewed decree relegating all people of indigenous African origin, the majority of the nation, continues largely to keep this group at the bottom of the economic ladder where they continue to be the poorest of the poor (Ramphela, 2008). Their plight still persists today despite apartheid laws getting nullified in 1994. While the political move aimed at nullifying the racist distinctions favouring certain groups based on the shades of their skin colours, to-date the same categorisation still persists, with the lighter skinned still progressively benefiting significantly more by virtue of attendant financial stratifications.

In the South African context, Ramphela (2008) has illustrated the tenets of postcolonial theory by asserting that racism in South Africa cannot be viewed merely as an unfortunate historical phenomenon since it shapes notions of white superiority and black inferiority. Racism has been deeply programmed in the psyche of both whites and blacks by according status to citizens by virtue of their skin colour. Such prejudice employs the concept of race to institute a hierarchy of power relationships in which the marginalised subjection to ‘othering’ has been justified. Racism has humiliated its victims while denying them their humanity. The colonial gaze has been the site of postcolonial feminist interrogation and concern precisely because of the objectification and racism that is inscribed in such ‘othering’ of colonial and African women.

In a scathing remark Ramphela (2008) retorts against the inferior education imposed on African children. She observes that this action continues to bar the majority of the population from freeing themselves from the shackles of servitude and poverty of the apartheid past. The author’s sentiments on the under-development of human capital over generations are reflected in the damning statement:

Denial by white people of their advantaged position owing to this history only fuels an equally dangerous denial of a lack of skills from those disadvantaged by the same discriminatory investment pattern. Verwoerd continues to triumph from the grave” (Ramphela, 2008: 173).

The resultant poverty has partially led to individuals resorting to food choices that affect their health adversely. One such sphere is the availability, variety and quantity of food, though in some instances questionable in terms of nutritional value. Over and over in this study, participants recall both the narrow range as well as the scarcity of some of the foods they ate in their childhood. Below, 26-year-old Fezeka encapsulates the perpetuation of the predicament of South African blacks of indigenous African stock, among whom the Zulu form the majority:

In a nutshell, I would say that growing up, I never used to have a lot of junk food, and now, as I'm growing up, I find... I feel as if it's almost as if I'm compensating for growing up and not having had, you know... I never used to be able to snack on chips or sweets, and stuff [junk food]. So now that I'm older, and I can make those choices for myself, I find myself eating more of that kind of stuff.”

Other female participants also acknowledge having been among the formerly economically disadvantaged. For them, gorging on junk food is mostly reduced to an issue of compensation for lost time and opportunities in a childhood marred by the extreme poverty symbolized largely by the racial inequalities of the apartheid era. Nonetheless, some of this study's participants are beginning to exercise agency, having appreciated the need to refrain from eating junk food as well as other energy-dense, overly salty, overly fatty and over-processed food, all major contributors to overweight and obesity. In their apprehension over likely consequences, some of these women have chosen to discipline both their bodies and appetites.

The reasons for disciplining the body among the study participants are diverse. In Fezeka's case her weight gain and loss were pegged first on pregnancy-related weight gain some seven years ago, but more recently on the wishes of the 'significant other.' Having mentioned earlier that about two years ago she began gaining a lot of weight, I asked her how this came about. She replies:

I think when I was still in relationships, or viewed myself in that way that I was someone else's partner, there was always...[temporary silence as the participant's memory rolls back in time, a dejected look instantaneously clouding her usually serene look on her face]. I always felt like I had this weight on my shoulders, that I had to keep a certain image about myself, you know. So I guess that also contributed to watching my weight and watching what I eat. But after that [when the relationship ended] I stopped caring about... No... I didn't stop caring... I just stopped being as strict as I used to be.

Asked to what extent physical exercise has featured in her life, Fezeka proudly makes a comparison: "I am more active than others" (chuckling at her accomplishment in this area). Abruptly, without further elaboration, she reverts to dieting. Then just as suddenly Fezeka confesses she is an emotional eater who has compulsive obsessive tendencies which veer to opposite extremes when it comes to disciplining her body:

I found that my diet is always connected to how I am doing emotionally. My dieting has always been attached to emotions, so in times where I am emotionally very secure and I am in control of everything that's around me, my diet will reflect that. At such time I will be very careful of what I am taking into my body. I will be watching my weight, and I will have an exercise regime. But in times when, emotionally, I am very scattered and all over the place, that's when my diet just goes haywire. I stop monitoring what I'm taking; I eat junk food or whatever... So I think it's a pattern that I've seen throughout my life.

In response to my probing what appears to be a case of yoyo dieting associated with how often she disciplines her body in the area of food, Fezeka replies:

I used to be constantly on a diet, but now I'm not on a diet; I'm not conscious of what I'm eating. I am gaining weight and I'm not happy about it. I was just thinking, you know... [begins to stammer, suggesting a temporary state of mental and emotional disarray]. I told myself that I stopped being conscious about my weight because I wasn't in a relationship anymore and I didn't care about the image I was portraying, but gaining this much weight is making me even more depressed, so I think I'm going to have to do something about it. The thing is, like, I've got a very extreme personality, so when I diet, I diet to the T, and I lose the weight.

With a faraway look in her eyes Fezeka pauses temporarily before continuing:

But when I'm not dieting, and I'm, you know, I can't [strike a] balance, I can't maintain [my weight]. When I'm not dieting, I'm eating, and I'm not conscious of what I'm eating, and I'm just stuffing myself with whatever... So I'm at those extremes, I can't find a balance between the two. It's either, I'm extremely dieting and not taking in any fats and being very conscious, or I'm just you know, going...

Sounding pensive, her now subdued voice trails off to the point of being inaudible. Fezeka's despondency seems to suggest Fezeka deems herself as having failed miserably in her weight control efforts. Fezeka's tendency to obsess about her weight is likely influenced by spending years of schooling among white girls.

Fezeka's reactions reflect trends in the West, where the disciplining of the female body became a constant theme following the advent of the second wave of feminism at the end of the 1960s (Arthurs and Grimshaw, 1999). Onwards, feminists analysed and endorsed the notion female body constraints under the subjection of movement, beauty, behaviour, fashion, and the media. Gradually, feminist analyses broadened, encompassing the scope and range of body shape, size and youthfulness in relation to ethnic ideals.

According to the above, authors the 1970s saw a subtle shift from the idealized body as "no longer simply thin, but firm, toned and slightly muscled" (Arthur & Grimshaw, 1999: 2)

through constant pummelling linked to an array of forms of constraints and discipline. As a result, the second wave of feminism in the decade underwent a dramatic shift in public debate discourses on body sexuality in the media (Arthur & Grimshaw, 1999). Despite censorship of this contentious issue, the infinite range of sexuality-explicit images has persisted, in what would have been inconceivable in the previous two decades.

In grappling with feminist-related issues of disciplining the body Arthur and Grimshaw (1999: 10) also raise questions relating to agency, motivation and pleasure, especially since:

Some accounts of the disciplinary nature of the body practices that women adopt have tended to construe women simply as victims of a pernicious patriarchal system or ideology that deploys body practices and the fetishization of certain types of body in ways that constrain all women. But if women are victims, they seem to frequently be willing victims.

In keeping with feminist ideals, younger study participants have proved more malleable in terms of adopting popular culture transformation practices of the thin ideal due to peer pressure, or the influence of local and international media, fashion, sports, and business arenas.

Increasingly, weight-related concerns that were previously of no consequence are now also beginning to surface among other young Zulu women aged under 35 regardless of races they studied with during their school years. Pregnancy-related weight, traditionally symbolizing the highly esteemed role of motherhood, has become a cause for immense concern among women of Zulu ethnicity whose body consciousness is influenced by the Western thin ideal. In narrating how she managed to lose the baby weight after her pregnancy in 2004, Fezeka, a 26 year-old university student, exclaims:

Oh my word, when I had my son, in my ninth month, I was 80 kg! That was BIG for me, because from 65 kg and I went all the way to 80 kg...I couldn't believe it! Yet I lost it so fast. I think it took about

six months.

Asked how she achieved the feat, she recounts her experience in which rigorous jogging was coupled with stringent dieting:

What did I do? I was running. I wasn't eating any fat. I stopped having maize meal, because my diet used to have a lot of *pap* and *uphuthu* and all, I cut out starches completely. I stopped taking bread, *ja*, So, most of the time I'd have fruits, vegetables and maybe some fish, sometimes. I lost the weight and I was okay at around 65 [Kg] although at times I would go up to 68 [Kg], sort of in between that bracket.

Other reasons also surfaced as to why young Zulu females chose to restrict body weight gain.

Through such rigorous means, a weight-conscious female minority get rid of their baby fat with the aim of wearing their pre-maternity clothing rather than buying a new set of clothing. An additional reason in the people whose opinion they care about. In Fezeka's case the 'significant other' features; the desires of her boyfriend – whenever she has one – influences both her weight and body image considerably.

Fezeka's fellow students at UKZN offer insights into other weight-related concerns. In Zonke's case the 22-year-old respondent reveals how consistent weight loss efforts are invariably routed as a result of her phobia for weighing scales. Sheepishly she admits to weighing herself at regular intervals:

Not that much because most of the time when I weigh myself I get disappointed with the results... it's either I've gained a kilo, or something! [Self-derogatory laughter]. When I go on the scale this month, maybe I'll weigh 60 [kg], and then the next [month], I'll guess maybe a 60.5 [kg]. After that I'll be disappointed – following all of the work that I'm doing: avoiding to eat sweet things, and avoiding to eat oily stuff because I also like to eat takeaways. So now, I don't really go often on a scale, no...! I'm avoiding it, because when I go there, I get disappointing results.

For Zonke, being proactive about weight gain invariably ends in disappointment, hence the ostrich head-in-the-sand approach concerning the use of weighing scales. Nonetheless, Zonke points to a different facet of disciplining the body food-wise. She upholds a three-pronged approach she considers as ideal, comprising a restricted food intake, selection of food type, and healthier food preparation methods. “I would avoid eating fatty stuff all the time,” she declares. Asked to qualify her statement, she cites a popular small scale enterprise at UKZN’s Howard College Campus, whose food consumption sales escalate sharply in correlation with dropping temperatures as winter deepens. Since 2010 the ground floor at Shepstone building at UKZN’s Howard College has become a haven for the consumption of *amagwinya* (also known as *vetkoek* in Afrikaans). Zonke avers: “*Vetkoek*, I would *never* eat those!” The respondent reiterates: “Fatty food, such as when you're cooking, I don't use a lot of cooking oil.”

Probing what she means by ‘a lot’, Zonke clarifies: “I don't know... maybe two tablespoons.”

I ask: “That's a lot?” Echoing, she affirms,

That's a lot of oil! Most of the time now, I boil my food... just to run away from using the oil. Instead I use the oil from the chicken, you know, when I boil it, then there's slightly fat from the chicken. Then I will use that and then just put the other ingredients on top of that, rather than using oil. Those are the ways that I am trying to not put on some weight, you know.

After a thoughtful pause Zonke continues:

And what else? I also drink a lot of water because they say it clears your body. *Ja*, I drink a lot of water. You have to, what else? Eat the healthy food. But then at the same time, I would say that not eating chocolates, it sometimes doesn't mean that you will lose a kilo, you know. What I am saying is that you should watch how much whatever you eat. It's not saying completely not eating it, but how much you eat. So I wouldn't eat, maybe six bars of that chocolate at the same time. Maybe I will eat

three or two, then that's it! And then maybe another day I will eat another, because if you eat a lot at the same time then it will cause your weight problems to rise.

Zonke is alluding to a 100g chocolate bar having twelve cubes each. Explaining how she rations her daily intake of such chocolate bars, this student points out, “*Ja*, each day, maybe three or two, each day.” Such excesses as bingeing daily on chocolate explain this student’s plumb figure despite her sincere but presumably misguided efforts to discipline her body through the semblance of a diet. Consequently, Zonke falls into the category which even the layman’s eye would term excessively overweight at the age of 22.

This university student’s efforts to discipline her body suffer further knocks when her working sister buys takeaways which ultimately lead to self-sabotage on Zonke’s part. The sister treats both Zonke and their mother with junk food frequently. Such junk food occurs over and above this student’s tendency to frequent KFC and McDonalds for fried chicken and chips, washed down with a 500 ml Coke; a meal consumed at least once or twice weekly. Weekly indulgences of this kind have rendered what has produced the semblance of a menopausal, barrel-shaped body; albeit carried chronologically by the 22-year-old.

Should this student’s food consumption pattern continue – sans vigorous physical exercise – it might be just a matter of years before she runs the risk of becoming either obese or even morbidly obese. Currently, Zonke’s bust size is 36. Should her incongruous eating pattern continue, Zonke’s bust size is likely to catch up with her mother’s size 40. Mothers are often in a position to make a significant input, whether negative or positive, into their children’s perceptions of disciplining their bodies through food intake. Though a questionable method the disciplined body could be achieved through an authoritarian approach to eating, as opposed to dieting, as demonstrated by Jabulile, a 38-year-old professional:

I come from a family which is very strict with what you eat; what goes into your mouth. I am very, very strict with them [children aged 11, 10 and eight]. I just talk – I believe that you have to make people uncomfortable until they leave their [undesirable] habits. So, like my daughter is into eating for absolutely no reason. ‘Eat when you are hungry. Do not eat just because you're bored,’ I tell her. So I keep on talking to her and I think it's going to discourage her from [inaudible] she feels uncomfortable. She knows when she's touching food I'm going to talk and I'm going to do the names.

“Names?” I inquire concerning name calling. The informant explains her heavy-handed approach is based on a similar venture which met with success:

Ja, such as: “You're going to be fat. You will look ugly. I say so much. You know, I try and bring it to her system, you know, so that she feels uncomfortable. I know with my brother's daughter, who also had a similar problem, we did that. She grew up with us and she was into eating. And we used to call her names, you know, like, make her feel uncomfortable, like you know, “You going to be like a giant!” or something like that: an elephant,” you know, “Look at you, you're expanding like a gorilla!” you know, we used to say so much and then slowly she just lost her appetite because of the fact that we were just giving her all those names.

From the above case it appears that in a bid to help others maintain their weight, one needs to be careful not to counterproductive as illustrated in the outcome above. Asked whether she sees her eight-year-old son responding in the same way to such names, Jabulile proclaims proudly:

My son is so health-conscious that he is very careful at eight years. He'll tell you: ‘I'm not going to eat this,’ as he peels the skin off the chicken. He is not into meat anyway; if you serve him food you might as well avoid putting meat. Again I guess it comes from the fact that I am not really into all these things; I guess kids tend to follow what you do. So he peels the skin off the chicken, he doesn't even like red meat. He doesn't eat too much and he tells me how he wants to keep thin because he doesn't want to look fat. And I think he's already picking up that from what we say to his sister.

His mother's scare tactics towards his sister seem to have worked on him. On the other hand, there are cases of women dieting through a dual approach of not only eating less, but also eating healthily. Asked what measures Zulu women take, if any, to prevent or manage weight, one such participant, 26-year-old Aphiwe, replies by making a comparison of past and present in the light of health concerns. "I think now, more than before, a few women are trying, you know, like, that aunt of mine, who [previously] would keep going back to the pot [for additional helpings]. She is very careful with what she eats now." Through reducing her food intake that aunt is fighting to keep overweight and obesity at bay, together with attendant diseases.

In so doing, the aunt is among a growing number of urban Zulu women of middle and upper class status who resort to dieting to lose weight. She is among such women who have deliberately chosen to avoid using the aggressively marketed products of both pharmaceutical companies and weight-reduction food industries out to prey on the body-related insecurities of women worldwide.

8.3 The Worked-out Body

The practice of disciplining bodies physically is gaining popularity among Zulu women, in some instances, with peer influence taking precedence over health concerns. In the wake of disciplining the body aimed at the quest for perfection, some South African women of African descent could go along with the following statement made by an American psychotherapist and psychoanalyst: "Your body... is your canvas to be fixed, remade and enhanced" (Orbach, 2009:3). In the USA a plastic surgeon out to mint money places a magazine advertisement at the core of which is the following seductive marketing ploy: "Certainly, models and entertainers have breast augmentation, but the typical patients are

women that you see every day. Your neighbours. Your co-workers. They could even be you” (Bordo, 2003: xvi). In the process, ordinary women as well as icons are seeking out such services. Similar quests for perfection by women are happening in our own backyard in South Africa, albeit on a smaller scale, and mostly furtively. I know of only one black UKZN student who admitted to having undergone breast augmentation: in her case an extremely costly form of vanity rather than for health reasons.

Asked whether she would ever consider plastic surgery, Zandile, a 29-year-old participant shakes her head vigorously, and then interjects curtly: “What for?” The brevity and absoluteness of this answer seems to suggest that it is all she has to say on the subject. From her response it could be assumed that the idea is a closed chapter that to begin with, would never cross her mind.

On second thoughts, however, the participant ventures an additional explanation based on Christian Scriptures:

Plastic surgery is all about non-acceptance, if you can't accept your body, you turn to plastic surgery. There's a verse in the Bible which demands: “Does a clay pot ask its maker why he created it in that way?” In a nutshell, refusing to accept the way you are. For me personally, I would only opt for plastic surgery if faced with a critical medical condition on which my life depends; rather than for cosmetic reasons.

After a reflective moment Zandile adds, “Retrospectively, when I look deeper it seems to me that plastic surgery reflects a person seeking approval because of her partner's interest in boobs or the bum. This kind stems mainly from other people, rather than from within.” In a journal article entitled “Female Genital Cosmetic Surgery: Freakish or Inevitable? Analysis from Medical Marketing, Bioethics, and Feminist Theory”, Leonore Tiefer (2008) explains in

a nutshell what a Brazilian butt is. In so doing Dr Tiefer (2008: 468), a New York-based feminist psychologist and sex expert cites a nine-minute video which draws attention to Los Angeles-based plastic surgeon David Matlock who performs “fat removal from the inner thighs with re-injection into the buttocks for a procedure he calls ‘Brazilian butt augmentation.’”

According to Tiefer (2008:468) Matlock’s justification for performing these forms of sexual and aesthetic surgeries on female genitals and adjoining areas of the body is not the millions he is minting in the process, but: “because I’m here for the woman and I’m all about the woman.” Evident in the above quote Matlock’s justification is that he proudly and strategically identifies himself as a feminist. The famous plastic surgeon has trained other plastic surgeons to do likewise. Due to demand such surgeons have opened similar clinics.

Another view on the psychology pushing some women to resort to extreme measures in cosmetic surgery is as follows:

Cosmetic surgery may be “liberating at the individual level” but also reinforces oppressive images of female beauty, whereby women are valued for their looks, and as physical capital to be displayed in the public sphere and consumed by them in the private spheres (Gillspie cited in Brooks, 2004:210).

Bordo (2003: xviii) sees no reason as justifiable for resorting to such extreme measures as plastic surgery in a bid for bodily perfection: “...nowadays, those who can afford to do so have traded the messiness and fragility of life, the vulnerability of intimacy, they conform of human connections, for fantasies of limitless achievement.” The above example brings to mind the following comment on her own book *Unbearable Weight* in which Bordo (2003: xvi-xvii) describes the postmodern body as increasingly nourished on “fantasies of rearranging, transforming, and correcting, limitless improvement and change, defying the

historically, the mortality, and, indeed, the very materiality of the body. In a place of materiality, we now have cultural plastic.” Bordo protests against the goalposts of such perfection which shift constantly in contemporary times. Key factors for this trend include shifting cultural imagery, aggressive advertising campaigns by surgeons in the beauty industry, and insecurities by individual consumers who habitually interpret each and every body deviation as a defect.

On her part O’Leary (2007) observes that perhaps, even more interesting, is that the body is no longer accepted as an unchangeable physical reality. If anything, people now have the ability to unmake and re-make the body in order to change one’s opportunities. O’Leary maintains that such changes involving surgery alter not only how we deem ourselves; an additional bonus is how others see and react to us. While dieting is becoming common among South African black women of African descent, especially the under-35s, plastic surgery is confined to the privileged few who can afford it.

Other forms of disciplining the body are also gaining popularity. Aphiwe, aged 26, observes: “Gradually aerobics, jogging and dancing are catching on among women trying to lose weight.” Commenting further she says:

I have friends of mine; they go to aerobics and jogging and do that kind of thing. I don't go to the gym. I don't do aerobics, no, but I used to, for a little while last year. My friends were trying to lose weight and they'd say: 'Come, let's go.' So I'd go – there were about five of us. They were a lot bigger than me. They were trying to lose weight, so we'd go to aerobics together in the afternoons. I was doing it as just something to do with my friends, not because I was trying to lose weight.

Except for lack of height and a slightly protruding stomach; the aftermath of her pregnancy plus the birth of her only child, 26-year-old Aphiwe sports what appears to be a pubescent

body. With such a body she could easily qualify in the modelling industry which demands the Western 'thin' ideal of the female body. In Aphiwe's case, together with other concerns, peer pressure is among the determining factors in her quest for a disciplined body. She explains:

I also go with them for my health, because I was quite unfit, I think. Thin, but unfit. You know, because, uh, walking up the steps, maybe, I'd be a bit tired when I'd get to the top of the steps, but not anymore. Like a bit out of breath, *ja*, like, breathing more heavily...

The above reply explodes the myth among keep-fit circles that thin or trim people [who are not HIV-positive] are healthy. In her explanation Aphiwe shoots holes into the widely-held layman's perspective that hinges on a biomedical fact that lean bodies are necessarily healthy, with the exception of bodies wasting away owing to conditions such as tuberculosis or AIDS. In an attempt to get a bigger picture on Howard College and Aphiwe's circle of friends, I prod further, asking whether she would hazard a guess as to what percentage of women in the twenties' age group attempt to keep fit. She replies: Maybe 10%." After a thoughtful silence she revises the figure: "Perhaps 10 % to 20 %." Asked what their thinking would be behind such activities among women of her generation – those in their twenties – she pauses again. Her circumspect answer is: "I think a bit of it is health-related, but a lot of it is about the images that we see now: that women should be thinner and not so overweight."

Her reply implies that for the majority of her generation, health concerns are secondary to cutting the right physical image. The upper hand in motivation for disciplining the body through exercise lies instead in body images of the thin-ideal currently replete in the myriad initiatives driven by media, marketing and advertising initiatives. Where they exist, the respondent's rigorous weight control measures – though consistent – are prompted mainly by her peers, and complemented by her energetic son's frequent clamouring for outings. As she

points out: “We do go to the beach a lot with my son, and take walks to the park, and that sort of thing.”

Asked in which other ways her fellow Durban-based Zulu women attempt to discipline their bodies towards weight loss or body sculpting, Aphiwe observes that a wide array of women of Zulu ethnicity now go to the gym, ranging from those in townships to the up-market former white suburbs: “Nowadays the Zulu women – the modern ones – they are really into the weight loss thing. Maybe after work, they will go into a gym, where they do their exercises.” Asked about affordability of gym membership among Durban-based Zulu women in general, Aphiwe replies: “No, not a lot can afford gym fees. Those who are working very nice jobs; they can do that, but those who are not working and can barely make ends meet, don't.”

In describing sustainability of gym experience, another research participant associates it with having disposable income. In the process of disciplining the body, Jabulile, a 38-year-old key informant draws a clear distinction between what is perceived as physical exercise and what is not: “I think of physical exercise as in formal exercise, which started when I began working because I was able to afford to pay for the gym. You definitely have to have money to be able to go to an ordinary gym.” While it is assumed that many township women grow progressively rotund mainly due to lack of finances, this is not always the case.

Various other factors serve as deterrents to physical exercise in both of Durban’s townships and the former white suburbs. Fairbrother (2009: 25) lists the disincentives as follows alongside gym membership charges:

Regarding the lack of physical activity as a contributor to obesity, the risk of becoming a victim of violent crime while exercising outdoors, the high cost of gym memberships and lack of time during the

day...especially for those who spend much of their day travelling to and from their workplaces... point to the fact that the choice of whether or not to exercise is not as reliant on an individual's 'free choice' as it might appear at first glance."

In making a comparison with the predominantly white suburb, where she now resides, with the township she grew up in, Jabulile explains the shortcomings that deter township women from exercising. "It's like, if you are in a township you wouldn't run in the road because it's so congested with traffic and you are likely to be hit by a taxi (a mini-van mode of public transport) or something like that." Safety concerns also include getting mugged or being sexually assaulted where a woman jogs on her own. Material factors that deter women from jogging include availability of safe parks and the prevailing emphasis on male sports, whereas sports facilities or equipment are lacking in girls' academic institutions. Even where there are safe parks and beaches that offer the luxury of exercising, not everyone enjoy exercising in such open spaces.

Outside of the former white's only suburbs in Durban's urban and peri-urban settings, there are hardly any parks where children can play while women exercise safely. Whether residing in townships or the above-mentioned suburbs, both children and women face safety concerns of a similar nature. Suburbia parks or open spaces in townships or rural areas have become spaces where children, girls and women get mugged or raped, while boys and men get robbed or killed. According to Stern, Puoane and Tsolekile (2010) the fear of violence while engaging in physical activity outdoors is a deterrent, particularly among women. By risking jogging along narrow roadsides an individual could easily get run over by a vehicle. The above factors militate against jogging individually, resulting in proactive women in African townships taking to running in groups at an agreed time.

Recollecting her past physical activity with the present, for comparative purposes Jabulile offers other reasons for excessive weight gain among women of her Zulu ethnicity. She illustrates her point by drawing a rural-urban parallel in physical exercise levels that were commonplace over two decades ago. She recollects that in her school days rural lifestyle differed significantly with today's African townships:

We walked long distances to school, which was indirect exercise; taxis were not available to go to school. At the time when I grew up there was a lot of walking, 10 km every day, one way; that was normal. *Ja*, the school was the only one available and it was far; what could you do? Either you walk to school or not, hence some of the kids chose not to go to school.

Then, school drop-outs included learners lacking the discipline that required walking to up to 20 km daily school, or running, should they be late. With such exercise in Jabulile's childhood days, children did not have to attend gym for lack of exercise, as is the case today for those who can afford gym fees in Durban's urban settings. Conversely, Sanelisiwe, another university student aged 23 offers some insight as to why she chose to go to the gym as a stop gap measure for losing weight:

I've started going to the gym, but it was just because we came back from the school [a term she uses to refer to university semester breaks] holidays and I felt I was getting a bit chubby. I looked in the mirror one day and I just thought... I don't know... I just didn't like what I saw, I decided to join the gym, the school [university] gym.

For this 23-year-old, attending gym does not pose a drastic lifestyle change from her past. She describes the regular physical activities she used to engage in during her schooling days: "I used to do netball, I always did P.E. [physical education] at school, I did swimming, I did athletics..." Disciplining herself therefore by way of exercise does not involve a major shake-up when it comes to psyching herself up for a consistent exercise regime.

Sanelisiwe, a university student remembers her past with nostalgia; an era abounding in physical activity. In her earlier days, by virtue of being in a former Model C school, she engaged in wide-ranging activities that included netball, P.E. swimming and athletics. Silent momentarily, seemingly travelling back in time, Sanelisiwe then makes a comparison between then and now. Drawing a contrast between her school days and the present younger generation at the same age, the participant expresses profound regret:

Well, today's children aren't athletic at all, that's what I think. They don't do any exercises. They're caught up in Nintendo and Blackberries and play stations and T.V. They don't even know what playing outside is anymore. Unlike us, we were forced to play sports. It was a necessity that when you started school, you had them as your subjects, you did sports after school.

Through the above comparison, this participant highlighting a shortcoming in the current era where disciplining the body by default through physical education in institutions of learning is no longer compulsory. The participant qualifies her argument concerning the unnatural state that has overcome today's children who have been overrun by technology, leading to sedentary lifestyles. Such a lifestyle bars both the young, and not so young, from spending many hours playing outside, a form of exercise where the body is disciplined without the activity being seen as drudgery.

Sanelisiwe points out further: "Not as much [physical activity]. Well, for boys, they have their soccer and their rugby and their cricket. Girls, they also have their sports, but these days there aren't as many children that play sports." While the opportunities for physical activity exist, many children have opted out, choosing instead to become couch potatoes, computer buffs or other forms of activities where action is concentrated mainly on sedentary activities concentrated on eye, wrist and finger movements.

However, Sanelisiwe case is the exception rather than the norm since she belongs to the economically privileged minority of today's young black women who went to former Model C schools. In the past in many instances, a comprehensive array of sporting facilities were not to be found under the Bantu Education school system during the apartheid era. This shortcoming is still pervasive to date in the majority of non-white schools in South Africa.

In contrast, by virtue of Sanelisiwe having attended the then well-equipped former white's only schools as a youngster; she enjoyed the privilege of exposure to myriad of sporting activities:

I used to be very active while still in primary and high school. I used to do a lot of sports, like volleyball, running cross-country... What else? Um...T-ball and rugby." Clarifying what 'T-ball' is, she replies, "... it's like a cricket ball. You just pass it over to another person and they will hit it with a bat and then you'd have to run for it you know? *Ja*, it's the same as cricket, but it's different in a way. For each ball that you have lost, that is a point to the other team.

The vestiges of racial segregation under the apartheid policy in South Africa's past persist even today. The phenomenon persists, evident in that the majority of the nation's black children of African ancestry have never had the privilege of enjoying such facilities in their schools due to skewed budgetary constraints rooted in racial segregation both under colonialism and apartheid.

In contemporary Durban, study participants point to the different ways they make deliberate effort to discipline their bodies physically. From Howard College Manto ventures to walk to her home situated in the adjoining former white suburbs. The 35-year-old key informant discloses that despite weight gained during pregnancy she is satisfied with her body except for her still distended stomach, which she avers has to go. Resolutely, Manto swears she is prepared to do anything it takes to rid herself of the midriff bulge. To this end she walks

home religiously each weekday for three-quarters of an hour. Unlike most of her friends, she cannot afford to go to the gym since on weekday evenings she has to relieve her helper and mother from tending the baby.

Other study participants also have innovative ways of exercising their bodies regularly. For example, asked what other measures she personally takes, if any, to maintain her weight, Aphiwe grins over her recollections, disclosing what she does in the privacy of her home. To get additional, exercise she dances often with her son, mostly in the kitchen, while preparing food. She identifies the kitchen as the space where she gets most of her exercise. Aphiwe's beam, connoting the good times the pair have together in the unusual exercise setting, lingers on for a while. The case of this mother and son implies that there is no excuse to not exercise in terms of availability of a venue; all one had to do is improvise.

A 22-year-old overweight university student Zonke aspires to dance as a weight reduction-cum-keep-fit measure. Explaining that in recent years she gained weight during pregnancy and is particularly concerned about cardiac health, Zonke confides: "Well, *ja*, at some point, I do want to exercise... not because I want to lose weight, but to get fit, you know, to get my heart well. I want to do that because of those reasons." She acknowledges that while she often watches TV shows on exercise, what appeals to her most is an advertisement marketing a set of dancercise CDs that one can use at home. Asked to specify which CDs, her forehead furrow in the recall process:

The Tae-bo... Tae-bo? I don't know what they call them... Tae-bo [encompasses martial arts, boxing and dance moves] where they do the gym, they dance a lot of times. They use dancing as a way of exercising, not necessarily using those machines where you have to run and all that stuff.

Despite this overweight woman's noble intentions to buy the dancercise CD set rightly identified as 'Zumba' rather than the martial art Tae-Bo CDs, at R499 the former is too expensive for a student. Increasingly conscious of their weight some Durban-based Zulu women are increasingly engaging in other forms of physical exercise. Speaking at the Ace Butchery at Point Road in the Durban CBD, Zanele, a 24-year-old UKZN student, reports she attempts to exercise once daily at South Africa Fitness gym in Ballito, an upmarket area on the outskirts of Durban. Zanele claims besides power walking she also plays netball for her university's team. Her 38-year-old step-mother, Thandi, rolls up her eyes in disbelief at what her daughter claims, and then asks a surprise question with a naughty glint in her eyes: "Do you sexercise?" With a coy look in her expressive eyes, the step-daughter replies: "No-o-oh, no I don't." She exaggeratedly repeats this phrase, as though pleading sexual innocence. Again, the step-daughter's response does not sound convincing to her mother, who for a second time rolls her eyes sceptically.

The conversation takes on a different direction, with reality candidness at its centre. Announcing the need to avoid keeping such crucial knowledge as sexercise from her daughter, Thandi delivers a short lecture which only her step-daughter and I can hear over the din comprising clientele conversations competing noise-wise with several TV screens situated strategically in the Ace Butchery dining area. Thandi launches into her lecture as follows: "I sexercise five times a week," pausing thoughtfully Thandi then qualifies her statement in terms of frequency of the activity by adding the phrase: "... in a good month."

It is the step-daughter's turn to widen her eyes in disbelief. The step-mother deems it necessary to further qualify her robust sexual appetite by acknowledging that the frequency is bound to change in future. Through the following phrase Thandi indicates she deems it

necessary to make the best of her valuable assets before the natural biological progression into menopause quenches her libido: “It’s going to be dry when I’m in my 40s and 50s.” Thandi is alluding to vaginal dryness that follows a drop in oestrogen levels during menopause.

I probe as to whether sexercise keeps check on her weight. Thandi thinks a while before echoing the question in a tone tinged with uncertainty. “Does it affect my weight?” Another long pause... “I don’t know,” she confesses, “It affects my mood; but I don’t know about my weight.” Repeating an expanded version of how her sexercise euphoria elevates her mood, she rounds off her lecture with the words: “It’s nice to be married – most times, anyway!” The step-mother leaves her daughter no leeway for guesswork as to the benefits of this form of exercise, which among the Zulu is either considered a taboo subject for discussion between parents and their children. Unlike Thandi and her husband, many couples of Zulu ethnicity do not deem sexercise a beneficial form of exercise that could be applied to discipline the body in terms of body weight and toning.

Thandi bolsters her resolution to discipline her body by liaising often – almost daily – with her long-distant training mate, a sister-in-law. The duo challenges each other concerning individual physical exercise targets. “With my sister-in-law, we do discuss weight telephonically. We compete against each other, asking: ‘Have you lost a kg this week?’ These sisters-in-law embarked on their joint venture in 2007 when Thandi weighed 119 kg. Thandi explains how she gained the kind of weight that called for extreme measures to be taken:

I had diabetes when I was pregnant. You know you can develop diabetes when you are pregnant? And my weight doubled from 55 kg., I just doubled [in size]! She [sister-in-law] is five years younger than me, but she was bigger than me. I think she was about 122 kg. And *ja*, and so we motivated each other. She stays in Ermelo. We phone each other every morning to say, ‘Vukile?’ (are you awake?) Are you

on the treadmill? At times I'll say: 'I can't hear it [the sound of feet thumping the treadmill]...' before demanding: 'Walk, let me hear!' [over the mobile phone].

The pact between the two sisters-in-law has helped sustain a regular physical exercise regime that helps to keep body weight in check. In addition both in-laws have signed up for the 21 km marathon sponsored by the supermarket chain Spar. Chuckling at the recollection of days past, Thandi observes: "We changed, and we lost a lot of weight [laughs]. I lost about 38 kg within the space of a year!" The informant assures me that in her case, dieting did not feature at all in terms of coupling it with exercise. She hardly experienced pregnancy-related craving, though she admits she ate a lot of clay." Chortling, Thandi declares in what might come as a surprise to women in the West:

In the isiZulu language there is no word for *diet*. Like, I mean... [pauses] for instance, you say: 'umuntu ukhuluphele', meaning the person is fat, okay, or 'uzacile': they are thin. But you don't say... I don't have a Zulu word that says 'I'm on diet.' So I want to believe that knowledge is also sustained by a language, based on how we use a language or how we understand things.

Repeating for emphasis, she says: "So we don't have a word called *diet* [guffaws]. The closest word to 'diet' would probably be, like... [pauses] intentionally starving yourself: *udlambise*. *Ja*, like you just, are going on a hunger strike" [laughs]. Thandi is alluding to the fact that in traditional Zulu notions dieting is viewed as an extreme, uncalled for measure.

Along the same drift I ask her whether isiZulu has a word for exercise. "No, we don't!" Thandi replies emphatically.

We have *ugijima*, which is running, but that is not part of exercising. There is a word called, *ubuyilula*, you know, to stretch yourself, but it did not mean *ubuyilula* in the sense of exercising. Like waking up and just yawning and stretching yourself, that's what it means. There would be some activity... you have women who go and get water, so there was no need for exercise.

The same informant maintains that though exercise plays a major role in her life at present, it is not for the purposes of losing weight, but rather, to remain physically healthy. She is privileged by having the following added incentive in the convenience of her home: “Because my husband built me a gym at home, so why not exercise?” Praising her husband for purchasing expensive gym equipment has proved worth the exercise. She lists below the apparatus that symbolize the technological invasion of physical exercise from the uncomplicated ways of the past.

This form of modernity is coupled with escalating consumerism in physical fitness products among South Africa’s burgeoning black middle class dubbed ‘Black Diamonds’. Thandi, a mature student at UKZN who is also a businesswoman is among them:

I have all sorts of stuff: I have a treadmill; I have a Body Row. The Body Row is more like a bicycle. It's not a bicycle as such, but it's designed like a bicycle. You can train your arms, your biceps and your triceps. You can also train your feet through squats; you pull, you use your feet, you use your hands, and you also use your stomach. I have a Stepping, I practice boxing using the punch bag. I have Vibrashape, which is a belt that you put, *ja*, the big one, it vibrates. So I have all those.

Thandi’s gym sessions are scheduled for the afternoon. Asked how much time she spends in the gym on a daily basis, she replies:

An hour. I wake up at 3:45 in the morning to bake fresh muffins then around 4:45, start cycling or start to treadmill. The treadmill, I do 20 minutes straight up and then do stepping. Stepping, you climb on it and then you step. I do stepping for, I step 300 steps every morning and then I do 500 with skipping rope and then I do Body Row.

The respondent engages in other forms of exercise too, beyond the gym. Among them is practicing for races sponsored by the Spar chain of supermarkets, where she exercises for the 21 Km marathon, running 10 km every morning in preparation. She then heads home to work the treadmill again.

Not quite sure what to expect, I ask Thandi: “Supposing you were not doing any of these things, how would life be?” Drawing from her customary collection of eclectic surprise answers, she replies, with mock seriousness: “I would be sick! I would be big! I'd be tired!” Knowing the extent to which she is action-oriented after having watched her over a three-year span at UKZN, I am certain she could be all three, simultaneously.

Pausing to reflect on her efforts to discipline her body from a longitudinal perspective, she reminisces: “I have always followed the diet from my [childhood] home, not from my husband's, so I've never had a problem with changing it. I've always been in control of what we eat, so I think what I significantly changed was the exercise.” As though she cannot stress the latter point enough, she repeats: “Exercising and exercising, and lots of exercising!” Explaining why this emphasis, her reply centres on avoiding, at all costs, chronic illnesses linked with aging.

A further probe, however, reveals that disciplining her body is nothing new to Thandi. Physical exercise featured in both her childhood and adolescent days, though for different reasons. For fun mainly, in her earlier days up to age 19, and later, her aim for exercise was to either earn income or secure a prize. She recollects the following array of activities:

I played soccer. I did a lot of things; I did netball, I played tennis but not a lot, and I ran a lot. Athletics was part of my life. And then I danced professionally [in competitions] in my township until I reached the provincial level. I also offered dance classes. That's how I made money.

Thandi's passion for dancing has continued to-date, but no longer under the compulsion to earn a living either by competing, or training other community members. She stills dances on Mondays, Wednesday and Fridays, but his time on the Howard College campus. This form of

workout comprises mainly ballroom dancing during weekdays. On Saturdays she attends contemporary and tap dancing classes, respectively, either alone or with her 16-year-old daughter.

Babbling hilariously between sentences, Thandi splutters in conspiratorial whispers:

My husband does not even know how to *move* [dance]! He did not like me participating in ballroom dancing until... until he just got used to it. We fought a lot [in the process], but it's something that I just could not see myself not doing." "It's something that I did at some point and it made me money, and *ja*! Other than 2002 and 2003, I went back without my husband knowing, with the hope he doesn't find out, but *ja*, eventually he discovered that I went back. He's not okay [with that].

Unable to hold back a paroxysm of laughter at her hysterical recollection, I manage to ask why, to which she replies: "I think because he's a Zulu guy, he does not really believe in another man touching his wife, but the guys I dance with [in Saturday contemporary dance class] are Zulu guys as well, so it defies [laughter] logic." What her husband is not aware of or does not want to acknowledge is that there is a long history of black ballroom dancing in South Africa.

With her hallmark speech trait of repeating her point of view for emphasis, Thandi re-states: "He just doesn't like other men touching me." His views are different from the perceptions held by other Zulu males, who scorn such dance forms as reserved only for African male 'sissies' or whites. Whatever their reservations, Zulu men uphold such forms of dance as being un-cultural. Regardless, Thandi exercises agency to tone her body. She is keenly aware that as it ages, her body certainly has the potential to burgeon size-wise unless constantly pummelled into the desired shape and weight. The female body is the "terrain where social truths are forged and social contradictions played out, as well as the locus of personal

resistance, activity, and struggle” (Scheper-Hughes 1987:16). This is among instances in this study in which an individual participant engages with and highlights the ways in which the Zulu women grapple with socially constructed body ideals.

The informant was probably influenced by her ‘perfectly-shaped’ mother who turned 61 on September 20, 2010. Thandi informs me in a voice filled with admiration but also tinged with a trace of envy: “She still runs many kilometres daily and exercises” The informant then poses a rhetorical question:

Do you want to know how many kilometres does she run?’ She runs, [giggle] she still runs. She [Thandi’s mother] exercises. She’s got this DVD, Billy Blanks. You know Billy Blanks? She does Billy Blanks... like wonderfully. If you Google him, you will see he is a guru.

Billy Wayne Blanks is a renowned Black American fitness guru who not only invented the Tae Bo exercise programme in the United States of America; he also popularized it in the nation and beyond. Blanks is also an actor and a martial arts expert.

The study participant pauses contemplatively then phones her mother, addressing her in isiZulu to determine some facts she is not clear about concerning the older woman. Eventually turning to me after her fact-finding mission to interrogate her mother, Thandi fills me in concerning the distance her mother exercises daily, as well as her bra size to give me a rough idea of the aging women’s body size: “*Ja*, it’s 5 km every morning [mother’s daily jog], and it’s 36B and 38 [bra size].”

Compulsory discipline in the form of chores in early childhood could also be attributed to the above informant’s devotion to exercise and the quest for a trim body. Thandi reminisces of her past:

From where I come from, there wasn't a lot of people who were big – maybe one or two at school – but I don't remember a lot of big people... I think, growing up in the rural areas, you are expected to fetch wood and water, plus we had a vegetable garden that we had was not located within the yard, so we had to go into the field too. Oh, and the other activity that I hated was collecting coal, because there was a railway that went, maybe about 30 km away. You had to go and collect coal that fell [off the train wagons]. Sometimes you would just walk for about 10 km and your bucket was still not full and you would not to go back without that bucket full...

The above-mentioned forms of enforced body discipline from an early age seem to render it easier to exercise the body in later life, regardless of age.

8.4 Shortcuts to Losing Weight

Research participants mentioned various measures that they believe still hold the promise of instant results, or less physically demanding on the part of individuals aspiring to lose weight. For example, take Zonke, a 22-year-old participant, who associates drinking water liberally as a form of weight management, pointing to the media as her information source:

The media states that you should drink a lot of water in order to lose some weight. Before you eat, or before you have a meal, you should at least drink a cup [of water], so that you don't eat so much... your mind will be telling you: 'Now I am full,' although it's because you drank water before you ate.

This method aims to fool the stomach into thinking its owner has eaten an amount of food proportionate to that occupied by the water. Water has the advantage of not having a caloric value, its intake would therefore not have weight implications. However, this would not apply in the case of water that is both sugared and flavoured to make it more palatable to consumers who refuse to drink any water otherwise. Such drinks, which resemble clear water but have extra calories, are gaining popularity fast among both young and old, as well as males and females. This practice applies especially among people who cannot stand the taste of ordinary tap or filtered water which, according to some study participants, is a 'tasteless' or 'unpalatable' substance.

Reporting on other shortcut measures Zulu women take to control their weight, 57-year-old key informant Palesa observes that whereas these females diet:

... the problem is, they do it the wrong way, because they stop eating starch. The person becomes, like, really bad, become bony. I know; I've seen it. What they do: they simply just eat curry; no more bread... they don't touch any starch, that's what! It becomes like this other sickness, what it? I have forgotten, where people don't eat at all [anorexia nervosa]. They just stop eating, and you know what they do? They use this medication, the one which is called *Wohloza*. It's a mixture that you get from the chemist. Or they use *Thins*, a similar mixture, also commonly found from the chemist.

Palesa's list of quick-fix 'remedies' from the chemists extends even further: "*Ja*, the *Fat Attack* thing [stuff], they drink that thing. So it's, like, they would go and buy expensive tablets to lose weight." Her damning verdict concerning individuals, who opt for such shortcuts to weight loss instead of disciplining the body appropriately, is: "They are too lazy!"

She has more respect for two groups prepared to go the 'right' route: "The educated ones, those are from urban areas, they would go to gym." In her annoyance, the informant reverts once more to taking a jab at the young, under-35 group of females who are not prepared to pay the price to lose weight: "They prefer to use money only." Palesa's retort is followed by an account of her own personal experience with *Wohloza* years previously.

Palesa had bought the highly touted drug but discontinued its use shortly afterwards for moral-cum-health reasons: "I could not take that thing because I was bluffing myself that I was losing weight." Palesa offers several reasons for her above predicament. Firstly, her conscience could not permit continued use of the weight loss substance, as it occurred to her

she was simply chasing what was seemingly a mirage towards weight loss. Besides, as she explains further:

I didn't want artificial stuff; it has got after-effects. You can develop cancer; you can develop any symptom because definitely, it will do something to you... health hazards. So though I don't really know, I cannot pinpoint what it would be, but definitely, it's not healthy. And what I've noticed from the people who have used this thing, their body bloats up like a balloon.

With strong conviction, the informant elaborates her above point: “It will be double to the amount they weighed previously, I am telling you! In this case, the penalty is being worse off than you originally began, weight-wise. There is no way one can use the substance.” In recent years Palesa has tried to cut down weight through expensive pills, drinks or all-in-one meal substitutes in the form of processed powder – all touted as health products. None of them resulted in sustained weight loss despite her having spent heavily to purchase them.

Speaking from experience, Palesa recommends healthier options that work for her such as joining gym or jogging, coupled with dieting.

For me, I maintain having my healthy diet which is having fruit, vegetables – lots of vegetables – and avoiding fatty stuff. Then I am also exercise by jogging. I go to the race course (in Greyville, Durban) where I walk almost 6 km twice a week. I keep on improving it, because when I first started, I would do it in an hour, but now 45 minutes. I want to do it in 30 minutes in the near future by December (2010), this is what I have planned for January to December.

Nonetheless, Palesa has no intention of creating the illusion of being perfect. She confesses humbly yet emphatically that her dieting lapses weekly. “Over the weekends, *no*, I don't diet. Starting from Friday afternoon, I can eat my junk [food]. Saturdays, yes, I eat my junk. Sundays, I enjoy my chips and then Monday to Thursday, *yes*, I really watch my diet.” Though she only diets for slightly over half the week, she has lost a considerably amount of

weight already, fitting in clothes that are much smaller – and trendier – than those plus-size items she used to wear some years back while obese. Palesa admits though that despite permitting herself to lapse in her dieting over specific periods weekly, her consistent dieting pays off by coupling it with a daily jog each week day.

Unlike her, some Zulu women at UKZN's Howard College Campus declare they never diet. For example, asked how often she diets, if at all, 22-year-old Zonke remarks in what would appear incredulous to her Western counterparts in the USA for whom dieting is the order of the day:

I don't put much emphasis on my weight, so I don't diet at all. I just drink what I think is appropriate for me. When I feel guilty that I have eaten something I should not have, then I just drink some water or maybe lemon juice. But I don't really do much of exercise. The walking that I do, I think itself, is exercise enough from here to my [university hall of] residence.

Her weekly exercise entails walking 30 minutes to and from her residence on weekdays. In addition, according to the above disclosure Zonke upholds the widely-held belief that drinking lemon juice leads to weight loss.

I believe that [pause]... it, it, decreases my weight a little bit, because it doesn't have any sugar... you know... that much of sugar. It has a little bit of it, so in a way, it doesn't really give me, it doesn't increase my weight. I would like to believe so.” Asked whether it is freshly squeezed lemon, she shakes her head. “No, it's not,” she replies, “It's the already-made one; the one in a green bottle.

She is referring to the diet version of Lecol; a sugar-free bottled lemon brand found in most supermarkets in Durban where it is widely considered a dieting aid.

Freshly-squeezed lemon juice as an appetite depressant is not the choice of an isolated few weightwatchers. For one, Jabulile, a key participant, aged 38, also mentions lemons for weight loss purposes. Because she used to be an obese teenager, Jabulile began making concerted efforts to lose weight around age 16 due to low self-esteem associated with her

body size. However, Jabulile confesses she only succeeded in her efforts when she joined university. “After joining ‘varsity at 18, I started to diet. I drank lemon, hot water and starved myself, then I was just the right size.” However, at this point she has not explained plausibly what the effect of lemon in hot water is on weight loss, or why she prefers real lemons to synthetic equivalents.

Jabulile qualifies her hypothesis thus: to “If you are using lemons, rather use natural lemons; squeeze the real lemons, do not use Lecol and all that [other brands of bottled lemon], which is also dangerous. It can cause... [inaudible] you know. But it worked for me; it was just that, lemon, hot water.” Jabulile asserts the remedy works best among youngsters: “But it's good if you're young because I don't know what happens when you grow up. It can cause a lot of problems with your chest if you are an adult; it can cause, like, pneumonia.” She also cautions, though, that hot water added to lemon juice either fresh or processed seems to be the secret ingredient. While lemons are not indigenous to Africa, as a remedy for weight loss the strategy has been borrowed from elsewhere and has gradually been woven into Durban's Zulu cultural herbal cures that closely resemble biomedical practice.

Still curious to verify whether hot lemon in water was indeed the diet elixir she is purporting it to be, I ask whether at that time she was eating her usual food portions. On the contrary, she admits truthfully: “No. I used to eat small portions,” adding, “It was a combination of different sorts of things [that led to weight loss], because I was desperate. I wanted to look like other kids and I wanted to be attractive to boys like my cousins who were always attractive so boys were after them.” In her mind then, being slim was equated to being sexually attractive. However, in the days of her youth, more so than now, Zulu boys still considered the well-rounded female figure as the most sexually attractive. Through her

weight loss quest in the days of her youth, Jabulile learnt that only a multi-pronged approach really works.

Study participants like Jabulile have also learnt from experience that some weight loss therapies are more effective than others. As Murphy (2006) also cautions, ‘soup’ diets, meal replacements and other extreme regimes do not work ultimately. The author acknowledges it is necessary to cut calorie intake sufficiently to shed body fat, but not to the extent where such a measure leaves one feeling deprived, or unable to keep it up. Ultimately, weight watchers feeling this way fall by the wayside in their efforts. Some may end up as fat or even fatter than before in a conscious or subconscious bid to make up for the lost time when sacrifices were made to lose weight. Hence the weight-watchers compensate by eating large portions or a wider variety of food than before.

Meanwhile, since culturally fat bodies were deemed most desirable in Zululand’s past, eating disorders like anorexia nervosa or bulimia were unheard of. Currently, however, young female students of Zulu ethnicity are at risk of developing eating disorders while attempting to attain Western waif-like female body ideals (Utley, 2002). The startling findings were reported by a Northumbria-based psychologist and various experts on eating disorders, Seed et al., (2004). The study compared 80 female students of Zulu ethnicity from both Zululand and Newcastle in KwaZulu-Natal, with their white counterparts at Northumbria University in the United Kingdom.

According to the above study, half of the South African sample was depressed over their weight; wishing to be considerably thinner. To the dejected group having a poor self-image, slender bodies were associated with being fashionable as well as attractive to men. In aspiring

towards the thin ideas of Western girls seen on television and magazines, some of the Zulu girls became dissatisfied with their bodies to the extent they were at risk of eating disorders like anorexia nervosa and bulimia nervosa. None of this thesis' participants, however, indicated they had ever gone to such extremes. However, two participants aged above 35, both staff members at the Howard College Campus, mentioned that some of their staff members suffered anorexia nervosa.

Other touted shortcuts towards weight loss are readily available in South African pharmacies and supermarkets, which are replete with dieting products, appetite depressants and laxatives. Palesa, for example, has used both appetite depressants (in her twenties) and food dieting products (in her mid-fifties). Most of the above-mentioned items come in an array of brands which can be bought without a prescription. Considering that an abundance of both products can be found at both pharmacies and supermarkets indicates the high demand for slimming or weight reduction products. In a patriarchal setting where in comparison to their male counterparts females are generally expected to take greater care of their outward appearance, including body shape and size, women comprise a relatively higher number of consumers.

Some people who would like to lose weight settle for dieting alone as the key measure. It is increasingly acknowledged however that ideally diet and exercise go hand in hand when it comes to losing weight. Moreover, exercise has the additional effect of improving how one feels about their body. In the short term calorie restriction has been shown to have a positive effect on weight loss. Murphy (2006) reports that on the other hand an investigative study of literature spanning 25 years has established that the average weightwatcher regains 35 % of the weight they had lost within a year. Diets that restrict calories to 1200 or below daily can reduce metabolic rate by as much as 20%, leading to unintended weight gain. This could

prove to be damning evidence; throwing a spanner into the works over the efforts of public health awareness ventures.

8.5 Conclusion

While this chapter focuses on how the body is disciplined through food choices towards weight reduction, the section goes beyond nutrition-related factors by probing related lifestyle efforts undertaken mostly by Durban-based Zulu women. In the latter case the chapter zeroes in on physical activity in relation to the extent to which weight is maintained, gained or lost against the backdrop of lifestyle. The participants' reasons for dieting are wide-ranging.

One reason was the diligent attempt to uphold health ideals, consciously pre-empting chronic diseases associated with being overweight and disease. Closely allied efforts are a bid to control weight-related chronic diseases of lifestyle and non-communicable nutrition-related chronic diseases. In some instances individuals diet at the urging of parents, peers and significant others who matter, while some people diet simply because it has become trendy. The above-mentioned forms of dieting are becoming increasingly common among enlightened or well informed highly-educated, professional or high income Durban-based women of Zulu ethnicity.

Dieting among overweight or obese individuals could also be attributed to constant teasing or name-calling for being fat, a practice at time accompanied by derogatory nicknames. Dieting is also prompted as overweight individuals are often seen in negative light as being lazy, slow or ugly. Obese individuals may be considered undisciplined when it comes to eating, which at times is equated to being immoral or sinful.

Deviant forms of dieting are also wide-ranging. Some participants confessed of occasionally being emotional eaters, especially under conditions of stress over academic, financial, marital as well as other forms of social pressure. Shortcuts to weight loss include taking weight-loss or slimming products such as laxatives, pills, drinks or all-in-one meal substitutes in the form of processed powder.

Increasing numbers of participants are beginning to take physical exercise seriously in a bid to maintain or restore health in instances where they have succumbed to weight-related chronic diseases. Forms of exercise include walking, jogging, dancercising, sexercising and working off weight using all manner of gadgets or machines.

Individuals have had to figure out different ways of getting exercise without having to go to the gym, where more often than not affordability poses a major obstacle. As Aphiwe, a 26-year-old participant discloses, the kitchen is where she gets the most exercise, demonstrating that one needs to be proactive by capitalizing on whatever is at hand, wherever one may be. In that small space she plays music and dances with her son in between multi-tasking over such chores as cooking and cleaning up afterwards. Cooking slow meals rather than resorting to the quick fix of buying fast food or convenience foods is also a form of exercise that is not seen as such.

While overall, the above section highlights that the multiplicity of key reasons for dieting and exercising are wide-ranging, among key ones being to please self or boyfriends, husbands and significant others. Significant reasons also include peer pressure in what is dubbed in the Western world as: 'keeping up with the Joneses'. Other reasons consist of taking cues from

global trends, and aspiring to drop traditional notions of the ideal female body in order not to be considered old fashioned.

While food has a ubiquitous presence, it is often taken for granted to the point where the deeper cultural meanings and related actions are either no longer clear, or are altogether forgotten. Largely resulting from modernization, some salient aspects of food-related indigenous knowledge are gradually becoming lost as the aging custodians of such information die without the information being documented for posterity. The next chapter attempts to summarise key findings that merge the past with the present in a bid not only to preserve cultural aspects of indigenous knowledge associated with the thesis topic, but also to contribute towards helping predict future trends concerning twin epidemics of overweight and obesity among women Zulu ethnicity. To this end the next chapter will wrap up the thesis findings.

Conclusion

9.1 Introduction

While overweight and obesity are implicated in public health concerns like diabetes, hypertension, cancer, coronary disease and female infertility, generally, from a cultural viewpoint among Durban-based Zulu women participants under this study generally viewed the full-figured body in favourable light. This thesis aimed to make a contribution to knowledge by interrogating food consumption patterns in conjunction with overweight and obesity from a cultural rather than the ubiquitous clinical perspective. To this end the thesis explored cultural perceptions associated with dietary habits and lifestyle among the above women against the backdrop of the escalating global obesity pandemic. Among my key motives for researching food in relation to health has its foundation in what Miller and Deutsch (2009: 6) sum up as follows: “The need for food is our primary biological drive. Without it, without enough of it or with the wrong kind of food, we die.”

The study identified participants’ motives, attitudes and practices leading to overweight and obesity, which were explored with respect to four objectives. This chapter reports on all four objectives, the first being the changes over time in the perceptions of Zulu women regarding the cultural importance of food with respect to overweight and obesity. The second was to identify food consumption practices associated with lifestyle patterns leading to ill health associated with body weight. The third endeavoured to determine what Zulu women aspire to, and what Zulu men consider to be, the female ‘ideal’ body shape, size and weight. The fourth elicited participants’ opinions on how the traditional Zulu body ideal is associated with disciplined food consumption and lifestyle practices.

While food plays an essential role in humankind's existence, yet relatively little has been researched on this topic in South Africa, specifically from a cultural anthropological perspective. As no single theory adequately covered the required scope, this study relied largely on Acculturation Theory, Postcolonial Feminist Theory, Postmodern Feminist Theory, and Symbolic Interactionism Theory.

9.2 To investigate changes over time in the perceptions of Zulu women regarding their cultural importance of food with respect to overweight and obesity.

The study's first objective interrogated past and present food-related cultural trends and symbolisms associated with overweight and obesity among the women. The study found not only how ill health is implicated in globalized trends of food production, distribution, preparation and consumption, but also how food is advertised and marketed at the global (both global and local) levels. In the process, the study endeavoured to investigate food-related acculturation against the convergence of the traditional and modernity, as well as the role of food as a social marker. In studying weight, other crucial considerations included participants' experiences of food consumption since childhood in relation to lifestyle, gendered patterns of food consumption as well as food-related taboos and prohibitions.

One participant expressed concern that at the Durban city central business district "there is a fast-food outlet at every street corner." This is partly the result of globalizing trends through which locally-based food franchises, such as McDonalds and KFC, are part of an international enterprise. Such businesses often sell a wide array of unhealthy foods containing excess fat, salt, sugar and other harmful additives that contribute to nutrition-related non-communicable diseases (NR-NCDs), chronic diseases of lifestyle (CDLs) and other health

conditions. Such foods are popularized by extensive advertising and marketing that are both sophisticated and aggressive. Where participants were unable to afford such foods, some improvised, recreating the food at home at lower costs, albeit posing the same health hazards. Those who ate such meals at home were also at heightened risk of the above health conditions.

Some participants indicated that certain foods were considered highly-desired prestige foods of the *mlungu* (white man). To the colonized mind, such food was still considered superior, with many the nation's people of African ancestry openly proclaiming a preference of such fare as the epitome of the ideal food, based on the colonial rationale that anything black is inferior.

Based on racially-based structural violence experienced in the colonial, apartheid and post-apartheid era, regardless of economic class, study participants pointed out that African traditional fare is commonly relegated to the category of poverty foods, only eaten when one can afford no better. Nonetheless, conceded that in keeping with their ancestry, participants indicated that occasionally they still ate a variety of traditional cuisine mainly at ceremonies such as family gatherings, weddings, religious rites, funerals, and cultural rituals such as *umemulo* and *umembeso*.

Traditional foods comprises of indigenous leafy green vegetables, tubers, legumes and grains. In contemporary times such foods have earned the derogatory umbrella category of *gogo* food (despised African traditional food appreciated genuinely mostly by the older generation, particularly grandmothers). Such fare is deemed archaic, uncivilized, inferior, primitive and visually unappealing, only fit to be eaten by the poor who can afford no better, or except

when it is served at functions. A perceptible difference was noted between those under and above the age of 35 years in this respect. However, among the 10 under-35 key participants, only two expressed a sincerely patriotic desire to perpetuate their ethnic culture through the traditional foods. In practical terms, however, neither of the two participants had taken concrete steps to translate their good intentions into reality by actively learning to prepare the so-called *gogo* food they claimed to love.

While anthropological literature provides historical accounts of a preference for meat among the Zulu, many study participants observed that a meal is incomplete without meat, preferably fatty cuts. These include the cheap albeit popular delicacy tripe (offal), associated with obesity. For some low-income Zulus, though, the fatty tripe is the only animal protein they can afford; hence they eat it on a regular basis to the detriment of their health.

Some of this study's health-conscious participants expressed concern that Durban's urban and peri-urban dwellers are trapped in an obesogenic environment. They observed that despite the escalating cases of overweight and obesity and the resulting health problem, dieting or changing their lifestyle towards a slimmer, healthier body were measures that are not generally considered. Being surrounded by cheap or readily available food that is overly sugary, fatty, salty and over-processed contributes to weight gain among communities who are accepting of the fuller female figure based on ethnicity-based cultural orientation.

9.3 To capture notions on food consumption and lifestyle among Zulu- women and the consequent health implications

The study investigated the adverse health effects of excess body weight leading to public health concerns under the prevailing nutrition transition. While the well-endowed female

body is widely admired in keeping with ‘traditional’ Zulu thinking, it does not, however, always reflect a favourable state of health as widely held among people of this ethnicity. Such a perspective runs counter to public health thinking, in which excessive body fat is known to be the precursor of a host of nutrition-related non-communicable diseases (NR-NCDs) or chronic diseases of lifestyle (CDLs). Some respondents indicated they were aware that overweight and obesity were implicated in the acceleration of conditions such as hypertension; high blood cholesterol; type 2 diabetes; cancerous malignancies of the breast, cardiovascular diseases and stroke, among others. Such participants acknowledged that bigger is not necessarily better, hence the need to work towards the highlighted Western thin ideal of a body.

While five of the study’s 10 key participants under-35 years indicated a desire to be thinner and healthier, others shrugged off the pursuit of such an impossible dream. Such efforts at weight loss or maintenance have been found to be detrimental from both a physiological and psychological level, as evident below in the following admonition:

A culture that enforces perfectionism, idolizes unrelenting ambition and exalts emaciated bodies at the expense of health has led to a society of people fearing food as the enemy. How did something so natural and necessary to our survival encourage an overly aggressive milieu of critical, restrictive, and incessant dieting commonly seen amongst those struggling to befriend food?

(Hyman, 2012:1)

In some instances, the very idea of dieting alarmed some participants’ mothers, causing them undue consternation over their daughters making deliberate efforts to shed unwanted kilogrammes. One mother saw no sense of her daughter choosing to ‘starve’ instead of filling the belly to capacity whenever and wherever possible. Participants reported that community members wondered why anyone would deliberately opt for a trim figure deemed an unsightly

skinny body, particularly in the era of AIDS, denoting HIV or TB infection and the associated stigma. According to some study participants such notions are still widely held by many, traversing sex, age, educational level as well as class among Durbanites of Zulu ethnicity.

It is such beliefs that deter older Zulu women from making concerted attempts to manage their weight. This indicates those health personnel, public health promoters and others promoting the prevention and management of overweight and obesity need to take into consideration the family environment. As illustrated above, more often than not such an environment is set against the backdrop of ethnicity and its myriad cultural mores which militate against weight loss.

The 35year divide separating youth from the old also applied in opinions regarding the ideal body size and shape, being influenced either by the traditional Zulu or contemporary Western perspectives. At the two extremes of the ideal body image lie the full-figured woman and those who are slender. None of the under-35s participants indicated they were on the quest for perfection toward a slim figure similar to the women in the West, resulting in anorexia nervosa and bulimia nervosa, as noted among a rising number of schoolgirls in Newcastle and Zululand in KwaZulu-Natal Province (Utley, 2002, & Seed, et.al, 2004). However, two participants, aged above 35, disclosed that some of their fellow staff members suffer from anorexia nervosa.

The extent of these weight-related problems among female youth of this ethnicity has yet to be researched comprehensively in South Africa. Participants indicated that despite some of the harmful food consumption practices in rural and urban areas, individuals tended only to

worry about their body weight and size when faced with a chronic diseases of lifestyle (CDL) or weight-related non-communicable diseases (NCDs).

9.4. To determine what Zulu women aspire to, and what the Zulu men consider to be, the female 'ideal' body shape, size and weight

Study participants indicated that traditionally among this ethnic group, the fuller body exemplified numerous positive attributes, and to a large extent, still does in contemporary times. This is especially the case among urbanized Zulus of the older generation, both male and female, as well as among rural dwellers of all ages. Positive attributes of the well-padded female body range from beauty to sexual desirability, fecundity, health, physical hardiness, happiness, being good-humoured, kindness, good nurturance, generosity, respectability, wealth as well as success and affluence among other characteristics. The negative connotations associated with thin people are being physically weak, unhealthy or not hardy physically, miserable, miserly and ugly.

Increasingly, the younger generation, particularly the urban-based, perceive the Western ideal of a thin body to be more trendy and eye-catching than the fuller-figure. Consequently, for an increasing numbers of younger Zulu people in Durban, the *isidudla* (the fuller bodied female ideal) is taking on the idiosyncrasy of a frumpy woman. Derogatory nicknames such as *Amagwinya* (doughnuts), *Idombolo* (dumpling), Fats and *Fehle fehle* [the sound of the heavy footsteps of a stocky person], among others, denote the negative perceptions associated with being rotund, plus size, curvy or fuller figured.

This illustrates how the younger study participants and their peers are changing their perceptions of ideal to the Western thinner figure. Among some people in the West, thinness

denotes health, beauty, high social status and prosperity, while fatness is associated with disease and ugliness, the opposite applying to traditional Zulus. In the West, overweight and obesity is a source of ridicule and stigma, while from a Zulu cultural perspective, the oversize body is viewed with respect and admiration.

According to the participants, females aged from adolescence upwards up to 34 years (considered the cut-off point of 'youth') are increasingly aspiring to thin bodies based on the notion that thinner is better. A generational gap becomes apparent with concerned parents asserting it is unhealthy not to eat generously-portioned meals that over time often manifest outwardly in the robust figure. The opposing view illustrate an impasse between parents and young women around issues of increasing selectivity concerning what to eat in order to lose weight.

Among the under-35s, five of the 10 key participants who had attended the former Model C (government school with private funding) schools had developed a racial pseudo-identity regarding their desired body weight, these being modelled on Western ideals. They gave the impression of being trapped in one body while operating in two divergent environments; one being the African township where they reside, and the other encompassing white suburbs in which the schools are located. Such participants disclosed they felt pressured to choose whether to work toward the cultural Zulu or Western female body ideal.

In their schooldays, they had taken on diametrically polarized identities comprising contrasting or conflicting positions in terms of the female body ideal. They had to change their thinking or acceptance of their own bodies, based on the racially segregated environment they were in. In this respect, they learnt to adapt to the two culturally diverse

worlds. Even now, years after their schooling experience, they still change mental gears under auto pilot, and adapt their notions of the ideal female body depending on which spaces they occupy. However, either way, aspiring to be black or white often proved to be equally frustrating, as it imbued them with a bipolar racial self-image.

Now, years later, individuals with such a racially split personality appears to persist, regardless of the individual's academic status or profession. This results in constant attempts, in contemporary times, to diet or exercise in order to attain the Western thin ideal of a female body. In both past and present times, girls embodying such an ideal become role models or opinion leaders for the Zulu girls in African townships who attended schools under the inferior Bantu education. This small yet influential group of young Zulu women were emulated by their township peers, who aspired to improve their social status by striving towards the thin ideal body.

Their preference for the thin ideal was also influenced by factors such as the mass media, marketing and advertising, which feature the Western ideal of an alluring female body, thus reinforcing its acceptance. In this respect, the media constantly screen slender actors, musicians, models, sports men and women as having the ideal body shape. As with Western women, some of the study's younger respondents struggle constantly to attain such body shapes, often becoming distressed in the process. Consequently, body dissatisfaction is increasing with respect to age, class and location (rural-urban), resulting in adverse effects as they develop similar obsessions to those in the West in terms of weight watching.

A spot check among a handful of Zulu male participants indicated that the Western 'thin ideal' of sexual attractiveness is proving increasingly attractive. A generational gap also

exists among the Zulu men, with those under-35 showing greater preference for slim women, generally considered to be more-sexually adept in bed than their heftier female counterparts. Consequently, a growing number of the over-35 year old males are taking a greater interest in such women. As men's demand grows for the trimmer female body, increasing numbers of women, regardless of class, education, ethnicity and age, are beginning to work towards leaner bodies.

An emergent number of Zulu young women, plus a few over-35s, are questioning the romanticized notions of the 'traditional' Zulu ideal of a female body in the wake of modernizing forces. Forms of modernization implicated include formal education, urbanization Westernization, consumerism, heightened health consciousness, the mass media, as well as the advertising and marketing industries. Many millions of Rand are spent on South Africa's burgeoning weight control industry (Ribane, 2006). Zulu women are beginning to consider relatively new consumer trends, as is evident in body-compressing clothing, diets as well as exercise gadgets and techniques. The demand for such products is becoming commonplace among a minority of trendsetters comprising Zulu-women at UKZN, reflected in consumerism associated with weight loss.

9.5 To probe the measures participants are taking to reduce, add or maintain their weight, if at all.

Weight and food consumption are closely linked due to the interface between lifestyle and the desired 'ideal body'. Many participants did not want to lose weight due to continued tolerance of traditional notions of the fuller-figured body ideal. Other participants, (particularly those under 35) took various measures to reduce weight such as dieting, walking, jogging, swimming and exercising with or without machines. On a mischievous

note, one participant disclosed she enjoys sexercising (working out the body during sex). Another spoke of dancercising (combined dance to exercise) to tone her body.

Participants mentioned shortcuts to weight loss that did not involve physical exercise and other extreme lifestyle changes including slimming tablets, weight-reduction shakes reducing food portions and smoking. According to Mintz (1985: xxiv) “tobacco tend to suppress hunger. A number of participants mentioned seeking weight loss or control products from local *izinyanga* (herbalists) or *izangoma* (diviners).

Some participants created the illusion of trimmer bodies that were trimmer than they actually are in the following ways. Increasing numbers of women have taken to wearing high-heeled shoes that create the impression of being taller and therefore thinner. Others wear stretch jeans, corsets or ‘tights’ (underwear consisting of nylon and spandex that reigns in flab situated between the waistline and the knees. Others wear lose-fitting clothing to disguise disproportionate body shape.

Lifestyle-related patterns that resulted in excess body weight included opting for a sedentary lifestyle due to tiredness after the day’s activities. Even where gym facilities are affordable and available in the neighbourhood or spaces that offer a safe environment for outdoor activities, some participants still opted to watching television once they reach home. Some preferred to buy convenience or fast food rather than cook.

Gathering together around a table to eat is no longer the focal point for modern families, who eat in front of the television, eat out, or snack on nutrient-poor junk foods, these trends being significant contributors to obesity and consequent health problems. This is a far cry from

what used to be the case in the past among the Zulu where “There were only two meals a day, one in the morning at about 11 o’clock, after the milking of cows, and the other in the evening before retiring to rest, say at about six or seven o’clock” (Bryant, 1907: 8). Though a Catholic priest, Bryant did ethnographic work among the Zulu in KwaZulu-Natal for over 40 years. In contrast, snacking has reached new heights in what currently appears to be the rule rather than the exception among individuals of all ages, where snacking occurs throughout the day.

Also implicated in the spike in obesity cases is sedentary lifestyle, characterized by greater use of public and private transport, hours spent indoors daily sitting either in front of the television or computer, or on the cell phone. Modern household appliance save time and require less effort to achieve the desired end results, and hiring domestic help also frees people (particularly women) from time consuming household chores. Using appliances has translated into more sedentary lifestyle, as has the increased usage of motorized transport.

These circumstances contrast significantly with that of rural women who often grow their own food, fetch firewood for fuel, prepare and cook their food, water for washing and are responsible for keeping the homestead clean. With such wide-ranging physical activities, rural women do not have to take the drastic loss weight measures pursued by their urban counterparts. On the other hand, the younger generation of the under-35s urban Zulu females are the first generation of women to avoid cooking, as it takes too much physical effort, among other chores of a gendered nature.

Younger women, mainly those under 35, are running counter to traditional notions of ‘artificial’ physical exercise to keep fit not being for women, other than recreational dancing.

Those who do not exercise contend that it is 'not African', that older women do not run, and that wearing exercise garb that reveals the female body shape is both vulgar, and unchristian (Deuteronomy 22:5). In an urban setting, the inter-generational differences associated with participating in physical activities for body shape and health reasons are decreasing gradually.

Conversely, some of the younger study participants borrowed a leaf from their older counterparts, by beginning not only to be aware of but also take precautions against being affected by health-related concerns over overweight and obesity. In this respect, the younger participants are educating themselves about chronic illnesses suffered by their mothers, aunts and grandmothers.

Meanwhile, the need to impress men was also indicated by some of the younger female participants as the reasons for participating in physical exercising. With a small group of younger men expressing a preference for slim females, young women have taken to jogging to remove extra body fat, to 'catch' the above-mentioned men, particularly during the Christmas and New Year festivities.

The absence of gym facilities in African townships has resulted in participants jogging in groups for security and social reasons. Some of the under-35s participants choose not to make any lifestyle changes, by following in the footsteps of middle-aged and aging women who knowingly peg their future on the premises that 'what you do not know will not kill you', despite the high stakes involved. In addition, some of the older women took the stance that one cannot teach an old dog new tricks, even when it comes to issues of nutrition or lifestyle changes, which are a prerequisite for healthy living.

9.5 Limitations

A key limitation was the dearth of studies on this topic, both qualitative and quantitative, with little research against which to compare this study's results within South Africa and the rest of the African continent. Another limitation was that the gendered scope of the study, as time constraints that did not permit me to conduct a similar study among male participants. For the same reason I was unable to interview rural women to gain in-depth insight into their lives in their natural setting. The age of participants posed another limitation, as being a small qualitative study; it could only include participant's representative of all ages. Consequently I was unable to comment as comprehensively as I would have wished concerning trends in wide-ranging generations.

9.7 Recommendations

The following recommendations are made as a result of this study:

- To use these findings in health promotion through applied anthropology strategies towards developing culturally-sensitive community-based overweight and obesity prevention programmes. Such programmes could go beyond targeting not only Durban-based Zulu women but those in other parts of the country where a similar trend of the largely unacknowledged obesity epidemic exists;
- To run life orientation programmes dealing with the health problems associated with being overweight could be introduced in schools;
- To encourage health care workers to walk the talk, since many are themselves overweight or obese yet attempt to set a good example by instructing people to lose weight;

- To conduct research among men with a view to reaching out to males as well since patriarchy often dictates that men have the last say concerning issues women's body ideals;
- Public health policy should be enacted to ensure healthy food in school canteens in a bid against child obesity;
- Physical education should be reintroduced to schools to nurture a culture of healthy lifestyle by both boys and girls;
- The government could legislate towards lowering obesity by imposing a sin tax on fast food (similar to the existing ones on cigarettes and alcohol) in public places aimed to address weight-related health problems;
- The government could also address safety issues to promote safety when they exercise in public spaces.
- Though further research and programming of public health issues on body weight perceptions relating to HIV and thinness, where pertinent issues could be discussed openly to minimize the continuing stigma associated with the condition;

9.8 Conclusion

Through a narrative approach, this study has endeavoured to explore Zulu female's life experiences of food consumption in relation to perceptions on sexuality against the backdrop of body weight, size, shape and health. As numerous dynamics determine people's food habits and lifestyle, it was deemed important to study those factors leading to chronic weight-related health conditions within their cultural milieu. It is anticipated that a deeper understanding of the cultural constructions of health associated with food consumption patterns and lifestyles that underpin the nutrition transition of Zulu women will contribute to existing knowledge about their reasons for being overweight. This is necessary if efforts to

introduce behavioural change strategies are to be developed and implemented to create general awareness about pressing public health concerns associated with overweight and obesity are to be addressed.

Harris (1998: 4) aptly commented that: “My Africa is a continent of ancient history and profound spirituality... where the past walks side by side with the present and both show the way to the future”. As the past, present and future cannot be separated with respect to the women’s food choices, their integration may well be necessary to construct a tenable future in from an overweight and obesity-related public health perspective. Drastic measures need to be taken urgently to counter the burgeoning obesity pandemic affecting not only women, but men and children as well, in order to address associated health problems.

In addition, further research through nuanced anthropological research is required at the local level among both urban and rural people of African descent. This study suggests that such research is vital, especially among those worst affected in South Africa, since this Rainbow’s women of African descent appear to be at most risk of overweight and obese as compared to the other three major racial groups: Asian, Coloured and White.

References

- Abrahams, Y. 2004. *Gender and Locating Sarah Bartmann in the Present: Democracy: Marking the Present/Representing the Past*. Leiden: The UNISA Press.
- Adogame, A. 2009. Practitioners of Indigenous Religions of Africa and the African Diaspora. In Harvey, G. (Ed.). *Religions in Focus: New Approaches to Tradition and Contemporary Practices*. London: Equinox Publishing Ltd.
- Anderson, P.M. & Butler, K.F. 2006. Child Obesity: Trends and Potential Causes. *The future of Children*, Vol 16(1):19-46.
- Armstrong, M.E.G., Lambert, M.I., Sharwood, K.A. & Lambert, E.V. 2006. Obesity and overweight in South African primary school children – the Health of a Nation Study. In *Journal of Endocrinology, Metabolism and Diabetes of South Africa*, 96: 439-444.
- Assa, A.C., Pessina, A., Pavei, A. and Scarpa, R., Tickonoff, V. and Casiglia, E. 2001. Cardiovascular Study in the ELderly (CASTEL) 1983-1985 Project. *European Journal of Epidemiology*, 17 (12): 1097-1104.
- Auslander, Mark. 1993. "Open the Wombs!" The Symbolic Politics of Modern Nguni Witchfinding. In Jean Comaroff & John Comaroff (Eds.). *Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago: The University of Chicago Press.
- Austen, Ralph A. 1993. The Moral Economy of Witchcraft: An Essay in Comparative History. In Jean Comaroff & John Comaroff (Eds.). *Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago: The University of Chicago Press.
- Baer, A.; Singer, M. & Susser, I. 1997. *Medical Anthropology and the World System: A Critical Perspective*. Westport, CT.: Greenwood Publishing Group, Inc.
- Baloyi, L.B. 2009. *African Midwife: 'Change beyond Form.'* Durban: BK Bookbinders.
- Barisi, M.E. 2003. *Human Nutrition: A Health Perspective* (2nd Ed.). London: Hodder Arnold.
- Bastian, Misty L. 1993. "Bloodhounds Who Have No Friends": Witchcraft and Locality in the Nigerian Popular Press. In Jean Comaroff & John Comaroff (Eds.). *Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago: The University of Chicago Press.
- Beinart, W. (2001) *Twentieth Century South Africa* (2nd edition). Oxford: Oxford University Press.
- Bell, D. & Valentine, G. 1997. *Consuming Geographies: We are where we Eat*. London: Routledge.

- Birch, M. 1998. Re/constructing research narrative: self and social identity in alternative settings. In Jane Ribbens and Rosaline Edwards (Eds.). *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives*. London: SAGE Publications.
- Black, P. 2004. *The Beauty Industry: Gender, Culture, Pleasure*. Oxon: Routledge.
- Bledsoe, C. 1990. School fees and the marriage process for Mende girls in Sierra Leone. In Sanday, P.G and Goodenough, R.G. (Eds.). *Beyond the Second Sex: New Anthropology of Gender*. Philadelphia: University of Pennsylvania Press.
- Bordo, S. 2003. *Unbearable Weight: Feminism, Western Culture, and the Body* (10th Edition). Berkeley: University of California Press.
- Bourdieu, P. 1997. *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.
- Bourne, L.T., Lambert, E.V. & Steyn, K. 2002. Where does the black population of South Africa stand on the nutrition transition? In *Public Health Nutrition*, 5(1A): 157-162.
- Brantley, C. 2002. *Feeding Families: African realities and British Ideal of Nutrition and Development in Early Colonial Africa*. Portsmouth, H.H.: Heinemann.
- Bredenberg J, Bauman.A & Editors of Men's Health Books. 1996. *Men's Health Book*. Emmaus, Pennsylvania: Rodale Press, Inc.
- Brewer, J. and Trentmann, F. 2006. Introduction: Space, Time and Value in Consuming Cultures. In Brewer, J. & Trentmann, F. (eds.) *Consuming Cultures, Global Perspectives*. Oxford: Berg.
- Britt, R.R. 2006. Genes Predict Body Shape and Fatness. Accessed on March 26, 2013: <http://www.livescience.com/4050-genes-predict-body-shape-fatness.html>
- Brooks, A. 2004. 'Under the Knife and Proud of It': An Analysis of the Normalization of Cosmetic Surgery. *Critical Sociology*, 30 (2): 207-39.
- Brown, P.J., Gregg, J. & Ballard, B. 1997. Culture, Ethnicity and the Practice of Medicine in the Context of Medical Pluralism. In Stoudemire, A. (ed.) *Human Behaviour in Indigenous Health Theory*. New York: Lippincott.
- Brown, P.J., Barrett, R.L. & Padilla, M.B. 1998 *Medical Anthropology: An Introduction to the Fields*. London: Mayfields Publication.
- Bryant, A.T. 1907. *A Description of Native Foodstuffs and their Preparation*. Verulam: Times Printing and Publishing.
- Bryant, A.T. 1949. *The Zulu People: As They Were Before the White Man Came*. Pietermaritzburg: Shuter and Shooter.
- Burns, C.E. 1993. "Bantu Gynaecology: Bodies of Knowledge and Birthing Labours in South Africa". Paper presented at the Thirty-Sixth Annual Conference of African Studies

- Association (ASA), December 4-7, 1993, Boston, Massachusetts. Atlanta: ASA Emory University.
- Burkitt, D. "Diseases of Affluence." 1980. In Burkitt, D. (Ed.) *Modernization and Illness*. Newark: Prentice Press.
- Butler, Judith. 1993. *Bodies that Matter on the Discursive Limits of Sex*. New York: Routledge.
- Butler, Judith. 1999 *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.
- Carrim, N. and Soudien, C. 1999. Critical Antiracism in South Africa. Stephen May (Ed.). *Critical Multiculturalism: Rethinking Multicultural and Antiracist Education*. London: Falmer Press.
- Candib, L.M. 2007. Obesity and Diabetes in vulnerable Populations: Reflection on Proximal and Distal Causes. *Annals of Family Medicine* 5(6): 547-556.
- Caplan, P. 1994. *Feasts, Fasts, Famine: Food for Thought. Berg Occasional Papers in Anthropology, No. 2*. Oxford: Berg: Publishers Limited.
- Carrim, N. and Soudien, C. 1999. Critical Anti-racism in South Africa. May, S. (ed.). *Critical Multiculturalism: Rethinking Multicultural and Antiracist Education*. London: Falmer Press.
- Case, A. and Menendez, A. 2009. Sex differences in obesity rates in poor countries: evidence from South Africa. *Economics and Human Biology*, 7: 271–282.
- Cassel, John. 1957. Social and Cultural Implication of Food and Food Habits. *American Journal of Public Health*, 47: 7320740.
- Cassidy, C.M. 1991. "The good body: when big is better. In *Medical Anthropology*, 13(3): 181-213.
- 'CBS This Morning' talk show, January 9, 2013. Zumba CEO Alberto Perlman interviewed by CBS Television hosts in a discussion on how Zumba has 14 million people exercising worldwide.
- Website accessed on April 4, 2013: <http://www.cbsnews.com/video/watch/?id=50138630n>
- Cilliers, J. 2008. "In search of meaning between *ubuntu* and *into*: perspectives on preaching in post-apartheid South Africa." A paper delivered at the eight international conference of *Societal Homiletica*, held in Copenhagen, Denmark, July 19-25, 2008.
- Cimi, P. V. 2009. "An investigation of the indigenous ways of knowing about wild food plants (*imifino*): A case study" submitted in partial fulfilment of the requirements for the Degree of Master of Education, University of Rhodes.

- Cook, C. D. 2004. *Diet for a dead planet: how the food industry is killing us*. New York: New Press.
- Cooke, Kaz. 1994. *Real Gorgeous: The Truth about Body and Beauty*. St Leonards NSW: Allen & Unwin.
- Cordain, L., Eaton, S. B., Sebastian, A., Mann, N., Lindeberg, S., Watkins, B, A., O'Keefe, J., H. & Brand-Millar, J. 2005. *Origins and evolution of the Western diet; health implications for the 21st century*. In American Journal of Clinical Nutrition, 81: 341-54.
- Counihan, C. M. 1999. *The Anthropology of food and body: gender, meaning and power*. New York: Routledge.
- Cowley, J.J, Griesel, R.D., Thompson, M.A. 1968 Food restriction in Zulu women just during pregnancy and the puerperium. *Health Education Journal*, 27: 23-35. Accessed 7 December 2012: <http://dspace.cigilibrary.org/jspui/handle/123456789/7440>
- De Garine, I. & Nancy, J. Pollock, N.J. (Ed.). 2004. *Social Aspects of Obesity*. Oxon: Taylor & Francis.
- Dangarembga, T. 1988. *Nervous Conditions*. Seattle, Wash.: Seal Press.
- Denzin, N.K. 1989. *Interpretive interactionism*. Newbury Park, CA: Sage.
- Denzin, N.K. 1989. *Interpretive Biography*. London: Sage.
- Denzin, N. K., & Lincoln, Y. S. (Eds.).(2005). *Handbook of qualitative research* (3rdEd.). Thousand Oaks, CA: Sage.
- Department of Health, 1998. South Africa Demographic and Health Survey. Pretoria: Department of Health.
- Diamond, F. 1994. Race without Colour. *Discover*. 15 (11): 1-5.
- Dicken, P. 2011. *Global Shift: Mapping the Changing Contours of the World Economy*. (6th ed.) Los Angeles: SAGE.
- Doak, C. 2002. Large-scale interventions and programmes addressing nutrition-related chronic diseases and obesity: examples from 14 countries. *Public Health Nutrition*: 5(1A), 275-277.
- Douglas, M. 1990. Introduction. In Maurice Mauss, M. 1990. *The Gift: the Form and Reason for Exchange in Archaic Societies*. London: Routledge.
- Douglas. M. 1966. *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo*. London: Routledge & Kegan Paul.
- Drewnoski, M. & Popkin, B.M. 1997. The nutrition transition: new trends in the global diet. *Nutrition Review*, 66: 31-43.

- Du Toit, W.C. 2003. *Demographics and beliefs of consumers indicating preference for healthy food or dietary supplements*. MSc Dissertation, North-West University (Potchefstroom Campus).
- Eatgerink, T. 2006. South Africans follow an unhealthy Western trend. *Mail&Guardian*, May 6.
- Emerson, R.M. 2001. *Contemporary Field Research: Perspectives and Formulations*. (2nded.) Prospect Heights, Illinois: Waveland Press Inc.
- Erickson, P.I. 2011. Sexuality, Medical Anthropology, and Public Health. In Merrill Singer and Pamela I. Erickson. *A Companion to Medical Anthropology*. Chichester, West Sussex: Wiley-Blackwell.
- Ernst, T.M. 1978. Aspects of meaning of exchange items among the Onabasulu of the Great Papuan Plateau. In Jim Specht & J. Peter White (Eds.). *Mankind*, 11(3): 187-197.
- Essential Marketing Inspiration. 2010. New study finds South Africans in denial over health. Source, 17th September 2010. Accessed on 23 September 2010: <http://www.added-value.com/source/2010/09/new-study-finds-south-africans-in-denial-over-health/>
- Faber, M. & Kruger, S. 2005. Dietary intake, perceptions regarding body weight and attitudes towards weight control of normal weight, overweight, and obese females in a rural village in South Africa. *Ethnicity & Disease*, 15: 238-245.
- Faludi, S. 1991. *The Undeclared war against Women*. London: Chatto & Windus.
- Farb, P. & Armelagos, G. 1980. *Consuming Passions: The Anthropology of Eating*. Boston: Houghton Miffling Company.
- Featherstone, M. 2001. The Body in Consumer Culture. In Featherstone, M. Hepworth, M. & Bryan S.T. (Eds.). *The Body: Social Process and Cultural Theory*. London: SAGE Publications.
- Fernandez-Armesto, F. 2002. *Food: A History*. London: MacMillan.
- Ferris, W.F. and Crowther, N.J. 2011. One was fat and that was that: Our changing perspectives on adipose tissue. *Cardiovascular Journal Africa*, 22: 147-154.
- Fiddes, N. 1991. *Meat: A Natural symbol*. London: Routledge.
- Fieldhouse, P. 1995. *Food and Nutrition: Customs and Culture* (2nded.). London: Chapman and Hall.
- Fleming, P.W. 1957. *A study of the nutritional state of urban Bantu (Witwatersrand) relative to their dietetic customs*. MD. Dissertation, University of Witwatersrand.

- Food and Agriculture Organization of the United Nations. 2001. *Food insecurity, where people live with hunger and fear of starvation: The state of food security in the world*. Rome: Food and Agriculture Organization of the United Nations.
- Fox, L. & Murry, V.M. 2002. Gender and Families: Feminist Perspectives and Family Research. *Journal of Marriage and Family*, 62(4): 1160-11720
- Geertz, C. 1973. *The interpretation of cultures: Selected essays*. New York: Basic Books.
- Geiger, S.N.G. (1986). "Women's Life Histories: Methods and Content. *Sign*, 11(2), pp. 334-351.
- Germov, J. and Williams, L. 2004. *A Sociology of Food & Nutrition: The Social Appetite* (2nd ed.). Oxford: Oxford University Press.
- Govender, Prega. 2002. "Size does count for black beauties, study finds." *Sunday Times*, March 17.
- Gilman, S. L. 2008. *A Cultural History of Obesity*. Cambridge: Polity Press.
- Goedecke, J.H., Jennings, C.L. & Lambert, E.V. 2005. Obesity in South Africa. Stein, K., Fourie, J. & Temple, N. (Eds.). In *Chronic Diseases of Lifestyle in South Africa: 1995-2005. Medical Research Council – Technical Report*. Tygerberg, Western Cape: Medical Research Council of South Africa.
- Gordon-Larsen, P., Adair, L.S. and Popkin, B.M. 2003. The Relationship of Ethnicity, Socioeconomic Factors, and Overweight in U.S. *Obesity Research*, 11(1): 121-129.
- Golondon.about.com. Women's Clothing Sizes Conversion Charts.
http://www.google.co.za/imgres?imgurl=http://0.tqn.com/d/golondon/1/0/2/G/0/-/womens-clothes.JPG&imgrefurl=http://golondon.about.com/od/shopping/ig/Clothing-Size-Charts/Women-s-Clothing-Sizes.htm&h=393&w=743&sz=51&tbnid=q8Zyvnl5jZJ6M:&tbnh=65&tbnw=122&zoo m=1&usg=__KWh2SldUJMoIGmltV9Cy8lc1JxQ=&docid=QPHV4nq2dACapM&sa=X&ei=ZqJ2UffrDIfA0QX7wYDgDg&ved=0CFgQ9QEwBw&dur=0 [Accessed on April 22, 2013]
- Gray, Ann. 2003. *Research Practice for Cultural Studies*. London: SAGE Publications Ltd.
- Grogan, S. 1999. *Body Image: Understanding Body Dissatisfaction in Men, Women and children*. London: Routledge.
- Hahn, R. 1995. *Sickness and Healing: an Anthropological Perspective*. Hew Haven: Yale University Press.
- Harding, T.G. 1978. Introduction: major themes of the conference. In Jim Specht & J. Peter White (Eds.). *Mankind*, 11: 161-4.

- Harlan, J. R. 1997. Food Crops. *Encyclopaedia of Pre-Colonial Africa: Archaeology, History, languages, Cultures and Environments*. Walnut Creek, California: AltaMira Press.
- Harris, M. 1975. *Cows, Pigs, Wars and Witches*. London: Hutchinson and Co. (Publishers) Ltd.
- Helman, C.G. 2007. *Culture, Health and Illness* (5thed.). London: Hodder Arnold.
- Higman, B.W. 2012. *How Food made History*. Chichester, West Sussex: Wiley-Blackwell.
- Holdsworth, M., Gartner, A., Landais, E., Maire, B & Delpeuch, F. 2004. *International Journal of Obesity & Related Metabolic Disorders*. 28 (12): 1561-1568.
- Hopton, E.N. 2011. Anorexia nervosa in adolescent girls: a culture bound disorder of Western society. *Social Cosmos*, Vol. 2: 175-183.
- Hu, F.B. 2003. Overweight and obesity in women: health risks and consequences. *Journal of Women's Health*. 12: 163-172.
- Hubinger, Vaclav. 2010. Anthropology and Modernity. *International Social Science Journal*, Vol. 49(154): 527-537.
- Hume, T. 2000. *Women and Food: Exposing the Relationship between Women, Food and Depression*. Cape Town: Zebra Press.
- Hunter, M. (2008). Zulu men and changing households from providers within marriage to providers outside marriage. Carton, B., Laband, J. & Sithole, J. (Eds.). *Zulu identities: Being Zulu, Past and Present*. Scottsville: University of KwaZulu-Natal Press.
- Hurley, E.; Coutsoodis, A.; Giddy, J.; Loots, E. & Esterhusien, T.M. 2011. Weight Evolution and perceptions of adults living with HIV following initiation of antiretroviral therapy in a South African urban setting. *South African Medical Journal*, Vol 101 (9): 645-650.
- Hurry, C. 2004. *Handbook for the huntress: how to bag a really great husband*. Johannesburg: eB&W Publishing SA (PTY) Limited.
- Hyman, M. 2012. "How Emotional Eating Can Save Your Life." Website accessed on September 14, 2012: <http://drhyman.com/blog/2012/07/10/how-emotional-eating-can-save-your-life/>
- Hyman, M. 2012. "Six Ways I Changed My Life and How You Can Change Yours." Website accessed on August 13, 2012: http://drhyman.com/blog/conditions/six-ways-i-changed-my-life-and-how-you-can-change-yours/?utm_source=WhatCounts+Publicaster+Edition&utm_medium=email&utm_campaign=drhyman+newsletter+issue+%2386&utm_content=Get+the+story
- Jagger, Elizabeth. 2000. *Consumer Bodies: The Body, Culture and Society*. Buckingham: Open University Press.

- Jones, L. & Barron, I. 2007. *Research and Gender*. New York: Continuum International Publishing House.
- Jourbert, J. & Bradshaw, D. 2006. Population ageing and Health Challenges in South Africa. *Chronic Diseases of Lifestyle in South Africa: 1995-2005*. Steyn, K., Fourie, J. & Temple, N. (Eds.). Cape Town: South African Medical Research Council.
- Keeton, Claire. 2006. "Thin is in as black women shed kilos: pressure to be skinny filters into townships and urban communities." *Sunday Tribune* (22 January 2006). Accessed 5 November 2014:
<http://business.highbeam.com/3548/article-1G1-141210732/thin-black-women-shed-kilos>
- Keogh, J 2010. Capetonians SA's fattest. *Beeld*. September 8, 2010. Accessed 8 September, 2010: <http://www.news24.com/SciTech/News/Capetonians-SAs-fattest-20100908>
- Keyter, C. 1966. *Feeding Customs and Food Habits of Urban Africans*. Johannesburg: South African Institute of Race Relations.
- Kimani-Murage, E.W.; Kahn, K.; Pettifor, J.M.; Tollman, S.M.; Dunger, D.B.; Gomez-Olive, X.F. & Norrish, S.S. The prevalence of stunting, overweight and obesity, and metabolic disease risk in rural African Children. *BMC Public Health*, Vol. 10(158): 1-13.
- Kolisang, K. 1998. Reaping the benefits of local innovation. *Agenda: Empowering women for gender equity*. 14 (38): 36-37.
- Konner, M & Eaton, S.B. 2010. Palaeolithic Nutrition Twenty-five Years Later. *Nutrition in Clinical Practice*, Vol 25(6): 594-602.
- Kottak, C.P. 2008. *Anthropology: The Exploration of Human diversity* (12th edition). New York: The McGraw-Hill Companies, Inc.
- Krige, E.T. 1957. *The Social Systems of the Zulus*. Pietermaritzburg: Shuter and Shooter.
- Krige, E.T. 1962. *Some aspects of the Impact of the Valley Trust on the Nyuswa and Qadi Tribes of the Valley of a Thousand Hills*. Botha's Hill. Natal: Valley Trust.
- Kruger, H.S., Venter, C.S., Vorster, H.H. & Margetts, B.M. 2002. Physical activity is the major determinant of obesity in black women in the North West Province, South Africa. The THUSA Study. *Nutrition*, 18: 422-427.
- Kruger, H. S., Puoane, T., Senekal, M. & van der Merwe, M.T. 2005. Obesity in South Africa: Challenges for Government and health professionals. In *Public Health Nutrition*, 8(5): 491-500.
- Latha, R.H. 2010. Re-Shaping of Gender Activism in a Muslim context – Senegal. *Agenda* No. 83: 55-67.

- Latham, M.C. 1965. *Human nutrition in tropical Africa: a textbook for health workers, with special reference to community health problems in East Africa*. Rome: Food and Agriculture Organization of the United Nations.
- Lather, M.A. 1999. *Getting Started: Feminist Research and Pedagogy with/in the Postmodern*. New York: Routledge.
- Lather, P. 1991. *Getting Smart*. London: Routledge.
- Le Roux, M. 2003. *The relationship between anthropometry, dietary intake and physical activity in women (24-44 years) in Mangaung*. MTech Dissertation, Technikon Free State.
- Leclerc-Madlala, S. 2008. AIDS in Zulu Idiom: Etiological Configurations of Women, Pollution and Modernity. Carton, B., Laband, J. & Sithole, J. (Eds.). *Zulu Identities: Being Zulu, Past and Present*. Scottsville: UKZN Press.
- Leclerc-Madlala, Suzanne. 2008. Age disparate and intergenerational sex in Southern Africa: the dynamics of hyper vulnerability. *AIDS*, 22 (Suppl 4): S17-S25.
- Lee, R.E., McAlexander, K.M. & Banda, A.B. 2011. *Reversing the Obesogenic Environment: Physical Activity Intervention Series*. Champaign, IL.: Human Kinetics.
- Lee, S. 1999. Reconsidering the status of anorexia nervosa as a western culture-bound syndrome. *Social Science & Medicine*, 42 (1): pp. 21-34.
- Leith, W. 2010. "What women see (and men don't). The Oprah Magazine (South Africa). October 2010: 80-82.
- Lewis, R. & Mills, S. 2003. *Introduction: Feminist Postcolonial Theory: A Reader*. Reina Lewis and Sara Mills (Eds.). New York: Routledge.
- Lindfors, B. 1996. "Ethnological Show Business: Footlighting the Dark Continent." In Rosemarie Garland Thomson (Ed), *Freakery: Cultural Spectacles of the Extraordinary Body*. New York: New York University Press.
- Lock, M. 1993. *Encounters with Aging: Myths of Menopause in Japan and North America*. Berkeley: University of California Press.
- Longhorn Foundation (n.d.). 'What is an atherogenic diet?' Accessed on 6 September 2010: <http://www.livestrong.org>
- Lupinski, Kirsten G. 2003. *Cultural Differences in Body Image: The Perspectives of European American, African American and Asian American College Women*." Thesis: Doctorate of Education, University of Cincinnati.
- Lupton, D. 1994. *Medicine as Culture; Illness, Disease and the Body in Western Societies*. London: SAGE Publications Ltd.

- Lyon, J.L. & Mahoney, A.W. 1988. Fried foods and the risk of colon cancer. *American Journal of Epidemiology*, Vol 128(5): 100-1006.
- Mabilia, M. 2005. Breast feeding and sexuality: behavior: beliefs and taboos among the Gogo. *Breast Feeding and Sexuality*. Oxford: Berghahn Books Ltd.
- MacVicar, N. 1946. *The People's Food: Recent Discoveries and their Application in South Africa*. Johannesburg: South African Institute of Race Relations.
- Mallol, C.S. 2009. Food habits and physical representations in French. Accessed on 21 November, 2011: http://scholar.google.co.za/scholar?bav=on.2,or.&biw=1440&bih=773&bvm=pv.xjs.s.en_US.v-r5CthikH8.O&um=1&ie=UTF-8&lr=&q=related:xX6SnBC27pOoxM:scholar.google.com/
- Maunder, E.M.W.; Matji, J. & Hlatshwayo-Molea, T. 2001. Enjoy a variety of foods — difficult but necessary in developing countries. *South African Journal of Clinical Nutrition*, 14: Supplement, S7-S11.
- Mbanya, J. C. N.; Motala, A.; Sobngwi, E., Assah, F. K. and Enoru, S. R. 2010. Diabetes in sub-Saharan Africa. *The Lancet*, 375: 2254- 2266. Accessed on November 5, 2010: www.thelancet.com
- McClintock, A. 1995. *Imperial Leather: Race, Gender and Sexuality in the Colonial Context*. New York: Routledge.
- Maher, J. 1968. Overweight: Causes, Cost and Control. New Jersey: Prentice-Hall. In Malan, L., Malan, N.T., Wissing, N.P. & Seedat, Y.K. 2008. Coping with urbanization: a cardio metabolic risk? The THUSA Study.” In *Biological Psychology*, 79(3): 323-328.
- Malkmus, G.M. 2006. *Hallelujah Diet: Experience the Optimal Health You were Meant to Have*. Shippensburg, PA.: Destiny Image Publisher, INC.
- Mayer, J. (1968). *Overweight: Causes, cost, and control*. Englewood Cliffs, N. J.: Prentice-Hall.
- Mbakogu, I. A. 2004. “Is there a relationship between Culture and Development? *Anthropologist*, 6(1): 37-43.
- Mbanya, A.A.M.; Sobngwi, E.; Assah, F.K. & Enoru, S.T. 2010. Diabetes in sub-Saharan Africa. *Lancet* 2010; 375: 2254–66
- Medical Research Council (South Africa). 2003. *National Demographic and Health Survey*. Pretoria: South Africa's Medical Research Council's Burden of Disease Unit.
- Mennell, S., Murcott, A. & van Otterloo, A.H. 1992. *The Sociology of Food: Eating, Diet and Culture*. London: SAGE.

- Mintz, S.W. & Du Bois, C.M. 2002. Anthropology of Food and Eating. *Annual Review of Anthropology*, 31: 99-119.
- Mintz, S. W. 1985. *Sweetness and Power: The Place of sugar in Modern History*. New York: Penguin Group (USA) Inc.
- Mogoatlhe, K. 2011. "Are my curves healthy?" In *True Love*, October 2011:161-164.
- Mollentze, W.F., Moore, A.J., Steyn, A.F., Jourbert, G., Steyn, K., Oosthuizen, G.M. & Weich, D.J. 1995. Coronary heart disease risk factors in a rural and urban Orange Free State black population. *African Medical Journal*.85(2): 90-96.
- Mollentze, W.F. 2006. Obesity in South Africa: A call for Action. In *Journal of Endocrinology, Metabolism and Diabetes in South Africa*, 11(2): 44-45.
- Monyeki, K.D., van Lenthe, F.G. & Steyn, N.P. 1999. Obesity: does it occur in African Children in rural communities in South Africa? *International Journal of Epidemiology*, 28(2):287-292.
- Moore, H. 2004. Preface. Richard, A.I. *Hunger and the Work in a Savage Tribe: A Functional Study of Nutrition among the Southern Bantu*. London: Routledge and Sons Ltd.
- Moore, H.L. & Vaughan, M. 1994. *Cutting Down Trees: Gender, Nutrition, and Agricultural Change in the Northern Province of Zambia, 19890-1990*. London: James Currey Ltd.
- Murphy, Sam. 2006. *Weights for Weight Loss: The Fast Track to a Slimmer, Stronger, Firmer Body*. London: Kyle Cynthia Limited.
- Musella, M., Milone, M., Bellini, M., Sosa, F.L.M., Leongito, M. & Milone, F. 2012. Effect of bariatric surgery on fertility-related infertility. *Surgery for Obesity and Related Diseases*: 8(4): 445-9.
- Mvo, Z., Dick, J. & Steyn K. 1999. Perceptions of overweight African women about acceptable body size of women and children. *Curationis*, 22: 27-31.
- Mvo, Z., Charlton, K.E., Brewitt, P. & Bourne, L.T. 2004. Sources and credibility of nutrition information among black urban South African women, with a focus on messages related to obesity. *Public Health Nutrition*: 7(6): 801–811.
- Naish, John. Soft drinks, hard facts. *Daily News*, 24 August, 2012: 11.
- Nesamvuni, C.N. 2000. *The use and nutritional value of common edible indigenous green leafy vegetables in the diet of the Vhavenda*. Unpublished MA Nutrition Dissertation, University of the North, South Africa.
- Nestle, M. 2003. *Food politics: how the food industry influences nutrition and health*. Berkeley, Cal: University of California Press.

- Ngubane, H. 1977. *Body and Mind in Zulu medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice*. London: Academic Press.
- Nthangeni, N.G. 2001. Dietary and lifestyle factors of urban. Unpublished PhD Thesis, University of the North, South Africa.
- Njamnjoh, Francis. 2011. 'Potted Plants in Greenhouses': A Critical Reflection on the Resilience of Colonial Education in Africa. A public lecture delivered on September 14, 2011 at the University of KwaZulu-Natal, Howard College Campus, Durban.
- Oduyoye, Mercy Amba. 2002. "Preface: Naming Our Mothers." In Isabel Apawo Phiri, Devakasham Betty Govinden and Sarojini Nadar (Eds.). In *Her-Stories: Hidden Histories of Women of Faith in Africa*. Pietermaritzburg: cluster Publications.
- Oelofse, A., Faber M., Benade, J.G., Benade A.J.S., Kenoyer D.G. 1999. The Nutritional Status of a rural community in KwaZulu-Natal, South Africa: the Ndunakazi Project. *Central Africa Journal of Medicine* 45(1) 14-19.
- Oelofse, A., Faber, M., Benade, J.G., Benade, A.J.S. & Kenoyer, D.G. 1999. The nutritional status of a rural community in KwaZulu-Natal, South Africa: the Ndunakazi Project. *Central African Journal of Medicine*: 45(1): 14-19.
- Ogana, W. 1995. Indigenous Vegetables in Kenya. *Do it herself: women and technical innovation*. In Helen Appleton (Ed.). London: Intermediate Technology Publications Ltd (ITP).
- Ogden, J. 2010. *The Psychology of Food: From Healthy to Disordered Eating* (2nded.). Chichester: Blackwell.
- O'Leary, Z. 2007. *The Social Science Jargon-Buster: The Key Terms You Need to Know*. Los Angeles: SAGE Publications.
- Organization for Economic Co-operation and Development. 2010. *Most Overweight Nations: OECD Report (PHOTOS)*.
<http://www.oecd.org/els/healthsystems/obesityandtheeconomicsofpreventionfitnotfat.htm>
 [Accessed 20, November 2012]
- Onwuegbuzie, A. J. & Leech, N. L. 2004. Enhancing the interpretation of "significant" findings: the role of mixed methods research. *The Qualitative Report*, 9 (4): 770-792
- Orbach, S. 1979. *Fat is a Feminist Issue: the Anti-Diet guide to Permanent Weight Loss*. London: Hamlyn.
- Orbach, S. 1990. Gender and Dependency in Psychotherapeutic Approaches in Health, Welfare and Community, 4(3-4): 1-15)
- Orbach, S. 2009. *Bodies*. London: Profile.

- Orford, Jim. 1985. *Excessive Appetites: A Psychological View of Addictions*. Chichester: John Wiley & Sons.
- Osseo-Asare, F. 2005. *Food Culture in sub-Saharan Africa*. Westport, CT.: Greenwood Press.
- Pelto, P. 1988. A Note on Critical Medical Anthropology. *Medical Anthropology Quarterly*, 2: 435-437.
- Peltzer, K. and Pengpid, S. Leisure time physical activity and sedentary behaviour and substance abuse among in-school adolescents in eight African countries. *International Journal of Behavioural Medicine*, 17: 271-278.
- Perry, J. 2005. *Cook for your Wellbeing*. Tonbridge Kent: Cook Trading Limited.
- Pollan, M. 2006. *The Omnivore's Dilemma: the Search for a Perfect Meal in a Fast-Food World*. London: Bloomsbury.
- Pollan, Michael. 2007. *The Omnivore's Dilemma: the Search for a Perfect Meal in a Fast Food World*. London: Bloomsbury.
- Pollan, M. 2008. *In Defence of Food: They Myth of Nutrition and the Pleasure of Eating*. London: Penguin Books Ltd.
- Popenoe, R. 2003. *Feeding Desire: Fatness, Beauty and Sexuality among a Saharan People*. London: Taylor and Francis Ltd.
- Popkin, B.M. 2001. The nutrition transition and obesity in the developing world. *Journal of Nutrition*, 131(3): 871S-873S.
- Popkin, B.M. 2002. An overview of the nutrition transition and its health implications: The Bellagio meeting. *Public Health Nutrition Bulletin*, 5: 93-103.
- Popkin, B., et al., 2002. Part 1V. Bellagio Declaration. Nutrition and health transition in the developing world: the time to act. In *Public Health Nutrition* 5(1A): 279-280.
- Pollan, M. 2008. *In Defence of Food: They Myth of Nutrition and the Pleasure of Eating*. London: Penguin Books Ltd.
- Popkin, Barry. 2012. "What's nutrition transition?" Accessed on November 5, 2012: <http://www.cpc.unc.edu/projects/nutrans/whatis>
- Poyner, J. 2011. Dismantling the Architecture of Apartheid: Vladislavic's Private Poetics in Portrait with Keys. *Marginal Spaces: Reading Ivan Vladislavic*. Johannesburg: Wits University Press.
- Popkin, B.M., Adair, L.S. and Ng, S.W. 2011. Global nutrition transition and the pandemic of obesity in developing countries. *Nutrition Reviews*, 7(1): 3-21.
- Popkin, B. 2010. *The World is Fat: the Fads, Trends, Policies, and Products that are Fattening the Human Race*. New York: Avery (a member of the Penguin Group (USA) Inc).

- Punch, K.F. *Introduction to Social Research: Quantitative and Qualitative Approaches* (2nd ed.). London: SAGE.
- Puoane, T., Tsolekile, L. & Steyn, N. 2010. Perceptions about body image and sizes among black African girls living in Cape Town. *Ethnicity & Disease*, Vol 20: 29-34. Winter.
- Puoane T., Tsolekile, L, Sanders, D., Parker W. 2008. Chronic non-communicable diseases. In: Barron P, Roma-Reardon J, (Eds.). *South African Health Review* 2008: 73–87. Durban: Health Systems.
- Puoane, T. & Tsolekile, L. 2008. Challenges faced by the Urban Black South African in the prevention of Non-communicable Diseases. *Tribes and Tribals, Special Volume*, 2: 9-14. Retrieved: 15 August 2014:
<http://repository.uwc.ac.za/xmlui/bitstream/handle/10566/242/PuoaneChallenges2008.pdf?sequence=3>
- Puoane T, Fourie JM, Shapiro M, Rosling L, Tshaka NC, Oelofse A. 2005. ‘Big is beautiful’ -an exploration with urban black community health workers in a South African township. *South African Journal of Clinical Nutrition*. 18(1): 6-15.
- Puoane, T. & Hughes, G.D. 2005. Impact of the HIV/AIDS pandemic on non-communicable disease prevention. *South African Medical Journal*, Vol. 95 (4): 228-229.
- Puoane T.R., Steyn, K., Bradshaw, D., Laubscher, R. Fourie, J.M., Lambert, V. & Mbananga, N. 2002. Obesity in South Africa: the South African Demographic and Health Survey. *Obesity Research*, 10(10): 1038-1048.
- Raal, F.J., Marais, A.D. & Schamroth C. Adoption of the European guidelines on cardiovascular disease prevention in clinical practice – guide to lipid management. *SA Heart Journal* 2006; 3: Supplement.
- Ramphela, M. 2008. *Laying Ghosts to Rest*. Cape Town: Tafelberg.
- Raschke, V., Hersdorf, U., Elmadfa, I., Wahlqvist, M., Kouris-Blazos, A. & Cheema, B. 2007. Traditional African Food Habits. *African Journal of Food, Agriculture, Nutrition and Development*, 7(1).
- Redfield, R., Linton, R. & Herskovits, M.J. 1936. Memorandum for the study of acculturation. *American Anthropologist*, 38(1): 149-152.
- Renzaho, A.M.N., Gibbons, C., Swinburn, B., Jolley, D. & Burns, Cate. 2006a. Obesity and under nutrition in sub-Saharan African immigrant and refugee children in Victoria, Australia. *Asia Pacific Journal of Clinical Nutrition*, 15 (4): 482-490. Accessed on 8 Sept 2008: <http://www.hst.org.za/print/news/south-africans-follow-unhealthy-Western-trend>
- Ribane, N. 2006. *Beauty: A Black Perspective*. Scottsville: UKZN Press.

- Rich, Adrienne. 1986. *Blood, Bread and Poetry*. London: N.W. Norton and Co.
- Richards, A. A. 2004. *Hunger and the Work in a Savage Tribe: A Functional Study of Nutrition among the Southern Bantu*. London: Routledge and Sons Ltd.
- Richards, A.A. 1932. *Hunger and the work in a savage tribe*. London: Geo. Routledge and Sons Ltd.
- Richard, L. 1994. Writing: a method of inquiry. In N. Denzin and Y. Lincoln (Eds.) *Handbook of Qualitative Research*. Thousand Oaks, Cal.: Sage Publications.
- Ritzer, G. 1993. *The McDonaldisation of Society*. Newbury Park: Pine Forge Press.
- Roberts, P. 2009. *The end of food*. New York: Houghton Mifflin Harcourt Publishing Company.
- Robertson, A.F. 2001. *Greed: gut feelings, growth and history*. Cambridge: Polity Press and Blackwell Publishers Ltd.
- Rozin, P. 1999. Food is Fundamental, Fun, Frightening, and Far Reaching. *Social Research*, 66(1): 9-30.
- Rubin, J. 2008. *Perfect Weight South Africa*. St Mary, Fla: Siloam.
- Ryan, Michael. 2010. *Cultural Studies: A Practical Introduction*. Chichester, West Sussex, U.K.: Wiley-Blackwell.
- Said, E.W. 1978. *Orientalism: Western Conceptions of the Orient*. London: Routledge and Kegan Paul.
- Saguy, S. & Dana, D. 2003. Integrated approach to deep frying: engineering, nutrition, health and consumer aspects. *Journal of Food Engineering*, 56: 143-152.
- Saneka, M.; Zondo, S. and Leclerc-Madlala, S. 2007. *Sunday Tribune*, 3 June.
- Sanger, Nadia. 2007. "Representations of gender, race and sexuality in selected English-medium South African magazine, 2003-2005", PhD Thesis, University of the Western Cape.
- Sargent, Carolyn and Gulbas, Lauren. 2011. Situating Birth in the Anthropology of Reproduction. In Merrill Singer and Pamela I. Erickson. *A companion to Medical Anthropology*. Chichester, West Sussex: Wiley-Blackwell.
- Scheper-Hughes N, Lock M (1987) 'The mindful body: a prolegomenon to future work in medical anthropology.' *Medical Anthropology Quarterly*, 1, 6-41.
- Scheper-Hughes, N. & Stein, H. 1987. Child abuse and the sub-conscious. In Nancy Scheper-Hughes (Ed.). *Child Survival: Anthropological Approaches to the Treatment and Malnutrition of Children*. Dordrecht: Reidel.

- Schlosser, E. 2002. *Fast Food Nation: What the all-American Meal is doing to the World*. London: Penguin Books.
- Schumann, A. 2010. 'Taming transgression: South African nation building and "body politics"', in *Agenda*, 24, 83, 95-106.
- Scorgie, F. (2002) Virginity testing and the politics of sexual responsibility: Implications for AIDS intervention. *African Studies*, 61(1): 55-75.
- Seed, J.A.; Szabo, C.P.; Allin, L.J.; Nxumalo, S.A. and Oliver, Steve. 2004. Body Dissatisfaction and Pursuit of Thinness in Black South African Females: The Role of Men. *Proceeding of the British Psychological Society*, 13(1). Paper presented at the Psychology Section, Annual Conference, Windermere, Durban, 1-3 September, 2004.
- Seedat, Y.K., Crossdale, M.A., Milne, F.J., Opie, L.H., Pinkney-Atkinson, V.J., Rayner, E.L. & Veriava, Y. 2006. South African Hypertension Guidelines, 2006. *South African Medical Journal*, 96: 337-362.
- Senekal, M; Steyn, N.P. & Nel, J.H. 2003. Factors associated with overweight/obesity in economically active South African populations. *Ethnicity and Disease*, 13: 109-116.
- Shah, H. A. 2004. *Obituaries. J.R. Physicians Edinburgh*, 34: 333-334.
- Shaw, A. 2006. *The Embodiment of Disobedience: Fat Black Women's Unruly Political Bodies*. Lanham, MD.: Lexington Books.
- Singer M (1995) 'Beyond the Ivory Tower: Critical praxis in medical anthropology', in *Medical Anthropology Quarterly*, 9(1): 80-106.
- Singh, D. and Singh, D. 2006. "Role of Body Fat and Body Shape Judgment of Female Health and Attractiveness: An Evolutionary Perspective." *Psychology Topics* 15 (2006), 2: 331-350.
- Smith, D. 2010. "South Africans among world's fattest people, survey finds." [guardian.co.uk](http://www.guardian.co.uk/world/2010/sep/09/south-africa-obesity-survey-health), Thursday 9 September 2010. Website: <http://www.guardian.co.uk/world/2010/sep/09/south-africa-obesity-survey-health>
- Smith, R. 1889: 269. *Lectures on the religion of the Semite*. New York: D. Appleton.
- Sobo, Elisa. 1997. "The Sweetness of Fat: Health, Procreation, and Sociability in Rural Jamaica." Carole Counihan and Penny van Esterik (Eds). In *Food and Culture: a Reader*. London: Routledge.
- South Africa Department of Health. South Africa Demographic and Health Survey (SADHS). 1998. Pretoria: South Africa Department of Department of Health.
- Squire, C. 1989. *Significant differences: feminism in psychology*. London: Routledge.

- Stadler, K. 2006. *Dietary intake, physical activity and risk for chronic diseases of lifestyle among employees at a South African open-cast diamond mine*. Unpublished MSc Dissertation, Stellenbosch University, South Africa.
- Statistics South Africa. 2012. *Census 2011 (Statistical Release P0301.4)*. Pretoria: Statistics South Africa.
- Stearns, Peter N. 2002. *Fat History: Bodies and Beauty in the Modern*. West: New York: New York University Press.
- Stedman's Medical Dictionary. "Lifestyle." *The American Heritage® Stedman's Medical Dictionary*. Houghton Mifflin Company. 01 Nov. 2014. <Dictionary.com
<http://dictionary.reference.com/browse/lifestyle>
- Stewart, Julia. 2004. *Stewart's Quotable African Women*. London: Penguin Books.
- Steyn, K. 2006. Conceptual Framework for Chronic Diseases of Lifestyle in South Africa. In Krisela Steyn, Jean Fourie and Norman Temple (Eds.). *Chronic Diseases of Lifestyle in South Africa: 1995-2005 Technical Report: 1995-2005*. Cape Town: South African Medical Research Council.
- Steyn, K. & Damasceno, A. 2006. Jamison, D.R., Feachem, R.G., Makgoba, M.W., Bos, E.R., Baingana, F.K., Hofman, K.J. & Rogo, K.O. *Lifestyle and Related Risk Factors for Chronic Diseases: Disease and Mortality in Sub-Saharan Africa (2nd edition)*. Washington, D.C.: World Bank.
- Steyn, K., Fourie, J. & Temple, N. (Eds.). 2006. *Chronic Diseases of Lifestyle in South Africa: 1995-2005 – Technical Report*. Parowvallei, Western Cape: Medical Research Council.
- Steyn, N.P., Bradshaw, D., Norman, R., Joubert, J.D., Schneider, M. & Steyn K. (2006) *Dietary Changes and the Health Transition in South Africa: Implications for Health Policy*. Cape Town: South African Medical Research Council.
- Steyn, N.P., Nel, J.H., Parker, W. and Ayah, R. 2012. Urbanization and the nutrition transition: A comparison of diet and weight status of South African and Kenyan women. *Scandinavian Journal of Public Health*, 40: 229-238.
- Stolke, V. 1993. Is sex to gender what race is to ethnicity? In Teresa del Valle (Ed.). *Gendered Anthropology*. London: Routledge.
- Stone, W.L. & Papas, A.M. 1997. Tocopherols and the Etiology of colon cancer. *Journal of the National Cancer Institute*, Vol.89(14): 1006-1014.

- Stott, H.H. 1976. *"The Valley Trust Socio-Medical Project for the Promotion of Health in a Less Developed Rural Area."* Unpublished PhD thesis, University of Edinburgh, United Kingdom.
- Swami, V., Fredrick, D.A., Aavic, T., Alcalay, L., Allik, D.A., Andrianto, S., Arora, A., Brannstrom, A., Cunningham, J., Daniel, D., Doroszewicz, K., Forbes, G.B., Frunham, A., Greven, C.U., Halberstadt, J., Hao, S., Haubner, T., Hwang, C.S., Inman, M., Jaafar, J.L., Johansson, J., Jung, H., Keser, A., Krestzschmar, U., Lachenicht, L., Li, N.Pl., Locke, K., Lonnqvist, J., Lopez, C., Loutzenhiser, L., Loutzenhiser, M.N.C., McCabe, M.P., McCreary, D.R., McKibbin W.F., Mussap, A., Neto, F., Nowell, C., Alampay, L.P., Pillai, S.K., Pokrajac-Bulian, A., Proyer, R.T., Quitelier, K., Ricciardelli, L.A., Rozmus-Wrzesinska, M., Ruch, W., Russon, T., Schutz, A., Shakelford, T.K., Shashidharan, S., Simonetti, F., Sinniah, D., Swami, M., Vandermassen, G., van Dynslaeger, M., Verkasalo, M., Voracek, M., Yee, C.K., Zhang, E.X., Zhang, X. and Zivcic-Becirevic, I. 2010. The Attractive Female Body Weight and Female Body Dissatisfaction in 26 countries Across 10 World Regions: Results of the International Body Project 1. 2010. *Personality and Social Psychology Bulletin*, 36(3): 309-325.
- Szabo, C. P. 2009. *Eating Disorders*. Wandsbeck: Reach Publishers.
- Szalavitz, M. 2012. Marijuana Slims? Why Pot smokers are less obese. *Time Styles & Design*. Accessed on Dec 1, 2012: <http://healthland.time.com/2011/09/08/marijuana-slims-pot-smoking-linked-to-lower-body-weight/>
- Tamale, S. (Ed.) 2011. *African Sexualities: A Reader*. Cape Town. Pambazuka Press.
- Terreblanche, S. 2002. *A History of Inequality in South Africa, 1652-2002*. Pietermaritzburg: University of Natal Press.
- Thompson, B. (Ed.). 2008. *Black Womanhood: Images, Icons, and Ideologies of the African Body*. Hanover, N.H.: Hood Museum of Art, Dartmouth College in Association with University of Washington Press.
- Thompson, Kenneth. 1992. "Social Pluralism and Modernity." Website accessed on 22 April 2013: http://www.wordsinspace.net/course_material/fmt/Pomo.pdf
- Tibazarwa, K., Ntyintyane, L., Sliwa, K., Gerntholtz, T., Carrington, M., Wilkinson, D. & Stewart, S. 2009. A time bomb of cardiovascular risk factors in South Africa: Results from the Heart of Soweto Study "Heart Awareness Days. *International Journal of Cardiology*, 132 (2): 233-239.

- Tiefer, L. 2008. Female Genital Cosmetic Surgery; Freakish or Inevitable Analysis from Medical Marketing, Bioethics, and Feminist Theory. *Feminism & Psychology*, 18(4): 466-479.
- Todhunter, E.N. 1973. Food habits, food faddism and nutrition. Rechcigl, M. (ed.), *Food, Nutrition and Health: World Review of Nutrition and Dietetics*. Basel: Karger.
- Trapido, A. 2008. *Hunger from Freedom: The Story of Food in the Life of Nelson Mandela*. Auckland Park: Nelson Mandela Foundation.
- Turner, B.L. & Thompson, A.L. 2013. Beyond the Palaeolithic prescription: incorporating diversity and flexibility in the study of the human diet evolution. *Nutrition Reviews*, Vol 71(8): 501-515.
- Tylor, S.S., Rudolf, J. W. & Foldy, E. G. 2008. Teaching Reflective Practice in the Action Science/Action Inquiry Tradition: Key Stages, Concepts and Practices. *The SAGE Handbook of Action Research: Participants Inquiry and Practice* (2nd ed.). In Reason, P. & Bradbury, H. (Eds.). Los Angeles: SAGE Publications.
- Ulwazi Sharing Indigenous Knowledge website. Accessed: 10 October 10, 2014. http://www.ulwazi.org/index.php5?title=Zulu_language#The_.27Zulu.27.2F.27isiZulu.27_debate.
- Utlely, A. 2002. Fat phobias harm Zulu Women. *Times Higher Education*. Cambridge: Cambridge University Press.
- Van der Merwe, M.T. & Pepper, M.S. 2006. Obesity in South Africa. *The International Association for the Study of Obesity: Obesity Reviews*. 7 (4):315-322.
- Van der Post, L. 1977. *First Catch your Eland*. London: The Hogarth Press.
- Venter, C.S., Wissing, M.P. & Margetts, B.M. 2005. The nutrition and health transition in the North West Province of South Africa: a review of the THUSA (Transition and Health during Urbanisation of South Africans). *Public Health Nutrition*, 8 (5): 480-90.
- Viljoen, A.T., Botha, P. & Boonzaaier, C.C. 2005. Factors contributing to changes in food practices of a black South African community. *Journal of Family Ecology and Consumer Sciences*, 33: 46–62.
- Vorster, H.H. 2010. The Link between Poverty and Malnutrition: A South African Perspective. *Health South Africa Gesondheid*, 15(1): 1-6.
- Vorster, H.H., Margetts, B., Venter, C.S. & Wissing, M.P. 2005a. Integrated nutrition science: from theory to practice in South Africa.” In *Public Health Nutrition*: 8(6A), 760–765.

- Vorster, H.H., Venter, C.S., Wissing, M.P. & Margetts, B. 2005b. The nutrition and health transition in the North-West Province of South Africa: a review of the THUSA study. *Public Health Nutrition*, 8(5), 480-490.
- Vorster, H.H., Oosthuizen, W., Jerling, J.C., Veldman, F. & Burger, H.M. 1997. *The Nutritional Status of South Africans: A Review of the Literature from 1975-1996*. Durban: Health Systems Trust.
- Wansink, B. & Huckabee, M. 2005. Marketing Nutrition – Soy, Functional Foods, Biotechnology, and Obesity. *Champaign, IL: ...* 47(4) (Summer), 6-18.
- Warde, Alan. 1997. *Consumption, Food and Taste: Culinary Antimonies and Commodity Culture*. London: SAGE Publications.
- Watson, J. I. and Caldwell, M. (Eds.). 2005. *The Cultural Politics of Food and Eating: A Reader*. Oxford: Blackwell Publishing.
- http://www.rcpe.ac.uk/journal/issue/journal_34_4/Obituaries.pdf [Accessed Dec 7, 2012]
- Wiedman, D.W. 1999. Type 11 Diabetes, Technical Development and the Oklahoma Cherokee. In B.A. Baer (Ed.). *Medical Social Science*. London: Gordon and Breach.
- Woolard, I. & Leibbrandt, M. 2009. *Measuring Poverty in South Africa*. Cape Town: Development Policy Research Unit, University of Cape Town. Website accessed: December 7, 2012: <http://dspace.cigilibrary.org/jspui/handle/123456789/7440>

APPENDIX 1 Interview Schedule

Study title: Food decisions and cultural perceptions of overweight and obesity – the case of Zulu women in Durban, South Africa.

Researcher: Winnie Ogana

INTERVIEW SCHEDULE

Introduction

Hello and welcome. I would like to ask you questions in order to get your opinion on the following:

- Major changes you have experienced in food habits since your childhood
- Your opinion on food consumption leading to weight gain may affect your health
- Your thoughts on how your levels of physical activity leading to weight gain may affect your health
- Your views on what Zulu women aspire to, and what Zulu men consider to be, the 'ideal' body shape, size and weight, and
- What measure you are taking to reduce, maintain or add your weight, it at all

The information you provide will lead to a better understanding of how your decisions and cultural perceptions influence food habits, levels of physical activity in relation to body weight among Zulu people.

Demographic details:

Name

Sex

Ethnicity

Age

Marital status

Your family members (number, sex and age)

Place of residence

Highest education level attained by research participant

Highest education level attained by research participant's father

Highest education level attained by research participant's mother

Employment status

Occupation of interviewee

Occupation of interviewee's father

Occupation of interviewee's mother

Religious affiliation

Body details: Height. Weight. Bust size. Waist size. Hip size.

A. Major changes experienced in dietary habits and lifestyle since childhood

Core question:

1. What major changes have occurred in your eating habits since childhood?

Sub-questions:

2. On an average weekday in your childhood, what did your family eat usually? (main meals, snacks and drinks? Weekend foods? Major changes to-date?)
3. What were considered 'poverty foods' and 'prestige foods' in your childhood?
4. What foods can you do without these days? Reasons? Food avoidance?

B. Cultural perception on associations between food, weight gain and health

Core Question:

5. According to Zulus, what foods contribute to good health? What foods contribute negatively to health?

Sub-questions:

6. What religious beliefs do you know of, if any, influence food habits among Zulu people?
7. What kind of food-related diseases or illnesses do you and your family members suffer from?
8. Cultural cures for such conditions among Zulu people? Have you heard of cases where Zulu women consult African traditional healers over weight-related chronic diseases?
9. Have you ever suffered from an eating disorder (probe for: anorexia nervosa, bulimia, binge eating, other?). If yes, to what would you attribute the eating disorder/s?

C. Gendered food consumption patterns in relation to weight gain

Core Question:

10. What food consumption patterns are associated with gender (based on age social status, economic status?)

Sub-questions:

11. Among Zulu people what foods were viewed as ‘masculine’ or ‘feminine’ in the past? Do today’s Zulus you know still hold the same views?
12. What culturally-ordained foods are Zulu women expected to eat at different stages in their lives (probe: childhood, adolescence, menstruation, pregnancy, lactation, old age)?
13. Which foods do Zulus associate with sexuality (libido-enhancing, fertility, witchcraft muthi)?
14. To what extent do men and women influence food decisions at the household level (probe: who decides what kind of food will be eaten, pays for food, buys food, prepares it)?
15. When you compare Zulu men and women, which group eats ‘healthier’ food?

D. Opinions on what constitutes the ideal body size

Core Question:

16. In general, what do Zulu women consider the ideal body shape, size and weight for women? (Probe: do the same measures apply on men? Are men’s bodies judged with the same lenience or strictness?)

Sub-questions:

17. How would you describe your ‘ideal’ body size? (Probe: where the respondent carries most body weight – breasts, stomach, hips bottom, thighs, other part).

18. At what stage, either in your childhood or adolescence, did people describe you as fat?
19. While you were growing up what did people of your ethnic group associate with being fat? Since, to what extent have Zulus changed their views concerning fat people?
20. In your childhood what perceptions did Zulu people have of thin people? (Probe: ways in which HIV and AIDS have affected the way Zulu people view body size and weight?)

E. Measures taken towards the prevention and management of overweight and obesity

Core question:

21. What strategies, if any, do Zulu women take in the prevention and management of overweight and obesity?

Sub-questions:

22. What other measures, if any, do you personally take to control your weight?
23. To what extent has physical exercise featured in your childhood, adolescence and adulthood? How would you compare physical activity of children during your childhood and now?
24. How often do you diet, if at all?
25. What do you do to prevent or manage weight-related diseases or illnesses?
26. How do you spend your leisure time? (Probe: pastime, hobbies)

F. Institutions that have influenced weight gain and ill health

Core question:

27. What socialization mechanisms have contributed to weight gain and consequent ill health among Zulu women?

Sub-questions:

28. In which ways, if any, did formal schooling affect the way you saw your body size, weight and shape?
29. To what extent has employment affected your eating habits?
30. In which ways have the mass media contributed to overweight and obesity?
31. How have the mass media influenced body size and shape among your peers? In your opinion, what kind of 'idea' female body shapes are the media reinforcing (Probe: television, film, marketing and advertising, magazines, other avenues).
32. To what extent do you aspire to the 'thin ideal' body shape in which Western women are expected to maintain a slim, youthful figure regarded as sexually attractive?
33. In which ways have global trends led to weight gain among Zulu women?
34. In which ways has religion or spirituality affected your eating habits?

35. To what extent do individuals in your life (parent, sibling, spouse or partner, colleague or peers influenced acceptance of your body weight?

G. General questions

36. In summary, what would you say has contributed to major changes in your food habits since childhood up to now?
37. To what extent do Zulu 'traditional' foods feature in your life now?
38. What are your main worries, if any, concerning your health in the years to come?
39. What food-related riddles, proverbs, poems, songs and folktales can you recall in relation to body weight or lifestyle?
40. What else would you like to add concerning how cultural food habits among Zulu women may contribute to weight gain, and consequent disease?

APPENDIX 2 Focus Group Discussion

Study title: Food decisions and cultural perceptions of overweight and obesity – the case of Zulu women in Durban, South Africa.

Researcher: Winnie Ogana

FOCUS GROUP DISCUSSION

Introduction

Hello and welcome. I would like to ask you a number of questions to get your opinion on the following matters:

- Major changes you have experienced in food habits since your childhood
- Your opinion on food consumption leading to weight gain may affect your health
- Your thoughts on how your levels of physical activity leading to weight gain may affect your health
- Your views on what Zulu women aspire to, and what Zulu men consider to be, the 'ideal' body shape, size and weight, and
- What measure you are taking to reduce, maintain or add your weight, if at all

The information you provide will lead to a better understanding of how your decisions and cultural perceptions influence food habits, levels of physical activity in relation to body weight among Zulu people.

Questions:

1. When you walk into clothing stores how easily do you find clothes that fit you?
2. What place does meat take in Zulu cuisine?
3. How do Zulu women who are HIV positive normalise their body weight?
4. To what extent do Zulu women situated at the University of KwaZulu-Natal, Howard College drink alcohol?
5. What are the general trends of smoking by Zulu women at the University of KwaZulu-Natal, Howard College?
6. How does marriage impact on women's weight in Zulu culture?
7. How do you as Zulu woman deal with weight gain as a result of pregnancy?

APPENDIX 3 Informed Consent

Title of Study: Food decisions and cultural perceptions of overweight and obesity – the case of Zulu women in Durban, South Africa.

Hello. My name is Winnie Ogana and I am a student at the University of KwaZulu-Natal, Howard College. I am conducting cultural research on food habits and physical exercise in relation to body weight among Zulu women in Durban, South Africa. May I kindly request for an interview with you on the above topic. This research study does not require you to reveal your identity, and all your responses will be treated in a confidential manner.

Your participation in in this research is entirely voluntary. You have the right not to answer any question or to withdraw from the study at any time.

PARTICIPANT AGREEMENT

The above information has been explained to me. I agree to participate in the interview/ focus group discussion to be held.

Signature of Participant

Date

Should you have additional information to offer or questions to ask, please feel free to contact me on the following cell phone number: 072 477 1833

Your participation in this study is highly appreciated.

APPENDIX 4 Ethical Clearance (Amended)



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7 October 2011

Ms W N Ogana (203520364)
School of Anthropology, Gender and Historical Studies

Dear Ms Ogana

PROTOCOL REFERENCE NUMBER: HSS/0963/011D

PROJECT TITLE: Meal as metaphor: food decisions and cultural perceptions of overweight and obesity – the case of isiZulu speaking women in Durban.

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process:

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Professor Steven Collings (Chair)
Humanities & Social Sciences Research Ethics Committee

cc Supervisor – Dr V Ojong
cc Professor J Parle
cc Mrs S van der Westhuizen



Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville