Migration's Role in Rising Obesity among Women of Zulu Ethnicity in Durban, South Africa

Winifred Ogana

Abstract

This article proposes to investigate perceptions on how migration is contributing to the rise of overweight and obesity mainly among female staff and students of Zulu ethnicity at the University of KwaZulu-Natal (UKZN), Durban. Through a cultural anthropology lens, this article interrogates the perceptions against the backdrop of rural-urban migration, and vice versa. From a public health perspective, both trends of overweight and obesity contribute significantly to the prevalence of nutrition-related, non-communicable diseases (NR-NCDs) and chronic diseases of lifestyle (CDLs). Vignettes illustrate the findings, based on the following theoretical underpinnings. Since no single theory explains the above phenomena adequately, the theories applied are the acculturation theory; critical medical anthropology; postmodern feminism and structural symbolism. This article thus aims to help explain, from an ethnographic perspective, why in terms of problems with obesity Zulu women are among the worst affected in South Africa (after the US and the UK).

Keywords: obesity, rural-urban migration, public health, nutrition

Introduction

Standing at the busy outlet of the A5 mega-supermarket along Durban's Albert Street some years back, I observed that an average of seven out of 10 women patronizing this superstore ranged from being overweight to being morbidly obese. The retail chain is a magnet to women seeking to save some

money at an outlet selling small quantities of consumer goods at wholesale prices. It was at this point that I began wondering what kind of food habits cause that kind of weight gain, and the consequent health implications. I wondered whether ethnicity had anything to do with the women's oversize bodies. In general, apart from the little there was tacked away in a sentence or two from clinical trials, the existing literature yielded little insight from a cultural viewpoint.

Over and over again, this research 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 to what extent – if at all – obesity was determined by rural-urban migration, or the reverse. A closely related question was to what extent 'traditional' eating habits had been eroded by the onslaught of the supermarket, and how the food items it stocked were implicated in weight-related ill health. A literature search led me to a book by Pollan (2006: 4-5), who paints a picture that renders supermarket – ubiquitous in urban settings – 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).

I wondered too, from the theoretical perspective of Critical Medical Anthropology (CMA), to what extent 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. I began mulling over how ethnicity affects food decisions, and whether digging into the individual past of isiZulu-speaking 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, which refers to changes in dietary patterns and lifestyle. In this article I use the hyphenated terms 'traditional' or 'indigenous' practices and perceptions since culture is dynamic rather than static.

Once people have migrated to towns or cities they tend to engage in physical activities less, to the detriment of their health. Commenting on lifestyle, a doctor in Family Medicine and a proponent of community health,

Candib (2007) regrets 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 in a sugar-laden diet, amid numerous vendors. Due to time pressure in urban harried life, not enough time is invested in cooking wholesome meals.

In the wake of the above obesogenic (factors contributing to obesity) environment among increasing urbanized 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. So serious is the obesity, for example, that some 60 South Africans (three people every hour) die from heart attacks and strokes daily (MRC 2003).

Females are worst affected for a number of reasons. They 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), and so is child-bearing, where after delivery, often women do not shed weight gained in pregnancy. In the 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, education level, parity and stress, as being implicated in the escalating obesity epidemic among South Africa women.

Theoretical Framework and Methodology

Despite an extensive literature search, no single theory was found adequate to frame cultural beliefs and practices relating to the current nutrition transition as it relates to overweight and obesity. Theories applied in this article draw upon literature on diet and lifestyle relevant to the rise of

chronic disease. They include the critical medical anthropology theory, acculturation theory, post-modern feminism and symbolic interactionism.

To explain sequential changes in dietary trends under the nutrition transition among Durban-based *isiZulu*-speaking women are experiencing, this study employs acculturation theory. Most existing data under acculturation research have been gathered in migrant settings (Cheung-Blunden and Juang 2008); which could apply to the above-mentioned women. In this research I study the Zulu women themselves, and their mothers or grandmothers who migrated from rural to urban areas in search of employment, education or to accompany their spouses or partners. In their context, 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 looks into dietary changes that have occurred as a result of *isiZulu*-speaking women or their family members coming into contact with other ethnic or racial groups.

The Critical Medical Anthropology theory offers an explanation for the forces of dietary change identified, which include the modernizing juggernauts of urbanization, industrialization, globalization and formal education – all initially ushered in by interaction with the West. Critical medical anthropology (CMA) theory advances two broad ideas. Firstly, CMA exponents argue that many medical anthropologists have incorrectly attributed regional disparities in health to local socio-cultural differences without examining the influence of global, political-economic inequalities on the distribution of sickness. The CMA exponents insist that this explanatory framework be broadened to describe how large-scale political, economic and cognitive structures constrain the individual's decisions, shape their social behaviour and influence their risk of sickness (Pollan 2008; Watson & Caldwell 2005; Cook 2004; Nestle 2003; Schlosser 2002; and Wylie 2001). Secondly, CMA emphasizes how historical and political factors shape contemporary decision-making as well as the distribution of present-day health problems, an approach which is also known as the political economy of health. Such aspects are evident throughout this article.

Through symbolic interactionism, the research study views the social contexts under which food-related symbolisms occur and shape what people believe, how they behave, and consequent health implications. To deeply comprehend the symbolic world of research participants, the symbolic

interactionist has to have close contact and direct interaction with people in an open-minded, inquiry coupled with inductive analysis (Patton 2002). To this end ethnographic inquiry will under-gird this article.

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. This article demonstrates 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.

In the process, the article illustrates the inappropriateness of 'traditional' ethnographic methodologies which tend to be western in origin, often failing to give non-western women – and other marginalized groups – a voice. The new ethnography takes on a multi-voice approach where women who are usually silent are encouraged to speak up. In the process, the methodology champions research ethics based on respect, truthfulness, reciprocity and accountability. Among other characteristics, ideally the 'new' ethnography should adopt an advocacy perspective, geared to correct both the invisibility and distortion of female experience. The article also illustrates the extent to which elements of the new methodology apply practically in the context of migration among Zulu women and significant others, against the backdrop of the prevailing obesity epidemic in South Africa. The themes of ethnography, obesity and theory are amalgamated through deliberate efforts to use narrative, a key feature in feminist ethnography in which the women tell their own stories.

The study site is Durban, a coastal city on the east coast of KwaZulu-Natal Province, to which many Zulu people have migrated, though others still live in traditionally structured rural communities. The Durban-based study is set in KwaZulu-Natal, South Africa's most densely-populated province. In the last census in 2001, the general adult population was 9,426,017, of which 70% speak isiZulu as their mother tongue (Statistics South Africa 2000; Rudwick 2008).

Currently, South Africa is the third among the world's most overweight nations, after America and Britain. A recent nationwide survey that covered all races and classes of South Africans shows that 61 percent of adults are overweight, obese or morbidly obese in four of the country's cities, Durban included, at 52 percent (Keogh 2010). These urban-based figures are higher than those of a national survey by the Medical Research Council (2003) in which at least 56% of women aged 15 and 29% of men in the same age group were either overweight or obese (Puoane *et al.* 2002). Smaller studies have shown pockets of severe female overweight/obesity. In a rural area in KwaZulu-Natal, for example, 76.9% of the females were either overweight or obese (Oelofse *et al.* 1999).

The study sample comprises 20 female key informants of Zulu ethnicity; half of them aged under 35, plus an additional 30 other participants. All 50 were recruited purposefully, on the basis of their ability to contribute to the constructively to the research topic. This study acknowledges that one cannot study women without studying men; to this end, men also feature, albeit to a relatively small extent. Through in-depth interviews, focus group discussions and ethnography, this article documents women's narratives going back over half a century by spanning a sample that brings together participants aged between 20 and 70.

Background

In order to better understand the topic at hand, it is important to comprehend migratory trends in South Africa, using a critical medical anthropology (CMA) theory to unpack obesity-related health issues. The country is situated in sub-Saharan Africa, a sub-region currently undergoing the fastest rate of urbanization worldwide, at an average annual rise in migrants of more than 3%. Factors causing urbanization include longer life expectancy, and massive rural-urban migration and to a small extent, vice versa. Either way, the key risk factor is obesity (Mbanya *et al*. 2010).

Urbanization, coupled with rising standards of living, is among key factors in South Africa's obesity epidemic. Rubin (2008), a US national, observes that increasing numbers of men and women migrating from South Africa's rural areas, where many take up jobs that provided disposable income they otherwise would not have. A sizeable portion of the earnings go

into spending at supermarkets where isles are replete with packaged foods containing white wheat flour and maize meal, refined sugar, artificial colouring and preservatives.

In addition, consumers in an urban setting are exposed to a vast array of fast food restaurants that sell Western favourites, as observed by Rubin (2008:4): '… 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 *samoosas* and *vetkoek*'. The acculturation process among locals is evident, as they embrace diets and lifestyle that are relatively different from their forebears. In comparing the South African situation to his home country USA, for example, Rubin underlines the last three equally fattening foodstuffs originating from three other nations, respectively: the UK, India and the Netherlands. All six food items cited by Rubin cause consumers help to pile on visceral (abdominal) fat, a risk factor in heart disease among obese individuals.

Universally, urban areas are deemed an economic magnet, drawing migrants either within or without countries. However, the South Africa's experience entails intercountry migration, defined as migration within the country's borders. This comprises rural-urban movement, though destinations also include semi-urban towns and rural perimeters of metropolitan areas, as well as reallocation between rural villages (Posel & Casale 2005). With migration availing economic benefits to migrants and their households, in the 1990s some 16% of South Africa's rural population moved annually to urban areas not only in a bid to escape poverty but also attempt to offer financial support to their families back home (Camlin *et al*. 2010).

Contrary to expectations, dire economic straits in South Africa intensified after the apartheid era ended in 1994. Posel and Casale (2005: 473) posit that:

> The ending of Apartheid has been associated not only with the elimination of formal restrictions on mobility and settlement, but also with a significant decline in labour absorption capacity for the formal economy, the growth of more insecure forms of employment and a corresponding increase in unemployment.

The authors base their analysis on the October Household Surveys conducted annually between 1993 – 1999, Posel and Casale (2005) report that the largest number of South African labour migrants are of African descent, with the figures increasing with time. The majority of such migrants aged 15 upwards and categorised as adults, are men, although figures on women increased from 31% to 34% of the total figure by 1999. With migration availing economic benefits to migrants and their households, in the 1990s some 16 percent of South Africa's rural population have moved annually to urban areas in a bid to escape poverty and be able offer financial support to their families back home (Camlin *et al*. 2010). Both sets of authors in this paragraph point out thatmigrants leave their rural dwelling either as individuals or as households. Reasons for migration differ, with groups known either as labour migrants or migrant workers seeking better livelihood . However, some individuals migrate in order to join spouse or partner, family or friends.

Migratory patterns also reflect gender patterns, among which females exercising agency by defying traditional domestic and marital roles dictated by age-old patriarchal mores. Both Camlin *et al*. (2010) and Posel and Casale (2005) concur also that in South Africa, women tend to migrate shorter distances than men, to nearby informal settlements or towns where they can keep in touch with rural families. Men, on the other hand, tend to migrate to distant urban areas, where they remain on a permanent basis. Circular or temporary migrant workers of either sex tend to move back and forth between rural and urban homes (Posel & Casale 2005).

The above two authors observe that increasing rates of unemployment among males have resulted in a decline in marital rates, a trend marked by increasing numbers of females migrating in search of employment. Female migrants tend to leave home when their children are older, therefore requiring more finances for schooling. The children are left in their care of grandmothers who are pensioners and other womenfolk in the household. Women are more likely to migrate either if they are not married or cohabiting with men.

In 1993, for example, almost 90 percent of all female African migrant workers estimated at 575 844, 503 411 were from rural areas. In summary, the same authors attribute a decline in marital rates, changes in household composition, unstable incomes, and rising male unemployment as

the key drivers of migration in South Africa. All these factors continue to persist today, in a situation that has worsened even further following a global recession that has rocked the world since 2008. In South Africa evidence is apparent in massive employment and sky-rocketing prices of food as well as other commodities and services.

Nutrition Transition and Lifestyle

In South Africa the nutrition transition began in earnest in the 1950s with the advent of apartheid (Vorster *et al*. 2005), which brought about drastic changes in the political, social and cultural situation. Through a literature review spanning 50 years, Faber and Kruger (2005) attribute the current nutrition transition to rising urbanization and modernity. In the process, blacks of African descent relegate vegetables and plant proteins replete in micronutrients to the status of disreputable poverty foods. These developments in turn led to an escalation of health conditions previously associated with the West, though in general, rural black Africans still maintain a fairly 'traditional' diet.

Migration may be activated by two triggers: either the 'push' or 'pull' factors. According to Misra and Ganda (2007), push factors may include stressful situations such as poverty or war, while pull factors point to improved livelihood through education, financial or career opportunities. Take the example of Buyisile, a 22-year old key informant who migrated to Durban from peri-urban Greytown to pursue her university education at UKZN's Howard College Campus. The 'thickset' youngster wears size 42 clothing from men's stores since she cannot find the female equivalent. Already she has a heart condition.

Undeterred by her cardiac condition, she 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 Buyisile and her two pals eat at the university main canteen. On the day I sat with them to observe what they were having for lunch at the campus's central canteen, the three of them devoured chips, a chicken drumstick each and canned Coca Cola. On week days such lunches are the rule rather than the exception, that is, until whatever money they have runs out. Before that happens, though,

Buyisile and her fellow students shop for food at a nearby set of four fast food franchises. Nandos, KFC, Steers and Debonairs literally jostle each on the ground floor of a set of flats next to each other, across a road bordering one of the campus fences.

The other popular haunt for Buyisile and fellow students are the four newly established fast food franchises along Francois Road bordering Howard College Campus. In disgust, a fellow female student observes that these fast food outlets are making millions selling junk food to the hundreds of students who unless cash-strapped; opt not to spend time cooking healthier food. Nonetheless, it does not deter her from eating from the same food on offer from early in the morning till late at the night. Some mothers, who chose to pack more nourishing lunches for their university student, and who may also offer them pocket money for a drink or an extra snack are not aware that the labour of love is occasionally wasted . 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 so readily available on campus and its precincts. Among the eateries on campus, most offer mostly Indian food while the rest serve western fare. Only one, known simply as Jubs, offers some traditional food on its largely western menu.

During the first semester in 2011 university students *toyi-toyi-ed* (demonstrated publicly) against the unhealthy food served at the canteen, demanding that at least the canteen should offer vegetables alongside the meals. Their request got buried under a pile of other requests; with this particular one landing on deaf ears on grounds that it was not important.

Through acculturation, Buyisile and other South Africans of all races, including the Zulu who are the nation's largest ethnic group, have become addicted to fast food. This is a reference to the burger culture of North America (Fieldhouse 1995) which Ritzer (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, friend chicken pieces, sandwiches, doughnuts, milk shakes and ice cream. When students and staff from rural or peri-urban areas commute to Durban, they opt to drop their relatively healthy, 'traditional' African diet in favour of western food, often leading to obesity. Whereas in the early 20th century the burger was considered 'a food for the poor'

(Schlosser 2002:197), many black South Africans formerly from disadvantaged communities perceive the food item as symbolising affluence, or the ability to afford the good life.

For instance, among some of the Zulu I interviewed 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. In functions where eating is central, it is not uncommon to see adults who were raised mainly as vegetarians heaping their plates with every kind of flesh on offer. In a case of extreme acculturation, more often than not, hardly any grain or vegetables graces their plates. Inability to serve substantial portions of meat at functions or in homes is construed at being poor or stingy. Ready – and daily – availability of meat becomes a statement that one has 'arrived'. This is the case even if, as a one student pointed out, it means eating 'walkie-talkies' (chicken heads, necks and feet), which count as meat. In low income neighbourhoods the popular walkie-talkies are on offer at all butcheries.

University of KwaZulu-Natal staff members who have more money opt to buy food daily, and are also targeted by the regular food outlets in and around campus. Some staff members are not only regular customers, many 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 burgeoning in size from eating junk food daily at the fast food outlets either in the vicinity of Howard College or beyond.

Palesa, now aged 57, used to be one of them. She was raised in the countryside throughout her childhood and adolescence, 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. Daily, 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 crisps used to serve as an appetizer to the large dinnertime meat portions that were the order of the day. The wholesome grains, vegetables or fruits that were the norm in childhood dropped from her diet.

However, the obese Palesa's daily eating 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. Moving away from her rural home to the city of Durban, the excitement of earning a salary for the first time and a sedentary lifestyle, all compounded towards the above health impasse.

Palesa has since reformed by changing her diet and lifestyle to the point that people assume she 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 an unhealthy status that would eventually have cost Palesa her very life – prematurely. A price she nearly paid because of acculturation in her food habits. It seemed a good idea earlier, but not anymore.

When the wake-up call came, Palesa was a hefty 104Kg as a result of embracing wholesale a western-type high in salt, sugar and fat diet, and the absence of physical exercise. Since the stroke scare the now slim Palesa runs a minimum of 1 Km daily to keep her weight off. Today, when she wears pencil-thin skirts she gets wolf whistles form young men walking behind, only to apologise when she turns to look. To their disappointment, her aging face does not tally with her sexually alluring backside. Palesa is among the few participants age above 35 who consciously go to great lengths exercising physically for weight management purposes. Most of the others in her age group who have a disposable income opt to concentrate on eating the western-type 'goodies' that accumulate body fat not burned through vigorous physical activity. For some of these women whom I have observed over the years, walking out of one office building to another is too taxing. The most exercise they get in is making calls to the toilet, and even these are reduced to the fewest visits possible. Walking down two flights of stairs or more to their cars parked as close to the office as possible is seen as a necessary evil in terms of exerting the body.

Moving out of African townships to what used to be the former white suburbs in the apartheid era could also be a form of migration, albeit at a micro level. Nokhulunga, a key informant who moved out of a Durban township and has since lived in two white suburbs has adopted western-type eating to another level. Over four 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'. Nokhulunga has since had to swallow her words, having experienced a mild

stroke from substantial weight gain. Now, in a bid to curb her weight she still takes several cups of tea, but using artificial sugar instead.

In another attempt at weight loss Nokhulunga has begun eating small meals periodically throughout the day. In the process she snacks on items like nuts that are fattening; a variety of fresh fruit most of which are sweet; dried fruits whose sugar is in concentrated form from drying; an assortment of wheat products either salted or sugared; frequently pushed down either by tea or syrupy drinks. Such processed 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, however, the hidden salt, fats and sugars in the items coupled with sedentary lifestyle are ultimately working against her healthwise. This is despite purchasing some of the above-mentioned items from Woolworths Food Courts and other upmarket fare suppliers. 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.

Nokhulunga 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 & Hlatsh-wayo-Molea 2001). Increased intake of energy foods could potentially lead to obesity, which is associated with chronic diseases of lifestyle (CDLs), nu-trition-related non-communicable diseases of lifestyle (NR-NCDs), or both.

Meanwhile, intergenerational differences in food and body weight preferences are also emerging from the research data. For example, Zanele, a 24-year old university student, is constantly fighting about her weight with her mother. On most weekdays her mother's harassment over food and weight starts at the door; the minute the daughter arrives home. The dinner table – as well as away from it – presents another opportunity for what resembles a contest where both opponents are determined not to be swayed by the other. In the ensuring tug-of-war, the mother insists daily that her daughter is too thin and should therefore make deliberate effort to gain weight by eating more. In explaining this psychological tug-of-war, the

defiant daughter moans, elaborating on the strategy her mother, who is still 'traditional' in her thinking, which the latter's asserts in an attempted fattening mission. This family, too, relocated from an African township to a former white suburb. Zanele's outlook echoes ideas on the western female body ideal borrowed from the white girls she schooled in a white suburb prior to joining university

Zanele explains:

> My mother, who wants me to gain weight, always calls me to try to feed me this and feed me that; but I try to stay away from that junk food. If I do eat junk food, it's like a reward for me – once in, like, two weeks, or even once a month.

Exercising agency and caution concerning her weight, Zanele succumbs to mouth-watering items of the western-type junk food such as: chocolate, chips, biscuits, Chelsea buns, doughnuts, *vetkoeks* (donuts sans the hole) and savoury foods like sausage rolls and burgers. The young woman was acculturated through close encounters with both the western diet and ideal body weight by doing most of her schooling in the former Model C schools. During the apartheid era which ended in 1994, Model C schools were whites-only schools which had the best facilities and education, dictated by the policy of racial segregation. Under apartheid, each of the four races – African descendants, Indian, coloured and white – had schools allotted to the specific groups. Girls like Zanele only got to attend such schools after apartheid was abolished in principle, in 1994.

Asked why her mother [of Zulu ethnicity] wants her to be fat, the lean daughter replies simply: 'Because prior to this I was chubby'. The mother is probably trying to recreate her distant past growing up in a rural area, where from a universal cultural perspective that chubbiness denoting health in babies is the ideal. But a point of divergence occurs in perceptions, where unlike Zulu perceptions where females should grow into voluptuous womanhood, the western ideal for the sexually attractive woman is thin. Opting to break with the Zulu 'traditional' convention of *hlonipa* (respect) due from the young to the old, exercising agency Zanele opts for the latter ideal. Secondly, based on western influence incurred in her schooldays Zanele sticks to her guns with a clear mind as to health implications of

obesity. To strengthen her case against excessive weight gain, the daughter often cites to her mother the case of an obese female of Zulu ethnicity who died prematurely of diabetes.

Through over-nutrition, various forms of cultural behaviours practiced in both urban and rural areas lend themselves to heightening South Africa's obesity epidemic. From a public health perspective, such trends are exacerbated by local trends among people of Zulu ethnicity. For instance, there is need to reconsider those socio-cultural phenomena where the daily main meal among the Zulu is deemed deficient and unacceptable without meat. Such widely-held perceptions among the Zulu needs to be should be taken more seriously since this food habit could trigger overweight and obesity. Another example is the cultural etiquette among isiZulu-speaking people where the host takes offence at the 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.

Basically, *ubuntu* runs against the grain of individualism. Among Zulu communities, constantly eating wherever one visits, coupled with eating even when one is not hungry, or eating energy-dense and fatty food or whatever else the visitor is offered, and eating large servings of food despite largely sedentary lifestyles in urban settings is contributing to the prevalence of overweight and obesity. In observing that reverence for excess food consumption both in the Western world and beyond, Fernandez-Armesto (2002) singles out a South African saying to illustrate his point: 'We shall eat until we cannot stand'. Tendencies such as these forms of over-indulgence may ultimately prove life-threatening, considering the large amounts of food people eat on a daily basis.

Over-nutrition is revered among a Zulu 'traditional' gender role which contributes to acceptance of the large woman. Among interviews conducted with key informants and significant knowledgeable others, Manto, a 35-year-old key participant identifies a unique input on 'traditional' symbolism in Zulu culture concerning the pluses 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, it is assumed that due to a woman's ample weight she is not stingy with food since she feeds herself well, and is therefore likely to feed others likewise.

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 and affluence – all of them often linked to the fuller figure (Mvo *et al*. 1999; Puoane *et al.* 2002; Popenoe 2003; Hurry 2004; Mvo *et al.* 2004; Keeton 2006). 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 (Puoane *et al*. 2002). Such notions are still held widely among isiZulu-speaking women in contemporary KwaZulu-Natal – especially in the rural areas – despite overweight and obesity being implicated in public health disorders like diabetes, hypertension, cancer, coronary disease and stroke (Faber 2005).

Both diet and lifestyle contribute significantly to the prevalence of these conditions in both urban and rural areas in KwaZulu-Natal, where this study's respondents are located. This section specifically examines cultural perceptions associated with food consumption, body weight shape and size, in tandem with lifestyle, and how the various aspects are be linked to weight-related non-communicable diseases (NCDs) as well as chronic diseases of lifestyle (CDLs). Faber (2005), for example, found most of the *izsidudla* (overweight) and a*bakhulupele* (obese) women in the study viewed their weight positively, and did not link it to over consumption of food or lack of physical exercise.

In comparing the western thin ideal female endorsed by the mass media, advertising and marketing, versus the Zulu ideal, Wandile, a 22-year-old key informant replies:

> A woman's figure should be like a Barbie doll. You know the Barbie doll? *Ja*, a woman's figure should be so small and she should be curvy, but not that much curvy, around the hips and she

> should be tall and, you know, a little bit skinny with long legs. *Ja*, those are the kinds of things that a woman should be like.

Interrupting her thought pattern with a laugh, she continues,

> Well, in Zulu culture, you're supposed to be, you know, curvy. They really like the curvy people and, not so much a figure, but if you're, you know, your body's full. I cannot say skinny, they don't like skinny people, they like full-figured women with big butts and thighs and hips, you know, they like those.

In another interview, I ask whether such thinking about the above female body ideal still applies today among the Zulu people, Manto, a key informant aged 35 replies tentatively: 'I think that has not changed …'. However, attributing biological factors to Zulu females being portly, she asserts: 'Unfortunately our genes are big built'. After momentary silence spent pondering over her statement, the participant adds in an accommodating tone: 'My friends … most of them are big – not fat – but a bit big'. Reflecting further, in a polite understatement she reiterates in what appears to be denial over the pervasiveness of overweight and obesity among her Zulu peer group: 'Out of my10 closest friends, almost all of them are *a bit big*'. This form of ambivalence is common among young Zulu women, who seem to be trapped between the 'traditional' Zulu and western thin ideal of the sexually alluring body.

Asked to venture an explanation as to why a sizeable number of Zulu women are overweight and in some instances obese even, Jabulile, a 38-year-old key informant is more succinct:

> I think that fat has more to do with the genes of Zulu women. As you know, in most cases Zulu women, they've got big bums, thighs, stomach, breasts, parts which in Zulu culture are appreciated in a woman. I think this is related more with genes than food, because even the people I have come across who are just like that (fat) are not people who are stealing food [closet eaters] or eating more [than average], or something like that. These are people who had hardly eaten and still they had that body structure.

The genetic aspect concerning Zulu women's characteristic voluptuous figures is plausible, a perspective which a doctor at Centre for the AIDS Programme of Research in South Africa (CAPRISA) concurred in an interview.

Still commenting on the ideal body size, Manto also points out some of the stereotypical aspirations of the western thin ideal that the group of women within a certain age range aspire to:

> You see … some people will like big body built people and some will like small, but I think… people that I know, everybody wants to be a size 34.

Halting temporarily to consider whether she has just said is generalizeable, she reiterates:

> They want to be 34, so I think maybe then size 34 constitutes the ideal size of a Zulu women – because most friends talk about the size 34.

She qualifies their age range as between 25 and 40 years. For Manto and women of this ethnicity under this generation, being genetically predisposed to a fuller body is no consolation. For Manto's her Zulu female pals – mainly professional women – the perfect female body is viewed through a western lens.

When it comes to race, this ongoing research study indicates that Zulu women participants who attended the former Model C schools (designed exclusively for whites during the apartheid era) mostly located in urban settings, have greater weight and dieting concerns than their counterparts who had Bantu education. Since the institutionalisation of apartheid in South Africa in 1948, through the Population Registration Act, the incumbent government classified the population into the 'White', 'Coloured' and 'Indian' and 'African', with the whiteness of the skin being assigned at the top of the hierarchy, and the darkest at the bottom (Carrim & Soudien1999). This distinctive racist logic

> influenced every aspect of their lives: where they lived, where they schooled, who their interacted with, which social amenities they

> had access to, their social relations and their political positions (Carrim & Soudien 1999: 154).

Peer pressure and cultural context also influence the female body image in rural settings. Citing rural settings such as Nongoma some 268 Km north of Durban, Manto a 35-year-old respondent 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 who or what is around you', alluding to societal expectations in the 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 environment.

The mass media, on the one hand, can be constructive by raising public health awareness on the adverse effects of the nutrition transition. Conversely, media hype can be counterproductive, as Palesa, a 57-year-old key informant who almost suffered a stroke due to wanton eating observes:

> They [local television channels] always show us this KFC, these burgers. When you look at them, it's mouth-watering, like you say that, 'Hey, I want to try that!' It's very appetizing; you want to really taste it, you know. The spare ribs ... oh my gosh! You want try that, as well. There are other dishes you can choose from. I sometimes go to McDonald [the McDonald's fast food chain]; they have got nice salads and all this funny stuff [junk food]. But sometimes I say, salads are too boring, I just want this burger, you know.

Several research participants – both young and old – were averse to eating any form of greens.

Conclusion

Set against the wider backdrop of KwaZulu-Natal, this article set out to interrogate cultural perceptions on how circulatory migratory trends could be fuelling overweight and obesity in Durban and its environs. Both push and pull factors associated mainly with intercountry migratory trends, as opposed to unidirectional ones (as would be assumed in terms of the urban pull factors), were found to have had significant influence in the upsurge of the twin scourges of overweight and obesity. At the extreme ends of the scale, whether ultra conservative or *avant garde* in upholding ethnic beliefs, values and behaviours, the two extremes have influenced each other, showing that, yet again, culture is not static. Despite age, sex, gendered, educational, class, ethnic and racial differences, individuals chose to exercise agency as they deemed fit, at times against the odds.

Systemic factors like urbanization; better incomes or affluence; technological advances in agriculture, marketing and advertising; and mechanization all indicated the important role of environmental factors in advancing obesity. Consequent, adverse changes included a nutrition transition, lifestyle that minimized physical activity and other harmful practices like smoking and alcohol abuse. In turn, such factors pose key risks of public health concern, such as hypertension, diabetes, heart problems and obesity – with the latter hardly being recognized by many as a disease in its own right.

Ultimately, the article 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 in South Africa, they are largely not seen as an epidemic requiring urgent attention. Meanwhile, the twin scourges of overweight and obesity spread unabated in South Africa, affecting urban black women of African descent more than any other group.

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Winifred Ogana
School of Social Sciences
Doctoral Candidate
University of KwaZulu-Natal
winnie.ogana@gmail.com