

Food and Culture: Anthropology and its Relevance in the study of Nutrition

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The notion of food is culturally derived and has an impact on people's food choices, preferences, avoidance and dietary patterns. Food and its symbolism are developed for each society and may be unique to it, overriding the often stressed survival function of food. Food also plays a major social role in the community as explained by Douglas (1975, 1982), and Karp (1977).

Anthropology deals with the study of people and their cultural practices which have evolved over time in any given environment. On the other hand, nutrition is concerned with quality and quantity of food taken as manifested in malnutrition and undernutrition. A major quest related to a people's culture is food procurement. Cultural factors can affect dietary intakes in many ways, including production and use of foods by a family, a pattern that is then referred to as the food habits of a community. An anthropological study of nutrition helps to explain local patterns of observed food consumption and, to a large extent, health status of the community. This knowledge is useful in establishing rapport with the community and may facilitate the introduction of nutrition-related programs especially in environments where there are health problems related to food consumption patterns. Some present health problems have been found to stem from the abandonment of good traditional food practices and their replacement by modern practices that are not necessarily advantageous. Cultural knowledge is also useful where there is a need to encourage the people to consume indigenous foods which are nutritionally valuable.

The production of food, though apparently dependent on the availability of environmental resources such as land, water and the labour force, may not automatically lead to adequate consumption of food. There are cultural factors that may inhibit higher food production even though adequate resources are available.

This is evident among the Samia of Busia District. The belief in witchcraft hinders people from producing more for fear of being bewitched, hence people are only inclined to produce for subsistence and there is hardly any surplus even though the resources and means of production are available. At the superficial level, this attitude may be mistaken for ignorance and laziness but a close look at the people's culture reveals that witchcraft and envy are institutionalized levelling mechanisms within the society to which people respond by producing less. This is not only limited to the Samia but has also been reported by Foster (1965) among peasant societies. With reference to production behaviour among peasant societies, Dow (1981:360) states that:

.....envy threatens peasant communities because it discourages production by people who produce primarily for their own households. Envy is not a problem because people believe in limited good. It is a problem, and is avoided, because it tempts people to

Cultural beliefs are also reflected in consumption patterns especially as regards proscriptions and prescriptions. There has been an overemphasis on food taboos and their negative effects, almost to the exclusion of the positive effects. It is true that some of the food taboos are detrimental to the health of those affected as they usually involve highly nutritious foods such as eggs, chicken, milk etc. But a close observation reveals that in such societies there are alternatives within the environment and besides the food taboos may not be total. Some of them have in fact got a health bearing and this is true of the Samia and the Marakwet of Elgeyo-Marakwet District in Kenya. In both societies, for instance, pregnant women are prohibited from eating meat killed by a wild animal or an animal that has died during delivery. In the first instance, the conditions under which the meat has been procured may not be healthy, while in the second there is a reflection of bad luck. The whole idea is to protect the mother and the unborn baby. But she can eat meat which has been slaughtered normally. Among the Samia, the taboo that isolated the mother and baby may be viewed as anti-social but in actual fact has benefits for both the mother and baby.

They not only get enough rest but the mother gets specially prepared porridge from millet and sorghum, soup, meat, etc. which have to be provided even in hard times. This is certainly beneficial for the health of the convalescing mother and baby.\*<sup>1</sup>

Malnutrition which results from either excess consumption or lack of sufficient food is currently a major problem not only in developing but also developed countries. It has now been realized that its causes are many—it is not only a health but also a social and environmental problem. Although malnutrition tends to be limited to key vulnerable groups such as children and pregnant and lactating mothers, it is important to stress the fact that it may affect a whole spectrum of people. Malnutrition may not be limited to the child and mother but may also include other household members. Anthropology is useful in that it helps to isolate the causative cultural factors from others, such as changing structural and ecological (environmental) factors. This is evident among the Samia as explained below.

Malnutrition is rampant in Busia District particularly in Samia and Bunyala locations. The present writer carried out research among the Samia (October 1981 - October 1982). Part of the investigation involved collecting data on the people's views about malnutrition in terms of its causes and management (treatment). Kwashiokor (namageja) which is identified as swelling of the body, is believed to be caused by the 'evil eye' or witchcraft (eloko). Its treatment involves the use of traditional herbs (amanyasi) and the child is stopped from eating pawpaws as they would exacerbate the disease. (The child's condition is likened to a ripe pawpaw). Marasmus is referred to as ekhira (part of a wider mystical affliction related to signs of disorder in the society). When it afflicts a child it is attributed to misconduct, particularly adultery on the part of either parent\*<sup>2</sup>.

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\*<sup>1</sup> A similar practice is found among the ba Ngwaketse of Botswana (Turner 1980)

\*<sup>2</sup> Turner (1980) records the same conception among the ba Ngwaketse of Botswana. Marasmus (dipajana) is a syndrome associated with infidelity of either parent.

Treatment involves the use of local medicine (amanyasi) and as in the case of kwashiokor, the condition is in no way related to food in-take but solely explained in socio-cultural terms.

The cultural information is important especially to health planners/workers who may want to develop programmes for the present and future management of these diseases. In Busia district as a whole, people are beginning to recognize the link between food and the occurrence of kwashiokor/marasmus. Despite the availability of modern nutritional knowledge, the malnutrition problem is still far from being eradicated in the district.

This is where the cultural factors should be seen in conjunction with other social and environmental factors. Thus although the people have knowledge about good food for health, they are unable to use the knowledge in practice due to lack of effective demand. This is true of the Samia, particularly in the sub-location where I worked. In this sub-location, the Catholic Mission Hospital, with a Nutrition Rehabilitation Centre, and a Government Dispensary located within reach of the people, cases of malnutrition were located and observed. The mothers reported that they now know how to treat the condition and could name all the food stuffs but thus are unable to utilize them for various reasons: e.g. shortage of land for the cultivation of the food crops, lack of money and the fact that new items compete for the meagre resources. The social problem involves the head of the household's neglect of the family and use of the money acquired from cash crops for his own needs (even though the wife and children have provided labour for their cultivation at the expense of food crops). Millet which is more nutritious has not only been reduced in cultivation, but the little harvested is diverted to brewing of beer which is only consumed by adults.\*<sup>3</sup> Drinking has traditionally been a social activity and among the Samia a man had his own fingermillet granary solely for beer brewing. Now the social role has been minimized, beer being brewed for commercial purposes. In either case the limited but more valuable food is diverted from the family, especially the young who take cassava/maize porridge instead of fingermillet porridge.

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\*<sup>3</sup> Drinking has been reported to be on the increase especially by men. A possible explanation may be that the reduction in traditional male activities such as hunting and their present disinterest in farmwork (work is now viewed in terms of white-color jobs) leave plenty of leisure time for the men.

Again the money accruing from the sale of the beer is used for purposes other than purchase of food.

Another important aspect that relates to food habits is the preparation methods. Most of the traditional food preparation techniques are suited to the types of foods involved. On the whole most of these methods are simple, such as boiling, and hence their popularity as they are less expensive. All the foods are cooked and this has been criticized by nutritionists who claim that by over-boiling the nutrients are destroyed. While this is true, the question of palatability of the food has been ignored. Most of the traditional foods, e.g. cassava, maize, beans, wild vegetables, require boiling before they can be regarded as palatable (edible). Hence a programme that stresses the ingestion of nutrients from raw foods will not be taken up by the people. In fact raw foods such as fruits are not taken seriously but regarded as food for children although they may still be eaten by grown-ups as snacks. The traditional method of boiling food is cheap in that there are hardly any inputs apart from water and the heat. The modern methods which may involve frying prove to be too expensive for most people.

#### SOCIAL CHANGE

The changes that occur in any given society as a result of modernization may not be wholly positive. In particular, the changes that have taken place with regard to dietary practices are largely detrimental. This is related to the people's response to new types of foods. For instance, it has been reported that modernization has resulted in the deterioration of the Eskimo diet—now it is low in proteins and fats but high in carbohydrates and preserved "store foods" with a resulting new set of diseases. "From this perspective progress to modernity seems to not so much be characterized by absolute improvement in quality of diet and life styles as by the movement from a traditional set of ecological constraints to a modern set, perhaps equally as restricting to human life and functioning." (Foulks and Katz, 1980). In the same vein Adams (1976) refers to the health catastrophes "the diseases of civilization" that follow when long established dietary patterns are suddenly changed. Such studies show that some isolated societies, though living in seemingly harsh environments, seem to eat varied foods and are less affected by problems of malnutrition (Olenja: 1983, Pollock, 1975).

Modernization brings a host of other activities in the community which have a direct influence on people's consumption. The use of land resources is important in food production. The introduction of cash crops limits the production of food in terms of land and labour. The latter limiting factor is particularly important as the male labour force migrates, presenting an imbalance in the division of labour. In consequence there is a shift from producing a variety of crops to those that require less labour and are usually of a poor nutritional quality. This has been reported among the village women in Ghana (Bukh 1979) Also a rise in socio-economic status does not necessarily entail an improvement in the nutritional status of the people. This is particularly observable in class societies where income may be used as an upgrading mechanism at least in terms of consumption. For instance in India it has been reported that people of the low strata use money to buy polished rice which though it is of less nutritive value, is consumed by the high class people. It is, therefore, a socially prestigious food item. In actual fact the shift from the unpolished rice (less prestigious, less expensive but of higher nutritive value) to polished rice has been done to their detriment.

"Poor people who acquire a little money may begin to use sugar instead of gur, rice instead of millet because these foods are eaten by the better-off, and other people do not eat certain vegetables because they are thought to be the foods of the lower classes".  
(Rao, S.K. in Burgess & Dean 1962)

#### CONCLUSION

The importance of anthropology in the study of food practices has now been realized and hence the development of the sub-discipline nutritional anthropology within medical anthropology (Fitzgerald 1977). The paper has tried to high-light the use of cultural knowledge in planning nutrition-based programmes. Previously, many of the programmes, though well-intended, have failed to take effect, (a) for lack of taking account of cultural practices or dismissing them as wholly negative\*<sup>4</sup> and (b) the programmes developed have been completely alien and too expensive to be adopted.

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\*<sup>4</sup> Various studies have shown that no society's practices, especially those related to food consumption, are wholly positive or negative, be it in westernized or traditional societies. Common to both is the influence of culture on food choices - prescriptions and proscriptions.

As a result the people have been dubbed as ignorant and conservative. But thorough understanding of the cultural background reveals some positive aspects of the traditional practices on which programmes can be built. Cassel (1955) successfully installed a programme that involved the use of milk among the Polela, a Zulu community, and this was only after he had studied the cultural beliefs linked to the use of milk.

The apparent lack of use of certain items may be due to present scarcity linked to poverty and not due to food taboos, but this conclusion can only be arrived at through investigation of food use retrospectively. The people need to be re-educated that some of their traditional practices are nutritionally valuable and need to be retained. Some of the modern changes that are taking place, especially in food practices, have now been found to be detrimental to people's health. The shift from breast-feeding to bottle-feeding with all its social prestige, has been found to be deleterious for the growing infant, not only in developing but also in developed countries. It has now been realized that the practice of breast-feeding is much safer, especially in environments where hygienic conditions are poor, such as the lack of clean water which poses a problem for the maintenance of sterility in the bottle and the milk feed. (Raphael 1973).

It is cheaper to develop multi-mixes and improve food quality and quantity based on the local resources than to introduce wholly new food stuffs which may either not be acceptable to the people's taste, given their perception of edibility, or may be simply out of reach, given the people's socio-economic status. Thus the goal of improving the nutritional and health status will not be achieved due to failure to take into account the traditional practices. The approach to the problem is well summarized by Mayer and Dwyer (1979): that

"cultural nutritional literacy must be instilled in as large a part of our populations as possible if nutrition considerations are going to be incorporated in the culture and broad academic programs. Nutritionists all too often fail there as well. Instead of making a serious effort at teaching the science of nutrition to the intelligent public, they have all too often insulted it by presenting it with quasiscientific utterances about good food habits, balanced diets, or the basic four, which tend to be vague, uninteresting, and, in the case of the last example, misleading.

Fortunately, we are beginning to see some interesting and scholarly and at the same time readable approaches to nutrition as a cultural topic."

In order to overcome the problem of malnutrition, its causes need to be understood not only in terms of feeding practices, but also the socio-cultural and economic conditions that produce and perpetuate the condition. The success of many practical nutrition programmes depends on taking account of the cultural considerations.

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