WHY WE EAT WHAT WE EAT
Sababu za Kula Tunachokula
Insights from Makadara, Nairobi, Kenya

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What is Photovoice?

Photovoice is a well-established approach to qualitative research which relies on the use of cameras by community members to explore stories, experiences, or ideas about a particular issue affecting them. Participants may also write short captions to further explain their photos, in capturing challenges they face or to explore possible solutions.

The photographs serve as a visual “voice” that can shape narratives, with or without words, and often tell difficult stories in a meaningful way. Photovoice allows participants to document and record experiences and conditions around them, critically reflect on the challenges or situations they face and develop strategies to reach decision-makers.

Photovoice in Makadara

The aim of the Photovoice project was to identify the people (social) and the structures (physical) – parts of the “food environment” that influence what people who live in Makadara choose to eat and drink. Photovoice is one element of a larger research project from the same area on drivers of food choices in urban cities.

Makadara is a densely populated suburb in the city of Nairobi, Kenya. With a population of 160,434 within 13 square kilometers, community members are mainly low- and middle-income earners.

Nearly 50 participants, including youth and adults from Makadara sub-county took part in the project; taking photos to respond to several prompts:

- A place where you eat food and/or drink
- Something that makes eating healthy difficult for you
- Something that makes eating healthy easy for you
- Something that influences what you eat in your area/neighborhood
- A person that influences your food or drink choices in your neighborhood

After taking the photos, participants printed them and discussed them with the research team, to tell the stories behind the selection of their photos and provide background on why they matter to their food choices.
The PhotoVoice process follows these steps:

The PhotoVoice Process

1. Providing context on the issue or research topic under consideration
2. Discussing themes that could be illustrated in photos
3. Learning how to operate the cameras
4. Visual ethics, including the ‘no faces protocol’ that is, how to illustrate a situation without showing the faces of the people or private business without permission and how to be sensitive to local contexts
5. Taking photos
6. Printing and looking at photos
7. Working in small groups to reflect on what the photos illustrate and creating captions to accompany them
8. Presenting reflections to the larger group and selected members of the community
9. Planning and preparing for exhibiting the work in the communities, and to policymakers

The Power of Photovoice

Education and Empowerment: Photovoice seeks to raise awareness and develop critical thinking in an enjoyable and participatory way. In exploring an issue, participants are guided towards thinking critically about which photos best illustrate the challenges they face. The ensuing discussions can yield concrete suggestions for solutions that may respond to the social and environmental factors related to the challenges.

Participation: Through engaging marginalized or overlooked populations, Photovoice emphasizes that everyone has something important to contribute. When used with young people for example, it demonstrates that ensuring the rights of children and youth is critical to the development of societies. Photovoice also challenges traditional views of what counts as knowledge and who creates knowledge. The photographers are the experts of their own lives.
Why Research on Food Choices is Important

About a third of Kenya people live in urban areas, and the numbers of people moving to cities from rural areas is growing.

As cities grow, changes are taking place in the social and physical environments that people live in, causing a change in their food habits and dietary practices. This means that unhealthy diets, including fast food that is high in trans fats, sugar, and salt, are becoming more common. Urbanization and overconsumption of unhealthy foods are associated with overweight, obesity, and development of non-communicable diseases such as hypertension, heart diseases, and diabetes.

In Kenya, overweight and obesity have increased by almost tenfold over the last six years (25% in 2008 to 33% in 2014) and are higher among urban dwellers compared to those in the rural areas. Non-communicable diseases have also increased, now accounting for 27% of total ill health, a third of all deaths, and more than half of hospital bed occupancy in the country.

The Photovoice activities that resulted in these photos and captions are a part of the research. Together with the other elements of the study, it is hoped to contribute new evidence on how to improve the consumption of healthy diets as a key strategy to overweight, obesity and related non-communicable diseases in Kenya.
Community Voices: Why We Eat What We Eat

The photographs represented the local food environment: heavy presence of small-scale local food vendors; street food offers convenient access and availability of a variety of both raw and already cooked foods at affordable costs, as in the images below.
Some [vendors] cook mandazi [sweet fried dough] and chapati [flat bread] out there and that is what we buy. I don’t have time to cook these things. It is a big process, and I also go to work. Those ones with dirt are the same ones that I buy. It is God who protects us.

This woman [who runs the food stall in the image below] prepares food for selling. It is her kiosk. She cooks for us a mixture of maize and beans, beans, even chapati. She cooks tea for those people who are close to her. We prefer to go there. Maybe you are late, maybe you were doing an errand and you have come back, let’s say the children want to eat lunch, you did not have time… You buy and come fry and you give them for holding the stomach. When evening comes, you look for what you will cook for them.

Poor hygiene, sanitation and food contamination were highlighted as major concerns about the food sold in the neighborhood as a potential health hazard. They were thought to be among the causes of cholera outbreaks and diarrhea in the community.
This is where I pass when going to looking for something to eat. When I pass such a place, I feel disgusted. You can even lose your appetite.

Some recommended that the county government assist in cleaning up the neighborhood and enforce laws ensuring that the food vendors are clean and hygienic.

The City Council can force shop owners to keep the place clean. They should permit people to put up better structures.

Quality, freshness and food preparation methods were part of the considerations made as part of the decisions on which foods to purchase. Food adulteration was also mentioned as a concern on the food available in the neighborhood, including the use and reuse of unhealthy fats/oils for cooking and addition of unhealthy substances in food such as milk. Some community members felt that food adulteration could be the cause of cancer and chronic diseases in the community. They recommended that the government sensitizes community members to limit the sale and purchase of food with added preservatives or harmful chemicals.
This milk is something important to the body. But you know some people, they put in [margarine], and a chemical to preserve milk for long.

Financial access was also highlighted as a barrier to accessing good quality and healthy food. Fast food, fruit and vegetables were thought to be cheap and easily affordable while fish and meat products were said to be more expensive.

Fast food is sold because it is the thing that is readily available, and when you compare the price with the real food, most of them prefer the fast food because it is cheaper.
You know sometimes you don’t have money, and you feel like eating that fish, but you can’t get it. So when you get a few coins, you say let me celebrate. When I don’t have money I eat the potatoes. They are cheaper than fish.

Urban farming was done to supplement household food needs, and was seen as an affordable and convenient alternative to food purchasing. This mainly entailed growing vegetables and chicken-rearing.

This is my own garden where I have planted greens. So if I want greens when the rain is good, I do not have a problem.
I almost eat [eggs] every time I eat because they are what I have. It’s not like I go to buy them [at the market]. I use them because I have my own chicken in the house – I just break one and cook.

If you have space in your compound, set aside some space for vegetables. When you buy vegetables, and it is not enough, you can go to the garden and pick to add so that it will be enough for everyone.

In the family, children, spouses and parents preferences were specifically noted as key considerations in food purchase, preparation and consumption. Children’s foods preferences are influenced by their parents’ preferences or advice. Parents, especially mothers were said to mainly make the decisions on the foods that their children eat. They were also said to provide advice to their children on the healthy foods to eat. Some parents also said that they consider their children’s needs and preferences, when making decisions on the foods to buy or cook at home.
It is not that I love melon. It is my mum who influences me to eat melon because she loves it a lot.

These keys belong to my dad. He influences what we eat or drink. At times, he comes with these bones for soup. He likes them, so when he comes with them you cannot refuse—you just take them with the soup.

These are [my] children eating githeri [a mixture of maize and beans]. Githeri is their favorite, and they make me cook it... every time. In fact we eat it around 3-4 times a week. This is important because I value and love them [my children].
Spouses also acknowledged that they influence each other’s food choices. For instance, some women indicated that they prefer to prepare the foods that their husbands prefer, while some men mentioned that they eat whatever food their wives prepared for them.

This woman is my wife. Most of the time I am tired, and I don’t have an appetite. But when I find her at home, she makes my eating easier then also she influences me to eat because she knows the food that I like.

Most of the time I eat mrenda [traditional vegetable] because I find that is what my wife has prepared in the house so I cannot leave it since I also like it.

Some families also have established family habits that each individual member adheres to, and hence influence their food choices. Some of the family food habits mentioned by various people included the foods eaten on various occasions, common foods prepared in the house and common meal times.
As you can see there, we have vegetables, ugali (maize meal mash) and some fruits in the house. My family influences what I eat because most of the time we eat vegetables due to my uncle who is a vegetarian, then also my mum likes the traditional vegetables.

Food vendor’s hospitality/friendliness and services offered including credit services, food preparation and packaging, subsidized food prices also influences a participant’s decision on food purchase.

It influences my eating because the man selling [in that stall] knows how to cut. Like when you are going to purchase cabbage, you can tell him the size you want; he can cut big ones or small ones. That man and his stall are friendlier to customers.
Messages from Makadara

- Social and physical environments influence food choices amongst urban dwellers. It is important to consider and address them in order to enhance healthier, safer dietary practices in urban settings.

- Within the social environment, family and food vendors largely influence individual food choices, and should therefore be considered when developing strategies and interventions to enhance healthy individual dietary practices.

- Within the physical environment, street foods are common sources of food for the urban dwellers. Empowering the street food vendors to provide healthy and safe foods to the community members is therefore recommended.

- Poor hygiene, environmental sanitation and food adulteration reveal the continuing challenges of the urban nutrition transition, with infection due to poor food hygiene alongside unhealthy eating associated with non-communicable diseases. Therefore, enforcing legislation to promote healthy and safe foods is essential in lowering these risks.

- Urban farming has been identified as having potential in the provision of greater access to affordable healthy and safe foods at low or no cost. Promoting urban farming could reduce the obstacles especially financial barriers that affect healthy food choices.

Next steps

The research study is hoped to contribute new evidence on how to improve the consumption of healthy diets as a key strategy to combatting excess weight, obesity and related non-communicable diseases in Kenya. The rest of the findings are expected in early 2019.