

Changing Traditions and Diabetes in South Africa

Snapshot: Diabetes in South Africa

- South Africa is now the third most obese nation.
- Diabetes affects two million people in South Africa (just under four percent of its population).
- It is widely regarded as the biggest challenge to hit the country since HIV / AIDS.
- Twenty five per cent of South Africans have unstable food security.

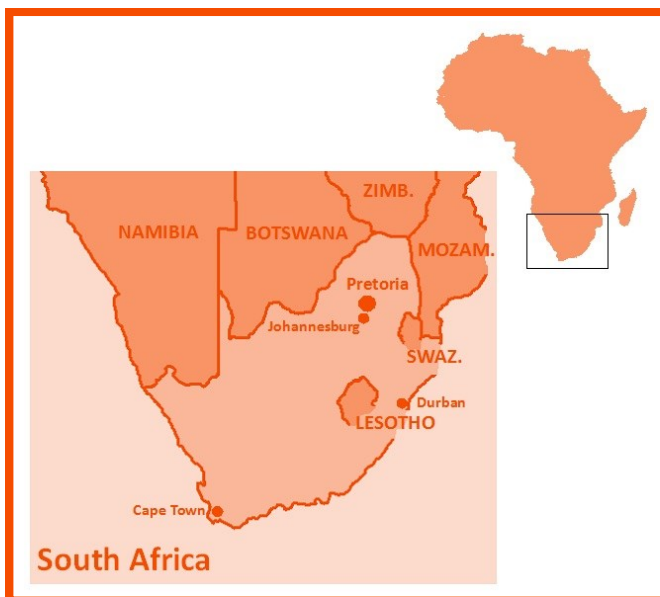


Figure 1: Map of South Africa

(Source: Africa map by ess whitehorn at the noun project)

Introduction

There has been a long history of negative health stories coming out of the African continent but until recently one might fail to recognise obesity and diabetes as one of them. It is a misnomer that the latter is only a condition of the affluent while malnutrition is reserved only for the poorest in society (Figure 3). As South Africa has risen from the apartheid era, new cultures around eating and food, as well as a changing geography of settlement, has caused obesity to become the second biggest health challenge in the country, surpassed only by HIV/AIDS, and diabetes is predicted to overtake HIV/AIDS as the biggest cause of death in South Africa by 2030 (Birrell, 2014). Diabetes, that was once a rarity in sub-Saharan Africa, in 2012 affected over twelve million people there, with numbers showing no signs of slowing down (Project Hope, 2012).

How do South Africans link their diets to their social status?

Traditions are an influence on these rising figures in South Africa and the unique way in which long held ideals are mixing with modern geographical phenomena is creating a nation that is at risk of serious shortfalls in healthcare provision. What is considered a healthy and attractive body shape varies geographically and in South Africa, larger people are traditionally seen as being more wealthy, successful and beautiful, compared to a thin body shape which is often wrongly assumed to be HIV positive (Birrell, 2014). Equally an old tradition of eating quick-to-access street food is one that has continued through to modern times, but the *braai* (street barbeque) has now been replaced with drive through fast food restaurants. The McDonalds franchise saw their fastest expansion of any country in South Africa with thirty restaurants opening between 1995 and 1997 and over 200 in place by 2014 (McDonalds, 2014). Due to rising wealth in South Africa, traditional street food is increasingly being sustained by lower grade meat, and indeed offal, while the better cuts get bought at a premium price by the increasingly numerous middle classes. Fast food is now the poor man's alternative: street food, but a lot more sophisticated and a menu to which those at the bottom of the South African socio-economic ladder can aspire (Baleta and Mitchell, 2014).

What other factors have changed the nature of South African diets?

Changing aspirations have also led to a sharp increase in the rate of urban living. At current projections, seventy eight percent of sub-Saharan Africans will live in cities by 2030 and with urban residents up to four times more likely to be diabetic than rural residents (Diabetes Leadership Forum, 2010) one can see how South Africans' choice of home can affect their health. Urban lifestyles, which usually generate higher levels of disposable income, customarily result in higher levels of inside play for children and a greater dependency on the car for private transport. In South Africa this has been compounded by historical social unrest and continuing high crime rates, which have caused many parents to choose to habitually keep children indoors and drive short distances which would normally be taken on foot (Lewis, 2012): new traditions, customs and behaviours from which it has proven difficult to move away.

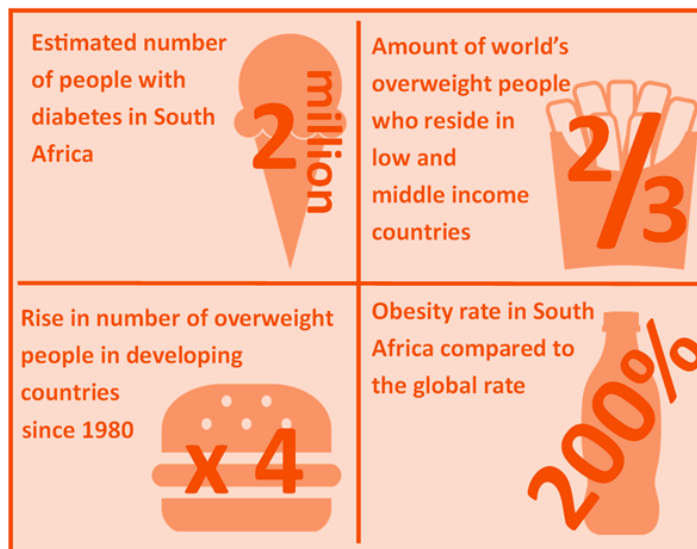


Figure 2: South Africa and health in numbers (Source: Keats and Wiggins, 2014; Ng et al, 2014; International Diabetes Federation, 2014)

How is diabetes linked to other forms of ill health?

More people die from HIV/AIDS in South Africa than any other nation (World Bank Data, 2014) and in light of the Millennium Development Goals which targeted reversing the spread of the disease, the country's Department of Health took some bold action. A priority was given to funding the management of HIV/AIDS and other infectious diseases over support of other health areas, including diabetes (Smedley, 2013). This has now created a 'double burden' where HIV/AIDS prevention combines with the previously unchecked high levels of non-contagious diseases (NCDs) such as diabetes and puts an enormous strain on the South African healthcare system (Diabetes Leadership Forum, 2010). The impact of this has been that many

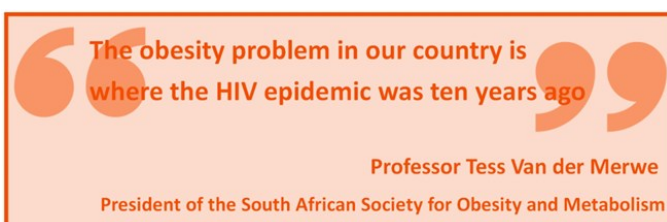


Figure 3: Comparing obesity with HIV / AIDS

(Source: Birrell, 2014)

South Africans themselves may not consider diabetes to be a 'genuine' health problems when compared to HIV/AIDS and some have argued that the way healthcare funding has been allocated in post-apartheid South Africa has in itself created a culture and tradition of ambivalence about the condition (Thornton, 2013).

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