

# POLICY BRIEF

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## Incorporating the consumption of **traditional and indigenous fruit and vegetables** into National Department of Health diabetes *mellitus* management plan in **Louwsburg**



*Louwsburg in KwaZulu-Natal*  
Photo: JMK, Wikimedia Commons

### Executive summary

Existing literature suggests that the consumption of fruit and vegetables is not only important for general health, but also critical for the prevention and control of non-communicable diseases (NCDs). However, due to socioeconomic reasons, the consumption of fruit and vegetables at household level in South Africa is a challenge. Fruit and vegetables are unaffordable because they are more expensive to farm when compared with food that is farmed to be processed – hence those who farm them tend to sell them at increased prices. Also, there is limited funding provision to support smallholder farmers that have an interest in growing fruit and vegetables in South African villages. Our argument in this policy brief is that policies are important in providing guidelines on ensuring adequate consumption of fruit and vegetables with the view to safeguard against NCDs. However, there is no alignment of existing policies on ensuring access to fruit and vegetables that are sufficient for managing specific NCDs with which some South African community members have been diagnosed. In Louwsburg, a small town in KwaZulu-Natal with a small population of just over 4 000 people, residents rely on mainly vegetable and maize farming as the primary economic activities. Under such conditions, the consumption of traditional fruit and vegetables can be used to manage *diabetes mellitus*, as it is the most prevalent NCD affecting the small population in the town. Due to their high nutritional value, low water

requirements, and adaptiveness to poor soil conditions, traditional fruit and vegetables should be the key foods to be considered for the management of diabetes in this predominantly rural town, where people cannot afford to consistently purchase mainstream fruit and vegetables from shops.

### Context and scope of the problem

South Africa is a culturally diverse society where various cultural groups hold different cultural perceptions of what kinds of foods should be consumed by their groups. Oftentimes, many ethnic groups have sentimental relationships with certain traditional and indigenous fruit and vegetables. These relationships can stem from childhood memories, how accessible and affordable they are, or other reasons. In addition, many traditional and indigenous fruit and vegetables are adapted to grow in diverse climates. Some are tolerant of drought, some of cold and others of heat, and still others are flood resistant. Oftentimes when one is diagnosed with diabetes in Louwsburg, one struggles with the adjustments needed to make to one's diet, in addition to worrying about affordability of the special nutrients one would need to consume and the limited scientific knowledge that one has about the disease. In this case, people can adopt a holistic management strategy for diabetes in this town on being encouraged to consume fruit and vegetables that are suited to their culture and that are easily accessible and affordable to them. For the people in Louwsburg,

who usually are diagnosed with diabetes in their later years and are more traditional, it would be useful and respectful for the health sector to recognise their cultural designation by encouraging the nurses to recommend that diabetes patients manage their condition by consuming foods that the patients frequently harvest and discover in the wild. The health sector's acceptance of this recommendation of prescribing traditional and indigenous fruit and vegetables would also create an opportunity for people with indigenous knowledge of nutrition to be part of the solution to the rising cases of diabetes in Louwsburg, contributing to social cohesion in the small town. Hence, this exercise would represent a unique opportunity to reach multiple sectors, encourage positive action for healthy diets and sustainable food systems, as well as develop more regionally and culturally specific review of food-based dietary guidelines.

## Study findings

Our study identified and reviewed 63 policies to identify their alignment with the consumption of fruit and vegetables. These policies included health, food, and agricultural policies in South Africa. In our review, we discovered that most of these policies were not specifically focused on fruit and vegetables, but food production or consumption in general. Therefore, there seems to be no alignment between the existing health, food and agricultural policies for the management of NCDs. Furthermore, these policies are formulated at the national level while they are implemented at a provincial and smaller community level. Based on the review of the policies and perceptions of the respondents, our study concluded that these policies are not coherent.

Our study also found that the agricultural, trade and health policies do not adequately speak to each other, and that there is inadequate interdepartmental coordination. This was found to be the case even with regard to policies developed to address food security, which seem to focus on food supply and access, with limited attention paid to the utilisation or nutrition dimension of food security.

In consideration of the above-mentioned policy shortfalls, as we set out in more detail in the following section, we propose a policy alternative of localising the national policies pertaining to health, food and nutrition in such a way that policy implementation would address the predominant NCDs in specific South African towns. We also propose a policy alternative that would be cognisant of the production and consumption of fruit and vegetables in such a way that the policies would speak to one another through adequate departmental coordination.

## Recommendations

While evidence shows the importance of fruit-and-vegetable consumption in preventing diet-related NCDs, their consumption remains very low. As such, it is important that policies provide the right incentives

that promote the consumption of fruit and vegetables. Some of these incentives incorporating the consumption of traditional fruit and vegetables that are part of the community culture into official policy by including them among the recommended fruits and vegetables, which would be a direct way of localising national food policies.

Another policy recommendation worth considering is ways to reinforce availability, affordability and acceptability of fruits and vegetables. Currently, the health policies do not reinforce the availability because of the lack of collaboration between the various stakeholders involved. Therefore, this lack of integration has a negative impact on the availability of fruit and vegetables to patients. One way in which this integration can be achieved is by creating a platform where a network of healthcare workers, Department of Agriculture, Land Reform and Rural Development officers, dietitians and farmers with plant indigenous knowledge systems can share information and ideas on how to help the village increase the availability, affordability and acceptability of fruit and vegetables in Louwsburg.

Another policy recommendation is in consideration of the fact that the cost of popular fruit and vegetables is often higher than the cost of popular staple foods, resulting in consumers reducing fresh produce intake in favour of starch-rich staple foods. In this regard, indigenous or traditional fruit must be considered in policy implementation. This is because, while nutrient dense and cheaper, traditional fruits and vegetables have been neglected and underutilised, with a general shift to modern diets, even in rural areas.

## References

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