



## **Food Habits in Kenya: The Effects of Change and Attendant Methodological Problems**

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Kenya, as a developing country, is in a process of transition between traditional and modern lifestyles. The population is dispersed by different ethnic, ecological and economical backgrounds. There are different food habits within the country and the traditions are influenced in different ways by modern influences, e.g. the media. The difficulties of studying food habits in such situations are described, and also the chances for nutrition studies. © 1999 Academic Press

### INTRODUCTION

Food procurement is a primary pre-occupation of man in every society. What man eats is largely determined by the environment within which man is operating. Food habits and dietary modes are, therefore, engrained in people's culture. Since culture is dynamic, it is also logical to assume that food habits change to suit the social changes of any given time.

Food is so vital that consumption of the right types of food can both maintain good health and prevent disease ailments associated with inadequate or unbalanced intakes.

In developing countries many people suffer from different forms of malnutrition related to insufficient food intake. Over 46% of Kenyans are currently below the poverty line, in that they are unable to afford adequate shelter and food (Social Dimension Program, 1995). Such people lack sufficient income to meet their food security needs and are unable to achieve this through home production. On the other hand, some people who have sufficient money do not necessarily spend it on nutritious food for themselves and their families. Influenced by the need to meet other family needs, or by lack of awareness regarding family nutritional needs or clever and persistent advertising, and greater choice, they prefer sweets or junk food and thus neglect the need for proteins, minerals and vitamins. In this case, what satisfies the palate takes precedence over what promotes good health.

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Contribution to the IUNS Committee II/2 Symposium on "Methodology to Identify and to Assess Eating Patterns".

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To achieve and maintain good health, people must have basic knowledge about the importance of proper food habits for their health. Public health nutritionists should have knowledge of the living situation of the population including their food habits. The difficulties in the methodology of collecting information on food habits will be discussed from the view of the situation in Kenya within the African context. The complexities of dietary patterns that emerge as populations get exposed to the so-called modern dietary practices are discussed.

#### FOOD HABITS IN KENYA

Kenya, with its multiple ethnic groups, has varying traditional drinks and dishes, prepared in many different ways with the ultimate intention of providing a balanced diet. There are also food taboos that either have or may not have a nutritional effect on the people concerned. For example, both in Mbeere and Embu societies of the Eastern Province of Kenya, the few taboos practised did not have negative nutritional effect on the people. Among the Mbeere, children were not allowed to eat offal as it was believed that this would interfere with their growth. Pregnant women were not allowed to take bitter substances such as juices from medicinal trees. They too were not allowed to eat offal. They were also not allowed to touch gourds of milk or to open a granary. Among the Embu, pregnant women did not eat food that included beans as it was believed that this would cause constipation, and therefore discomfort (Were *et al.*, 1986). Some of these taboos have a scientific basis while a number cannot be justified. Some ethnic groups in Western Kenya have traditionally prohibited pregnant women from eating eggs even where there is an abundant supply. The reason often given is that if women and children are allowed to eat eggs, there would be no chickens. In the same communities, chicken meat is a delicacy reserved for men and guests only. Among traditional Maasai, a pregnant woman is advised to avoid fatty foods, and instead drink cow's blood, sour milk and lots of water, and vomit following a heavy meal; the intent here is to keep the baby small at birth and thus ensure safe delivery for both mother and baby. Mutton is preferred to leaner goat meat in Nyanza, while fish, which is a staple food in the Lake Basin and at the Coast, is still viewed with considerable suspicion in central and eastern Kenya (GOK/UUNICEF, 1992).

These illustrations of the manifold of different food practices and beliefs build the background of the following discussion.

#### DIFFICULTIES IN THE METHODOLOGIES OF STUDYING FOOD HABITS IN KENYA

The Kenyan society is in the middle of a great transition whereby "traditional" and "modern" lifestyles co-exist. Such a situation has influenced food habits and it has to be recognized in investigations of what, why and how people eat. Food habits are based on traditions, but these are changing through the influence of the participation of the society in development. Increasing numbers of people have regular access to print and electronic media and thus reduce the actual impact which

public service messages delivered via these channels might have. The same socio-cultural/economic barriers make it difficult to get information on food habits. Under such conditions studying food habits becomes a lengthy, costly and tedious task. Despite this, investigations need to be simple and cost-effective so that they can be conducted regularly.

The disparities of different food habits in a country like Kenya are huge. The urban population can still be further classified into at least three categories: the wealthy class who are the minority; the middle class who are mainly professionals; and the poor urban who mostly engage in unskilled and often manual work. The rural community may be divided into two distinct classes: the middle class rural who are again professionals, farmers on their own land, have a steady income from some business; and the rural poor who engage in manual tasks for their living. Such a distinction in different groups can be seen in different communities and regions of the country, having different ethnic and geographical backgrounds. It is not easy to obtain information on different food habits, as these also vary a great deal.

Apart from socio-economic problems, the lifestyle of certain ethnic groups makes it difficult to get information on food habits from them. This is especially true of Nomadic groups such as the Maasai and Pokot. Their food habits are dictated by the type of environment they settle in at any given time. Thus, a true picture with regard to such communities cannot be summarized through a traditional survey method of data collection.

#### CURRENT FOOD HABITS IN KENYA

It is obvious that there are principal difficulties in Kenya when assessing food habits, since there is a lack of appropriate methodology, and a dispersed and dynamic picture of food habits in Kenya. Therefore, only a very rough impression of current food habits can be described and summarized.

The nationally eaten food in Kenya is a boiled/steamed mash, called ugali in Kiswahili, prepared from maize flour. In some communities in Western Kenya, ugali is prepared from flour of indigenous cereals, millet and sorghum. Ugali is eaten with either animal flesh, fish or vegetables, or both animal flesh with vegetables, and sometimes it is eaten with milk, either sour or fresh. Beverages include tea which is taken by the majority of the people, both in urban and rural settings. Tea is a modern and foreign beverage that has become very much a part of Kenyan life. Other drinks include coffee, cocoa, sodas, juices of different fruits, and porridge made from maize, millet and/or sorghum flour. Most beverages are modern.

What Kenyans consumed traditionally was much more nutritious than what the majority of the people are consuming now.

In view of these difficulties, perhaps the best way to collect information from the various ethnic groups would be by ethnographic studies. On the whole, however, food habits in Kenya are changing because of the country's transitional period. Thus, both "western" and "traditional" habits co-exist. Although most examples given here are Kenyan, they apply as much to the rest of sub-Saharan Africa. The disadvantages of such a complex, dynamic situation have advantages when studying many different food habits in relation to nutrition and health.

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