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Meanings of food, eating and health among African Nova Scotians: 'certain things aren't meant for Black folk'

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Objective. Most research on food, ethnicity and health in Canada is focused on the dietary acculturation of first of second generation migrants. 'Failure' to adopt nutritional guidelines for healthy eating is generally understood as lack of education or persistence of cultural barriers. In this study we explore the meanings of food, health, and well-being embedded in the food practices of African Nova Scotians, a population with a 400-year history in Canada.
Design. Qualitative interviews were conducted with 2 or 3 members of each of 13 families who identified as African Nova Scotian. Interviews asked about eating patterns; the influence of food preferences, health concerns, cost, and culture; perceptions of healthy eating and good eating; how food decisions were made; and changes over time. In addition, research assistants observed a 'typical' grocery shopping trip and one family meal.
Results. Participants readily identified what they perceived to be distinctively 'Black ways of eating.' Beyond mainstream nutrition discourses about reduction of chronic disease risk, participants identified three ways of thinking about food, health, and well-being: physical well-being, emphasizing stamina, energy and strength; family and community well-being; and cultural or racial well-being, emphasizing cultural identity maintenance, but also resistance to racism.
Conclusion. While culturally traditional eating patterns are often understood as costly in terms of health, it is equally important to understand that adopting healthy eating has costs in terms of family, community, and cultural identity. Dietary change unavoidably entails cultural loss, thus resisting healthy eating guidelines may signify resistance to racism or cultural dominance. Several suggestions are offered regarding how community strengths and beliefs, as well as cultural meanings of food and health, might inform effective healthy eating interventions.

Keywords: diet; eating practices; African Canadians

Introduction

African Americans have been shown to be at elevated risk for several diet-related health conditions such as cardiovascular disease, hypertension, diabetes mellitus, obesity, and some cancers (National Center for Health Statistics 2011). African-descent populations in Europe have higher rates of stroke, hypertension, and diabetes, though not of coronary heart disease (Agyemang *et al.* 2009). In Canada, information

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on race and ethnicity is generally not gathered in health care (Varcoe *et al.* 2009), thus research on ethnicity and health is usually conducted at the population level, using large-scale national surveys. Unfortunately, such studies rarely differentiate within groups, for example, collapsing together the experiences of recent immigrants with those whose families have been in Canada for generations. Thus information about the health of longstanding ethno-cultural communities is scarce.

Canadian research on the social and cultural factors associated with dietary practices has tended to focus on the experiences of first and second generation migrants (e.g., Satia-Abouta 2002, McDonald and Kennedy 2005), concentrating on dietary acculturation to 'Canadian' eating patterns, and on dietary maintenance as a means of retaining cultural heritage. Far less common are explorations of the food patterns of ethno-cultural groups in Canada for generations. As Kumanyika (2006, p. S11) has argued regarding African Americans, if culturally distinct ways of eating have been maintained after many generations, this 'emphasizes the importance of examining dietary patterns in a historical, socio-political, and current environmental context.' Here, in exploring the meanings of food, health, and well-being expressed by African Nova Scotians with a 400-year history in Canada, we complicate notions of dietary acculturation and suggest implications for health promotion.

Africans in Nova Scotia

African-heritage peoples first arrived in Nova Scotia in the 1600s as slaves of British and French colonizers (James *et al.* 2010). In the late 1700s and early 1800s several waves of African-heritage immigrants came from the United States, and were settled on inferior land in isolated areas. Today 85% of Nova Scotia's 900,000 people report English, Irish, or Scottish heritage. African Nova Scotians comprise the largest visible minority with 19,670 people; most live in historically Black communities on the edges of the provincial capital, Halifax, making up 4% of the population, half the city's visible minority population (James *et al.* 2010).

In other parts of Canada, African Canadian populations are mostly recent immigrants. In Ontario and Quebec, African Canadians are mostly first and second generation migrants from the Caribbean, while further West there are higher concentrations of migrants from Africa (James *et al.* 2010). In Nova Scotia, 91% of African Canadians are from families who have been in Canada for multiple generations. They often refer to themselves as 'indigenous Black Nova Scotians,' to distinguish from recent migrants, who are more likely to be well educated and employed. Indigenous Black Nova Scotians come from a history of slavery, and face ongoing poverty, under-education and under-employment (James *et al.* 2010).

Healthy eating in the African diaspora

Though there has been little research on African Canadian eating patterns, considerable attention has been given to African-American dietary practices in the United States, especially given their heightened risk for nutrition-related diseases. Unhealthy eating practices in African-American communities have been attributed to limited neighborhood availability and higher cost of healthful foods, marketing to specifically Black audiences, food preferences and habitual eating patterns (Airhihenbuwa *et al.* 1996, Tirodkar and Jain 2003, Block, Scribner, and DeSalvo

2004, Drewnowski 2004, Baker *et al*. 2006). Cultural eating patterns are virtually always discussed as a barrier to healthy eating (Hargreaves, Schlundt, and Buchowski 2002).

Kumanyika (2006), p. S11) notes that African Americans have the highest deviance from mainstream dietary guidelines of all ethnic groups in the US, largely unaffected by education levels. Regardless of socioeconomic status, African Americans tend to prefer 'soul food,' with an emphasis on greens, sweet potatoes, corn, spices, pork and chicken, pork fat, salt meats, one pot meals, and fried foods (Airhihenbuwa *et al*. 1996). These foods are understood as adaptations to West African cooking styles produced under slavery and post-slavery conditions.

In Britain people of African-descent tend to consume similar calories to the white population, with slightly lower dietary fat and slightly higher carbohydrate consumption (Donin *et al*. 2010) The African-Caribbean community is largely first and second generation migrants from the Caribbean; when younger cohorts abandon 'traditional' diets in favor of more 'Western' diets, nutritional quality declines (Sharma *et al*. 1999). The same pattern has been reported for African-heritage migrants to Europe (Agyemang *et al*. 2009), and Haitian migrants to Montreal, Canada (Delisle 2010).

African Nova Scotians have long believed they experience higher than average rates of cardiovascular disease, hypertension, diabetes, and some cancers. A recent study affirmed those suspicions, comparing disease incidence for one predominantly (86%) African Nova Scotian community with incidence provincially and in seven predominantly (86–100%) Euro-Canadian communities matched by size, income, education, and unemployment levels (Kisley, Terashima, and Langille 2008). The predominantly Black community had 19–43% higher incidence rates of circulatory disease and type II diabetes, suggesting diet may contribute to disease burden among African Nova Scotians. This implies a need for culturally appropriate nutrition education.

In the US it has been argued that the adoption of healthy eating guidelines may be particularly difficult for African Americans due to the over-availability of fast foods and processed foods, and the under-availability and heightened cost of fresh produce in predominantly Black communities (Block, Scribner, and DeSalvo 2004, Drewnowski 2004). At the same time, however, healthy eating may challenge cultural traditions (Hargreaves, Schlundt, and Buchowski 2002). Many programs attempt to rectify 'deficiencies' in knowledge or 'incorrect' dietary practices, rather than building on the health-promoting beliefs and practices that already exist within communities (James 2004). To be effective, healthy eating guidelines must be grounded in the values and beliefs of the population, particularly regarding the cultural significance of food choices (Hargreaves, Schlundt, and Buchowski 2002, Liburd 2003, Kumanyika 2006, Delisle 2010).

Meanings of food and eating in the African diaspora

Liburd notes that, 'Foods communicate history, memory, feelings, and social status' (2003, p. 164). Several studies indicate that among African Americans connections with family and community through food are highly valued (Airhihenbuwa *et al*. 1996, Ahye, Devine, and Odoms-Young 2006). One study participant said, 'Black people didn't have very much, so in order to extend their hospitality, they shared the food that they probably grew' (Liburd 2003, p. 161). Liburd argues that kitchens were

one of the only private spaces available to slaves, providing opportunities to preserve African values and culture: 'The kitchen and eating areas of many African-American homes are still the family gathering place and the location where traditions and values are passed down' (Liburd 2003, p. 162).

Kumanyika (2006, p. S13) notes that African-American eating patterns may be 'strongly tied to ethnic identity and associated with survival under harsh circumstances.' Under slavery, when no other resources were theirs to exchange, food became a form of capital, a symbol of autonomy, but also a means of affirming cultural identity when relegated to the status of property (Liburd 2003, p. 164). As one participant in a focus group study commented, 'Our food and our music are two things that we have to pass on to our children, and nobody is going to take them away' (James 2004, p. 358). If food is a form of wealth, and a marker of cultural identity, feeding others becomes a symbol of love, heaping food on the plate conveys caring; eating – even to excess – embodies appreciation (Liburd 2003).

A study with Dutch Surinamese diabetics found similar sociocultural meanings of food, despite very different migration histories (Kohinor *et al*. 2011). The participants chose foods for many different attributes beyond nutrition, emphasizing hospitality and the importance of Surinamese cooking to cultural identity. The parallels between Surinamese and African-American food meanings are striking, considering the former group migrated to the Netherlands primarily since the 1970s, while African Americans have been in the US since the 1500s.

Given the cultural meanings of food, dietary change toward healthy eating guidelines may entail significant loss. If food practices are closely tied to culture, community, and ethnic identity (Liburd 2003, Kohinor *et al.* 2011), recommending dietary changes 'may be taken as disrespect or discrimination' (Kumanyika 2006, p. S13). When individuals resist dietary recommendations, they may in fact be resisting cultural assimilation. The Surinamese in the Netherlands perceived dietary guidelines for diabetes to be based on ethnically-Dutch eating habits (Kohinor *et al.* 2011), while in another study African Americans perceived 'eating healthfully' as giving up part of their cultural heritage (James 2004).

In this study we explore the meanings of food, eating and health for a racialized ethnic group that – in the context of federal multiculturalism in Canada – has maintained a distinct identity for over 400 years. This is not a recent immigrant population, facing struggles over dietary assimilation. Attending to the beliefs they describe and the meanings they attribute to food and health can inform culturally appropriate health promotion.

Methods

The data in this paper were collected as part of a larger qualitative study of family food decision-making in specific ethno-cultural groups in two regions in Canada (Ristovski-Slijepcevic, Chapman, and Beagan 2008, Ristovski-Slijepcevic *et al*. 2010). This paper presents only the data gathered with families of African heritage in Halifax, Nova Scotia, on Canada's East coast. Following approval from the university Research Ethics Board, African Nova Scotian families around Halifax were recruited through advertisements, word of mouth, and snowball sampling. Purposive sampling sought families of various structures, income levels, education, and occupations. Each family had to include at least one woman aged 25–55 years

and two other family members over 13 years who were willing to be interviewed, since a focus for the larger study included exploring intergenerational influences on food practices. Thirty-eight individuals were interviewed, (14 youth, 22 adults, 2 elders), ranging from 13 to 71 years. The sample included a disproportionate number of women (28), because (as we have found in all of our food studies) women were more inclined to be interviewed. Of the 13 participating families, 7 were nuclear families, 4 were single mothers with children, and 2 were multi-generational. Eleven of the 13 families were relatively low-income, earning less than $50,000 per year.

Following discussion of informed consent, individual semi-structured interviews were conducted in the family's home by a research assistant who was a member of the African Nova Scotian community. Drawing on existing literature and our previous research, the interview guide included questions about family and individual eating patterns; the influence of food preferences, health concerns, cost, and culture; perceptions of good and bad eating, as well as healthy eating; how food decisions were made; and changes over time. The study was guided by the ethnographic tradition seeking rich description of everyday practices. In addition to the interviews, we observed a 'typical' grocery shopping trip and one family meal, in particular watching for confirmation and contradiction of the interview narratives, as well as rationalizations for food choices and practices.

The interviews and shopping trips were recorded and transcribed verbatim, and field notes recorded for meal observations. All data were analyzed inductively with constant comparison, using Atlas/ti software. Themes were generated through in-depth examination of transcripts by sorting, clustering, and comparing segments of transcribed text to describe, organize, and interpret the influences on food decision-making (Boyatzis 1998). The focus for this paper centered on themes concerning cultural traditions; understandings of good eating, 'bad' eating, and healthy eating; and body weight/body image. In particular data coded as 'good eating' suggested participants had multiple ways of thinking about food and wellness that were not reflected in the data from Euro-Canadians in the study. The coded data segments were drawn primarily from recorded interviews and grocery shopping trips. Field notes from shopping trips and family meals were coded and analyzed, with those analyses pointing us to confirmation or contradictions of things participants had said, guiding us where to probe more deeply into the data. Field notes are not quoted in this paper.

The sample for this study was small, comprised of volunteers willing to invest considerable time, thus results cannot be generalized to all African Nova Scotians. We sought information-rich participants, willing to reflect thoughtfully on food practices, rather than a representative sample. Self-selection biases will inevitably affect the results, though we did recruit through a wide range of venues. At least some participants were interested in the honorarium provided to families, others were keen to talk about food and nutrition, still others sought to educate researchers about their community. While for some of our other analyses intergenerational influences proved highly significant (e.g., Ristovski-Slijepcevic, Chapman, and Beagan 2008), analyses for this paper did not show intergenerational patterns. Teens and adults spoke in very similar ways about food and health. Given the families were almost all fairly low-income, no patterns were discernible by class; the two higher-income families did not appear to differ in these analyses, but the study sample does not allow robust comparisons.

Results

Participants identified food patterns that they considered to be 'Black ways of eating.' Though there is a risk of essentializing ethnicity here, we are following the lead of our participants in reporting on this significant finding. Participants also talked about healthy eating, with differing ways of engaging with that dominant discourse. At the same time, however, they described other ways of thinking about and relating to the benefits of what they considered good food practices, relationships that went beyond maintaining physical health and preventing illness.

Black ways of eating

Almost all of the participants, adult and teen, thought there were particular 'Black ways of eating,' distinct to their group. This term emerged from early participants, and in subsequent interviews we asked participants about this. Only six people (two teens, four adults) did not think African Nova Scotians had distinct foodways. Whether these ways of eating were, in fact, distinct is less relevant than the importance the label seemed to hold for participants. It appeared strongly linked to collective identity and cultural pride.

Most frequently, participants spoke about boiled dinners, one-pot meals made from salt meat and vegetables, usually cabbage: 'When I was bringing [growing] up there was a lot of boiled dinners and I guess I would call that both Black and Scotian ... the boiled meal, corned beef and cabbage' (41-year-old female). Several people stressed the consumption of chicken, while others suggested an emphasis on 'throw away' meats such as ox tails, pig tails, neck bones, pig feet, and chicken wings. One woman (42 years) identified Black ways of eating as, 'Ox tails and stuff like that. ... Pig tails with boiled dinner. I noticed White people make boiled dinner with ham. We make ours with corned beef and pig tails, and that's a Black thing.' Another woman clearly distinguished from White ways of eating:

> I tell people you know we had pig tails for dinner, some of my White friends are looking at me, 'Pigs tails, that's a meal?!' And they never heard of it before and it just goes back to back when our ancestors would have to use every part of the animal to survive. (female 38 years)

Even those who clarified that they didn't like such foods nonetheless identified them as Black foodways.

Participants described Black cooking as flavorful, with liberal and inventive use of spices: 'Black people like to have a nice flavor, a lot of spice to their food' (male 21 years). A few participants spoke of 'soul food,' which included 'hot and spicy' foods, and plenty of curry. In contrast, White cooking was routinely depicted by teens and adults as flavorless and under-seasoned: 'Salt and pepper, that's what White people use, the majority of people eat. But Black people like a lot of spices in their food' (39-year-old female).

In terms of food preparation, participants emphasized fried foods: 'Black way is we fry all our food' (female 18 years). One woman's husband teased her about cooking without much fat: 'He always makes fun of me and says I cook like a White

woman' (38-year-old female). A young woman captured the emphasis on both fried foods and large, heavy meals:

> We tend to like our fried foods, like fried chicken and potatoes and corn. And I find that we eat more heavier, heavier meals. Like for instance, when I was growing up I had White friends that I went to school with that I may go to their house and have meals and they may have like chicken with the skin off of it and potatoes, like not peeled, just whole potatoes. And maybe like some lemon sauce on it, really not much flavor. I think it is a lighter meal. . . . I think we eat a lot, like our plates are pretty much stacked up . . . Down home, you get a lot to eat. (female 21 years)

Finally, participants stressed the importance of homemade foods, rather than processed or prepared foods. As one 40-year-old woman said, 'A lot of stuff don't come out of the can, it's a lot of home cooked meals. It's not a lot of frozen stuff, you know it's not a lot of fish sticks all the time.' A 14-year-old girl believed, 'People that aren't Black... they have frozen food all the time.' Adults and teens suggested Black people eat out less than other groups, with most participants insisting that restaurants were not clean enough for their liking. Repeatedly participants said they only eat out where they can see the kitchen, and preferably where they know the cook.

Ways of thinking about food and well-being

While mainstream nutrition discourses connect diet and health in terms of eating to reduce risk of chronic disease, the African Nova Scotians in this study identified three different ways of thinking about food, health, and well-being. They spoke about physical well-being (having to do with the body and how it functions), social well-being (having to do with the well-being of and connections with family, extended family, and community), and cultural or racial well-being (having to do with maintaining African Nova Scotian culture and identity, as well as resisting racism). Each of these will be explored in turn.

Physical well-being

Most commonly, people talked about food providing energy and strength to be able to do what they wanted day-to-day. They emphasized the value of food that was 'heavy,' would 'stick to your ribs' or would 'last you all day.' Virtually every participant also demonstrated familiarity with dominant healthy eating discourses based in science and nutrition. They referred to Canada's Food Guide, and spoke about eating more fruits and vegetables, less dietary fat and salt. For example: 'I think I eat pretty healthy and I have fruit and vegetables just about every day and something from the meat groups and something from the dairy' (female 21 years). People spoke of cooking with 'too much butter,' eating 'too many carbohydrates,' reducing sugar intake, and reducing consumption of animal fats. Some participants explicitly linked diet to ill-health:

> A lot of Black people end up getting high blood pressure, diabetes. It's all got to do with diet and you look back at the foods we eat, they are our worst enemy. Think of all the grease, sooner or later it will catch up to you. Like the saltshakers . . . They say high blood pressure is a Black disease . . . We eat a lot of meat . . . and a lot of fried foods. (male 46 years)

Such comments reflected a general understanding of mainstream healthy eating discourses, linking dietary habits with prevention of physical illnesses. In two families, healthy eating guidelines largely governed the ways they ate, consuming more fruits and vegetables, less red meat and salt.

Family and community well-being

Beyond physical well-being and prevention of illness, though, participants spoke about the importance of food in cultivating and maintaining social well-being, connection to family, extended family and community. The centrality of the 'family meal' was striking. All but two families ate sit-down meals together most evenings, especially on Sundays. Even young people thought eating together was important for quality time, conversation, and connection:

> It's important. Especially now with me and [my brother] getting older and I don't really get to spend time with him or [Mom] because I'm always out doing my own thing, so it's really the only time we're all sitting down and talking. (male 20 years)

A few participants emphasized the significance of family meals in a context where 'life is short' and unpredictable. As one mother said, 'Be thankful that you are at the table eating another meal with each other because you never know when you're going to go' (female 33 years). There is a hint here that in a context of 'harsh circumstances' (Kumanyika 2006, p. S13), connecting through food may take on heightened salience.

Preparing a proper meal, a hot meal that takes time and effort, symbolized caring, generosity, and abundance. One participant said, 'When you come from a loving home, then you see that in food. I honestly believe that there is love in the food that you serve, and that's how I grew up' (male 39 years). The epitome of generous abundance is 'Big Momma,'[1] a kind of neighborhood mother, known as a good cook, who feeds everyone in the community. One well-respected elder, identified with this role:

> They call me Big Momma. And Big Momma have everything on her table on Sunday. Okay, Big Momma, everyone comes and just pig out on Sundays.... Sunday I'm planning to have rice, curry goat, the kids love macaroni and cheese. We have a Caesar salad, we have buns, maybe we'll have chili. ... We just put everything on the table and we come home from church, and like all drop in here ... Everyone that comes from church. (female 59 years)

Big Momma mothers the whole community, ensuring community well-being through generously feeding anyone who drops in. This is a different version of 'health,' concerning the well-being of relationships.

Cultural and racial well-being

The third way that participants talked about food in relation to health and well-being concerned the role of food in maintaining culture. In part this was a connection to the African diaspora through an emphasis on soul food, spices, and curries. Participants saw food as reflecting cultural identity, whether the specific foods

originated in the Southern US, the Caribbean, or Africa. All foods connected with African-heritage were considered 'theirs.'

> I like hot meals, I like a lot of soul food, it reflects who I am and I'm not changing that for nobody . . . It's very important for me to eat things that reflect who I am, my culture. I think it is very important for us to teach our kids that. This is what it's called, this is where this comes from. (male 39 years)

Even some participants who identified Black ways of eating as problematic for physical health argued that cultural ways of eating mattered more.

> Who wants to eat all vegetables and no meat? It's not a meal. . . . I'm watching the news and they're saying all this stuff is causing this, and 'You have to do this, to keep your blood pressure [down], you shouldn't be eating all kinds of salt.' But I love my pig tails and cabbage, and salt meat and I said, 'I'm not going to cut that out.' (female 59 years)

As has been noted in many migrant communities, concerns about cultural ways of eating sometimes outweighed concerns about physical health.

Beyond maintaining culture through diet, however, there were hints that 'Black ways of eating' were also a means of resisting racism and/or assimilation. Some participants spoke about traditional eating patterns as one of the few things that cannot be taken away from them. People pointed to the absence of any food stores catering to Black food preferences, despite the long history of African Canadians in Nova Scotia, as evidence of systemic racism. A few women traveled regularly to larger cities to get spices. Participants also mentioned the high cost of food items popular in Black diets.

Most significantly, however, people talked about distrust in health professionals, healthy eating discourses, and discourses concerning body size. Participants knew and understood mainstream healthy eating discourses, and could speak about them, yet displayed an ambivalence about those messages. Research assistants noted that tension seemed to arise when the interviews turned to discussion of healthy eating. One woman insisted the interviewer had no right to ask her about such things.

Although familiar, mainstream healthy eating guidelines such as the Canada's Food Guide were discussed in ways that often felt superficial. People reiterated mainstream messages, then went on to challenge them, contesting the validity of nutritional advice or standardized measures such as the Body Mass Index (BMI).

> Anytime you go on a diet they take... your body mass, and your weight and your height.... People that put you on these diets and stuff who think they know what you should eat, they forget what you actually do in life. I don't want to go on a diet that's not going to give me the food and the strength that I need for the job that I'm actually in. . . . If I gave up everything that they say I should, I'd probably end up in the hospital from not having the right foods in my body, because I'm just not eating right (female 43 years).

This woman argued that following dietary guidelines 'would be bad for me and my health.'

Adults and youth knew and understood mainstream healthy eating discourses, but believed those guidelines were based on research with White people, not taking into account Black culture, body types, lifestyles, or jobs. Much of the apparent

mistrust of healthy eating messages centered on differing concepts of healthy bodies. Many participants perceived healthy eating standards as demanding slender bodies: 'Everywhere you look it's all about this health. They want this whole society just to be slim, which is in a way a little wrong' (female 43 years). In contrast, participants valued bodies with stamina, capable of withstanding hard times. This was particularly striking among the women and teenaged girls, who stressed the importance of 'having a little meat on their bones' (c.f., Ristovski-Slijepcevic *et al.* 2010). Slenderness was talked about as 'too skinny,' 'too small,' and 'nasty looking.' One 38-year-old woman rejected a slender body type, because 'it doesn't look healthy.' No participant used the word 'fat' in reference to body size; the closest they came was describing people as 'thick,' a positive descriptor. An 18-year-old woman described thick babies as healthy: 'All our babies, all the kids in our family are healthy. They're thick babies, they're big kids.'

The reason thicker bodies were more appealing seemed to arise from a conception of health that centered on ability to withstand adversity. One participant remarked, 'A lot of people say you need something to lean on when you get sick' (female 38 years). Another used the metaphor of withstanding a wind storm:

> I don't believe in being skinny, a good wind storm and you blow away. You need to stay grounded, so when the wind comes up you can still hold yourself down. You know what I'm saying? I wouldn't want my kids to be running around right thin and stuff. (female 45 years)

The African Nova Scotian members of our research team interpreted this comment as being about having enough substance to ensure survival when the going gets tough. The conception of thicker bodies as healthier may also become an aesthetic, a body image ideal. For example, one young woman preferred her previous, heavier weight:

> I was nice and thick. . . . I ain't lying, oh my God the shape, oh it was beautiful. Oh the legs! . . . I eat my good share of food, I can't gain no weight, I try and try . . . I got to see some shape when I look down there! (female 18 years)

The African Nova Scotian participants, then, redefined healthy eating and healthy bodies in accordance with cultural values and norms.

Finally, a few participants directly resisted mainstream healthy eating messages, arguing that 'healthy eating' is a White way of eating. White people were described as eating a lot of salad and vegetables, smaller portions, light meals, and less fried food. As noted earlier, one woman's husband teased her for trying to cook more healthfully, saying she cooked 'like a White woman.' One participant went further to suggest that healthy eating may in fact be harmful for Black people:

> Whether other people want to realise it or not, certain things aren't meant for Black folk. Certain things aren't meant for Caucasians, right, it's – They're not, and that has to do with the structure of their body . . . I see numbers saying that African Americans are affected by this and that, I believe it's because we're compromising who we are and what our culture is. And what we've done is we're losing a part of ourselves by taking on someone else's culture.... We forget how we are supposed to eat, and we sort of start Westernising it as some people put it, and that's when we start having health problems. We

> start getting away from who we are and what it is that we would normally eat. I mean some people are much healthier bigger than they are when they're small. (male 39 years)

Here distrust of mainstream healthy eating messages and depictions of optimal body size were the basis for direct rejection of nutritional guidelines.

Discussion

Despite a 400-year history in Nova Scotia, the African-heritage participants in this study felt strongly that there were distinctively 'Black ways of eating.' These resembled food patterns prevalent among African Americans (Airhihenbuwa *et al.* 1996, James 2004, Kumanyika 2006): boiled dinners, salt meats, chicken, liberal use of spices, emphasis on 'throw away' meats, and fried foods. Some spoke about 'soul food,' a term more often used in the Southern US, others spoke about curries from Africa and the Caribbean. While the connection to African diasporic foodways may or may not be factual, the connection to the imagined community is clearly meaningful. The delineation of Black ways of eating, incorporating foodways from across the diaspora, suggests the centrality of cultural identity production through food.

Our findings do not allow us to discern how distinct these ways of eating are from the food patterns of other Canadians, including the dominant White population. That would require a very different study using different methods. Moreover, a focus on comparing 'ethnic foodways' would move solidly in the direction of essentializing ethnic differences. Our focus here is on participants' perceptions of the meanings of food and foodways, rather than on specific dietary practices. How distinctive African Nova Scotian foodways *actually* are is less relevant than the reasons they give for *why* they believe there are Black ways of eating. While our analyses could plausibly be accused of essentializing ethnic differences, we would argue that it in fact reflects a form of 'strategic essentialism' (Spivak 1988) employed by the African Nova Scotian participants themselves in service of cultural identity maintenance or resistance to racism. In other words, emphasis on Black ways of eating should be understood as a likely response to ongoing racial marginalization, rather than something inherent to African Nova Scotians. Our focus in this discussion is to try to push what might be interpreted as nutrition-related findings toward an interpretation grounded in broader debates about race, ethnicity, and health.

Meanings of 'healthy eating' and eating well

In Western societies, there is a tendency to see nutrition information as culturally neutral, objective. The beliefs of individuals or groups are then constructed as biases that may get in the way of healthy eating practices. It is critical to understand that nutritional information also comes from a specific cultural bias, that of science. As Kumanyika suggests, 'The disease perspective tends to fragment eating patterns by focusing on chemical constituents of food and tends to prioritize dietary guidance along these lines' (2006, p. S12). Equally important meanings of food and wellness are excluded. The worldview of nutrition promotes a narrower conception of health and good eating than was evident among study participants.

Eating well included attention to physical health, health of the family and community, and health of the racial or cultural group. Chronic disease prevention was just one way of understanding health (c.f., Ristovski-Slijepcevic, Chapman, and Beagan 2008, Chapman and Beagan in press). Physical wellness also meant eating for strength and energy. Equally important was ensuring the well-being of family and community through food (c.f., Airhihenbuwa *et al*. 1996, Liburd 2003, Ahye, Devine, and Odoms-Young 2006, Kohinor *et al*. 2011). Interestingly, at a time when family meals are reportedly on the downturn, families in this study routinely ate evening meals together. While attention to family and community is certainly present for other groups, for these participants commensality seemed fundamental to a notion of good eating that often superseded healthy eating.

African-heritage foodways are largely depicted in the literature as barriers to healthy eating (e.g., Hargreaves, Schlundt, and Buchowski 2002), accompanied by costs in terms of morbidity and mortality (Agyemang *et al*. 2009, Delisle 2010, Donin *et al*. 2010). It is less commonly acknowledged that healthy eating according to mainstream guidelines also has costs in terms of cultural identity. If food is one of the few things perceived to be 'yours' as a people (c.f., Liburd 2003, James 2004), then dietary change implies cultural loss and assimilation to the dominant group. Resisting healthy eating guidelines, then, may be a form of resistance to cultural dominance or assimilation (Kumanyika 2006, p. S13). In the current study, with African Canadians eight or more generations in Canada, we suggest that emphasis on Black ways of eating – even at the expense of mainstream healthy eating – represented not only maintenance of cultural identity but also resistance to racism.

When eating patterns do not follow dietary guidelines, the usual assumption is that people need more or better nutrition education. Participants in this study demonstrated knowledge and understanding of dietary guidelines, some simply chose not to follow them (c.f., Kohinor *et al*. 2011, Leung and Stanner 2011). Equally importantly, some expressed outright mistrust of healthy eating messages. Not only was healthy eating understood as depicting White ways of eating, as Kohinor and colleagues found among the Dutch Surinamese (2011), but some participants mistrusted the science behind dietary guidelines, arguing it was based on White populations. Similarly, a recent study found African Nova Scotian women reported fear or mistrust of health professionals (Etowa *et al*. 2007, p. 68). In the current study, dominant conceptions of healthy bodies as slender were rejected in favor of 'thick' bodies, bodies able to withstand hard times. Dominant messages about healthy foods were rejected by some as simply not pertaining to their group: 'Certain things aren't meant for Black folk.'

Toward effective health promotion for African Nova Scotians

Culturally specific healthy eating interventions often focus more on cultural foodways than they do on deeper cultural meanings and beliefs (Kohinor *et al*. 2011). To be effective, we suggest nutrition interventions for African Nova Scotians must address broadly held understandings of health and well-being, as well as underlying resistance to racism or cultural dominance. Health promotion must acknowledge the profound significance cultural foodways continue to hold even hundreds of years after migration – at least in the context of ongoing racial marginalization. This suggests there may be considerable value in educating

professionals involved in health and nutrition promotion to understand root causes of cultural resistance to dietary guidelines. That may entail deepening understandings of how racism and ethnocentrism operate, and ongoing connections with those who can help them comprehend social processes of marginalization.

Ideally, nutrition education would build on existing strengths in African Nova Scotian communities. While we cannot generalize from our qualitative findings, if the preference for homemade foods that we discovered is more widespread (see also Airhihenbuwa *et al*. 1996), this may be valuable. Participants spoke of pre-packaged foods as White ways of eating. Given the propensity for packaged foods to be high in dietary salt and fats, home cooking maximizes control over ingredients. Participants also avoided restaurants, which again enhances control over ingredients.

Participants expressed considerable pride in Black cooking, particularly emphasizing the flavor compared to (their perceptions of) White cooking. This cultural pride may be valuable. While Kohinor and colleagues (2011) argue that high fat content is responsible for the flavor of Surinamese cooking, our participants also spoke a lot about spices. Recall that some women traveled across Canada to get the spices they needed. Healthy eating messages for African Nova Scotians could emphasize pride in cooking and the skill required to produce low fat, low salt meals made highly flavorful with complex spicing.

Given our findings concerning identification with foods from across the African diaspora, it may be possible to emphasize or introduce culturally traditional dishes from a variety of African cuisines that are high in fiber and low in fat. Research evidence suggests that some traditional African foods, such as legumes (Delisle 2010), yams, cassava, and plantain (Leung and Stanner 2011), may promote health. Emphasizing the origins of these foods in the African diaspora (yet available due to globalization) may increase their desirability.

Stressing control over portion size may be challenging if food symbolizes love, feeding amply signifies generosity and hospitality, and eating heartily conveys appreciation and respect (c.f., Liburd 2003). Nutrition education is unlikely to be effective if it undermines the deep importance attached to hospitality and community well-being. Nonetheless, perhaps it is possible to emphasize expressing caring, generosity, and hospitality through an abundance of the healthiest foods in a meal, such as the greens that are a staple of 'soul food,' rather than through abundance of items like salt meat. Rather than undermining the importance of such foods, their significance could be heightened, by suggesting they be reserved for special occasions.

Healthy eating interventions that acknowledge cultural values and beliefs must acknowledge the (potential) mistrust of health knowledge and science. While not every participant expressed this, it was a strong undercurrent in our findings. Research results have been mixed, yet there is evidence that African Americans distrust research (Freimuth *et al*. 2001). There may be ways to build greater trust. Health promotion efforts could acknowledge the cross-cultural limitations of standardized measures such as the BMI (Leung and Stanner 2011). They could acknowledge the inaccurate conflation of health with slender bodies (Ristovski-Slijepcevic *et al*. 2010). They could acknowledge that healthy eating guidelines were initially centered on White ways of eating (Health Canada 2007). These critiques raised by our participants are accurate.

Clearly, understandings of healthy body types differ for European- and African-origin populations (Agyemang *et al*. 2009, Ristovski-Slijepcevic *et al*. 2010). None of our participants related to language of fatness, overweight or obesity, instead preferring the language of 'thick.' Effective health promotion in this community would start from members' perceptions of healthy bodies. The cultural value placed on plumpness should not be rejected; a range of body weights can still be healthy. Gradations might be emphasized between 'thick and healthy' *versus* so thick that function is impaired. The cultural value placed on eating for stamina, ability to function, and strength to withstand adversity could be built upon, with clear messages about *excess* thickness diminishing stamina, function, and resistance to illness.

It is extremely important that nutrition educators be clear when research evidence is generated from African-heritage samples or populations. Our participants were (justifiably) suspicious of the application of research to their communities. Yet there is evidence concerning the health effects of diet patterns throughout the African diaspora. It must be clear when health interventions are drawing on such evidence, in order to enhance uptake of messages.

Perhaps more challenging for European-origin health educators, effective intervention in this community may require acknowledgment of ongoing racism and marginalization. There were suggestions in our data that participants maintained Black ways of eating in part to resist cultural dominance (c.f., Liburd 2003, James 2004). Health promotion should build on this. Kumanyika suggests that Black ways of eating are strongly 'associated with survival under harsh circumstances' (2006, p. S13). Our participants, too, spoke of eating for survival when the going gets tough. Airhihenbuwa and Liburd (2006) also suggest African Americans have a strong history of surviving, even though today countless messages urge them toward unhealthful consumption. We suggest resistance to racism could be fruitfully utilized.

Participants were aware that diet-related health conditions such as cardiovascular disease, hypertension, diabetes and some cancers were prevalent in their community; most faced such chronic conditions themselves or had loved ones facing them. Health promotion might draw on resistance to racism by framing such conditions as silent killers accompanying the excesses of White-dominant, Western societies. Resistance to such chronic conditions through healthy eating then becomes framed as resistance to cultural dominance. Recall one participant said, 'They say high blood pressure is a Black disease.' This could be reframed to suggest high blood pressure is a White disease that Black people are harmed by, and refusing to compromise their health constitutes resistance to cultural dominance. While such an approach may push the boundaries of health education, it is important to keep in mind that meanings of foods are key, and nutritional science perspectives are not uncontested. Not all African-heritage individuals would find an approach grounded in countering racism helpful, but even acknowledging the existence of racism may open doors for building trust and getting at deeper meanings.

Black churches have been central to historical struggles for survival in African-heritage communities (Airhihenbuwa and Liburd 2006, James *et al*. 2010). They have also proven effective sites for promotion of healthy eating (Leung and Stanner 2011). Again, it may be possible to use this history of church roles in fighting slavery and resisting racism, extending it to resisting a contemporary version of 'cultural annihilation' through diet-related chronic diseases. Family may be another site that can be recruited in a collective struggle against diet-related chronic diseases. Among

our participants, family meals were very common and extremely important. They were framed by some as being at least partly about life being short and unpredictable. It may be possible to emphasize healthy eating as modeling for children one more way to ensure survival in the face of oppression.

Conclusion

As Liburd (2003) has suggested, successful dietary intervention requires knowledge beyond nutrition, particularly regarding the cultural meanings of food, health, and well-being. The results of this study indicate that African Nova Scotians strongly believed there were distinctively Black ways of eating, despite hundreds of years in Canada. Participants understood mainstream healthy-eating messages, but conceptualized health and well-being much more broadly than prevention of illness. Furthermore, they expressed mistrust of mainstream healthy eating messages and resistance to racism through food practices. Effective healthy eating intervention with this community would require taking those beliefs seriously, building on the strengths of Black ways of eating while using cultural pride in surviving adversity to enhance the uptake of healthy eating messages.

Key messages

- In ethnic communities, 'failure' to adopt nutritional guidelines for healthy eating is generally understood as lack of education, or persistence of cultural barriers.
- Participants understood healthy eating more broadly than prevention of chronic disease, including physical health, family, and community well-being, cultural and racial well-being.
- Displaying persistent mistrust of White-dominated health professions, participants used 'Black ways of eating' not only to retain cultural traditions, but also to resist racism.
- Effective healthy eating intervention in this community could draw upon deeply held beliefs concerning cultural identity and surviving adversity to enhance relevance of messages.

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Note

1. As in the movie Soul Food (1997), Big Mommas are well-respected women in the African community known for cooking 'soul foods' for Sunday gatherings after church.

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