

## Needed: A new appreciation of culture and food behavior

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Childhood recollections of the morning breakfast ritual of my paternal grandmother are still fresh in my memory. As a farm wife in rural South Carolina, she prepared most foods from scratch. To prepare breakfast, she dumped a generous amount of flour, lard from her own hog, and buttermilk into a wooden bowl; mixed; and patted the dough by hand into biscuits. While the biscuits baked, she fried country ham, probably from the same hog who donated the lard, and scrambled eggs. These foods were eaten with syrup made from local sugar cane and butter purchased from a lady down the road who owned a cow.

My grandmother's breakfast ritual illustrates that complex cultural factors are preeminent determinants of nutritional health. The cultural environment she lived in determined food preferences; procurement patterns; distribution among individuals; preparation behaviors; and consumption, storage, and disposal patterns. Her breakfast, as well as her total diet, was high in fat, sodium, and sugar, but was a significant, meaningful part of her life for more than 80 years. Like my grandmother, all individuals live in households, communities, and regions, and in times and circumstances that determine nutritional health or disease with greater certainty than access to all the nutrition education and services that dietitians can envision. In short, we are what we eat culturally as well as physiologically.

Dietitians are not unaware that cultural forces shape food intake and other health behaviors. However, the incorporation of cultural factors into dietary assessments and interventions are all too often either neglected or superficial. For example, race, ethnicity, or geographic residence are often inaccurately viewed as synonymous with culture. This misconception leads to stereotypical lumping. One may inaccurately perceive, for example, that all Jews follow orthodox food laws or that all Southerners routinely eat grits, biscuits, and country ham. We cannot rely on the cultural sameness of individuals based on their membership in defined racial, ethnic, geographic, or other groups. Although

certain shared beliefs, assumptions, values, and behavior patterns may be found among groups defined by such categories, each subgroup of individuals exhibits a unique range of cultural characteristics that affect their food intake and nutritional health.

Why is culture often so poorly understood and superficially incorporated into dietetics practice? Two reasons immediately come to mind. First, the educational background of many dietitians offers little preparation for incorporating cultural concepts into practice. Dietetics educators are all too aware of the barriers that impede incorporating desirable but nonmandated concepts into the dietetics curriculum. Curriculum mandates from the university, the department, and The American Dietetic Association consume virtually all of our teaching time and resources. Therefore, until in-depth cultural training is seen as a necessity for dietetics students, it likely will be included in few dietetics education programs. Second, whereas dietetics is both the science and the art of delivering nutrition services, the scientific, prescriptive, and technical aspects have often been given high prestige, respect, and recognition, while those aspects related to the art of delivery have generally been undervalued. This situation has perhaps become more pronounced as the decrease in health care resources has left many clinical, community, and foodservice facilities severely understaffed. Of necessity, emphasis has often been placed on serving as many clients as possible with the least possible resources, not on adapting services to best meet clients' needs, desires, and lifestyles. The following three steps can be taken to address these two problems, thereby strengthening dietitians' knowledge and skills related to culture.

### STRENGTHEN THE ACADEMIC CULTURAL TRAINING FOR FUTURE DIETITIANS

Cultural training for dietetics students typically consists of a background course in anthropology or a related social or behavioral science, combined with dietetics education about traditional food preferences and associated health problems of certain racial and ethnic groups. Such instruction is valuable for introducing students to basic information, but does not prepare them to incorporate cultural concepts into dietetics practice. In fact, students often are left with the impression that culture consists of

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**Table**

Aspects of the food behavior and food environment that must be understood for delivering nutrition services that meet the needs, desires, and lifestyles of clients

<b>Aspects of the food behavior and food environment</b>	<b>What the dietitian needs to know</b>	<b>Example</b>
<b>Food environment of the household and community</b>		
Availability	What types of food are available both in the environment and economically	Note foods available from local food sources and their relative price
Acceptability	What items are accepted as food and under what conditions	Differentiate those foods preferred from those available but not preferred
Safety	What is the short-term and long-term safety of the foods eaten	Note short-term and long-term health problems related to the safety of the food supply
Nutritive quality	What is the nutrient profile of the total diet and the nutrient composition of major foods in the diet	Calculate the adequacy of the diet for providing the kilocalories and nutrients needed for optimum health and for reducing the risk of disease; note specific foods that make substantial contributions to nutrient intake
<b>Food behavior of the household and community</b>		
Selection	Which foods are most commonly chosen for consumption, and who makes food selection decisions	Differentiate those foods chosen consistently that make up a substantial proportion of the food supply from those eaten inconsistently or seasonally
Procurement	How and where are foods obtained by the household and community	Note foods obtained from grocery stores, home gardens, vending machines, restaurants, and other sources and determine how often these sources are used
Distribution	How are foods divided among household and community members	Determine who decides what and how much will be eaten
Manipulation	How is food prepared before eating	Find out common cooking and preparation methods for major foods
Consumption	Which foods are eaten, how much, when, with whom, and where	Ascertain typical daily eating patterns and special event patterns
Storage	How is food put away for future use	Determine which foods are commonly stored or preserved, for how long, and using what facilities and methods; determine whether food storage practices are adequate and safe
Disposal	Which food is disposed of, how, when, where, and why	Note those foods commonly rejected for consumption and how they are disposed of

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“odd” beliefs and behavior patterns of groups radically different from themselves. Dietetics students commonly have a poor understanding of what constitutes culture, what are the cultural patterns in their own environments, and how to gather cultural information.

Several curriculum strategies can be used to strengthen the cultural understanding and skills of dietetics students. First, dietetics educators cannot rely on social and behavioral science classes to provide the cultural knowledge and skills necessary for quality dietetics practice. Therefore, cultural education related to dietetics practice must be provided in dietetics classes. Students need to understand thoroughly what culture is and how it influences food behavior and the food environment (1,2), as described in the Table. After dietetics students have a good grasp of what culture is, they can be taught the skills needed to discover for themselves relevant cultural patterns among clients and communities.

Instead of relying totally on traditional library research, students can become skilled in gathering cultural information about client groups through the techniques of observation, participant observation, and informant interviewing (3,4).

■ Observation refers to seeking out and visually noting information about client groups that relates to their food behavior, food environment, and nutritional health. Examples include observing the neighborhoods and homes in which clients live; where they shop for food and the types of food available; and how food is stored, prepared, and eaten in homes.

■ Participant observation skills teach students to learn more about client groups by participating in the activities of the groups. For example, students can read the same newspapers, listen to the same radio stations, go to the same community meetings, and shop in the same food outlets as clients.

■ Informant interviewing refers to learning more about a client group by interviewing individuals from or closely associated with the group. For instance, a wealth of information about the food and health behaviors of client groups can be gleaned by asking relevant questions of other health care professionals who serve the group, community leaders among the group, and group members themselves.

These qualitative assessment techniques are often taught in conjunction with community nutrition, but are equally important in clinical and foodservice practice. For instance, in this issue of the *Journal*, Shovic (p 541) describes how she used qualitative techniques to develop a nutrition exchange list for Samoans. An added benefit of inestimable value that occurs when a dietitian engages in observation, participant observation, and informant interviewing is that he or she not only learns about relevant cultural patterns, but also learns why those patterns exist. In other words, the dietitian learns to appreciate that clients feed their babies in certain ways or shop for foods at certain outlets for reasons that are logical and consistent with their lifestyles and environments. The dietitian develops an in-depth understanding of clients' dietary practices, and these practices no longer appear odd or irrational. This understanding marks the beginning of respect for clients, and is the basis for building culturally sensitive interventions.

#### **EXPAND THE REPERTOIRE OF DIETARY ASSESSMENT AND INTERVENTION METHODS TO INCREASE CULTURAL SENSITIVITY**

All groups have unique cultural characteristics, not just groups one perceives as being different from oneself. For example, unique shared beliefs, assumptions, values, and behavior patterns are found not only among groups perceived as culturally novel, such as American Indian families living in a small, isolated reservation community, but also among seemingly typical groups such

as residents in a retirement village in Dubuque, Iowa, or families living in an urban housing project in Dallas, Tex. Therefore, regardless of what clients a dietitian serves, the range of cultural traits found among those clients needs to be thoroughly understood.

Textbooks, workshops, and professional articles can provide basic cultural information, but do not provide adequate cultural details for delivering dietetics services. In addition, culture is not static—it is ever-changing, making textbook and other written descriptions quickly obsolete. Consider, for example, the striking, rapid change in the food behavior of many US immigrants. As a result of the availability of new foods, the desire to emulate the dominant culture, and, often, rising economic status, traditional plant-based diets are rapidly replaced by diets incorporating more animal foods and a high percentage of Western refined, prestige, and convenience foods, particularly among youth (5). Food behavior has also evolved with the recent, profound changes in the character of many US communities; for example, high poverty rates among households with children have resulted in increased childhood malnutrition, high violent crime rates in formerly peaceful neighborhoods have made worries about survival paramount to concerns about food and health, and the dramatic increase in day care for preschool children has resulted in many children learning basic food preferences and skills outside of and different from the family. Therefore, dietitians must be skilled in discovering relevant cultural patterns and cultural changes among the clients and groups they serve, and need to incorporate a knowledge of these patterns into interventions. Melnyk and Weinstein (p 536), in their examination of obesity prevention strategies for black females in this issue of the *Journal*, point out that without cultural assessment as well as culturally sensitive interventions, the nutrition information and services provided may be technically correct but ill suited to the needs, desires, and lifestyles of clients.

#### **AFFIRM THAT THE DELIVERY OF NUTRITION SERVICES IS BOTH A SCIENCE AND AN ART, AND THAT THE TWO ARE OF EQUAL IMPORTANCE**

The technical competence of dietitians must be excellent. The basis of dietetics practice is a thorough knowledge of the chemical, biochemical, and physiologic aspects of nutrition and foods. In this sense, delivering nutrition services is a science. However, for most human beings eating is not simply an act of nourishment. Therefore, to be relevant and useful, dietetics services must be designed to meet the needs, desires, and lifestyles of clients. When scientific knowledge is combined with a social commitment to service, the art of delivering nutrition services gains importance. Thus, the cultural assessment of clients becomes not just something nice to do if one has time but, instead, essential to quality practice.

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