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Norris, Shane A.; Cohen, Emmanuel; Wrottesley, Stephanie V.; Prioreschi, Alessandra; Slemming, Wiedaad

2023
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https://hdl.handle.net/10539/40350
Cohen, E., Slemming, W., Wrottesley, S. V., Prioreschi, A., &Norris, S. A. (2024). Maternal perceptions of infant's body weight and childhood obesityin South Africa: A qualitative study in Soweto. Children & Society, 38, 277–293. https://doi.org/10.1111/tgis.12689

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Accepted: 5 January 2023

DOI: 10.1111/chso.12689

Children & Society WILEY

ORIGINAL ARTICLE

Maternal perceptions of infant's body weight and childhood obesity in South Africa: A qualitative study in Soweto

Emmanuel Cohen[1,2] | **Wiedaad Slemming**[3] | **Stephanie V. Wrottesley**[1] | **Alessandra Prioreschi**[1] | **Shane A. Norris**[1]

[1]SAMRC/Wits Developmental Pathways for Health Research Unit, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

[2]CNRS, UMR 7206 "Eco-anthropologie", Musée de l'Homme, Museum National d'Histoire Naturelle, Paris, France

[3]Division of Community Paediatrics, Department of Paediatrics and Child Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

Correspondence
Emmanuel Cohen, SAMRC/Wits Developmental Pathways for Health Research Unit, Department of Paediatrics, Faculty of Health Sciences, University of the Witwatersrand, 7 York Road, Parktown, Johannesburg 2193, South Africa.
Email: emmanuel.cohen@mnhn.fr

Funding information
HELTI; National Research Foundation, Grant/Award Number: 113987; South African Medical Research Council; Canadian Institutes of Health Research; University of the Witwatersrand Human Research Ethics Committee, Grant/Award Numbers: M170707, M171129

Abstract

From a socio-anthropological study focusing on maternal body weight perceptions and dietary practices towards infants living in Soweto (South Africa), we studied how lay sociocultural traits may lead to early childhood obesity. Most mothers tended to socially value and normalize fatness. This propensity led mothers, particularly older women at home, to adopt high-calorie feeding practices towards infants, although some mothers tended to question these lay norms. Further works must consider how lay (emic) sociocultural norms in African townships can contradict biomedical (etic) messages, conveying for the community thinness as the acceptable standard, and may expose infants to early obesity.

KEYWORDS
body weight perceptions, childhood obesity, dietary practices, lay norms, Soweto

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INTRODUCTION

Over the last few decades in Western countries, modern values have favoured a social construction of the body oriented towards a permanent control of its natural expression. The main societal aspiration promoted by media consists of fighting fatness, ageing, illness and death (Brewis et al., 2011; Le Breton, 2011). In a postmodern era where one can modify their body according to their fantasies, this demanding societal expectation, exacerbated by a constant increasing technological development, acts as a social injunction to heal all life imperfections (Foucault, 1976; Tratnik, 2017). However, the literature shows that in societies based on community life, a reduced technical development and a persistent animist sacralization of nature, particularly in farmer and hunter-gatherer populations, the biopolitics of body have not been based on a cultural aspiration to reify its natural expressions (de Lame, 2007; Scheper-Hughes & Lock, 1987). On the contrary, these bodily traits are often culturally valued as signs of vitalism and connection with nature. Hence, weight gain, ageing and fertility are expected and socially promoted as symbols of well-being and peacefulness, as observed in different African populations (Cohen, Gradidge, Ndao, et al., 2019; de Garine & Pollock, 1995; Warnier, 2009).

Accordingly, in African societies still influenced by these pre-industrial rural values, body weight norms have mainly followed a sociocultural construction from an opposite pattern of the one adopted recently by modern Western societies (Boëtsch, 2006; Brown & Konner, 1987; Cassidy, 1991). Indeed, while Western societies experienced an urban transition one century ago allowing the resolution of most undernutrition-related diseases, African societies still suffer from a double burden where rising urban cardiometabolic diseases such as hypertension, type 2 diabetes and cardiovascular diseases are still coexisting with the common pre-industrial diseases (undernutrition, stunting and infectious diseases) (Popkin et al., 2012). From this perspective, both abundant food and large adipose tissue, major expressions of prosperity in African societies still connected to a pre-industrial lifestyle, have become a useless burden, symbol of illness and self-degradation in post-industrial societies (Cohen, 2020; de Garine, 1990; Gremillion, 2005).

Therefore, through the ongoing urbanization process in Africa, the rapid adoption of modern lifestyles is necessarily associated with deep changes in body weight constructs. In Nigeria, Ghana and South Africa, several studies showed ambivalent trends in the social appreciation of body weight—the Westernized young people preferring thinness compared with middle-aged and elders maintaining their cultural inheritance through the valorization of stoutness (Pradeilles et al., 2021). This sociocultural ambivalence around body weight norms is particularly marked in South Africa (Gitau et al., 2014b; Okop et al., 2016). Indeed, South Africa is a transitional middle-income country where this ambivalent context leads to a pronounced intergenerational contrast exposing to major and differential public health issues: both prevalent eating disorders in young people and overweight/obesity in elders (Bosire et al., 2020; Gitau et al., 2014a). Hence, South Africa is the African country which has produced the widest scientific literature on body image through a public health perspective (Pradeilles et al., 2021).

The prevalence of obesity in South Africa is one of the highest in the African continent (Owolabi et al., 2017). Moreover, chronic poverty in South Africa overexposes populations living in townships to this burden with an extremely high prevalence of obesity among women, around 50% (Cohen, Gradidge, Micklesfield, & et al., 2019). In this country, the social valorization of stoutness is set as a potential risk factor for obesity in women, particularly in poor urban and less educated settings (Gradidge et al., 2020; Phetla & Skaal, 2017). In continuity with this trend, several studies have examined how the caregiving environment can predispose younger generations to early obesity, especially in socially excluded townships such as Soweto (Prioreschi

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et al., 2020; Wrottesley et al., 2021). While childhood obesity has become a major public health concern in South Africa (Mchiza & Maunder, 2013), the South African literature demonstrates an association between maternal and offspring's body mass index and body weight perceptions (Cohen, Gradidge, Micklesfield, et al., 2019; Mchiza et al., 2011).

However, South African studies which qualitatively explored mothers' perceptions of their infants' body weight are rare. Such a work is needed to identify which sociocultural processes during early childhood predispose infants to excessive weight gain. From a qualitative socio-anthropological study focusing on maternal body weight perceptions, and dietary practices stemming from them, towards infants living in Soweto (Johannesburg), we will bring to light whether lay or communitarian (emic) sociocultural traits in such a township may lead to early obesity during the first years of child development (Mendenhall et al., 2010; Nyaaba et al., 2018) and therefore expose these infants to a chronic obesity at adult ages (Sahoo et al., 2015).

MATERIALS AND METHODS

Study process

A qualitative study, conducted in 2018, investigated mothers' body weight perceptions and feeding practices towards infants to identify the different sociocultural processes that could lead to childhood obesity in Soweto. This denomination is an abbreviation of South West Townships, containing almost 2 million inhabitants, mainly black people, with high rates of unemployment and obesity (Wrottesley et al., 2021). Semi-structured interviews were used to (i) explore these potential obesogenic sociocultural norms and habits in infants living in Soweto in depth, and (ii) describe the syncretic position of mothers between the respective influence of their lay or communitarian (emic) values and modern (etic) values around body weight conceptions and norms related feeding practices. We conducted individual semi-structured interviews with mothers in order to deeply understand these two main dimensions, by providing a wide freedom of expression to the participants (Copans, 2008).

Interviews were based on an interview guide with a malleable frame as tailored to the responses of participants. The guide comprised these several main items: mothers' description of communitarian body weight norms, mothers' perceptions of their infant's body weight, infants' eating practices and the influence of the modern lifestyle. These items were defined and also refined from the main themes that emerged from a previous exploratory qualitative study using focus group discussions (FGDs) to explore mothers' well-being conceptions in Soweto (Prioreschi et al., 2020; Wrottesley et al., 2021). Therefore, the present study explored potential obesogenic body weight conceptions and infant feeding practices in more detail, which have been only touched on during the FGDs. Thus, this study based on individual semi-structured interviews was the second phase of a global qualitative study focusing on mothers' well-being conceptions, maternal-child health, women's perceptions about infant's health and health practices.

Sampling

The first phase of this study was based on three exploratory FGDs including six to eight mothers each, recruited from various neighbourhoods of Soweto, Johannesburg. The inclusion criteria were mothers having a child aged between 0 and 24 months, equally distributed according

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to this stratification: 0–6 months, 7–14 months and 15–24 months. We first randomly selected participants from existing cohorts at the SAMRC/Wits Developmental Pathways for Health Research Unit (DPHRU), based at Chris Hani Baragwanath Academic Hospital in Soweto. We then expanded this initial sample by using a snowballing approach within the personal network of selected participants. This strategy allowed us to contact potential new participants who could also match our inclusion criteria. Hence, 12 individual semi-structured interviews arranged from the three infants' age ranges (Table S1) were conducted. Mothers were selected from the initial FGD sample, based on their engagement during FGDs, that is their level of interest and participation for each point of the FGD considered by the research team as a relevant criterion to collect their accurate views during the individual interviews.

Data collection

In order to allow each participant to express themselves without external pressure, all interviews were performed in a private room at DPHRU. The interviews lasted no more than 1 h and 30 min. Since anthropological studies commonly base their prospective tools on vernacular language to precisely understand lay sociocultural norms (Copans, 2008), all discussions were mostly conducted in isiZulu or isiXhosa and translated and transcribed into English. All data collection was recorded with a handheld recorder, and all transcripts checked against the recordings to verify accuracy. The quotes cited in this manuscript were rigorously selected from the original transcription of interviews. Two research assistants, who were experienced in socio-anthropological research, conducted the interviews—one served as the main facilitator speaking the vernacular language, and the second taking notes and supporting the facilitation. These two research assistants were young black women to facilitate the interaction and create a confident atmosphere in order to avoid as possible some bias in the data collection (e.g. difficulty to talk, to provide accurate details). Data saturation within interviews was reached after participants provided no new information and when they revealed that they had expressed their point of view for each discussion point. All participants received reimbursement for transport costs to the research unit and were provided with a snack after their interview.

Body size scale

To accurately assess body weight perceptions of mothers for themselves and qualitatively associate it with their infant's body weight perceptions, we used the validated body size scale (BSS) (Cohen et al., 2015). The BSS consists of a series of nine African real body types, from undernutrition to severe obesity, to give a concrete visual expression of body weight perceptions. Following the standard procedure, we asked mothers to point out on the BSS their 'Desired Body Size'.

Data analysis

Following the recommendation on the methodologies of investigation in anthropological studies, the qualitative analysis was based only from the participants' discourse. To achieve this, we adopted an inductive approach without pre-identification/categorization of mothers' perceptions of their infants' body weight and feeding practices in Soweto. Indeed, the strategy was to

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understand perceptions of mothers, considered by the researchers as the first experts of their daily life in their community, and therefore reduced as much as possible the influence of researchers' subjectivity (Copans, 2008). Four researchers using a thematic grouping approach based on an exhaustive reading of all transcripts performed transcript analyses independently. The main emerging themes were identified from the comparison of each researcher's thematic grouping to avoid as possible the individual subjectivity of each researcher (Mason, 2002). We retained the main common themes identified by all researchers, considered as the central topics developed by participants. After identification of the main themes organized as a codebook, we used the constant comparative method (Corbin & Strauss, 1990) to categorize the main information within each as subthemes. The themes and subthemes were analysed and compared with each other to create a consistent presentation plan of the results. All results were presented by the most relevant quotes illustrating the participants' discourse. We used Dedoose 8 software (SCRC Co.) to group, analyse and synthesize the main outcomes of the semi-structured interviews.

RESULTS

We identified three main themes characterizing infants' body weight norms and feeding practices in families living in Soweto. These include a valorization of fatness, a normalization of fatness and an obesogenic familial environment; and one more theme related to a progressive renegotiation of these perceptions and practices by mothers through emerging modern values around body weight and diet: an undergoing acculturation process. The three main themes on body weight norms and feeding practices were organized into specific subthemes (detailed below) describing accurately the different aspects of these obesogenic body weight perceptions and dietary practices towards infants. We finally explained in the last theme the acculturation process during which mothers question their lay conceptions of fatness and feeding practices to promote babies' fatness as a symbol of health and well-being.

A valorization of fatness

Fatness as a symbol of health

Most mothers affirmed that their community—and often themselves—considered an infant *'adorable when he's "chubby", not thin (Interview 4)'*. In the vernacular language, *'they say that child is "fresh", that child is likeable (Interview 12)'*. The signified of these local terms appeared clearly in the discourse of these mothers: *'I think an overweight baby is healthy because in most cases, if the baby is fat, he grows too much [i.e. grows well], it means he's "fresh" like he eats well (Interview 9)'*. Indeed, for mothers, the communitarian conceptions of body weight tended to link fatness to well-being, prosperity and peacefulness for all age groups: *'In our communities, people perceive that being fat is a good thing; it's a sign of wealth, it's a sign of health. [...] We're happy to have a baby like that, they're well taken care of (Interview 1)'*.

Hence, because *'the most desirable baby is a fat, "fresh" child (Interview 9)'*, these lay body weight norms impact on the social interactions for interviewees: *'In the community's eyes, a beautiful baby is fat; I see with how they treat mine (Interview 8)'*. Indeed, having a fat baby is a good way to receive positive remarks from peers concerning his or her health status, and feel him/her considered by the community: *'If we're walking down the streets, people will shout: "sdudla*

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sdudla" [fatty fatty], because they like him (Interview 8)'; 'When you're walking down the street with your child and people come to play with her, they'll say: "She's so 'fresh'" and they'll play with her (Interview 9)'.

Phobia of thinness

Through this perspective, being too thin, for both infants and adults, is unfortunate for the community. For mothers, *'that's the language that we get confronted with..., because when you lose a bit of weight it's difficult to even go back home to visit. Because they all feel sorry for you (Interview 4)'.* Indeed, losing weight in a short time is not perceived as natural by the community; the weight loss expressing a suspicious reduction in vital energy and well-being in vernacular conceptions. The worse situation is a significant weight loss in infants, which is interpreted in terms of severe illnesses: *'The baby's weight loss is the main worry of most mothers (Interview 11)'.* Thus, in seTswana and seSotho cultures, a traditional mystic and common infant disease named 'Kokwana' presents symptoms of weight loss caused by evil spirits which aim to steal the vital energy of humans: *'The "kokwana" eats the child from inside, the kid becomes weak, the child doesn't eat properly because that illness ravages him from the inside, they lose weight (Interview 7)'.*

According to interviewees, the lack of fatness is a symbol of poverty, being cursed, sorcery and illnesses. In most cases, a thin silhouette means that something is potentially wrong: *'When you have a child that's a bit on the thin side you aren't happy (Interview 4)'*; infants not 'chubby' must be fed more: *'In the community, they have this notion that children don't get full (Interview 6)'.* If both mother and their infant are not 'fresh', catastrophic interpretations can emerge in the community: *'Even if I'm HIV negative, they simply won't believe you. They'll say: "No..., how come the child looks like that?" And they'll say: "You should take the pill that HIV positive people take and you didn't take it", then the children don't grow properly (Interview 4)'.* The necessity to be 'fresh' is essential until the point that some mothers were afraid to have a thin baby which could be stigmatized by adults, as a constant social pressure to match the body weight norms promoted by the community: *'Every time you walk next to your "fresh" baby, people greet and call him, but with a tiny one you get scared that someone tells you: "No man this baby..." (Interview 5)'; 'If the baby isn't "fresh", they'll make snide remarks like: "Ouu she's so filthy and skinny". They criticize the baby (Interview 9)'.*

A normalization of fatness

Fatness as a norm

In the lay (communitarian) body weight norms described by interviewees, there is an overlap between fatness, expressed by the terms 'chubby' and 'fresh', and the normality: *'In my language, a normal body weight for baby is "fresh" (Interview 1)'; 'Babies who are "chubby" are considered normal (interview 4)'; 'Babies with a normal body are "chubby", proportional, they're fine (Interview 11)'.* Thus, for many mothers, being normal for a baby is only to be not 'too fat': *'My baby has to be on the right level, not too fat (Interview 10)'; 'My baby is fine, not too fat or slender, he's just in the middle (Interview 11)'.* Therefore, the vernacular definition of excessive body weights is consciously defined by mothers, and apparently their community, by a category above 'fat': *'We prefer normal babies, not fat, not "that fat" [sdudla fehlefehle]..., because there's fat [sdudla] and then there's fat, fat, fat [sdudla fehlefehle]. Fat [sdudla] is "fresh" (Interview 2)'.*

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Difficulties in detecting overweight

Accordingly, some mothers, able to observe these lay body weight norms with a relative distance, said: *'Maybe people can't differentiate between fat and normal... (Interview 5)'*. Thus, different quotes also attested that many mothers consciously defined infants' normal weight above the Western and biomedical criteria: *'A child growing properly, that has like... let me say 2 years old children wear clothes for 2 to 3 years old, or 3 to 4; so that's a child that we can say is normal (Interview 6)'*. These conceptions of body weight are so omnipresent that they historically penetrated the linguistic field. Thus, in both Zulu and Tshivenda languages, a fat person—also defined as overweight—is normal, healthy and valued by the society. *'In Zulu, we say "sdudla" for a fat person. Babies like that eat delicious food, they grow nicely (interview 8)'; 'In Tshivenda, the name for a baby with a normal body weight is "ngwana wa vhudi" [a good-looking baby]. [...] The baby is fat or "chubby", happy like she just looks normal. [...] For overweight babies, it is "vhumkhede" [fat]. The baby might be fat, like "chubby". [...] There is no real difference with "ngwana wa vhudi" (Interview 9)'*.

The social aspiration to have a 'fresh' baby can reach such a high level that some mothers never *'heard about how to make a child lose weight (Interview 3)'*. Hence, most mothers attested concerning infants' body size that in their community: *'The ones that I know and the ones that I see when I go to the clinic, the kids are "fresh", they're "chubby" (Interview 4)'*. Overweight is almost never perceived as a real danger, especially for babies, because the community considers that infants need energy—even in excess—to grow and live: *'Overweight? As long as he's growing I think that he's fine (Interview 11)'*. This perception of fatness as a symbol of normality and health is common in the community, and also expected in adults, especially in women: *'I want to be fat (laughs), I'm tired. I need a bigger body, I need to change, I think I'll eat more than I do now (Interview 10)'*. And, we can observe that this expectation in adults—in our case in mothers—is projected on children, as a relative relationship between the 'Desired Body Size' in adults and infants (Table 1).

An obesogenic familial environment

Familial sociocultural pressures

For mothers, several obesogenic feeding practices commonly adopted by the community's members were often a consequence of a constant familial pressure and injunction to overfeed the babies and not respect the dietary practices recommended by the clinic: *'We stay with old women (grandmothers), like maybe if the baby is crying at night, they'll be like: "This child is not full, that's why he's crying" (Interview 2)'; 'They feel bad when they're eating something and the baby isn't, they say: "I can't eat something while my baby isn't" (Interview 5)'*. In these lay communitarian conceptions of weight, gaining a constant weight for a child is a necessity as a proof of healthy growing: *'When a child is thin, like he was fat when he was young but he's losing weight because he's more active..., he eats a lot but he's active; so they think that something is wrong (Interview 1)'*. Hence, the older women at home permanently give advices to feed children with calorie-rich, solid food at early ages: *'My mother and grandmother recommended that cream of maize to me (Interview 10)'*. And, these advices in many cases become orders when the communitarian dietary practices are not sufficiently integrated by mothers: *'Most of us, black people, feed our children [a lot]. Because you know how our parents are: "Feed the child. There's no this and that (e.g. porridge)! A child must*

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TABLE 1 Relationships between mothers' body weight perceptions for themselves and their offspring.

	DBS	DBS category	Body weight perception of infants
Interview 1	5	Overweight	When you have a 'fresh' baby, you are very happy
Interview 2	1	Underweight	For babies very thin, I think they are born naturally like that
Interview 3	6	Overweight	A child who is normal..., they are 'sdudla' [fat], they have weight
Interview 4	6	Overweight	When you have a child that's a bit on the thin side, you aren't happy
Interview 5	3	Normal weight	Some of very skinny babies are naturally like that
Interview 6	6	Overweight	A fat child has big cheeks, and just a big body; maybe he's 1 year but wears clothes for 3–4 years, they're just big babies
Interview 7	6	Overweight	Thin children, they're lifeless, like they're weak, they have no life or energy in them
Interview 8	4	Normal weight	My baby is fat. I'm happy with his weight
Interview 9	5	Overweight	How can I detect unhealthy fatness of a baby? Hey, I don't know
Interview 10	8	Overweight	My child is fat. I'm happy with his weight, he's just fine
Interview 11	3	Normal weight	Children with a low body weight? Sometimes, that's just their natural body weight
Interview 12	2	Normal weight	I am very happy. My child has lost weight, he's no longer fat

Abbreviation: DBS, desired body size.

eat, they're hungry!" (Interview 12)'. Table S2 synthesizes mothers' body weight perceptions and practices towards their infant according to the five subthemes already treated. We could observe that mothers are at least concerned by one of these subthemes, showing as a main tendency that they adopt—or experience communitarian social injunctions to adopt—perceptions and practices favouring a rapid infant's weight gain. Indeed, for mothers, clinics are often perceived by the community as social spaces conveying intrusive biomedical Western (etic) values overvaluing thinness as the acceptable body weight standard: *'Some people just say that these nurses are messing us around they want our kids to be thin (Interview 4)'; 'Nurses just give us an attitude like: "Your child is not normal!", others are born like that and they think that you feed the child... (Interview 12)'*.

Overfeeding by elders

In many cases, when the mother refused to follow these familial injunctions, older women at home took the responsibility—when they had the opportunity—to feed the baby according to their own views: *'If I leave my baby to my grandmother, she will feed him too much (Interview 2)'*. It appeared that some children enjoyed being with their grandmothers because they understood that these elders were more flexible and tolerant concerning dietary practices: *'I'm worry when I leave him at home. Maybe you find that I go away for 2 or 3 days and I've left him with my mother and the other kids. I know that he won't eat properly, he's going to eat sweets and other junk food. They also take advantage of the fact that it's their granny and she'll give them whatever they want (Interview 6)'*. For mothers, many older women at home adopt fattening practices, using for instance pap (maize meal), soft porridge, mash, samp and 'maas' [fermented milk] to make the baby rapidly bigger from birth: *'Upon being born, at three days, the infant is fed with porridge mixed with Rama (margarine), those things are fatty. At 7 days, the child's being fed with potatoes and other things (Interview 4)'; 'Since birth you find that these babies are big compared to others, it's because of what they eat. You find that the baby eats EVERYTHING, EVE-RY-THING (Interview 5)'*.

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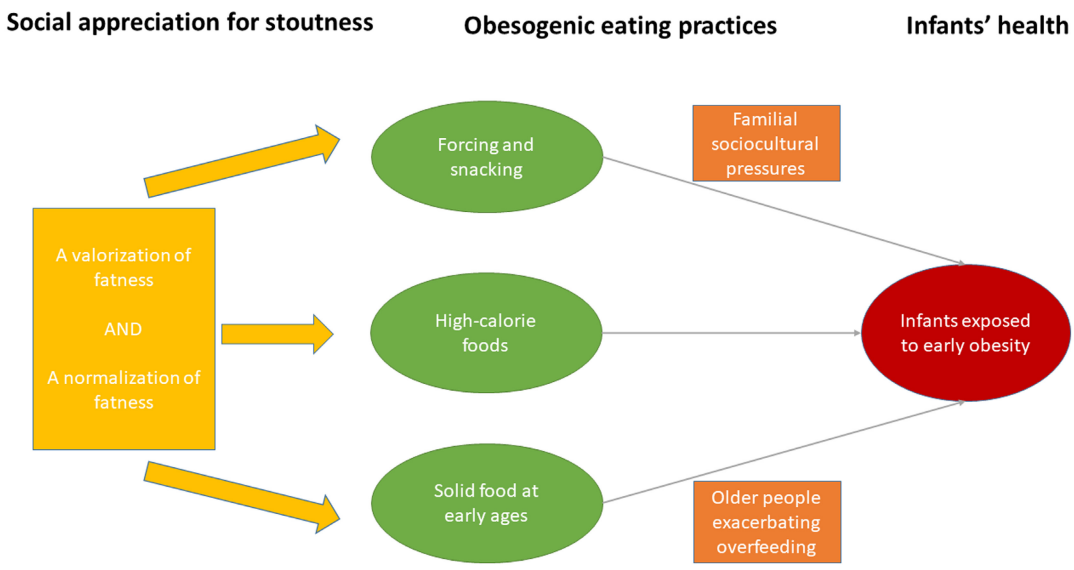


FIGURE 1 Articulation between maternal and communitarian body weight perceptions and dietary practices favouring childhood obesity. [Colour figure can be viewed at wileyonlinelibrary.com]

These feeding practices identified are not only perceived to be obesogenic within the mind of some mothers; they are indeed obesogenic practices with rapid deleterious effects on infant's body size: *'He was growing and becoming fat, because he wasn't like babies from his age. When people asked me: "How old is this baby?", they said: "You're lying, this child looks six months old!" you know? The nurses at the clinic said: "This child is not normal". So I didn't know what to do (Interview 12)'*. Hence, Figure 1 synthesizes the main processes leading to an early rapid and excessive weight gain in infants living in Soweto. It presents the different body weight norms and feeding practices in the household articulated together to favour this potential obesogenic rapid weight gain in babies.

An undergoing acculturation process

Questioning the valorization of fatness

Despite the strong influence of older women on mothers' body weight norms and feeding practices towards infants, through their frequent use of force-feeding, snacking between meals, high-calorie foods and feeding practices with solid foods at early ages (mainly between 1 and 3 months)—*'He eats snacks, I buy him Niknaks, chips or puffs for children (Interview 12)'; 'My baby was crying because she was hungry, so I decided to give her food (porridge and pap), and she was too tiny (Interview 5)'*—we could also observe an emerging intergenerational evolution which reexamines these obesogenic dietary practices acting as lay social injunctions for making babies 'chubby': *'Some force their kids at a young age to eat, and the child is fat, like obese; the child is obese, it's not normal, above normal weight (Interview 1)'*.

Through medical messages and the recurrent exposure to obesity in Soweto with its dramatic consequences, mothers globally tended to be more aware—although they still remained influenced by their culture—than the older generation towards this burden: *'Ah babies in the township eat everything, they like junk food man. You'll find someone going to buy chips for a 1 year old baby,*

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saying: "My baby likes fat cakes". He likes fat cakes?! Where does a 1 year old baby know fat cakes from? They're ruining babies man (Interview 5)'. Thus, this lay valorization of fatness as a symbol of health, well-being and prosperity seemed to be questioned by some mothers: *'I think that babies "sdudla fehlefehle" [excess of fat] are going to contract a lot of diseases, like heart disease and diabetes... (Interview 1)'; 'I see a difference between me and my community concerning babies, I don't like "sdudla" [fat] babies (Interview 2)'*.

In this dynamic social context, few mothers did not hesitate to affirm clearly their willingness for emancipation from lay (emic) conceptions of health: *'So we do things without thinking about our children's lives; we do things because our grandmothers did the same thing. But things are different today from what they were back then, we no longer live the same way that our forefathers used to live back then (Interview 4)'*. From this perspective, some mothers recognized that in their community, a strong sociocultural appreciation for fatness can expose infants to early overweight and obesity: *'They want their children to be big, they give them that food. Isn't it some mothers give their kids porridge when they [are supposed to] only breastfeed? This is what makes them overweight (Interview 7)'*.

Reduction in behaviours promoting fatness

Hence, several lay obesogenic practices such as feeding the baby with solid food from his birth was questioned by several mothers: *'It's changed because that generation of people used to feed the baby straight after giving birth, so we ate from day one or three days. With these babies, we wait a bit and watch what's going on, so it's not the same (Interview 5)'; 'I started to feed my baby with solid food from 2 months, and my mom's age group started earlier. As soon as you got back home from Bara, they fed the baby (Interview 11)'*. The frequent early feeding of infants with solid foods, whereas the medical recommendation is an exclusive breastfeeding until 6 months, did not represent anymore an absolute norm for some mothers: *'With my child, when he wasn't eating, they said I must make him spinach and pap and peanuts and he would eat, but I didn't do that because I don't know anything about that way of doing things (Interview 4)'*.

Therefore, other communitarian practices such as constantly forcing the baby to eat when he refused to be fed seemed to be progressively abandoned by few mothers: *'If the baby doesn't want to eat, you leave her; but us we were forced even if we didn't want to eat, they'd fed us pap (Interview 9)'*. Finally, these fattening practices were particularly criticized by some mothers because of the quality of foods which have decreased with the development of the urban high-calorie processed food during the last decades: *'We used to eat healthy food, things like spinach. But these days, the reason they're obese is because of these chips and other junk we feed them, like kota (South African sandwich filled with processed meat) and all that (Interview 7)'*. Overall, most mothers reproduced—at least partially—communitarian body weight norms and dietary practices that can overexpose infants to excessive weight gain, although an emerging shift towards a modernization of these aspects of social life appears from this new generation of mothers.

DISCUSSION

This socio-anthropological study explored maternal perceptions of their infants' body weight, and the associated feeding practices, in Soweto (Johannesburg)—a socially excluded township, to bring to light whether the lay (emic) sociocultural norms in this black South African community may lead to early obesity. Under a constant communitarian pressure, most mothers tended to socially value and normalize fatness and reject thinness of infants. This propensity led mothers,

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and particularly older women at home for them, to adopt high-calorie feeding practices towards infants potentially obesogenic. An emerging questioning from mothers about these emic norms related to infants' nutritional health appeared, although older women's authority and legitimacy maintained lay norms on body weight and feeding practices as the dominant social schema of infant's health, especially in response to biomedical (etic) messages promoting thinness as the unique body weight standard for the community.

Several qualitative studies showed that many African populations have maintained historical representations of body weight strongly different to those adopted over the last decades in modern societies. Whether in South Africa, Cameroon or Senegal, body fat is still perceived as an expression of well-being, as observed in our study (Cohen, Gradidge, Ndao, et al., 2019; Dapi et al., 2007; Okop et al., 2016). These so-called 'traditional' representations of body weight, omnipresent in urban Africa, historically stem from rural lifestyles where the influence of humans on their environment is relatively weak. As a consequence, body fat is originally considered as a capacity to survive in uncontrolled natural environments where the lack of vital energy constitutes the main worry. And, this lack of vital energy is still often interpreted as an action from mystic entities (e.g. ancestors' and nature's spirits) which control the world (de Garine & Pollock, 1995; Ndoye, 2001; Orobator, 2021), that the traditional healers must deal with (Cohen, 2020). Even though South Africa is now a middle-income country, the historical influences of these bodyweight animist conceptions persist through the inheritance of elders (McFarlane, 2015; Schierenbeck et al., 2016), who have still experienced during their youth some pre-industrial rural conditions, as undernutrition.

From this perspective, fatness is commonly not a sign of illness in lay norms of societies still connected to a pre-industrial lifestyle; especially because within these pre-industrial lifestyles and their cultural inheritances, food access constitutes a daily hardship and morbid obesity is rare (Boëtsch, 2006; Brown & Konner, 1987; Cassidy, 1991). The literature shows that being rich means first of all being well fed, being fat, in pre-industrial imaginaries. Eating is always good. It originally represents a gift from the 'sacred nature' inhabited by these mystic entities named *rabs* in Senegalese (Cohen, 2020), representing a part of their animist pantheon which is also well described by Orobator (2021) in Nigerians. Thus, in Cameroon, Cohen et al. (2013) showed that in Bamiléké lay norms, a normal weight must intrinsically contain a relative excess of weight, such as a necessary protective adipose tissue for the survival. This normalization of fatness is observed in this study and also identified by Bosire et al. (2020) in another South African study, while thinness, and particularly weight loss, is associated with a potential misfortune (e.g. illness and poverty).

Therefore, an HIV-positive status—often demonized according to interviewees—has a double representation in societies which have maintained, as a neo-animism, vitalistic conceptions of weight within urban modern lifestyles (Marenko, 2014). Since it represents basically an external attack against the individual that can lead to a rapid weight loss, such a 'catastrophic' symptomatology also generates mystic codified interpretations associated with a divine/magic punishment described by Liddell et al. (2005). Hence, several South African studies showed that overfeeding is valued and promoted (Morris & Szabo, 2013; Wrottesley et al., 2021), while leanness is often associated with 'diabolic scenarios' as a HIV-positive status, as observed in this study and the South African literature (Ashforth, 2002; Rispel et al., 2015).

In animist conceptions of the body reported by several African studies, survival is an expression of a constant unstable balance between endogenous and exogenous mystic vital energies residing inside and outside the body (Warnier, 2009; Zempleni, 1988). Thus, traditional medicines, as the mystic treatment of the '*kokwana*' which 'eats' the child from inside in our study (De Wet, 1998; Green, 1996), usually adhere to a fundamental paradigm consisting of the maintenance of this balance (Scheper-Hughes & Lock, 1987). The so-called 'gift-giving' of Mauss

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has a mystic dimension through offerings to supernatural entities to guarantee in turn positive energy and vitality in the community (Bondaz & Bonhomme, 2014). As long as these entities are satisfied, the mystic fluids crossing the body are under control. However, a rupture in harmony with these supernatural entities favour an unbalance between the body and the world leading to a 'catastrophic' weight loss—the mystic entities 'eat' the body (Cohen, 2020). Many South African women in our study still believed, through their traditional medicine, in these mystic conceptions of the body, as described in other rural and urban South African studies (Bosire et al., 2021; Fottrell et al., 2012; Hundt et al., 2004).

Historically, if the valorization of stoutness appears well-adapted in rural areas where undernutrition is prevalent, this psycho-cultural inclination, as a persisting cultural inheritance, becomes rapidly ill-adapted within the fast urbanization process of Africa. Indeed, sociocultural traits valuing fatness as a symbol of health can expose populations to obesity in this context of urbanization leading to a rapid nutrition transition. Through the development of the obesogenic urban physical environment (e.g. motorized transports and high-calorie processed foods), such a sociocultural environment (e.g. valorization and normalization of overweight/obesity and fattening practices) can become a major risk factor for obesity in urban areas, as identified in Cameroon, South Africa and Ghana (Appiah et al., 2016; Cohen et al., 2013; Micklesfield et al., 2013). And, this sociocultural exposure to obesity also affects children, the familial environment transmitting these body weight representations and practices from one generation to another, as observed in South African families (Mchiza et al., 2011; Wrottesley et al., 2021).

The potential divergences between lay and Western conceptions of health in Africa is a major challenge that concerns all aspects of public health, between emic/etic etiologic interpretations, compliance to treatments, biomedical practitioners and patient care relationships and therapeutic trajectories, as described by Scherz (2018) in Uganda. Bosire et al. (2021) in Soweto found that many participants of their study associated their co-morbidities (e.g. HIV-positive status and diabetes) with magic actions. Pelto and Pelto (1997), as well as Colvin et al. (2013), found that African mothers living respectively in Gambia and Nigeria adopted etiologic interpretations of acute respiratory infections and diarrhoea in their children, attributed an importance of these diseases, and mobilized therapeutic strategies that were ill-adapted to their efficient treatments. In our study, lay maternal perceptions of body weight and dietary practices towards their infants appeared ill-adapted to their nutritional health (Bosire et al., 2020), and can constitute a sociocultural determinant of early obesity during childhood, as suggested in other South African studies (Mvo et al., 1999; Wrottesley et al., 2021).

Mothers were at the frontier between two systems of body weight representations. On one side, the Western representations (etic) where the biomedical discourse tends to—systematically—associate the promotion of fatness with a potential risk for obesity, and on the other side the lay representations (emic) valuing fatness—even in excess—as a sign of health. If younger African generations have experienced a modern acculturation process leading them to criticize the obesogenic aspect of lay body norms transmitted by elders, as observed in these mothers and other South African or Cameroonian studies (Cohen, Gradidge, Micklesfield, et al., 2019; Dapi et al., 2007), some cultural resistances towards the apology of thinness as 'the norm' cannot be neglected. Through an identity perspective, the valorization of stoutness can be perceived by some Africans as a marker of their 'Africanity' and 'traditions' in the context of modernization of Africa (Onebunne & Obasi, 2019), as found by Cohen (2020) in Senegal.

Such an identitarian closure faced with acculturation processes has already been identified, as observed in African migrants living in Europe (Luque et al., 2006). Thus, Thomas and DeCaro (2018) found in African Americans that the so-called 'traditional' perceptions commonly

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valuing behavioural attributes of beauty (like respectability, social status and appropriate behaviour) were associated with a greater body size acceptance. As a sign of cultural resistance, body weight norms valuing thinness in the context of a globalization of modern lifestyle, can be contradicted by an acceptance of larger bodies in African populations in particular, especially because biomedical norms can also be interpreted as underlying biopolitics of body stigmatizing all fatness traits of the body (Greenhalgh, 2012). In many African families, elders represent knowledge and wisdom which give them the authority and legitimacy to transmit their inherited values to younger generations. This is especially true around health norms to be respected in children, as observed in our study and also described in Mali and Malawi (Holten, 2013; Sikstrom, 2014).

Although mothers presented an emerging questioning of communitarian body weight perceptions and dietary practices promoting infant's fatness, these obesogenic lay norms are strongly omnipresent in Soweto through the persistent credibility and respect granted to elders' knowledge by younger generations, leading to a relative perpetuation of these eating behaviours that can expose infants to early obesity during childhood. However, if this study innovatively identified the main sociocultural obesogenic processes in Soweto's children that must be considered by public health authorities, it did not focus on the interactions between biomedical practitioners and mothers around infant's health. Studying how the international recommendation to breastfeed infants until 6 months is massively contradicted by Black communities in their interactions with practitioners, like biomedical body weight standards, becomes a necessity. Therefore, future research on such questions will help to identify how medical nutritional criteria are transmitted by practitioners and received by African populations, in order to prevent obesogenic lay conceptions of infant's health without stigmatizing all bodily adipose expressions.

CONCLUSIONS

In the context of rising childhood obesity epidemic in South Africa, mothers in Soweto, under a constant familial pressure of older women at home, adopted lay body weight perceptions valuing infant's fatness that may lead to obesogenic dietary practices. Public health authorities must consider how emic sociocultural norms related to infant's body weight in Soweto, and other African townships, may expose infants to early obesity during childhood. Further studies should focus on a communitarian willing to contradict biomedical messages mainly perceived as etic intrusive values overvaluing thinness as the unique acceptable body weight standard.

AUTHOR CONTRIBUTIONS

All authors have read and approved the final manuscript. Emmanuel Cohen, Wiedaad Slemming and Alessandra Prioreschi collected the data. Emmanuel Cohen, Wiedaad Slemming, Alessandra Prioreschi and Stephanie V. Wrottesley analysed and interpreted the data. Emmanuel Cohen drafted the manuscript and all other authors provided critical revisions significantly improving the intellectual content. The study was supervised by Shane A. Norris.

ACKNOWLEDGEMENTS

The authors thank the mothers who took part in the current study. The financial assistance of the National Research Foundation (NRF) of South Africa towards this research is hereby acknowledged (Grant No. 113987). Opinions expressed and conclusions arrived at, are those of the authors and are not necessarily to be attributed to the NRF. SVW, AP and SAN are supported by the South African DST/NRF Centre of Excellence in Human development at the University of the Witwatersrand, Johannesburg, South Africa. This research was supported by the South African Medical Research Council and Canadian Institutes of Health Research.

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FUNDING INFORMATION
Healthy Life Trajectories Initiative (HeLTI) program funded by the Canadian Institutes of Health Research.

CONFLICT OF INTEREST STATEMENT
All authors have no conflict of interest to declare.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT
All participants gave their written informed consent prior to taking part in the study. The study was conducted in accordance with the principles of the Declaration of Helsinki (2013) and received ethical approval from the University of the Witwatersrand Human Research Ethics Committee (M171129 and M170707).

ORCID
Emmanuel Cohen https://orcid.org/0000-0001-5643-1473

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AUTHOR BIOGRAPHIES

Emmanuel Cohen is a Senior Researcher in biocultural anthropology. He works as much on the biological adaptations of the body as its variable sociocultural conceptions among human populations experiencing the ongoing lifestyle transition through the phenomenon of urbanization. He applies his expertise to public health issues as the development of high-calorie feeding practices in urban Africa.

Wiedaad Slemming (wiedaad.slemming@wits.ac.za) is a Senior Lecturer in public health nutrition. She focuses her expertise on maternal and infant nutrition, breastfeeding practices and father involvement in child education and family support. She also applies her expertise to the establishment of monitoring, evaluation and learning system that strives to be dynamic, inclusive, informative, interactive and people-centred.

Stephanie V. Wrottesley (stephanie.wrottesley@gmail.com) is a Researcher in public health nutrition. She focuses her expertise on maternal and infant nutrition, adolescent nutrition and concurrent wasting and stunting (WaSt). The main aim of her research is to assessing the impact that this has on early growth and development, as well as the susceptibility to disease in later life.

Alessandra Prioreschi (alessandra.prioreschi@wits.ac.za) is a Senior Researcher in public health nutrition. She is working on a large-scale, long-term, multi-country preconception intervention aimed at reducing childhood obesity. Her research focus is on physical activity measurement, determinants and correlates. She is particularly focused on movement behaviours (physical activity, sleep and sedentary behaviour) in the first 2 years of life.

Shane A. Norris (shane.norris@wits.ac.za) is a Research Professor in public health. He is the Director of the DPHRU and Director of the South African Centre of Excellence in Human Development (CoE-HUMAN). Shane Norris' research focuses on lifecourse epidemiology with a specific interest in the development of intergenerational risk for obesity and diabetes.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Cohen, E., Slemming, W., Wrottesley, S. V., Prioreschi, A., & Norris, S. A. (2024). Maternal perceptions of infant's body weight and childhood obesity in South Africa: A qualitative study in Soweto. *Children & Society*, *38*, 277–293. https://doi.org/10.1111/tgis.12689

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