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## **ORIGINAL RESEARCH**

## Indigenous Vegetable Knowledge and Intake among Hypertensive Adults at a Clinic in a Township in Gqeberha, South Africa

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## **Abstract**

**Background:** The consumption of indigenous vegetables among adults living in peri-urban South African areas have declined considerably mainly due to nutrition transition and the loss of indigenous knowledge. Elderly African women are the main holders of indigenous vegetable knowledge. African women living in peri-urban areas have been reported as consuming inadequate vegetable intake and are at a high risk for non-communicable diseases (NCD) such as hypertension. African leafy vegetables may significantly contribute to meet the dietary guidelines recommendations for adequate vegetable intake which are targeted to address NCDs.

**Objective:** The aim of the study was to determine the knowledge and consumption of indigenous vegetables among adults with hypertension at a peri-urban healthcare facility.

**Methods:** The study was a cross-sectional study at a healthcare facility in a township (peri-urban area) in Gqeberha, Eastern Cape, South Africa. Two hundred and thirty participants were conveniently sampled from May-November 2021. Data was collected using an interviewer administered structured questionnaire.

**Results**: The median age of the participants was 56 years, 74.3 % (n=171) was females and all participants were of African ethnicity. Only 46.1 % of participants knew what type of plants indigenous vegetables were, most participants said that they thought that it was spinach (Swiss chard). Over half of the participants (56.5 %) responded that they had access to indigenous vegetables in their area, while a third (36.5 %) did not have access to them. The majority (53.5 %) of the participants had not consumed indigenous vegetables in the past month. The main reason for not consuming indigenous vegetables reported was lack of availability (33 %) and lack of knowledge about them (18.3 %). Most participants agreed that indigenous vegetables were healthy (94.8 %) and were a source of nutrients (92.2 %). The most identified available indigenous vegetable plant leaves consumed were Dwarf nettle (52.3 %), Tulbaghia (40%), Black night shade (31.5 %), Amaranth (33.8 %), pumpkin leaves (24.6 %) and Black jack (17.7 %).

**Conclusion:** Despite most participants being older African women, many of the participants had not consumed indigenous vegetables in the past month and most had no ready access to them.

Key words: African, indigenous vegetables, hypertension, vegetables, dietary guidelines