

LETTER TO THE EDITOR

CULTURE-SPECIFIC FOODS CONSUMED BY AFRICAN-AMERICAN WOMEN IN THE RURAL SOUTH

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African-American women have excessively high mortality rates for breast cancer. We know little about whether there is an association between diet and breast cancer, and even less about a possible association between the dietary habits of African-American women and cancer risk.¹ The persistence of the idea that African-American women residing in the rural South consume unique foods that might affect their risk of breast cancer prompted us to query African-American women in the Arkansas Delta regarding their consumption of culture-specific, regional foods. The Arkansas Delta Region is within the Lower Mississippi Delta Region, a rural area with a high percent of African-American residents.

We compiled a list of candidate foods considered to be representative of the eating habits of the peers of focus group participants during focus group meetings held in ten counties of the Arkansas Delta. We identified unique foods as those the focus groups indicated were regional choices, based on culture and foods availability. Many of these foods were not included in food frequency questionnaires (FFQ).

The foods identified by the focus groups were divided into several categories: 1) wild game, such as armadillo; 2) pork parts; 3) beef parts; 4) poultry parts; 5) vegetables such as rape, a forage plant from the mustard family that is also grown and cultivated for seed oil; kale, which is a cabbage variety; and pokeweed, a plant with poisonous roots from which poke salad is made; and 6) fish. We developed a food consumption–frequency questionnaire and administered it by telephone.

The subjects were participants in the Witness Project[®], an

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outreach program through which African-American women are made aware of the importance of early breast and cervical cancer detection.² Two hundred thirty-seven (57%) of the 413 women recruited agreed to participate in the telephone interview, a good response. Interviewees' ages were normally distributed, ranging from 20–94 years, with a median age of 57.0 years.

Ninety-six percent of respondents reported that they never, or less than once a month, consumed foods in the wild game category. Similarly, when asked about consuming pork parts, 95% reported that they never, or less than once per month, ate chitterlings (intestines), feet, tails and ears, hog maws (stomach), apples (testicles), lights (lungs), kidney, tongue, brain, jowls, and cracklings (fried pork rind). By contrast, nearly one third of the sample ate pork neck bone meat 1–4 times per month.

More than 92% reported that they never, or less than once per month, ate chicken feet and necks and local fish such as gar, grinner, and bass. None of the respondents reported consuming bullfrog or turtle. As a final example, from the vegetable category, poke salad was rarely eaten. Our data support the notion that although African Americans residing in the Arkansas Delta assert that their peers may consume foods we described as *unique*, direct survey response data do not support this contention. This discrepancy may be due to the differential nature of assessment by the focus groups and the FFQ survey. While women in this locale might occasionally consume unique foods, when queried by a FFQ, the foods are not consumed frequently enough to contribute to diet, as assessed by a FFQ.

We are not aware of any similar studies of African-American women in the rural southern United States and their consumption of culture-specific, regional foods. We assert that this topic merits further study.

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