



FACULTY/COLLEGE	College of Business and Economics
SCHOOL	School of Tourism and Hospitality (STH)
CAMPUS(ES)	APB
MODULE NAME	Culinary Studies and Nutrition 3
MODULE CODE	CSN03A3/CSN31T1
SEMESTER	First
ASSESSMENT OPPORTUNITY, MONTH AND YEAR	Final Summative Assessment May 2019

ASSESSMENT DATE	27 May 2019	SESSION	8:30 -10:30
ASSESSOR(S)	Dr H Kesa		
MODERATOR(S)	Ms S Vardan		
DURATION	120 min	TOTAL MARKS	100

NUMBER OF PAGES OF QUESTION PAPER (Including cover page)	5
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INFORMATION/INSTRUCTIONS:

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- This is a closed-book assessment.
 - There are 4 questions.
 - Read the questions carefully and answer only what is required.
 - Number your answers clearly and correctly as per the question paper.
 - Write neatly and legibly on both sides of the paper in the answer book, starting on the first page.
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....cont.....

Question 1

[42]

Read the attached article (**annexure A**) titled:

“OPINION: Obesity is now Africa's healthcare crisis, too” by lwase, 2019 and answer the questions below:

- 1.1 Obesity and non-communicable diseases (NCDs) are mentioned in the article. Identify the diets that will be suitable for the conditions such as obesity and hypertension (2)
- 1.2 Give a brief description of the diets and explain why this diet will be suitable for the individuals mentioned in the article (4+4=8)
- 1.3 Design an information leaflet on basic healthy dietary and lifestyle guidelines that would you recommend for those individuals mentioned in the article? (4+4=8)
- 1.4 The dinner menu below requires changes to be suitable for the diet suitable for obese people mentioned in 1.1. Make the possible corrections, give a reason for each of your changes and plan a new lunch menu: (6+6=12)

Mushrooms served in a rich, creamy garlic sauce served with garlic bread

Beef Wellington served with chips, creamed spinach and glazed carrots

Chocolate cheesecake served with fresh cream and custard

- 1.5 Discuss the “Sugar Tax” in South Africa and the impact it has on the South African population. (4)
- 1.6 Define indigenous foods (IFs) (4)
Complete the table below with regards to health importance of IFs: (4)

Diet Style	Main calories sources	Associated Obesity and NCDs risk
Traditional	(1)	(1)
Modern	(1)	(1)

Question 2

[15]

High-fibre diets are used for the prevention or therapy of numerous gastrointestinal, cardiovascular and metabolic diseases

- 2.1 Explain five (5) benefits of adequate fibre in the diet (5)
- 2.2 Plan a lunch menu (a three course meal) for a lactose intolerant person suffering from chronic constipation (2 marks per course) and provide four (4) dietary guidelines to this person. (6+4=10)
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Question 3 [17]

You have been requested by your community clinic to provide dietary advice to patients. Suggest dietary guidelines where necessary to patients needing to follow the diets listed below:

- 3.1 Low protein (give three (3) dietary guidelines) (3)
- 3.1.1 Plan a breakfast menu for the patient needing to follow a low protein diet. (4)
- 3.2 Celiac disease (give three (3) dietary guidelines) (3)
- 3.2.1 What are the common symptoms of celiac disease? List four (4) (4)
- 3.3 Bland meals relating to chronic peptic ulcers (give three (3) dietary guidelines) (3)
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Question 4 [26]

- 4.1 What three (3) foods are most likely to cause allergic reactions and name three (3) most common types of symptoms caused by food allergies? (3+3=6)
- 4.2 Differentiate between a Western Vegetarian (Ovo-Lacto) diet and a Raw Vegetarian diet. Tabulate your answer. (1+1=2)
- 4.3 The lunch menu below requires changes to be suitable for a Hindu, strict vegetarian diet. Make the possible corrections, give a reason for each of your changes and plan a new lunch menu:

Pork riblets

Chicken Pie served with a Hollandaise sauce, deep fried potatoes and Steamed asparagus

Chocolate mousse served with fresh cream

(6+6=12)

- 4.4 Plan a 3 course lunch menu (2 dishes per course) for a 10 year old child that is lactose intolerant. (6)

Total [100]

Annexure A

OPINION: Obesity is now Africa's healthcare crisis, too

 07:30 23/03/2019  Kasumi Iwase

Bloomberg NEWS

When it comes to health issues in Africa, people think of chronic hunger, or infectious diseases such as malaria or HIV/AIDS. But Africa is simultaneously struggling with an increase in non-communicable diseases, most of them related to obesity.

The recently published Global Wellness Index set alarm bells ringing when South Africa scored poorly for life expectancy, alcohol use, depression and diabetes. When stacked up alongside the G20 nations and the 20 most populous countries, South Africa – once a shining beacon of economic growth – came last.

But for anyone who has worked in health care in the country, or elsewhere in Africa, this is no surprise at all.

South Africa is not alone in facing these challenges. Other parts of Africa have some of the highest rates of high blood pressure in the world, estimated to afflict 46% of adults, while obesity, another risk factor, is on the increase. According to a Kenyan government survey more than 40% of women aged 30 to 40 are overweight or obese.

According to the World Health Organization, non-communicable diseases (or NCD for short) kill 41 million people each year, equivalent to 71% of all deaths globally. Cardiovascular diseases account for most NCD deaths, followed by cancer, respiratory diseases and diabetes. Many of the risk factors - tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets -- are particularly prominent in parts of Africa. A quarter or more of adults in many African countries have at least three of these four risk factors. Most of these adults are women aged 45 to 64.

Carbs, carbs, carbs

One of the main causes are dietary habits that include too many refined carbohydrates, oils and sugars that have come with the proliferation of convenience foods. In addition, there is a traditional belief that excess weight is a symbol of prosperity and wealth. Often obese people are unaware of the risks until told by doctors, and most of them say they wish they had known about it earlier.

Aside from the medical issues, treatment of NCDs often imposes a large financial burden on patients' relatives and friends. In Kenya, the practice is called "harambee", which means to work together to overcome difficulties.

And yet by the time relatives are scrambling for emergency funds for, say, insulin, it's often too late. The best solution to these problems is the prevention and early diagnosis of NCDs. This is where Japan has accumulated much knowledge and experience and can help serve as a guide.

As Japan faces the reality of an aging society, it has become a leader in the prevention, early detection and immediate intervention in cases of NCDs through special health check-ups and specific health guidance. As a result, Japan has the world's longest life expectancy and the obesity rate remains among the lowest within the OECD countries.

Of course, the whole world is not going to adopt a diet of sushi, but the use of preventive exams and smartphone apps in Kenya is now providing guidance and support so people make healthier food choices, increase physical activity and stay on track to maintaining a healthy weight.

Patchy efforts

Support for initiatives to tackle high obesity rates has been patchy. Currently, South Africa is the only country in the region to have a tax on sugary drinks. When the Department of Health announced it also wanted to put front-of-pack warning labels on junk food, the sugar industry complained that the sugar tax is already losing profit and jobs. Meanwhile, South Africa has the highest obesity rates in sub-Saharan Africa, which also impacts on productivity and increases absenteeism. A recent study showed the economic impact of obesity in South Africa is \$48.8 bn per year.

Awareness of the importance of prevention is starting to grow. However, bold measures are needed by giving priority to tackling obesity as one of the main drivers as NCDs. Many of those living in Africa do not know their health status and, even when they do, they're not sure how to respond. In small towns, for example, there is only a limited selection of healthy foods in the stores, and they are generally more expensive.

Concrete measures such as taxes on sugary drinks, food labelling and restricting advertising around unhealthy foods have made a difference in other countries. These measures should be the focus at the Tokyo International Conference of African Development later this year. It is this kind of "harambee" that African governments and Western partners should be focused on.