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Pregnant Women at Larteh in the Akwapim North
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Abstract

Purpose: The cultural beliefs of a group of people play a pivotal role in determining the nutritional status and well-being of the people. Understanding food beliefs and practices is critical to the development of dietary recommendations, nutritional programmes, and educational messages. An aspect of cultural beliefs that greatly affect majority of people especially children, pregnant women and the aged is food taboos and avoidance practices. The main aim of this study is to explore the various food taboos and its associated practices that affect pregnant women in Larteh.

Materials and Methods: The study employed aspects of quantitative and qualitative approaches, and used the cross-sectional exploratory design. The random sampling technique was used to select 75 participants for the quantitative aspect, whilst the purposive sampling approach was used to select five opinion leaders for the qualitative aspect. A closed-ended structured questionnaire was used to obtain quantitative data, whilst a structured interview guide was used to collect the qualitative data. Whilst the quantitative data was analysed using frequencies and percentages in IBM-SPSS v9, the qualitative data was analysed using narratives. The results were presented in tables.

Findings: Among the key findings were pregnant women were forbidden from eating snails, crabs, shellfish mudfish and eggs. It was further revealed that the people perceive these taboos as a way to protect pregnant women from experiencing stillbirths, deformities and delayed labour, among others.

Implications to Theory, Practice and Policy: The sociological theory of functionalist perceptiveness anchored the study and its assertion that food taboos and avoidance practices are handed down to generations was affirmed. It was thus suggested that there should be public education on the nutritional needs of people in Larteh, especially the vulnerable so that adequate provision can be made for them because of food scarcity and limited choices of food commodities due to numerous food taboos and avoidance practices. Moreover, given the deep-rooted nature of the beliefs, it is advisable that when nutritious foods are restricted, nutritional interventions should rather search for alternative sources of nutrition, which are available and considered appropriate for pregnant women.

Keywords: *Food Taboos, Avoidance Practices, SCARCITY, Cultural Beliefs, Pregnant Women, Nutritional Interventions*

1.0 INTRODUCTION

The culture of a people cannot be overlooked in determining their nutritional status and well-being. Community nutrition has been argued to relate with food preferences and food taboos of a people (Ugwa, 2016). Chakona and Shackleton (2019) opined that a well-nourished and healthy population is pivotal to sustainable development. Therefore, in a situation where there are many food taboos and their associated rituals, or avoidance practices, the consequences on the nutritional status of the people tend to be enormous; especially, among the vulnerable, such as children, pregnant women and the aged (Getnet, Aycheh & Tessema, 2018). While food taboo refers to temporary or permanent cultural or societal restrictions or prohibitions on certain types of food or specific eating practices, and these are typically rooted in religious, cultural, or traditional beliefs and vary across different societies and regions (Arzoaquoi, Essuman, Gbagbo, Tenkorang, Soyiri & Laar, 2015; Chakona & Shackleton, 2019), avoidance practices revolve around intentional avoidance or abstinence from certain foods or food groups for various reasons, often driven by personal, cultural, religious, or health-related beliefs (Ekwochi, Osuorah, Ndu, Ifediora, Asinobi & Eke, 2016). It could be realised from these definitions that food taboos and avoidance practices go hand in hand, as both highlight conscious imposition of restraints as far as food consumption is concerned (Ethnomed, 2016).

Several instances of food taboos and avoidance practices can be cited. For instance, in various parts of Africa and other settings, pregnant women are often denied protein-rich foods in the form of meat, fish, eggs and legumes (Sa, Nilan & Germov, 2012; Mohamad & Ling, 2016). Moslems do not only avoid pork but also blood, non-ritually slaughtered animals, cadavers and alcohol [Qur'an (2:168)]. Similarly, Hindus abstain from eating beefs, because cows are considered sacred (Chakona & Shackleton, 2019). In Western societies, cats and dogs are not consumed because of their emotional relationships with people (Zerfu et al., 2016). Another form of food avoidance involves the rule of fasting, where for example, Christians (i.e., Lent - a period from Ash Wednesday to Holy Saturday) are forbidden from meat and animal products, and Muslims (i.e., Ramadan - the ninth month of the Muslim Calendar, where there is a strict adherence to fasting from sunrise to sunset) are forbidden from all types of food, including beverages (Getnet, Aycheh & Tessema, 2018; Mohamad & Ling, 2016).

It should be stated that issues of food taboos and avoidance practices wreak a lot of havoc on people, as poor health due to limited nutrition affects individuals' well-being and human dignity (Chakona & Shackleton, 2019; Food and Agriculture Organization, 2019). More specifically, women (including pregnant ones) and children have been touted as the most vulnerable in terms of nutrition-related deprivations (Nejimu, Biza & Zepro, 2015). Pregnancy makes it even more risky for women, as pregnant and lactating women in various parts of the world, as a part of their traditional food habits, are forced to abstain from foods, which are otherwise considered nutritious and beneficial (Ankita, Hardika & Girija, 2013; Ugwa, 2016). According to Ekwochi et al. (2016), these are done to prevent harmful effects on unborn babies. For instance, studies conducted in Ethiopia (Vasilevski & Carolan-Olah, 2016), Gambia (Martínez & Pascual, 2013), Nigeria (Ekwochi et al., 2016), Gabon (Ugwa, 2016), and the Democratic Republic of Congo (van Vliet, Nasi & Taber, 2011) revealed that pregnant women were forbidden from consuming the richest food-sources of iron, carbohydrates, animal proteins and micronutrients, mainly for the fear that the children may develop bad habits after birth or may be born with diseases. There was also the

fear of delayed labour, continuous menstruation – believed to cause infertility in women (Adamson, 2019).

However, there was a modicum of empirical evidence on food taboos and avoidance practices (Chakona & Shackleton, 2019; Getnet et al., 2018). To fill this literature gap, this study investigated food taboos and avoidance practices affecting pregnant women at Larteh at the Akwapim North District in the Eastern Region of Ghana, as well as the perceptions associated with these practices. Apart from being the first empirical study to have focused on this group of people (i.e. Larteh), who have by far been given limited attention in empirical literature, the study highlights the understanding of the Larteh people, regarding food and nutrition. Besides, the study brings forth food avoidance practices and taboos that authorities need to reconsider for pregnant women in order to curb issues of deficiency and ensure their overall health. Again, by focusing on pregnant women, the study emphasises how imperative nutritional issues regarding expectant mothers are; thus, serving as a reference point for similar studies to be conducted in other areas to advance the discourse on food, nutrition, and pregnancy, giving cognisance of the functionalist perspective. Furthermore, the study highlights perceptions of the pregnant women about food taboos and avoidance practices.

Theoretical Framework

The sociological theory of functionalist perspective propounded by Talcott Parsons served as the theoretical underpinning for this study. This theoretical perspective views society as a living organism in which each part of the organism contributes to its survival (Parsons, 1968). The theory sees a society as a vast network of connected parts, each of which helps to maintain the system as a whole (Ormerod, 2020). This holds that if any aspect of social life does not serve some identifiable useful functions or promote value consensus among members of a society, it will not be passed on from one generation to the next (Staubmann, 2021). The functions played by the parts to the whole are either manifest or latent. Manifest functions are made up of the open, stated, conscious functions, and involve the intended recognised consequences of an aspect of a society, whilst the latent functions are the unconscious or unintended functions and may reflect hidden purpose of an institution (Staubmann, 2021). Functionalists also acknowledge that not all parts of society contribute to its stability at all the times, as their might be elements, practices or processes of society that may actually distract a society system or lead to a decrease in stability (Ormerod, 2020; Parsons, 1968). According to Parsons and Shils (2017), these distracting practices revolve around prohibitions and taboos, such as food taboos and avoidance practices passed on from generation to generation.

In relation to this study, the functionalist perspective has been applied to explain the food taboos and avoidance practices affecting pregnant women. The theory acknowledges the fact that food taboos and avoidance practices can be handed down to generations, implying that regardless of health statuses of the people in a given society, there is the need to adhere to these practices, as most are believed to have been associated with sanctions for flouters (Chakrabarti & Chakrabarti, 2019). In this light, pregnant women in Larteh are forced to avoid some nutritious foods for the fear that something might happen to them. Thus, drawing from the functionalist perspective, there are practices (i.e., food taboos and avoidance practices) that may affect a specific group of people (i.e., pregnant women) in a society (Staubmann, 2021). The argument is that practice of avoidance and food taboos is driven by ethnicity, religion, customs and superstitions regarding food and eating practices (Chakona & Shackleton, 2019), as food is regarded as a cultural identity of an

ethnic group, a religion or a nation, and food taboos function as a means to show differences between various groups in a society (Azene, Aragaw, Wubetie, Wassie, Tsegaye, Derebe & Mitiku, 2021).

Several empirical studies have looked at food taboos and avoidance practices among people, predicated on sociological perspectives. In their study, D'Haene et al., (2019) reported that religion and culture often determine the choice of food for the people in India. The study further revealed that the cast system in India determines not only the type of food that an individual may eat, but also the person who should cook the food, the person with whom the food may be taken and the rituals to follow at meals. Similar studies also indicated that culture can even dictate what can be regarded as food and what cannot as well as how to prepare and serve certain foods (Klutse, 2015; Azene et al., 2021). Stuckrath (2018) also found that food patterns are strongly influenced by beliefs, sacred writings including many statements about what good people cannot eat, and set periods of feasting and fasting. While the Seventh Day Adventist stresses good nutrition and exercise as part of religious teaching, and that a vegetarian diet promotes health, it is recently that Roman Catholics are allowed to eat meat on Fridays, with Islamic teachings strictly forbidding pork and other animals except fish (Heiman, Gordon & Zilberman, 2019).

Ohlsson and Buddhism (2017) cited that Buddhists believe following certain rules of right living include not slaughtering cows, as this is considered an extremely provocative issue. Stuckrath (2018) also reported that Hindus avoid all kinds of meat and certain strong foods, such as onions and garlic, and have many fast days at which time they eat nothing or only uncooked foods. In Judaism, all mammals and birds are slaughtered to remove the blood before consuming the meat, as it is believed that the life of animals is in the blood and that no person should eat (or drink) the blood (Bennio, 2009).

As could be seen in these prior studies, the focus has been on prohibitions sanctioned by religious groups. Besides, most of the studies were conducted outside the present study setting, despite the fact that pregnant women in the present study area (i.e., Larteh) are suffering from issues of nutrient deficiency believed to have been triggered by food taboos and avoidance practices; thus, justifying the need to investigate into the specific food taboos and avoidance practices affecting the pregnant women in this locality. The present study, therefore, addresses this gap in the empirical literature by focusing attention on food taboos and avoidance practices with regards to pregnant women in the Larteh locality.

2.0 MATERIALS AND METHODS

The study local was Larteh. It is located 32km from Accra, the capital of Ghana. Situated on a range of mountain called the Akwapim –Togo range, it is in the Akwapim North District in the Eastern Region of Ghana. Larteh is also accessible to Koforidua, the Eastern regional capital. Using a cross sectional exploratory design, the study employed both quantitative and qualitative techniques for data collection in order to get detailed and reliable information on issues of food taboos and avoidance practices, as well as perceptions about the various food taboos and avoidance practices (Gadegbeku et al., 2013). Employing the random sampling technique, 75 pregnant women were selected from a total number of 225 pregnant women (based on the records at the area's healthcare centre) for the quantitative aspect of the study. The sample of 75 was arrived at using Yamane's sample size determination formula (Yamane, 1967). Subsequently, five opinion leaders were purposely (i.e. Queen mother, Chief, Fetish Priest, Herbalist, Pastor, and Imam)

selected for the qualitative aspect of the study. In terms of data collection instruments, a closed-ended structured questionnaire was used to obtain data from the 75 participants, whilst a structured interview guide was used to collect the qualitative data. Using the records of the healthcare centre in the area, the sampled pregnant women were contacted and briefed about the purpose of the study. Fortunately, all the 75 agreed to participate, as they were assured of anonymity and confidentiality of the data they would provide. Besides, permission was sought from the Chief of the area. Subsequently, the questionnaires were administered by visiting their homes. Interview of the selected 10 participants was done alongside, as the researcher could not guarantee meeting them in the house on a second visit.

It should be stated that the questionnaire was divided into three sections. While the Section A contained statements demographic information, Sections B and C obtained data on food taboos and avoidance practices (i.e., those affecting pregnant women), and perceptions about food taboos and avoidance practices, respectively. Sections B and C had a list of items that the participants were allowed to select as many as applicable to them. These items were based on perceived food taboos and avoidance practices as well as information from extant literature (Arzoaquoi et al., 2015; Otoo, Habib & Ankomah, 2015; Roberts, 2021). The interview guide, on the other hand, presented two questions which sought to ascertain views of the opinion leaders on food taboos affecting pregnant women and perceptions or belief associated with food taboos and avoidance practices.

Regarding analysis, simple descriptive statistical tools of frequencies and percentages were used to explore the opinion distributions of the 75 participants, with respect to the scale items. The interview data were analysed alongside, using narratives, to substantiate or triangulate the outcomes of the descriptive statistics (Kuhn & Baumann, 2017). The descriptive statistics were conducted using the IBM-SPSS version 9.

3.0 FINDINGS

Analysis of the demographic information showed that majority of the pregnant women were between the ages of 30 and 40 years (40%), followed by those between the ages of 20 and 29 years (38%), and then those above 40 years (22%). Almost all of them were engaged in petty trading (91%), with the remainder being civil servants (4%) or functioning as housewives (5%). The least level of education obtained by a participant was BECE (Basic Education Certificate Examination) with the highest being a Bachelor's degree. All of them could read and write, making the data collection exercise even more smooth and successful.

The main analysis showed that food taboos affecting pregnant women in Larteh were mostly related to what and where to eat. The pregnant women indicated that it is a highly forbidden practice for a pregnant woman in Larteh to eat in public places (96%), followed by eating of snails, crabs and shellfish (87%), as these must be avoided during the pregnancy period. Another food taboo identified was the eating of mudfish (73%). Furthermore, the results revealed that pregnant women in their third trimesters should desist from eating eggs in any form (71%). Table 1 displays the detailed results.

Table 1: Food Taboos and Avoidance Affecting Pregnant Women

Responses	Frequency (%)
Eating in the public places	72(96.000)
Eating of egg in the third trimester	53(70.667)
Eating of mudfish	55(73.333)
Eating of snail, crab/shellfish	65(86.667)

Source: Field Survey (2023)

In all, it could be seen from the results that food taboos and avoidance practices did exist in Larteh. Notable among them, as indicated by the study participants, were eating of snails, crab, shellfish, mudfish, and eggs, as well as the fact that the pregnant women were forbidden from eating in public places irrespective of the kind of food being eaten. These findings were further substantiated by the opinion leaders interviewed, as a queen mother and a fetish priest admitted that most pregnant women have problems with their dietary needs due to many food taboos and associated avoidance practices. Nonetheless, they appeared to be in consonance with these taboo practices as they indicated that the food taboos were to protect the pregnant woman against maternal and child mortality. The following were captured to substantiate these assertions.

“I am very much aware that pregnant women are threatened with food insecurity because of the food taboos that affect them. A pregnant woman cannot buy kenkey (similar to sourdough dumplings) and start eating it by the roadside. She needs to take it home, prepare a better stew before eating it. This is simple and they must understand. It is just there to protect them. A pregnant woman needs not be lazy. She should be at home and eat from home; food prepared at home even though might be expensive, is better prepared than the one sold by the road side.” (Queen Mother)

“An egg is a powerful food substance normally used to invoke the powers of spirits. Most of the time, eating of eggs by pregnant women paves the way for most bad spirits to disturb the unborn baby. It is not advisable for pregnant women who have no spiritual protection to eat eggs.” (Fetish Priest)

These confirmed the findings of several prior studies which reported, among others, that eggs are a forbidden food for pregnant women. For instance, Zepro (2015) and Vasilevski and Carolan-Olah (2016) found that it is a taboo for a pregnant woman to eat eggs and to eat in public in Ethiopia. Also, according to some studies conducted in Nigeria, consumption of eggs is prohibited because it is feared the children may develop bad habits after birth (Ekwochi et al., 2016; Ugwa, 2016). Ekwochi et al. (2016) further reported that the isiXhosa culture, specifically, forbid eating of eggs by pregnant women as eggs are believed to increase the mother’s appetite for sex, which can then be transferred to the unborn female child. In Kiriwina (Trobriand), pregnant women are not allowed to eat fishes that lead a cryptic life or those that like to attach themselves to corals, as it is believed that this might cause them to have a complicated birth (Samson, 2019). Moreover, the present finding upheld the assertions of the functionalist perspective (a sociological theory) that societies have distracting and limiting elements (e.g, food taboos) that place some group of people (e.g., pregnant women) at disadvantage (Ormerod, 2020; Parsons, 1968). This is to say that the pregnant women in Larteh were placed at disadvantage as they could not freely enjoy, without discrimination, all the available nutritious and healthily beneficial foods.

Perceptions Associated with Food Taboos Affecting Pregnant Women

The results showed a number of perceptions pregnant women in Larteh held about food taboos, especially in case they defy them. More specifically, (99%) of the participants believed that when people with evil powers see a pregnant woman eat in public, they can strike the pregnant woman with diseases leading to the woman having a stillbirth or underweight baby; hence, the forbidden practice for pregnant women to eat in public at Larteh. It was also perceived that when a pregnant woman eats eggs or food prepared with egg, she will put on excessive weight such that there could be a delayed labour, which can be risky for the life of both the woman and the unborn baby (89%). Again, (72%) of the participants had the perception that when pregnant women eat snail, crab or okra, it can cause the unborn baby to be very restless in the womb, causing a lot of discomfort and pain or even bleeding for the mother, as well as causing platelet deformities in most unborn children. Convulsion in children is also believed to have been caused by eating mudfish (69%). Details are presented in Table 2.

Table 2: Perceptions Associated with Food Taboos Affecting Pregnant Women

Response	Frequency (%)
Having still birth / underweight babies	74(98.667)
Restlessness in the wombs/Deformities	67(89.333)
Convulsion after birth	54(72.000)
Delay Labour	52(69.333)

Source: Field Survey (2023)

From the results, it appeared that food taboos are sanctioned in order to protect the health of pregnant women and unborn babies. As could be seen in Table 2, the general perception about food taboos and avoidance practices in the Larteh community is that these taboos and practice would prevent stillbirths, cases of underweight babies, deformities, convulsion after birth, as well as restlessness of babies in the womb. However, Manyande and Grabowska (2009) argued that the question of whether or not these practices protect women's health during pregnancy has yet to be answered. Several prior studies have also contended that following these practices during pregnancy has both therapeutic and harmful consequences (Rajkumar, Anuj, Khan & Raghavia, 2010; Arzoaquoi et al., 2015; Ekwochiet al., 2016). It could, thus, be explained that the Larteh community only perceived the potential positive effects associated with these practices without considering their consequences, and this is explained by the functionalist perspective that societies may endorse practices that are potentially risky but still urge their people to abide by them (Staubmann, 2021). This was further confirmed by the interviewees, as a participant had the following say.

“An egg is a powerful food substance normally used to invoke the powers of spirits. Most of the time, eating of eggs by pregnant women paves the way for most bad spirits to disturb the unborn baby.” (Fetish Priest)

Apparently, it could be seen that the perceptions are grounded in tradition and spirituality making it difficult for the people (including pregnant women) to defy for the fear of being attacked spiritually.

4.0 CONCLUSIONS AND RECOMMENDATIONS

The study investigated food taboos and avoidance practices affecting pregnant women, as well as perceptions associated with these taboos and avoidance practices. Quantitative and qualitative data were employed for this investigation. It was revealed that there were food taboos and avoidance practices in Larteh, and these practices mostly affect pregnant women. Among the taboos identified were that it is a forbidden practice for a pregnant woman in Larteh to eat crabs, snails, eggs and okra, and mudfish. Perceptions associated with these were identified to be that defying these taboos could lead to stillbirths, underweight babies, and deformities, among others. Despite the fact that these practices, to some extent, could be beneficial to the health of some pregnant women, the potential consequences of these taboos and avoidance practices have been ignored, as everything appeared to be based on tradition and spirituality. These findings aligned with the assertions of the functionalist perspective; a sociological theory which argued, among other things, that societies are likely to sanction elements which might not entirely be favourable to the people and these elements encompass food taboos. This study, thus, concluded that food taboos and avoidance practices exist in Larteh, and that they impact pregnant women the most.

Based on the above, it is recommended that the Ghana Health Service take measures to amicably address cultural practices that negatively impact nutritional status and the general wellbeing of pregnant women in Larteh, using regular consultative meetings with influential traditional leaders on the subject. Also, the District Health Management Team (DHMT) should embark on a campaign, using relevant and culture friendly health messages to promote acceptable nutritional practices in the district.

In all, aside being the first empirical study to have focused on the Larteh setting, in terms of food taboos and avoidance practices affecting pregnant women, it has highlighted the understanding of the Larteh people, regarding food and nutrition. Besides, the study has brought forth food avoidance practices and taboos that authorities need to reconsider for pregnant women in order to curb issues of deficiency and ensure their overall health. Again, by focusing on pregnant women, the study has emphasised how imperative nutritional issues regarding pregnant mothers are. It has also advanced the application of the functionalist perspective to societal issues of taboos and how they are perceived from the perspectives of pregnant women. Further studies can therefore apply it in a similar context. Furthermore, the study has highlighted perceptions of the pregnant women about food taboos and avoidance practices, and this may serve as a source of enlightenment for other pregnant women and the community as a whole. However, further studies are suggested to investigate food taboos and avoidance practices in Larteh, with a focus on the general populace rather than just the pregnant women, as this can help appreciate the general view of the people.

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