

# Why traditional cooking isn't always healthier: The case of Ghanaians in Manchester and in Accra

January 8 2024, by Hibbah Araba Osei-Kwasi and Sawudatu Zakariah-Akoto

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In popular discussions of healthy eating, including political rhetoric and

nutrition counseling, women are often blamed for a lack of nutrition knowledge or cooking skills, leading to the assumption that a [decline in cooking skills is connected with unhealthy diets and obesity](#). This has been called a "[deficit approach](#)" and my research with Ghanaian women set out to [challenge some of its assumptions](#).

Previous studies on Ghanaian immigrants showed that following their arrival in the United Kingdom, most [maintained their dietary traditions](#). This cuts against the perception that they, like others, would [quickly succumb to fast-food culture in high-income countries](#). We also know that traditional diets, while seemingly healthy, can also contain [excess calories and fat](#) and thus cause a range of health issues such as type 2 diabetes, cancer, and hypertension. The reason for this may lie in the way the home-cooked food is prepared, cooked, or served.

## Seeing versus telling

We asked Ghanaian [women](#) living in Manchester, England, and in Accra, Ghana, to take photographs of their own cooking experience. We then used the photographs as a prompt to allow participants to tell the "stories" of their everyday cooking.

In both countries, the women said that they viewed their practices as a distinct subtype of home cooking, characterized by raw ingredients and/or whole foods, locally produced ingredients and specialized equipment. They also saw themselves as cooking with love and care and adhering to culturally acceptable ways of feeding their families.

"I have introduced my kids to the local dishes, and they love them, and one of my boy's favorites is yam. Every now and then I tend to cook spinach or what is called 'nkontomire.'" (Manchester resident)

Analysis of participants' photos demonstrated hybrid cooking practices,

with a combination of ingredients and cooking methods and/or techniques. In some cases, the hybrid methods contributed to unhealthy food practices, including the excessive use of oil and processed foods/flavorings; extended periods of stewing and frying. Many women continued to cherish their asanka, an earthenware grinding pot central to Ghanaian cooking.

"[An 'asanka'] is very important in every Ghanaian home, because there are some foods that you cannot prepare using the blender, as it will not taste nice." (Manchester resident)

Not surprisingly, the adoption of newer ways of cooking has been linked to the "nutrition transition," where populations across the world are embracing a food revolution. Studies have shown that many in Britain have abandoned traditional ways of cooking and turned to [new ways of cooking and eating](#).

While a [general decline in cooking skills has also been reported](#) in many [western societies](#) over the past decades, this was not the case for Ghanaian women both in Ghana and the UK. Our findings showed that they love to cook, and saw maintaining traditional foods as being a central part of their cultural heritage. While they made use of freezers and microwaves, these were used as tools to help them maintain their cultural heritage—for example, cooking in bulk to create food stocks that would last days or weeks.

## **When tradition doesn't rhyme with safety**

While traditional Ghanaian cooking was perceived as being healthier, this is not always the case. In Ghana, disease risks included foodborne illnesses, and both there and in the UK, the risk of obesity, high cholesterol and heart disease were highlighted. In Ghana, those interviewed strongly emphasized the need for clean water, sanitation,

and hygiene, while concerns about the adulteration of packaged and/or processed ethnic foods were highlighted in both settings.

"The ingredients make the food healthy." (Accra resident)

To better understand the willingness of Ghanaian women in Manchester to change unhealthy lifestyle behaviors, in another study we assessed their readiness to engage in healthier dietary practices and [reduce the risk of obesity](#). We found that despite the women recognizing that obesity was an important health issue, it was not seen as a priority for targeting change. Our research suggests sociocultural rules and structural determinants often specify which foods are considered preferable, cooking choices as well as the differences in habitual intake for different people.

"It takes a lot of time to cook over a fire and it produces a lot of smoke, which ends up making the food reek." (Accra resident)

## Conclusion

Like [many others around the world](#), cooking for Ghanaian women has a range of dimensions. Perceptions of "good" cooking were linked to nutrition and health but also had social, cultural, and emotional associations. There is therefore the need to continue to challenge the idea that women lack knowledge or the will to cook healthy foods.

Instead, health promotion interventions need to emphasize social, cultural, and emotional connotations of cooking in addition to the usual emphasis on [physical health](#), for recommendations to resonate with women's realities.

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