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Towards healthier culinary practices among Ghanaian women in the UK: A photovoice analysis

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Foods eaten out of home foods have been positively associated with poor diet, increased body weight, obesity, and poor diet quality⁽¹⁾. Comparatively, the benefits of home cooking have gained attention in recent years, resulting in the proliferation of many health promotion cooking interventions/ programmes. Although most Ghanaian immigrants are reported to maintain traditional eating behaviours following migration⁽²⁾, little is known about the healthiness of their cooking practices. This study investigated the healthiness of culinary practices of Ghanaian women living in the UK.

A photovoice study was conducted amongst Ghanaian women aged 18 years or more living in Greater Manchester (n = 31) in 2020–22. Participants were asked to take photographs to illustrate their culinary practices. Follow-up interviews focused on participants telling the ‘stories’ of their photographs to explain what, why and how they cook. The healthy cooking framework⁽³⁾ was adapted, to organise participants’ photographs and accounts of culinary practices. Thematic analysis was used to identify specific themes from the photographs and interviews using *NVivo*.

Photographs taken depicted all themes across the healthy cooking framework: cooking frequency (bulk vs daily cooking); techniques/methods (tradition vs novelty); ‘minimal usage, additions/replacements (health vs indulgence)’ and ‘flavouring’ (natural vs processed). ‘Techniques and methods’ used in cooking revolved around health consciousness and convenience but also the need to maintain tradition and authenticity. Although the use of technology was perceived mainly as a positive innovation in cooking, there was also distrust in the use of specific gadgets such as microwaves. Photographs of food products perceived as unhealthy such as salted fish, certain types of oils, animal fats and sugar were discussed as minimally used in cooking following migration whilst photographs of meat, chicken and vegetables were taken to depict increased consumption following migration. Most participants discussed photographs of local herbs and processed seasonings, and other specialised ingredients (mostly obtained from Ghana through transnational connections) and participants indicated using a combination of these for flavouring to enhance meals. Novel methods identified by participants includes a health by stealth approach, where vegetables are blended into a paste and used to thicken stews and soups as a way to promote the intake of vegetables among children.

Our study highlights cooking among Ghanaian immigrant women as a routinised social practice that is influenced by many inter-related factors that revolve around health consciousness, tradition, authenticity but also innovation. The study findings increase our understanding of culinary practices and provide opportunities that may help efforts to design effective community-based nutrition intervention tailored to ethnic identity

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