Food Science and Quality Management
ISSN 2224-6088 (Paper) ISSN 2225-0557 (Online)
Vol.15, 2013

Food taboos among residents at Ashongman - Accra, Ghana

Cynthia Gadegbeku,* Rabaa Wayo, Gifty Ackah – Badu, Emefa Nukpe, Atukwei Okai,
Department of Family & Consumer Sciences, College of Agric. & Consumer Sciences, University of Ghana, P.O. Box 91, Legon, Accra - Ghana
*E-mail of corresponding author: cgadegbeku@ug.edu.gh

Abstract
A cross sectional survey was conducted in Ashongman Village with the aim of investigating respondents' knowledge, the extent of belief, reasons (if any) behind their existence and knowledge about the effects of food taboos. A total of 200 adults selected purposively were interviewed. Data collected was coded, entered and analyzed using the Statistical Package of Social Sciences (S.P.S.S. Version 18). The Pearson's chi-square test was used to test the relationship between education, ethnic groups and the belief and adherence to food taboos. Most respondents were females (55%), 30 years and above (67%), single (59%) , Christians (93%) and some form of formal education. The study sample belonged to varied ethnic groups with the main group being Akans (47%). Analysis of the data revealed 60% of respondents had knowledge about food taboos but only 37% actually believed and adhered to them. Fifty-seven (57%) of foods prohibited were of animal origin whiles 43% were of plant origin. Various reasons ranging from cultural, religious, health, magical thinking, ethics, sympathy and compassion were given to explain the prevalence and adherence to food taboos. It was also realized that most respondents had knowledge about the harmful effect of the adherence to food taboos. Education was an important factor realized as being responsible for the prevalence of food taboos. It was recommended that further research on food taboos and food security among specific groups especially the vulnerable in society (i.e. women and children) be conducted. Secondly, because of the nutritional implications for adhering to food taboos in developing countries, a subtle community nutrition campaign needs to be organized by relevant stakeholders to sensitize people about the effect of adhering to food taboos.
Keywords: Food taboos

1. Introduction

Every social group has their own beliefs and practices (Patil et al., 2010). These are based on centuries of trial and error. Some of these beliefs may be useful while others are harmful (Parks, 2007). Some of these belief and practices are related to food that should be eaten by members of the society. While some foods are considered fit for consumption by a particular group of people, others are not (Meyer-Rochow, 2009; Purnamasari, 2010). Those foods that are restricted are referred to as food taboos. Food taboos can be said to be actions to avoid certain foods based on causal explanation which may be supernatural, logical or sometimes difficult to explain rationally (Purnamasari, 2010). According to Whitehead (2010), food taboos are part of a complex of attitudes relating to the sense of taste, feelings and abstentions which are concerned in the creation and maintenance of culture differences, male authority and gender inequalities. Currently food taboos are respected and observed in Africa (Annan, 2011).

A review of literature revealed food taboos are grouped differently by different authors (Aunger, 2000; Katz and Weaver 2010; Mennell 1991) grouped them as homeopathic and ancestral taboos. Within this study food taboos were grouped based on Katz and Weaver's (2010) grouping (i.e. permanent and temporary food taboos). Permanent food taboos are those always prohibited for a specific group (Katz & Weaver, 2010). For example, prohibition of pork by Jews and Muslims or Hindu's who abstain from eating beef because cows are considered as sacred (Katz and Weaver, 2010). Temporary food taboos on the other hand are foods avoided just for certain periods of time e.g. women during certain stages of their reproductive lifecycle including: pregnancy, birth, lactation, initiations or periods of ill health (Katz and Weaver, 2010). The question here is do food taboos exist among residents of Ashongman?

Foods are avoided for various reasons including: historic, hygienic, social, health, logical, economic, ecological, cultural, as an expression of empathy and a factor in group cohesion and group identity (Harris, 1985; Gardner, 2009; Meyer-Rochow, 2009; Katz and Weaver, 2010). Food taboos could either have positive or negative effects on humans (Park, 2007). E.g. certain allergies and depression are associated with the consumption of certain foods so if such food items which are causal agents for the allergies are declared food taboos, the health of such individuals would be protected (Meyer-Rochow, 2009). In effect, such food taboos have a positive effect on individuals. Negatively, food taboos could undermine health and nutritional needs of people especially the vulnerable in society (Azumah, 2011). Women for instance are deprived of nutrients from certain tabooed foods

and this result in these women suffering from iron and protein deficiencies (Azumah, 2011). When a particular food item is also considered a taboo for one section of the population, it leads to a monopoly of the food in question by the rest of the population. For example, in some places such as Senegal, meat is considered a delicacy for men and a taboo for women and children thereby leading to the monopoly of meat by men (Gardner, 2009).

From our review of literature, there is evidence of the existence and prevalence of food taboos in virtually all human societies. These taboos influence behaviour and the way of life of people. There may be reasons for prohibiting certain food items while allowing others. These reasons can neither be refuted nor accepted scientifically. What has also been observed in Ghana is that information about these taboos is passed on by word of mouth from one generation to the other. This belief in food taboos prevents people from consuming foods that are of nutritional importance. It is therefore eessential that we know and understand these food taboos and reasons for their prohibition among societies because these restrictions affect the nutritional status of individuals and communities. In Ghana, much has not been documented about food taboos and this is what this current study hoped to achieve.

The aim of the study was therefore to investigate the prevalence and adherence to food taboos. The specific objectives were to: investigate respondents' knowledge and extent of belief in food taboos, find out reasons (if any) behind the existence or prevalence of these food taboos and investigate knowledge about the effects of these food taboos on respondents. Two hypotheses were tested: H_1 - respondents' level of education influences their belief in food taboos, H_2 - respondents' ethnic groups influences their belief in food taboos. It is hoped that the data collected: would serve as baseline data on food taboos in Ghana, raise awareness and give a better understanding of the health implications of adhering to food taboos and generate interest in food taboos research among specific ethnic groups in Ghana.

2. Methodology

A cross sectional survey was conducted on 200 adults living at Ashongman in the Ga-East District of Greater-Accra. The study sample was selected using the purposive sampling method. To get individual respondents, the researchers moved from house to house to interview adults willing to participate in the study. Data was collected within three weeks. The main data collecting instrument was a structured interview. Data collected was coded, entered and analyzed using a software package known as Statistical Package for Social Sciences (SPSS Version 15). The Pearson's chi-square test helped establish if there was any statistically significant relationship between selected study variables.

3. Results & Discussion

3.1Demographic characteristics

Respondents ranged in age from 20 to 60 years, with 67% being 30 years and above; 59% were single; 83% had some form of education ranging from basic to tertiary education; 93% were Christians, while 55% were females. Although the study was conducted in Ashongman, which is a predominantly Ga community, the study sample belonged to varied ethnic groups with 47% being Akans whiles 3% belonged to the Grusi ethnic group. This ensured that varied opinions about food taboos were gathered from respondents.

3.1 Knowledge about food taboos

A qualitative analysis of common themes in definitions of food taboo given by the study sample revealed all respondents (100%) had an idea about what food taboos were. Their responses suggested they knew food taboos were foods that were prohibited for various reasons that at times were difficult to explain rationally. Although 60% of the study sample was aware of food taboos, only a minority (37%) believed and adhered to them. This finding is contrary to literature that suggests most Africans belief and adhere to food taboos because they are deeply rooted in their culture and become inseparable with the individual (Onuorah, 2003). Irrespective of their ethnic background, most of the study samples were aware of food taboos ($x^2 = 0.513$ df = 4 p = 0.972). Secondly, irrespective of their ethnic group, only a minority believed or adhered to food taboos ($x^2 = 1.919$ df = 4 p = 0.751).

Respondents were aware of a variety of food taboos, with 61% being from animal origin and 39% from plant origin. (Refer to Table 1). This finding confirms results of studies that realized meat from animals was more likely to be prohibited than any other type of food substance (Purnamasri, 2010; Serpell, 2011). Prohibition of dog as food (64%) was the most mentioned food taboo from animal origin while the least mentioned was consuming salted tilapia or "*koobi*" (3%). With food taboos from plant origin, the most mentioned was yam (25%) while the least mentioned was green leafy vegetables (1%) like baobab (*kuka*) and *"gboma"* leaves

(*Solanum macrocarpon)*. Further analysis of data presented in Table 2 showed most of the food taboos mentioned by the study sample was permanent food taboos. In some instances, a permanent food taboo within one culture was perceived as temporary in another (e.g. snails, yam, and plantain).

3.2. Prevalent food taboos, reasons for their prevalence, nutritional content

3.2.1. Types of food taboos

As explained in Table 2, most of the food items prohibited were permanent food taboos. Further analysis also showed a permanent food taboo within one culture could be a temporary food taboo in another. E.g. consuming snails was a taboo among the Ga's and Ewe's from Adaklu while it was a temporary food taboo for pregnant women among other ethnic groups in Ghana. Consumption of water yam was a permanent taboo among the Ga's but was a temporary one among Ewe's from Peki. They prohibit eating of new yam till rituals are performed. Eating of water yam is also a temporary food taboo among Nigerians (Onuorah & Ayo, 2003). Consumption of ripe plantain was a permanent food taboo among Akan men and some Ewe's but a temporary food taboo to pregnant Akan women. Most temporary food taboos were prohibited mainly during pregnancy. Thus confirming findings of other studies that indicated temporary food taboos are prohibited at certain times of life like pregnancy, childbirth and lactation (Onuorah & Ayo, 2003; Meyer – Rochow, 2009; Katz & Weaver, 2010; Patil et. al., 2010; Purnamasari, 2010). Pregnant women were restricted from consuming certain foods to check their health, control the weight of the expectant mother and unborn child and ensure there is a safe delivery.

3.2.2. Reasons for prohibition of food

The study sample gave varied reasons for the prevalence of food taboos. These are highlighted in Table 2. This supports literature that indicates there is no single reason but several reasons for the belief and adherence to food taboos (Bolton, 1972; Barfield, 1997; Onuorah & Ayo, 2003; Antonsseon, 2009; Meyer – Rochow, 2009; Annan, 2011). Reasons indicated by the study sample ranged form cultural (94%), religious (92%), health (80%), magical thinking (50%), and highlighting special events (33%), to ethics, sympathy and compassion (10%). The main reason was cultural thus supporting findings by Onuorah anf Ayo (2003), who explained most reasons for adhering to food taboos are cultural. For religious reasons, the study sample explained that certain foods like pork, snails, dog and salmon were prohibited. This is supported by literature that states people prohibit food for religious reasons (Fessler & Navarette, 2003; Onuorah & Ayo, 2003; Antonsseon, 2009). The reason for abstaining from consumption of salmon (a scale-less fish) was traced to the bible in Leviticus 10:10 and Leviticus 11:46 – 47. Others were specific to certain religions (e.g. pork by Muslims ; consumption of crawling animals by and Seventh Day Adventist). Food taboos that resulted from health considerations include the consumption of Diker (*Otwi*), pork, salted tilapia (*koobi*), ripe plantain, banana, coconut and guava. This result is supported by literature which realized health conditions were also stated in literature as being a cause of the prevalence of food taboos (Benton, 2007; Gardner, 2009; Meyer – Rochow, 2009). As realized by Fieldhouse (1997:167), other reasons were related to magical thinking so plants and animals (e.g. dogs, cats, pigs) were perceived to have spirits thus were not consumed. Literature explains that ethics, sympathy and compassion for plants and animals were a reason why some people would avoid consuming certain foods (Bogert et al. 1973; Davies, 1986; Buruiana, 2003; Meyer – Rochow, 2009; Katz & weaver, 2010). This reason was also realized amongst some of the study sample. They would normally not kill or consume animals because they empathize with them, keep them as pets or because they have gained their trust.

3.2.3. Similarity in food taboos

Similarities in food taboos prevailing among ethnic groups and other cultures were realized. Refer to Table 2. For instance in Ghana, Akans and Gas believed consumption of water yam caused boils: Mole – Dagbons and Akans believed dogs kept as pets should never be eaten because they are considered as friends; some Akans, Ewes and Gas believed consumption of Guava caused appendicitis. Among other cultures, the Orang Alsi in West Malaysia believed certain food items from animal origin had strong spirits thus should not be consumed. This belief was also prevalent among the Akans, ewes and Gas in Ghana. Prohibition against mixing meat with diary products (e.g. fresh beef was prohibited during lactation) that was observed among the study sample who were Ewes and Gas was also observed among people in parts of South-West Asia, Central Sahara and East Africa. Prohibition of tortoise by the Akans because it was used in making tribal marks and for spiritual protection was prevalent among the Polynesians (Polynesian Tribal Tatto, 1997).

3.2.4. Variations in food taboos

Despite similarities discussed, there were variations in the reasons for the belief in food taboos. Certain foods

that were acceptable in one culture were prohibited in others. For instance cat meat was eaten in China, Vietnam and among some Swiss rural cultures (www.wikwpedia.org. 2011) but within this study, it was prohibited by the Gas, Akans and Grusis for cultural, religious, ethical, sympathetic and compassionate reasons. Dog meat was a delicacy in parts of China and Korea but was prohibited by the Mole-Dagbons, Akans, Grusis and natives in parts of Upper West and Upper East Regions in Ghana. Banana was avoided by menstruating women in Papua New Guinea because it is believed just like banana trees women would cease to bear fruits (Whitehead, 2010) while in Ghana, it was prohibited by pregnant Ga women because it caused pre-mature contractions during pregnancy. The Hindu's abstained from beef consumption for religious reasons (Fessler & Navarette, 2003) while pregnant Ewe and Ga women abstained from beef consumption for health reasons.

3.2.5. Nutrient content

As explained by Onuarah & Oyo, (2003), food taboos influence the nutritional status of people because most of the foods tabooed were rich sources of protein. The study sample who adhered to these food taboos (especially the vulnerable in society – pregnant and lactating women, and children) were being deprived of good sources of protein, carbohydrates, vitamins and minerals that were needed for growth and repair of worn out tissues. They were being denied the potential contribution of these food items to their food security. Ironically, the vulnerable group that required more nutrients abstained from nutritious food for various reasons (Manderson & Matthews, 1981; Trigo et al., 1989; Mitchell & Mackerras, 2010; Patil et al., 2010).

3.3. Effect of food taboos

Food taboos have been found to be either beneficial or harmful to individuals (Park, 2007; Antonsson, 2009). With the exception of food taboos protecting the ecology and resources, which is a benefit, the study sample had more knowledge about the nutritional and health related effect of adhering to food taboos as shown in Table 3. The study sample realized the nutritional implications of prohibiting foods as has bee n realized in literature (Adeoye, 2000; Nwajiuba, 2002; Nwajiuba, & Okechukwu, 2006; Azumah, 2010). This situation as explained in literature only serves to compound the growing hunger problem and food insecurity situation among individuals in the country. A minority of respondents (29%) indicated monopolizing taboo foods items was detrimental to the vulnerable in society. This is because it prevented them from consuming food to provide essential nutrients needed for their development. This finding was confirmed in literature (Nwajiuba, 2002; Onuorah, & Ayo, 2003; Azumah, 2011).

4. Testing research hypotheses

Since literacy and education were identified as important determinant of health and disease in literature, (Patil et. al., 2010), it was hypothesized that: H_1 - Respondents level of education influences their belief in food taboos. It showed there was a statistically significant relationship between the level of education and belief in food taboos (x^2= 16.19 df = 3 p value =0.001). Thus the first hypothesis (H_1) was accepted. Food taboos were identified in literature to vary from one community to another (Mintz & DuBois, 2002; Onuorah, & Ayo, 2003; Katz & Weaver, 2010; Patil, et. al., 2010; Annan, 2011) thus the second hypothesis of the study was: H_2 . Respondents ethnic group influences their belief in food taboos. A chi – square test revealed was no statistically significant relationship between ethnicity and the belief in food taboos (x^2= 1.919 df = 4 p value =0.751). Thus the second hypothesis (H_2) was rejected.

5. Conclusion

In conclusion, food taboos still persist and are still an important part of cultures in Ghana. It was also realised that education influences the belief in food taboos. Because the world is a global village, it is important to know and understand food taboos of societies because some of these foods are good sources of nutrients. If the trend to adhere to food taboos should persist within certain ethnic groups, the full potential of food products available in these communities would not be fully utilized and this would affect the nutritional status of individuals in these communities.

6. Recommendations

In the light of these findings, it is recommended that since Ghana is a country with diverse cultures, further research on food taboos and food security among specific groups especially the vulnerable in society (i.e. women and children) be conducted. This research could also explore the origin and social perspectives of food taboos. Secondly, because of the nutritional implications for adhering to food taboos in developing countries, where the population keeps increasing while there is a decline in food supply, a subtle community nutrition campaign needs to be organized by relevant stakeholders (e.g. extension officers, health workers) to sensitize people about

the effect of adhering to food taboos.

References

Adeoye, O.O., (2000). Perception of Health Education about the Effects of Food Taboos and Fallaices on the Health of Nigerians. Thesis, Department Of Physical and Health Education, Faculty of Education, University of Ilorin, Kwara State, Nigeria.

Annan, R. (2011). African Food Taboos and Other Items: Website of the World Public Health Nutrition Association. Retrieved on 13th January, 2012 from www.wphna.org.

Antonsson, K. (2009). What is the function of food taboos. Term paper - Writing 50, Dec, 7th 2009.

Aunger,R.,(2000).Exposure Versus Susceptibility in the Epidemiology of "Everyday" Beliefs. *Journal of Cognition and Culture, 2*(2): 113-154.

Azumah J.A,(2010).,Effects of Pre-pregnancy and Postpurtum Food/ Nutritional Taboos and Traditions on Women's Reproductive Health in Ghana; A Study of Kumasi Metropolitan .Thesis,Department of Social Work and Sociology. KNUST, Ghana.

Barfield, T. (1997). The dictionary of anthropology. Oxford, Blackwell.

Benton D, Maconie A, Williams C. (2007) .The influence of the glycaemic load of breakfast on the behaviour of children at school. *Physiol Behav* , *92*(4):717-724.

Bogert L.J, Briggs,G.M and Calloway,D.O., (1973). Nutrition and Physical Fitness, 9th ed; W.B Saunders Company, West Washington Square.

Bolton, J,M.,(1972). Food Taboos Among the Orang Asli in West Malaysia: A potential nutritional hazard. *American Journal of Clinical Nutrition* , 25:189-199

Buruiana, C:,(2003). Taboos and social order. The socio-anthropological deciphering of interdictions. *Revista Romana de Sociologie 14*:529-533.

Fessler, D.M.T. and Navarette, C.D.(2003). Meat is good to taboo: Dietary proscriptions as a product of the interaction of psychological mechanisms and social processes. *Journal of Cognition and Culture*, *3(1)*:pp 1-40

Fieldhouse, P. (1996). Food and Nutrition: Customs and Culture. (2nd Ed).United Kingdom: Nelson Thornes Ltd.

Gardner, S. (2009). Ethical eating in a diverse world; the taboo: to define identity. Osomosis .Retrieved 15th January, 2012, from http//www.osmotic.net

Harris, M. (1985). Good to Eat Riddles of Food and Culture. New York: Simon and Schuster.

Katz ,S &Weaver ,W. (2010). Encyclopedia of Food and Culture: Taboos. Enotes Retrieved September 15, 2011, from http://www.enotes.com

Manderson L., & Matthews, M. (1981) Vietnamese attitudes towards maternal and infant health. *Med. J Aust 1*: 69 – 72.

Mennell,S. (1991) Food and the Quantum Theory of Taboo. *Etnofoor, 5*(1):63-77

Meyer – Rochow, V.B.(2009) Food taboos: their origin and purposes. *Journal of Ethnobiology and Ethnomedicine 5*: 18

Mintz, S.W., & Du Bois, C. M., (2002). The anthropology of food and eating. *Annu. Rev. Anthropol. 31*: 99 – 119. Retrieved on 15th January 2011 from Doi: 10.1146/annurev.anthro.32.032702.131011.

Mitchell, J.,& Mackerras, D. (2010) "The traditional humoral food habits of pregnant Vietnamese – Australian women and their effect on birth weight" *Australian Journal of Public Health 19* (6) 629-633.

Nwajiuba, C.A., Okechukwu, O., (2006). "Social status, traditional foods taboos and food security: A study of Igbo Women in Imo State, Nigeria" *Journal of Agriculture and Food Sciences 4*,(2)139-146.

Nwajiuba, C.U., (2002). Perspectives of Food Insecurity in Eastern Nigeria. Margraf Verlag, Weirkesheim, Germany. pp1-10

Onuorah, C.E. & Ayo, J.A. (2003). "Food taboos and their nutritional implications on developing nations like Nigeria – a review" *Nutrition & Food Science, 33*(5) :235 – 240.

Park, K. (2007). Park's textbook of preventive and social medicine. Jabalpur: M/S Banarsidas Bhanot Publishers, 19th Ed; 504.

Patil, R., Mittal, A., Vedapriya D.R., Khan, M Iqbal., Raghavia, M., (2010). "Taboos and misconceptions about food during pregnancy among rural population of Pondicherry". *Calicut Medical Journal* , *8* (2).

Polynesian Tribal Taatoo.(1997). Knink. Retrieved on 25th April, 2012 from *www.knink.com/content/taattos/polynesian-tribal-taatto*

Purnamasari D. (2010).Assessing the World's Food Taboos. Retrieved on 15th January 2011 from http://www.helium.com

Serpell ,J .A .,(2011). One Man's Meat: Further Thoughts on the Evolution of Animal Food Taboo. Retrieved on 26th April,2012 from hptt//www.onthehuman.org.

Trigo M., Roncada M.J. Stewien, G.T., Pereira, I.M., (1989). "Food taboos in the northern region of Brazil." *Rev Saude Publica 23*: 455 - 64
Whitehead, H. (2010). Food Rules: Hunting, Sharing and Tabooing Game. Papua New Guinea. *Journal of Ritual Studies*, 17 (2):97-12.
Wikipedia, (2012) Taboo food and drink. Retrieved 12th May, 2012 from http://en.wikipedia .org/wiki/Taboo_food_and_drink#cite_ref-21

Table 1: Respondents' knowledge about foods taboos

Taboo foods		**Type of taboo**	**Freq. (n = 200)**	**(%)**
Animal origin	Dog	Permanent	128	64
	Snails	Permanent/temporary	92	46
	Pig	Permanent	58	29
	Cat	Permanent	56	28
	Bush rat	Permanent	50	25
	Eggs	Permanent	42	21
	Tortoise	Permanent	28	14
	Parrot	Permanent	22	11
	Fresh beef	Temporary	16	8
	Bird	Permanent	16	8
	Diker (*Otwi*)	Permanent	12	6
	Animal hide (*wele*)	Temporary	8	4
	Crab	Permanent	8	4
	Crawling animals	Permanent	8	4
	Mud fish	Permanent	8	4
	Salmon	Permanent	8	4
	Salted tilapia (*Koobi)*	Temporary	6	3
Plant origin	Yam	Permanent/temporary	50	25
	Coconut	Temporary	48	24
	"*Fufu*" (pounded cassava and plantain)	Temporary	28	14
	"*Taro*" Cocoyam	Permanent	22	11
	Plantain (ripe)	Permanent/temporary	14	7
	Pineapple	Temporary	14	7
	Guava	Permanent	12	6
	Okro	Permanent	6	3
	Banana	Temporary	6	3
	Beans	Permanent	6	3
	Rice	Temporary	6	3
	"*Gboma*" leaves - *Solanum macrocarpon*	Permanent	2	1
	Baobab leaves (*kuka*)	Permanent	2	1

***Total percentage exceeds 100% because of multiple responses**

Table 2: Food taboos, reasons for their existence, ethnic group and nutrient content

Food Taboo	Reasons for adherence	Ethnicity/religion	Main Nutrient
Dog (Permanent)	Dogs are kept as pets and considered as friends so they must not be eaten	Mole – Dagbone, Akans	Protein
	It causes rashes	Some Akans	
	Possess evil spirits which might be transferred to a person who eats it	Akwapims (Akans)	
	They are used for rituals to protect families so it will harm people who eat it.	Akans	
	Dogs possess violent and harmful behaviour so they are not eaten by females who have weak spirits	Grusi, parts of Upper West & East regions	
Snails (Permanent & Temporary)	Considered as food for gods	Manya Krobo	Protein, Iron, Calcium
	It causes rashes	Ga's/ Ewe's	
	Considered a lesser god so it must not be eaten	Adaklu (Ewe's)	
	Because the snail is slow, consuming it decreases men's physical stamina	Gas	
	It decreases a warrior's strength during wars.	Gas	
	Pregnant women must not eat snails or their children will drool	Most ethnic groups in Ghana	
Pig (Permanent)	Muslins abstain for religious reasons	Muslims	Protein, fat
	It is believed that pigs possess evil spirits	Seventh Day Adventist	
	Considered as a dirty and unclean animal that eats faeces so it consumption is forbidden by the gods	Some Ewes	
Bush rat (*Kusi*) – (Permanent)	Causes rashes and sores	Akans	Protein
	Considered a dirty and unclean animal that digs graves	Akyem – Akans	
	A totemic animal for twins so if eaten by them it could result in madness	Akans	
Cat (Permanent)	They are prohibited because of the emotional attachment to them	Gas, Akans, Ewes	Protein
	The spirits of dead people transmigrate into cats so if you eat a cat, you might be eating a dead person.	Gas Akans	
	They protect people from evil spirits	Grusi	
Food Taboo	**Reasons for adherence**	**Ethnicity/religion**	**Main Nutrient**
Parrot (Permanent)	Considered a totemic animal	Agona Clan	Protein
	Used for tribal marks for protection	Effiduase – (Akans)	
Tortoise *(Akyikyide)* Permanent	The shell l is used for tribal marks for protection against illnesses	Akans	Protein
	It causes boils and scale-like rashes	Some Ewe's	
Fresh beef (Temporary)	Dries up the milk of lactating mothers and causes post partum diarrhea	Ewe's Gas	Protein
Birds (Permanent)	If couples eat birds that easily fly, they will have problems in their marriage or their marriage would disintegrate	Ashantis (Akans)	Protein

Diker (Otwi) (Permanent)	Causes leprosy	Akwapims – (Akans)	Protein
Animal hide *(wele)* – (Temporary)	Causes miscarriage in women and a delay in removal of the umbilical cord.	Grusi	Protein
Crab (Permanent)	An ancestor died while consuming crab so it is believed that whoever eats crab will die	Fante (Akans)	Protein, Calcium
	It is a totemic animal (*Oguaa K*ככ*r*)		
Crawling animals (Permanent)	They have direct contact with the ground so they are considered unclean and a sin to eat.	Seventh Day Adventists	Protein
Mud fish (*Adwene or Adehe*) (Permanent)	Children born after twins (Tawiah) and the eight born command a lot of respect so they are not supposed to eat mudfish else they would lose their respect in their community	Ahanta	Protein
	Twins are not supposed to eat mudfish else they will go mad	Ewes	
Salmon (Permanent)	This is a scale-less fish, considered as unclean and an imperfect creature in the bible	Seventh Day Adventists	Protein
Salted tilapia (*Koobi*) (Temporary)	Causes swollen feet (oedema) during pregnancy	Gas	Protein & Iodine
Banana (Permanent)	Causes pre-matured contractions during pregnancy	Gas	Vitamins & Minerals
Food Taboo	**Reasons for adherence**	**Ethnicity/religion**	**Nutrient**
Okro (Temporary)	It reduces men's sexual stamina and makes them weak during battles	Mole – Dagbone	Minerals, vitamins
Yam (Permanent/ Temporary)	Water yam is believed to cause boils	Akans, Gas	carbohydrate
	Consuming new yam is prohibited till it is offered to the gods and the ban lifted.	Peki - (Ewes)	
Ripe plantain (Permanent/ Temporary)	Causes miscarriage during pregnancy	Akans	carbohydrate
	Men should not eat ripe plantain or else they will develop waist pains	Akans	
	Certain people are instructed by the gods not to eat		
Beans (Permanent)	Causes stomach disorders		Protein
"Gboma" *Solanum macrocarpon* (Permanent)	Causes marks on the skin	Grusis	Iron
Baobab leaves (*kuka*) (Permanent)	Causes marks on the skin	Grusis	Vitamins
"Fufu" (Temporary)	Forbidden for widows to eat fufu (pounded cassava, yam , plantain)	Akans	carbohydrate
Pineapple (Temporary)	Causes miscarriage	Akans (Fante)	Vitamins
Cocoyam (Permanent)	Men must not eat a species of cocoyam (taro) or else they will not be able to perform sexually	Akyem – Akans	carbohydrate
Guava	Causes appendicitis	Akans, Gas, Ewes	Vitamins & Minerals

Table 3: Frequency distribution of respondents' knowledge about the effect of food taboos

Effects	Frequency (n = 200)	Percentage (%)
Helps protect against bad health	180	90
Helps protect the ecology and resources	186	93
Undermines health	120	60
Leads to inadequate nutritional needs	116	58
Leads to the monopoly of food items	58	29

***Total exceeds 100% because of multiple responses**

This academic article was published by The International Institute for Science, Technology and Education (IISTE). The IISTE is a pioneer in the Open Access Publishing service based in the U.S. and Europe. The aim of the institute is Accelerating Global Knowledge Sharing.

More information about the publisher can be found in the IISTE's homepage: http://www.iiste.org

CALL FOR PAPERS

The IISTE is currently hosting more than 30 peer-reviewed academic journals and collaborating with academic institutions around the world. There's no deadline for submission. **Prospective authors of IISTE journals can find the submission instruction on the following page:** http://www.iiste.org/Journals/

The IISTE editorial team promises to the review and publish all the qualified submissions in a **fast** manner. All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Printed version of the journals is also available upon request of readers and authors.

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar