



Cooking up a delicious experiential learning activity



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1. Experiential learning

A primary responsibility of educators is to craft learning activities that engage students and facilitate knowledge acquisition and skill development. Experiential learning assignments create a structure for students to explore a phenomenon of interest in real world environments. Powerful learning occurs by doing. Lived experiences connect muscle and memory with emotion and senses, leading to learning with lasting resonance. Developing a hands-on project is a way in which teachers can incorporate experiential learning into their course repertoire.

Students in the Nurse-Midwifery/Women's Health Nurse Practitioner program in the School of Nursing and Health Studies at Georgetown University study the influence of culture on childbearing practices and beliefs to promote understanding and respect for the diverse populations they will serve upon graduation. An existing learning activity, called "Celebrating Cultural Diversity in Childbearing", was extended to include an experiential component. Students selected a specific cultural group, and described common traditions, beliefs or preferences related to the childbearing year associated with this group. Their presentations were typically based on journal articles, web resources, and conversations with women of the chosen cultural group. The additional experiential component to this assignment consisted of describing food prescriptions for childbearing women of this culture, identifying a recipe related to this belief, cooking and photographing the finished dish, and contributing a submission to a cookbook (Fig. 1).

2. Food, culture, and childbearing

Practical knowledge of recipes and cooking methods is an embodied skill set that engages all the senses. Food preparation and eating that food is a sensual experience – aromas, flavors, and textures evoke strong emotions and memories. Food is an important aspect of culture, as unique to a culture as its language. It is an expression of tradition and meaning within family and community. It often reflects locally available foods that have been incorporated into cuisines over time and are

now honored and associated with the area or the cultural group. Specific foods are used to signify celebrations, transitional life events, and communal experiences which are imbued with meaning. Family celebrations to welcome the newborn and support the postpartum woman are common in many cultures. Some foods and food preparation methods are associated with membership in a given cultural group, such as kosher foods for observant Jews and halal foods for observant Muslims.

Dietary preferences can reflect recipes handed down through the years within a culture. The area for food preparation and consumption is typically the meeting place in a home for family and guests, whether in a contemporary gourmet kitchen or an open hearth in a rural landscape. In order to give nutritional advice that is sound and acceptable, students need to understand a woman's dietary preferences, access to food, and ability to store and prepare food (Engler-Stringer, 2010). Exploring cuisines and cooking techniques of various cultures can inform a provider's dietary counseling with practical and palatable suggestions designed to nourish women's bodies at a time when nutrition is critical to positive health outcomes.

Cultural beliefs and preferences around food choices are particularly important during pregnancy, childbirth, and the postpartum period. Food fuels the body and provides the building blocks for fetal growth, maternal health, breastfeeding success, and newborn health. There are many cultural prescriptions and prohibitions regarding what foods women may or may not eat before, during, and after pregnancy. Childbearing women bring values and attitudes about health care, pregnancy, birth, and infant care that come from different cultures and life experiences. A number of childbirth traditions are anchored in the history of a culture and may not be practiced today. However, women may be incorporating some of these traditions without sharing this out of fear of judgment, embarrassment, or a perceived lack of interest by others. It is also essential to consider that members of a particular cultural reference group may or may not ascribe to all the various beliefs, practices, and food preferences associated with that group. Cultural knowledge should be broad but care should be individualized. "Ask and listen" are important hallmarks of care to incorporate when



Fig. 1. A beautiful color illustration, aptly named “Pregnancy: A Global View”, graced the cover of the self-published cookbook that resulted from this experiential learning activity. Reproduced with permission of artist Heidi Schultz at <https://www.heidischultz.com/>.

exploring a pregnant woman's health concerns and dietary choices.

In some cultures, pregnancy is considered a hot state and foods are prescribed to provide balance. Hot and cold classifications of food are symbolic, may have no relationship to actual temperatures or spice levels, and vary among cultural groups. For example, vegetables, fruits, and foods high in water content are often considered cold. A belief common in India is that morning sickness is related to an excess of body heat from the pregnancy; cold foods, such as yogurt and most fruits and vegetables, are recommended to correct the imbalance. In contrast to the hot state of pregnancy, postpartum is seen as a cold state by many groups, particularly in Asian and Hispanic cultures. Hearty soups are prepared in large quantities to serve both the woman recovering from the work of birth and the visitors who come to honor the mother and the newborn.

3. Unexpected connections

An unexpected aspect of this experiential learning activity was the connections made during the research phase of this project. Midwifery students and faculty selected a culture to explore through professional journals, web-based resources, and discussions with members of the chosen culture. In all cases, selections were made of an earnest desire to learn more about a particular culture. In many cases, there was a direct personal link with the culture. For example, one student forged a closer connection with her mother-in-law, a second generation Chinese-American, as she explored Chinese recipes recommended for postpartum women. Another student learned that her great grandmother was a well-known Ojibwe tribal midwife as she discussed food preferences with Indigenous Americans that she served in her clinical experiences. A student who immigrated from Nigeria to the United States shared her recipe for a breakfast often made for postpartum women of the Hausa ethnic group. Kunan tsamiya, a cereal of millet, tamarind, and ginger, is believed to initiate and sustain lactation and decrease postpartum afterpains.

The connection to the chosen culture was professional through the populations served in the role of midwife for some cooks contributing their completed recipes. For example, one faculty member serves as a locum tenens midwife at a birth center exclusively for Amish women

and other Anabaptist sects. She found that exploring Amish food was a delightful activity, although dangerous to the waistline! Another midwife lives in an area with a concentrated population of Hmong women and was inspired to learn more about their customs and food preferences. One midwife reflected on her student experience in Mississippi years ago and relates the following story. “I remember being chastised by a beautiful traditional midwife who had accompanied her great-great-granddaughter to the clinic. I was giving the young woman a bottle of iron pills for her severe iron deficiency anemia. The midwife scowled deeply and then graciously informed me that the young woman needed “cooked down greens and pot liquor”—not pills. Indeed, that remedy alone resolved her anemia within two weeks. No pills. The collard greens are rich in iron. The cooking liquid (pot liquor) leeches iron from the iron pot making the dish even richer in iron.” (Reedy, 2018).

4. Geography and diet

Geography has an important influence on available foods and therefore on healthful diets. A requirement of this assignment was to investigate the physical location of the chosen culture. One student explored the Inuit culture of Alaska. She found a stew recipe calling for moose meat, not easily available in most locales. Being from the continental United States, she substituted beef and served it to her family. She submitted a darling photograph of her prepared recipe with her 3 and 5 year old sons grimacing at their bowls, captioned “We won't eat Moose Stew!” Remote locations, such as northern areas of Alaska and Canada, subsist on locally available foods. Transporting fresh foods to such areas is costly and perishable foods do not travel well. One staple with a long shelf life is cake mix and a number of Alaskan villagers have incorporated this into their recipe repertoire (O'Malley, 2017). With milk and eggs in short supply, they may incorporate salmonberries, sea gull eggs, and whale meat into a cake mix, creating palatable dishes with locally sourced ingredients. It is fascinating to see what people create from the resources they have available.

It is not just remote locations that suffer from a dearth of food varieties. The availability of healthy food items, including fresh fruits and vegetables, is limited in low-income urban neighborhoods and is

referred to as a food desert (Treuhaft and Karpyn, 2012). Few grocery stores in low-income areas carry high quality fresh food. High fat, high calorie fast food options are readily available. Women trying to make healthier food choices may need to travel further to obtain these items, making the cost and availability of transportation crucial to the health status of those women and their families. For example, in Mississippi, with the highest level of adult and childhood obesity in the country, 70% of individuals eligible for food stamps travel at least 30 miles in order to find a grocery store that will accept food stamps. The presence of corner stores and liquor stores in low-income areas is 30% greater than in higher income neighborhoods, and sheds light on what is readily available to some minority women in their home communities. The absence of vital healthy food options within certain communities is incongruous in a wealthy nation and yet some people face this challenge daily. This learning activity exploring recipes common to an area or a culture helped students realize the importance of specific and targeted questioning about women's resources for food acquisition and preparation.

When indigenous groups move away from traditional and local food choices and toward more homogenized modern pre-made food choices, rates of diabetes skyrocket. For example, blue corn is a sacred plant to the Navajo, but has been displaced in many diets by highly processed yellow corn products (Park et al., 2016). The starch in blue corn is slowly digested, providing better glucose control. Blue corn contains an antioxidant, anthocyanin that imparts its bluish-purple color. It is rich in selenium, important in cognitive functioning and thyroid metabolism. In addition, there is spiritual significance to blue corn for the Navajo, representing the goodness of Mother Earth and Father Sky. Traditional food choices can be protective of health for particular cultural groups, nourishing physical health as well as a sense of belonging to a community.

5. Generational influence

Dietary habits of childbearing women have influence well beyond the pregnancy, making this time period particularly important for healthful nutrition. Food preferences are developed as early as in utero, where food choices by the pregnant woman lead to flavor learning by the fetus (Trout and Wetzel-Effinger, 2012). The flavor of breast milk is affected by a woman's diet, leading to further flavor exposure in the infant. Women often have primary responsibility for infant feeding and as the child transitions to a modified adult diet, this responsibility for infant feeding continues. These early eating experiences set the stage for lifelong health (De Cosmi et al., 2017). Assessing and discussing diet with pregnant women are important skills for student midwives to master.

6. Bon appetit!

Cooking was a central vehicle for teaching critical and intuitive thinking and unifying knowledge with experience, according to the founder of experiential learning pedagogy, John Dewey (1859–1952) (Trubek and Belliveau, 2009). This experiential activity connecting childbearing, culture and food helped students develop a more wholistic view of diet counseling, sparked important social connections, and

provided a deeper level of engagement in understanding their chosen cultural group.

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Declaration of Interest

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