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Food Culture and Ancestral Beliefs in Pregnant Women of the Asháninka Community of Otari-Pichari, Cusco

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Abstract

This study explores the dietary practices and beliefs of pregnant women in the Asháninka community of Otari-Pichari, highlighting their relevance in shaping cultural identity and maternal and child health. Using a qualitative ethnographic approach, data were collected through interviews and participant observation, revealing that the gestational diet includes local foods, such as yuca, sweet potato, and fish, while others, such as chili, coconut, and snake, are prohibited due to perceived risks to the baby's development. These choices are deeply rooted in ancestral beliefs that regulate dietary decisions and reinforce social cohesion. The study identifies tensions between local traditions and modern medicine, highlighting the need to implement public health interventions that respect traditional knowledge and foster intercultural dialogue to improve maternal and child well-being. In conclusion, these practices reflect the importance of preserving ancestral knowledge as an integral part of health care and strengthening indigenous communities.

Keywords: *Food Culture, Pregnant Women, Beliefs and Public Health.*

Introduction

In this study, the Otari community was chosen as the research site due to its remarkable ability to preserve its culture, traditions and customs, even in a context of increasing modernization in the Pichari district. The Asháninka community, with its rich geography and strong cultural roots, offers an ideal setting to explore the relationship between pregnant women's food practices and their cultural beliefs. This connection not only strengthens cultural identity and social cohesion, but also requires a comprehensive approach that promotes maternal and child well-being, respecting and valuing the traditions that sustain their existence.

The main objective of this work is to understand the food culture of women during pregnancy, focusing on the myths and beliefs that are part of daily life in this Asháninka community. The relationship between the nutritional status of pregnant women and the health. of the mother and baby is fundamental and is deeply influenced by cultural practices transmitted over time and space.

Pregnant women in Otari are guided by ancestral knowledge that determines their diet, prioritizing local resources such as yuca, sweet potato, plantain and various animal species. This approach goes beyond mere nutrition; it responds to a belief system that links certain foods with the well-being of the baby and reflects a holistic understanding of health. The results show that there is a deep interconnection between the diet of pregnant women and their cultural beliefs. For example, it was found that foods such as coconut and chili are considered taboo, as it is believed that they could cause complications in childbirth or negatively

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influence the characteristics of the baby. In contrast, foods such as squirrel are welcomed, with the conviction that they can contribute positively to the health and development of the baby.

Through interviews and observations, it was observed that dietary choices in the Asháninka community of Otari are deeply intertwined with their worldview. Dietary restrictions, such as avoiding certain foods considered harmful, are not based solely on biological reasons, but are also loaded with cultural and spiritual meanings. A clear example is the belief that eating snakes could prevent a child from learning to walk, which reflects how dietary traditions are linked to expectations about child development.

This research highlights the importance of integrating ancestral knowledge with modern medicine, promoting a health approach that respects and values the cultural beliefs of the community. To improve maternal and child health, it is essential to recognize that these food practices not only contribute to physical well-being, but also strengthen cultural identity and social cohesion among the women of Otari. In this context, food culture is perceived not only as a set of practices, but as a network of meanings that gives depth and meaning to the experience of motherhood, highlighting the need for a respectful dialogue with these traditions in any future health intervention.

The research, which focused on the food culture of Asháninka pregnant women in Otari, reveals an interconnection between traditional beliefs and maternal health. Food, whether from their natural environment or from the market, is imbued with meanings that directly affect the diet of pregnant women. The interviews reflect how beliefs about certain foods influence the health of the baby, with the avoidance of some products being considered essential to prevent possible complications during pregnancy.

Teresa Vargas Pasco's experience illustrates how certain foods, such as snakes and toads, are perceived in the community not only as food options, but also as elements that can directly influence the health and development of children. These perceptions reflect a worldview in which food is intrinsically connected to spirituality and physical well-being, weaving a network of meanings that guides the daily practices of pregnant women.

Similarly, the participation of women like Adali in daily chores, even during pregnancy, demonstrates a commitment to cultural traditions, despite the tensions between community responsibilities and self-care. Their dietary choices, determined by cultural prohibitions, demonstrate a constant concern for the well-being of the baby, reflecting how social norms and beliefs intertwine in their daily lives and condition their decisions.

This holistic approach to nutrition, incorporating both local foods and market produce, reveals a deep understanding of maternal and child health. Beliefs about the impact of diet on fetal development show a perception of vulnerability during pregnancy, suggesting that certain periods are considered especially critical for the child's health. This cultural framework not only strengthens the community's collective identity, but also poses challenges for the integration of ancestral knowledge with modern medicine. Thus, it highlights the importance of a respectful dialogue that considers these traditions in any future health intervention.

The review of these studies highlights the importance of food culture and traditional knowledge in indigenous communities for maternal and child health, which is especially relevant in the Asháninka community of Otari-Pichari, Cusco. On the one hand, Loaiza et al. (2023) highlight how food practices in the Los Pastos Village fulfill identity and social cohesion functions, which is also reflected in Otari, where food reinforces cultural identity and collective care; meanwhile, Silva et al. (2021) support this perspective by documenting food biodiversity in the Jequitinhonha Valley and the role of women in managing these resources, something that coincides with the practices of the Asháninka community. Likewise, Salinas et al. (2021) highlight that a diet rich in antioxidants is beneficial during pregnancy, which aligns with the consumption of natural products by Asháninka women to ensure the health of the baby. In addition, Alvarez et al. (2023) point out the importance of nutritional education in weight management, suggesting that it could complement Asháninka dietary practices based on cultural beliefs. On the other hand, studies such as Flores et al. (2023) and Odabaş et al. (2024) underline that cultural factors and specific diets impact

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maternal health, which is relevant in Otari, where certain foods are considered beneficial or harmful to fetal development. Likewise, Acosta et al. (2023) and Loaiza et al. (2024) emphasize the relationship between nutritional status and neonatal health, indicating that monitoring and interventions could improve maternal and child well-being in Otari if cultural knowledge is respected and reinforced. Otilingam et al. (2015) and Cordeiro et al. (2024) suggest the effectiveness of education and supplementation in vulnerable populations, which could be implemented in Otari to complement traditional knowledge, respecting local beliefs and promoting a comprehensive health approach. These studies support the need to integrate the ancestral knowledge of the Asháninka community into respectful health interventions that strengthen their cultural identity and ensure that food culture continues to be a pillar of maternal and child health and well-being in Otari-Pichari, Cusco.

This study, therefore, provides a comprehensive view of how the food culture in the Otari community not only responds to nutritional needs, but also reinforces a system of values and beliefs that protects and promotes maternal and child well-being. The food culture in the Asháninka community of Otari shows a strong interconnection between traditional beliefs, food practices and maternal and child health. Pregnant women follow ancestral knowledge that guides their diet, prioritizing the use of local resources such as cassava, sweet potato, plantain and various animal species. This approach goes beyond nutrition, as it responds to a belief system in which certain foods are considered essential for the well-being of the baby, reflecting a comprehensive vision of health.

Dietary restrictions, such as avoiding snakes or toads, are based on a worldview that attributes food a direct influence on a child's development. Beliefs that some foods can cause malformations or problems in a baby's motor development reflect the importance given to child well-being at this stage. This ancestral knowledge, transmitted from generation to generation, guides dietary decisions and reinforces both the cultural identity and social cohesion of the community.

The experiences of women like Teresa Vargas and Adali exemplify how cultural norms and social expectations merge with diet during pregnancy. These women's active participation in daily tasks, while respecting dietary restrictions, highlights their central role in the community and their commitment to traditions. This balance between community responsibilities and self-care highlights the power of culture in their daily lives.

The integration of this ancestral knowledge with modern medicine enriches prenatal care, offering an approach that not only promotes health, but also respects and preserves the cultural identity of the community. Understanding and valuing these beliefs is essential, as they are not simple superstitions, but essential elements that shape the experience of motherhood in the Asháninka culture, establishing the need for a dialogue that combines diverse perspectives on health and well-being. The questions that arise in this context are: How is the food culture of women during pregnancy structured in the Otari community? What foods are prohibited during pregnancy in this community? What foods are allowed and valued for consumption during this period? These questions underline the need to understand and respect the community's food practices in order to achieve more effective and culturally appropriate health interventions.

Methodology

The methodology used in this study focuses on a basic qualitative approach, selected for its ability to explore in depth the dietary practices and beliefs of pregnant women in the Asháninka community of Otari-Pichari, Cusco. As Creswell and Poth (2018) indicate, the qualitative approach is appropriate when seeking to understand a phenomenon within its cultural and social context, allowing for a detailed analysis of the food culture and the restrictions it imposes. In this case, observation and interviews will be the main methods of data collection, aimed at expanding knowledge about dietary restrictions in pregnant women and understanding the cultural meanings that support these practices. This choice responds to the need to delve deeper into the particularities of maternal nutrition in Otari, without seeking results of immediate

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application, but rather focused on documenting and enriching existing knowledge about food culture in the Asháninka community.

The research level is descriptive-explanatory, which allows for describing the practices observed and, in addition, for analysing the cultural causes or justifications behind these dietary restrictions, as recommended by Flick (2018) and Yin (2017). The research seeks to identify and explain the foods that are prohibited and permitted during pregnancy, exploring the importance of these beliefs in the daily lives of Otari women. This level is ideal for capturing both the specific practices and the cultural context surrounding them, providing a rich and informed analysis of how culture influences maternal diet and perceptions of fetal well-being.

The field design was selected to allow immersion in the daily context of Otari pregnant women, through the use of participant observation techniques and semi-structured interviews. According to Bernard (2018), a field design facilitates the collection of data in their natural environment, which is essential to genuinely understand the community's food practices and values. In this sense, participant observation will enable direct interaction with pregnant women, observing their food practices in the context of their daily lives. In addition, a field notebook will be used, which will allow for the documentation of impressions, details and additional observations of each interaction, as recommended by Morse's studies (2019). This resource will be essential to capture subtle elements, which will enrich the analysis of cultural practices around food during pregnancy.

The study population is made up of inhabitants of the Asháninka community of Otari, approximately 150 people in 45 households according to the 2017 census. This group stands out for its beliefs and food practices, in which the consumption of certain foods is guided based on their beliefs to protect maternal and baby health. Given the size and characteristics of the community, the selection of participants for the sample was intentional, based on the availability of individuals who could provide relevant information on food practices and beliefs during pregnancy. The sample includes five mothers and one father, who were selected for their knowledge of these traditions. In addition, staff from the Otari-Pichari Health Post were consulted, who provided information on pregnant women active in the community, as suggested by Robinson (2018) for studies of this type.

The research method is qualitative ethnographic, as it allows for detailed documentation of practices and beliefs in a specific cultural context, as recommended by Fusch et al. (2018). Ethnography seeks to understand the internal perspective of participants and how they interpret their cultural practices, an approach that is ideal for studying the diet of pregnant women in Otari and its influence on cultural identity. Interview and observation guides were used to obtain both structured and spontaneous data on accepted and prohibited foods. The interview guide was structured according to dimensions of specific cultural beliefs and dietary practices, allowing participants to narrate their experiences and the inherited traditions that guide their diet during pregnancy, as suggested by Patton (2019) and Denzin and Lincoln (2018).

The interview guide included questions about accepted and prohibited foods, the justification for these restrictions, and perceptions about the impact on the baby's health. For example, Teresa Vargas Pasco, 45, shared valuable information about prohibited foods and remedies in case of accidentally consuming them, highlighting the importance of these beliefs in children's health. Adalí Vargas Barboza, 22, detailed the restrictions that her parents transmitted to her, pointing out the feared consequences of not following these recommendations, such as malformations or complications during childbirth. Each interview was recorded and documented in the field notebook, as suggested by Brinkmann (2018) and Bernard (2018), recording both the testimonies and the impressions of the researcher.

The participant observation guide allowed direct observation of food practices in their context, documenting the interaction of women with their environment and their diet during pregnancy. The observation was carried out in the community of Otari, where Adalí Vargas Barboza was observed, who, despite her pregnancy, performed domestic tasks and worked in the fields, following specific precautions in her diet and physical work. These observations, following the recommendations of Spradley (2016) and Emerson et al. (2019), allowed us to capture significant details, such as the artisanal preparation of food

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and compliance with rules to avoid certain products, such as chili peppers and heavy loads, which reflects the importance of caring for the health of the mother and baby in the Asháninka culture.

Results and Discussion

The Community of Otari, Asháninka

The Otari Native Community is located in the coca-growing basin of the Peruvian high jungle, situated on the right bank of the Apurímac River, at an altitude of 550 meters above sea level. This community is part of the Puerto Mayo Minor Population Center, in the district of Pichari, province of La Convención, in the Cusco region. The location of Otari, in a transition zone between the jungle and the Andes, deeply conditions its way of life and its food culture, based on a subsistence model in which the natural resources of the area are used, such as agricultural products and small animals that they raise for their own consumption (Creswell & Poth, 2018; Flick, 2018).

The diet of the Otari families is adapted to the resources that the jungle environment offers. Food is obtained mainly from local crops, such as yuca, plantain and corn, and from raising small animals, mainly birds and pigs, which constitute a fundamental source of protein. This food structure reflects a self-sufficient subsistence strategy that is integrated into the ecological context of the high jungle, adapting ancestral customs and knowledge to the specific conditions of the area (Bernard, 2018; Morse, 2019). In addition, access to hunting and fishing products in the Apurímac River complements their diet, diversifying their sources of nutrients and strengthening their connection with the natural environment.

The boundaries of the Otari Native Community underline the territorial and cultural interdependence with neighbouring communities. To the north, it borders the Puerto Mayo Population Centre, also known as Otari Colono, and the community of Shakirwato, with whom it shares access routes and commercial exchange practices. To the south, its boundaries adjoin the communities of Otari San Martín and Túpac Amaru II, with which it maintains cultural and social ties. To the east, the community is bordered by the National Reserve, which provides natural and ecological protection that conserves the surrounding biodiversity and regulates access to certain natural resources. Finally, to the west, the Apurímac River defines the natural boundary of the community, acting not only as a geographical barrier, but as a source of life and an essential resource for their daily activities (Smith et al., 2020; Robinson, 2018).

This geographical delimitation, together with access to the natural resources of the forest and the river, configures a food system based on sustainable practices that respond to the specific conditions of the high forest. The proximity to the river and native vegetation, together with the practices of cultivation and animal husbandry, establish a model of sustainability that allows the community to adapt to its environment and preserve its cultural practices. Thus, the community of Otari is structured around a diet and a way of life in harmony with its environment, where interdependence with nature and the transmission of ancestral knowledge are essential for the sustenance and identity of its inhabitants (Emerson et al., 2019; Denzin & Lincoln, 2018).

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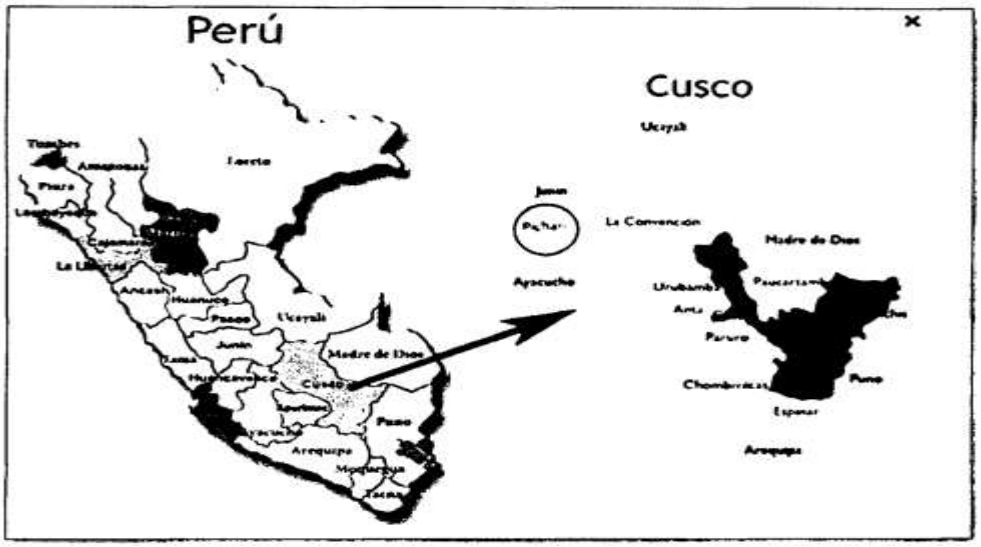
Figure1. Otari Community Map



Fountain: National Development Strategic Plan: Peru towards 2021.

Food Culture Ancestral Beliefs in Pregnant Women

In the community of Otari, pregnant women structure their diet around the natural resources available in their environment. Among the foods of plant origin, yuca, sweet potato, banana and papaya stand out, while among the most consumed wild animals are the siwa, the samaño, the spectacled bear and the monkey. Water resources, for their part, provide fish such as the chainsaw, the chojecito, the catfish, the carachama and the quisi, in addition to crabs and shrimp. These native foods, obtained sustainably and in harmony with the environment, are complemented with products purchased in the local market.

Food in this community not only responds to biological needs, but is deeply intertwined with their culture and worldview. The transmission of ancestral knowledge and the symbiotic relationship with nature form the fundamental pillars of the diet, especially in critical stages such as pregnancy. According to Loaiza et al. (2023), in indigenous communities, food practices go beyond basic nutrition; they represent a vehicle of identity and social cohesion, fundamental for collective well-being and cultural preservation. These practices reinforce the sense of belonging and highlight food as an expression of social structure and collective care.

Likewise, Guerrero (2021) emphasizes that beliefs and dietary restrictions in indigenous communities, such as those of Otari, are deeply influenced by respect for ancestral knowledge. This knowledge not only dictates which foods are considered beneficial or harmful during pregnancy, but also provides a framework to ensure the comprehensive health of the mother and baby. For example, certain roots, fruits, and tubers are carefully selected for their perceived properties to strengthen the body of pregnant women and promote fetal development, while some foods of animal origin may be restricted due to traditional beliefs that link their consumption with complications or malformations.

The analysis of these dynamics highlights the need for an intercultural approach to maternal health care. This approach must integrate modern medicine with ancestral knowledge, recognizing that both perspectives provide complementary elements to promote health and well-being. As Loaiza et al. (2023) point out, respect for food culture is not only a strategy to improve nutrition and health, but also promotes social and environmental sustainability within communities.

These cultural practices not only benefit pregnant women, but also strengthen community ties and transmit essential knowledge to the next generation. By understanding that nutrition is more than a biological

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necessity, but a practice loaded with symbolism and values, it is possible to design strategies that promote a respectful dialogue between modern health systems and indigenous communities. This dialogue not only enriches medical practice, but strengthens cultural resilience in the face of contemporary challenges. TVP, a 46-year-old mother, mentions that:

Do not eat what is sugarcane because it cannot give birth, do not eat zamaño, do not eat toad because children become little toads and cannot give birth, also do not eat coconut, pacae, cacao, because it cannot give birth, because its head is big, as others say it is cutting and will suffer, eat everything you want except what I told you, if you eat snake your baby will not walk.(Teresa Vargas Pasco, 03/02/2023)

The interview with Teresa Vargas Pasco illustrates how cultural beliefs guide the dietary practices of pregnant women in the Asháninka community of Otari. According to Vargas Pasco, "not eating sugarcane because you cannot give birth" is one of the dietary restrictions observed, as is avoiding foods such as zamaño, sapo, and coconut, since "little toads become children and you cannot give birth." These statements reflect a symbolic conception of diet, where certain foods are associated with characteristics that could directly affect maternal and child health. For example, it is believed that eating cacao or pacae could make childbirth more difficult because "their head is big."

Another significant belief mentioned is the prohibition of eating snakes, because "if you eat snakes, your baby will not walk." These restrictions are not only linked to biological or nutritional considerations, but also reflect a symbolic system in which foods represent qualities that can be transferred to the baby, influencing its development and well-being. These statements, such as avoiding certain foods to prevent complications, illustrate what Guerrero (2021) identifies as the essential component of food beliefs in indigenous communities: transmitting cultural knowledge and ensuring health through restrictions that are deeply rooted in ancestral knowledge. Furthermore, as Estrada (2011) points out, these practices are not only individual in nature, but are inscribed in a collective logic that reinforces cultural identity and shared care during pregnancy.

The beliefs and food practices of the Asháninka community transcend the realm of traditions, constituting significant ways of giving meaning to the experience of motherhood and pregnancy. These practices reflect a comprehensive understanding of health, in which physical, social and spiritual aspects converge, creating a holistic approach to maternal and child well-being.

Influence of Ancestors on Food Culture

The food culture of the Asháninka community is deeply rooted in beliefs passed down from generation to generation by their ancestors and parents, who instruct them on permitted and prohibited foods. These practices reflect a cultural system that prioritizes the prevention of birth defects in children, reaffirming the values and norms that govern nutrition during pregnancy.

Table 1

Code.	***Influence of ancestors on food culture.***
E1	*Our ancestors, our grandparents told us that we should not eat or touch those foods, we should take care of ourselves.* *(Mrs. Teresa Vargas Pasco)*
E2	*Our grandparents, our ancestors told us that we should not eat because it is harmful.(Mrs. Adely Vargas Barboza).*
E3	*My grandparents told me that I shouldn't eat and my mother also explained it to me.(Mrs. Elizabeth Flores Samampa).*
E4	*My grandparents, my dad always explains to us, my dad brings us together on the new moon, my dad brings us together on the waning quarter, he explains to us when*

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	we are pregnant. *(Mrs. Reyna Barboza)*
E5	*My grandparents and my parents told us that we don't have anything to eat, neither snake nor ocelot.(Mrs. Katia Saavedra Vargas).*
E6	*Our ancestors, grandparents, tell us that it is hereditary and we all know that all Asháninca should not eat those foods.(Mr. Pavel Vargas Barboza).*

Note: Table prepared by researchers, 2024.

It is evident how beliefs transmitted through generations in the Asháninka community shape food practices, especially in the context of pregnancy. The repeated mentions of "grandparents" and "ancestors" as sources of these teachings reflect a cultural system in which food is intrinsically linked to respect for ancestral knowledge. These influences not only reinforce social cohesion, but also act as a guide to ensure maternal and child health and well-being. For example, Nocera (2009) highlights that beliefs are stable symbolic structures that strengthen collective action and ensure cultural continuity across generations. This is reflected in the words of Mrs. Reyna Barboza, who explains: "My dad always explains to us, my dad brings us together on the new moon, the waning quarter, he explains to us when we are pregnant." This act not only reinforces the connection with natural cycles, but also underlines the role of the elders as guardians of cultural knowledge.

Similarly, Silva et al. (2021) emphasize that documenting local food practices and their link to biodiversity is essential to understanding how indigenous communities integrate their environment into their diet. The prohibition of consuming certain foods, such as "not eating snakes or ocelots," mentioned by Mrs. Katia Saavedra Vargas, not only responds to spiritual beliefs, but also to a possible symbolic relationship with the preservation of key species in their ecosystem. Furthermore, Guerrero (2021) points out that food beliefs in indigenous communities are essential components of cultural identity, transmitted intergenerationally to protect health during pregnancy. This aspect is manifested in the words of Elizabeth Flores Samampa: "My grandparents told me that I should not eat and my mother also explained it to me." These dynamics not only preserve traditions, but also consolidate a system of community care that protects pregnant women from practices considered risky.

The interviews show how Asháninka food practices are more than just dietary restrictions; they represent a comprehensive system of ancestral knowledge that combines cultural, spiritual and ecological aspects. The teachings of the elders, as Teresa Vargas Pasco mentions: "Our ancestors, our grandparents told us that we should not eat or touch these foods, we should take care of ourselves," underline the importance of the intergenerational transmission of this knowledge. These dynamics reinforce the need to value and document these traditions as part of an intercultural approach to maternal health, which allows for the integration of modern medicine with local knowledge.

The repeated prohibition of foods such as snake and ocelot in Asháninka culture reflects a worldview in which food is intrinsically linked to the health and development of the child. These restrictions, noted in multiple interviews as necessary to avoid harm, underscore the seriousness attributed to food decisions. According to Lévi-Strauss (1962), food practices act as a means of structuring the social and cultural reality of a community, giving meaning to everyday behaviors. In this sense, teachings passed down through generations about accepted and prohibited foods not only delineate dietary norms, but encapsulate deeply held beliefs about what constitutes a healthy and socially acceptable life.

In Asháninka culture, these prohibitions take on additional meaning by linking food with the acceptance of children in the community. The idea that certain foods can negatively influence child development creates a strong cultural pressure on parents to adhere to these norms, perceived as essential to ensure social acceptance and the future well-being of their children. This link between food choices and health expectations reveals how cultural beliefs shape family decisions, establishing a frame of reference that transcends the mere satisfaction of biological needs.

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Thus, dietary restrictions in this culture not only reinforce a preventive approach in terms of health, but also reflect a holistic vision of well-being that integrates physical, social and spiritual aspects. This approach highlights how dietary practices are vehicles for the transmission of values and beliefs that contribute to maintaining cultural cohesion and the collective identity of the community.

The transmission of food knowledge from ancestors to new generations highlights the importance of cultural heritage in the formation of identity. In the Asháninka community, the teachings of grandparents and parents are not just practical advice, but fundamental components that build the collective worldview. This cultural legacy reinforces norms and values that regulate social behavior, showing how food becomes an essential vehicle for the continuity of cultural identity.

According to Loaiza et al. (2023), food practices in indigenous communities not only serve a nutritional function, but act as a means to strengthen identity and social cohesion, promoting collective well-being and cultural preservation. This approach is evident in the influence of ancestors on Asháninka food culture, which guides not only the diet of pregnant women, but also their connection to history and traditions. According to Silva et al. (2021), these practices are deeply intertwined with biodiversity and symbolic relationships with the environment, reflecting how ancestral knowledge is integrated into daily life to preserve both health and cultural balance.

Furthermore, Contreras (1992) argues that food is more than a biological necessity; it is loaded with meanings and emotions linked to the social and cultural circumstances of each group. In this context, teachings about prohibited and accepted foods ensure the transmission of fundamental values that reinforce internal cohesion and group identity. This legacy, transmitted from generation to generation, not only fosters cultural continuity, but also establishes a frame of reference for family and community decision-making regarding health and well-being.

The influence of ancestors on these practices also underscores the importance of adopting a holistic approach in any modern health intervention. Guerrero (2021) argues that integrating ancestral knowledge into health programs not only increases their effectiveness, but also respects and validates the cultural beliefs of indigenous communities, promoting intercultural dialogue. Thus, incorporating these practices and beliefs into maternal and child health strategies not only improves clinical outcomes, but strengthens ties with traditions and the cultural environment.

Foods Accepted During the Gestation Process

Women in the Otari community carefully select certain foods during pregnancy to promote the healthy development of their children. Acceptable foods include protein sources such as squirrel, chojecitos, shrimp, quisi, chicken, and siwa, as well as plant foods such as cassava, sweet potato, and fruits such as papaya, avocado, and orange. These choices are not only practical, but also reflect a deep cultural and spiritual connection with the natural resources available in their environment.

According to Loaiza et al. (2023), food practices in indigenous communities not only guarantee nutrition, but act as a means to strengthen identity and social cohesion, ensuring collective care and cultural well-being. This link between diet and cultural beliefs is also documented by Contreras (1992), who highlights that food transcends biological needs to become a phenomenon loaded with social and emotional meanings.

Furthermore, Silva et al. (2021) emphasize that the food practices of these communities are deeply interconnected with biodiversity and sustainability, reflecting a balance between human needs and the conservation of the natural environment. In this context, the diet of Asháninka women during pregnancy not only ensures an adequate supply of nutrients, but also preserves traditions and respect for their ecosystem, integrating ancestral knowledge with daily life.

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Table 2

Code.	***Interviews about accepted foods.***
E1	*Eat everything you want, except what I told you.*
E2	*Normal fruits can be eaten, bodoque is also food, yuca, sweet potato as well and other market foods such as noodles, tuna, vegetables, chicken and others.*
E3	*If you eat squirrel, its eyes will come out small like a squirrel's and that is good. (Mrs. Elizabeth Flores Samampa).*
E4	*Normally we eat chilcano, I still maintain some of my grandparents' customs, here in the jungle we eat everything, animals, worms too, all kinds of fruit must be eaten and soup too,Before, my husband planted rice, beans, peanuts, we ate everything natural, I also ate what my husband hunted, but not anymore, nature has changed, I am now a grandmother. (Mrs. Reyna Barboza).*
E5	*You can eat normal oso, samaño, siwa, chicano de paco, bodoque and all the others, ají, parrot can also be eaten, fish gives intelligence to our children, we usually eat siwa and samaño, we eat normal oso, we also eat yuca worm, we take it out and boil it, we can also eat chojecitos. (Mrs. Katia Saavedra Vargas).*
E6	*All kinds of normal monkeys can eat, except the yellow monkey, Samaño and Siwa can also eat. (Mr. Pavel Vargas Barboza).*

Note: Table prepared by researchers, 2024

Food practices in the Asháninka community reflect an interconnection between nutrition, culture and the natural environment, evidencing a transmission of ancestral knowledge that strengthens both cultural identity and collective well-being. The statement by Mrs. Katia Saavedra Vargas, who mentions that "fish gives intelligence to our children", highlights the symbolic and functional value given to certain foods in this community. According to Guerrero (2021), food beliefs in indigenous communities not only regulate the diet, but also act as an essential component of cultural identity, ensuring the continuity of traditions in relation to maternal and child health.

Likewise, Estrada (2011) argues that dietary practices during pregnancy are deeply influenced by cultural and social factors, which guide pregnant women's choices toward foods perceived as beneficial. This is evidenced in the words of Mrs. Elizabeth Flores Samampa, who states that "if you eat squirrel, its little eye will come out small like a squirrel's and that is good," which illustrates how foods are perceived as transmitters of qualities desired for the development of the baby. Furthermore, Nocera (2009) argues that beliefs are symbolic structures that unite communities, providing rules and meanings that ensure their continuity. This perspective is reflected in the statements of Mrs. Reyna Barboza, who points out that "we here in the jungle eat everything, animals, worms too, all fruit must be eaten," emphasizing the importance of a diversified diet that is deeply connected to its natural environment.

In the Asháninka community, food is not only a biological activity, but an act full of cultural and spiritual meaning. These practices consolidate a harmonious relationship with nature and reinforce the intergenerational transmission of values and knowledge. This comprehensive approach highlights the need to integrate ancestral knowledge into public health policies, recognizing the role of food culture in strengthening community identity and well-being.These food practices become meaningful rituals that provide meaning and security to the experience of motherhood. By selecting foods considered beneficial, mothers not only seek to ensure the physical well-being of their children, but also participate in a process that reinforces their connection to the culture and history of their community.

In Otari, a rich interrelationship between culture, food and health is observed, which is manifested in a diverse diet during pregnancy. Mothers combine proteins of animal and plant origin, such as squirrel,

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chicken and shrimp, with tubers such as yuca and sweet potato, also integrating local and market products. This variety reflects a holistic approach to nutrition, where fruits, considered essential for fetal development, occupy a prominent place. These choices not only seek to satisfy biological needs, but also to preserve deeply rooted beliefs about their benefits. Thus, by choosing appropriate foods, mothers in Otari not only care for the physical well-being of their children, but also reaffirm their cultural identity and their link to the ancestral traditions that have guided their community over time.

Prohibitions of Eating Certain Foods During Pregnancy

In the native Otari community, dietary prohibitions during pregnancy reflect a complex belief system that integrates biological, cultural and spiritual aspects. Foods such as monkey, chainsawfish, large toad, manaqaraco, spectacled bear, chili pepper and purple banana are avoided by women due to perceived implications for the health of the child and mother, as well as fear of possible social repercussions.

These dietary restrictions not only have a practical function, but also symbolize a form of interaction with the environment and the social structure of the community. Guerrero (2021) points out that food prohibitions in indigenous communities represent a fundamental component of cultural identity, transmitted from generation to generation to guarantee collective well-being and preserve traditions. This is evident in the Otari worldview, where the relationship between food and the characteristics of the child is conceptualized from a spiritual and cultural perspective. For example, Nocera (2009) highlights that beliefs, such as those related to prohibited foods, are symbolic structures that unite communities and ensure the transmission of fundamental norms and values for their social continuity. In the case of Otari, the categorization of certain foods as dangerous is based both on their physical appearance and on the cultural connotations associated with them, reflecting a holistic vision that intertwines biology with spirituality.

Furthermore, Silva et al. (2021) underline the importance of traditional dietary practices as a means of maintaining connection with the natural environment and ensuring cultural sustainability. In this context, women in Otari not only follow these restrictions for health reasons, but also as an act of respect for their cultural heritage and the rules of coexistence that govern their community. Food prohibitions in the Asháninka community of Otari are much more than dietary norms; they represent a comprehensive system of values and beliefs that guide social practices and reinforce cultural identity. This holistic approach underlines the need to respect and consider these traditions when designing intercultural health policies that promote maternal and child well-being without compromising ancestral knowledge.

Board1

Code.	***Interviews about foods prohibited during pregnancy.***
E1	*Do not eat what is sugarcane, do not eat samaño, do not eat toad because children become little toads and cannot give birth, do not eat coconut, pacae, cacao, because you cannot give birth, because your head is big, as others say, you will have to cut it and it will suffer,If you eat snake your baby won't walk.(Teresa Vargas Pasco).*
E2	*When you eat a snake, the child cannot walk, its tongue is also the same as a snake, you cannot eat a tiger because it looks just like a tiger, there are certain things that are prohibited, coconut is also bad for you because when it comes time to give birth your baby will not be able to be born because it will be big-headed, also cow meat, because a cow's head is big and will not be able to be born.(Adely Vargas Barboza).*
E3	*They are only prohibited for up to 3 months. If you eat squirrel, its eye will come out small like a squirrel's and that is good. If you eat snakes, they will not be able to walk or talk because their tongue will look split. They cannot eat chili because it will not heal. For example, like rocoto chili, their face will have a red spot. The parrot can't eat because he'll start talking nonsense. The monkey can't eat because his whole body will start getting hairy.(Elizabeth Flores Samampa).*

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E4	*Only up to 3 months of gestation, we cannot eat black monkey and white monkey, also torture, toad, or snake, neither chala is eaten because it will give diarrhea until the baby is three years old, chainsaw fish cannot be eaten because it will come out pot-bellied, ronsoco cannot eat because it will be born with only one butt and its thing will not be seen because it will be inside, samaño either because its eye will come out protruding,the vulture will not because the placenta will not come out and will remain stopped (Reyna Barboza)*
E5	*Do not eat snake or ocelot because your child cannot walk (Mrs. Katia Saavedra Vargas).*
E6	*My wife cannot eat a big fish like a gypsy, because since she is just forming her baby, it will become abnormal and a special child will be born, she should not eat fish from the coast, she cannot eat snakes, ocelots or lizards because the child will not be able to walk, she cannot eat toads, she cannot eat coconuts because she is born big-headed,The yellow monkey cannot be eaten because it will be born special. (Pavel Vargas Barboza).*

Note: Table prepared by researchers, 2024.

Interviews about forbidden foods in the Asháninka community highlight how cultural beliefs regulate eating practices during pregnancy. Prohibitions such as avoiding the consumption of snakes, toads, yellow monkeys or chili peppers are deeply related to the perception of health risks for the baby and the mother, as well as to the cultural norms that structure these decisions. According to Contreras (1992), food not only satisfies a biological need, but is also imbued with cultural and emotional meanings. In this context, statements such as that of Adely Vargas Barboza, who mentions that "the tiger cannot be eaten because it looks just like the tiger," reflect a symbolic logic that links the characteristics of food with the development of the child, reinforcing cultural norms that guide the diet during pregnancy.

Likewise, Silva et al. (2021) point out that food practices in indigenous communities are deeply connected to local biodiversity and social dynamics, acting as a mechanism to preserve cultural identity. The ban on foods such as chainsawfish or monkeyfish, mentioned by Reyna Barboza, underlines how these dietary restrictions are designed not only to guarantee maternal and child health, but also to strengthen the link with the natural environment and ancestral knowledge.

Cercedo and Vásquez (2022) highlight that cultural knowledge about nutrition during pregnancy plays a crucial role in maternal and child health, as it establishes clear limits on which foods are acceptable. For example, Elizabeth Flores Samampa mentions that "if you eat snakes, they will not be able to walk and they will not be able to talk because their tongue will look split," evidencing how cultural beliefs impact dietary decisions during this stage. Acosta et al. (2023) analyze the relationship between dietary practices and nutritional status during pregnancy, highlighting the influence of sociocultural factors on the diet of pregnant women. In the Asháninka community, these dietary restrictions not only reflect health concerns, such as avoiding complications in childbirth, but also act as a means to reinforce collective norms and community identity. Dietary restrictions during pregnancy in the Asháninka community go beyond biological considerations, being integrated into a cultural and symbolic system that connects maternal and child health with identity and social cohesion. This highlights the importance of respecting these traditions when designing intercultural health strategies that promote the physical and cultural well-being of these communities.

There is also a restriction on men's work activity during their wife's pregnancy, and there is a prohibition on hunting certain foods from their geographic environment such as snakes, ocelots, and others.

> *"I go to the farm and I can't hunt the ocelot because my child is going to be born disabled and he won't be able to walk.I can't hunt the snake because my son will crawl and won't be able to walk."*(Interview with Mr.Pavel Vargas Barboza on February 3, 2023)

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Dietary restrictions during the first months of pregnancy in the Asháninka community reflect a cultural perception of this period as critical for fetal development. Women consider the baby's body to be especially vulnerable to external influences, including those of the mother's diet, leading to the avoidance of foods that could negatively affect its physical development or abilities, such as walking or speaking.

According to Contreras (1992), food transcends its biological function to become a social phenomenon loaded with cultural and emotional meanings. This aspect is observed in the beliefs of the Asháninka community, where the exclusion of certain foods, such as chili or snake, not only responds to health concerns, but also reinforces the social and spiritual norms of the community. Nocera (2009) adds that beliefs are symbolic structures that strengthen social cohesion by transmitting values and norms through generations. Asháninka women, by sharing their knowledge about prohibited foods, participate in a process of cultural transmission that strengthens ties within the community. This ritual, in addition to preserving health, fosters a sense of belonging and collective identity.

Furthermore, Loaiza et al. (2023) highlight that food practices in indigenous communities not only serve a nutritional function, but are also vehicles for cultural preservation. In the case of the Asháninka community, avoiding foods considered dangerous, such as large fish or coconut, is a way of connecting ancestral beliefs with current practices, ensuring the continuity of their traditions. In this context, dietary restrictions not only have biological implications, but serve to reinforce social cohesion and the intergenerational transmission of values. This approach highlights the need to integrate local beliefs and practices into intercultural health strategies, respecting and preserving ancestral knowledge as an integral part of maternal and child well-being.

The perception that certain foods can cause problems such as abortions, malformations or complications in the development of the baby in the Asháninka community reflects a comprehensive vision of maternal and child health, which combines biological, cultural and spiritual concerns. These food norms are not only designed to prevent possible risks, but also act as a means of preserving social cohesion and reaffirming the cultural identity of the community.

According to Contreras (1992), food transcends its biological function to become a social phenomenon deeply influenced by the geographical, historical and cultural context. In the Asháninka community, the prohibition of consuming foods such as coconut, chainsawfish or snake is loaded with symbolic meanings that reflect a collective effort to guarantee the well-being of the mother and the baby during pregnancy. These restrictions are also a way of establishing a shared social order, where the diet becomes a normative framework that regulates behaviors and reinforces common values. Nocera (2009) emphasizes that food beliefs operate as symbolic structures that unite communities and ensure the transmission of norms and values throughout generations. In the Asháninka community, dietary restrictions are not only explained from a practical perspective, such as avoiding foods that may be associated with complicated births or malformations, but also as a mechanism to strengthen the connection with ancestral knowledge. These practices symbolize a holistic understanding of health, where the biological and the spiritual converge to protect the integrity of the family and the community.

For his part, Guerrero (2021) points out that food practices in indigenous communities are essential components of cultural identity, transmitted from generation to generation. In the Asháninka community, these norms not only regulate the diet during the first months of gestation, considered critical for fetal development, but also reaffirm the importance of intergenerational ties in the construction of a food culture rich in meaning. Prohibitions, such as avoiding the consumption of snake, chili or monkey, are based on the perception that these foods can influence the physical characteristics or abilities of the baby, such as walking or talking, demonstrating an interrelationship between food practices and spiritual beliefs.

Estrada (2011) complements this perspective by highlighting that dietary habits during pregnancy are shaped by cultural factors that define not only which foods are acceptable, but also which are beneficial or dangerous. In the Asháninka community, these dietary norms are particularly rigorous during the first three months of pregnancy, a period that is perceived as especially vulnerable. This critical stage is marked by a preventive approach that combines the accumulated experience of generations with a deep respect for life

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cycles and human development. Cercedo and Vásquez (2022) highlight that knowledge about the relationship between food culture and maternal-child health is essential to understand how these practices impact the quality of life of pregnant women. In the Asháninka community, dietary norms not only promote the protection of the baby from perceived risks, but also function as a means of reinforcing collective identity and cultural sustainability, adapting to the particularities of their environment.

Dietary restrictions in the Asháninka community during pregnancy are much more than dietary norms. They represent a comprehensive system of care that connects the biological, the cultural and the spiritual, aimed at protecting the physical well-being of the mother and the baby, while preserving traditions and social cohesion. These practices underscore the importance of integrating ancestral knowledge into intercultural health strategies, recognizing that respecting and valuing these traditions is essential to ensure the effectiveness and acceptance of interventions in indigenous communities.

Negative Experiences from Eating Forbidden Foods

In the Asháninka community, dietary restrictions during pregnancy are deeply influenced by negative experiences, both their own and those observed in their immediate environment. Mothers avoid certain foods not only because of beliefs passed down through generations, but also because of perceived adverse effects on their children or the children of their neighbors. These experiences become shared lessons that reinforce the importance of following cultural norms related to maternal diet.

According to Contreras (1992), food not only responds to biological needs, but is also loaded with meanings and emotions linked to social and cultural contexts. In this case, negative experiences associated with certain foods, such as complications in childbirth or unwanted physical characteristics in the baby, consolidate these food restrictions as part of a collective normative system. Furthermore, Nocera (2009) highlights that beliefs about prohibited foods are symbolic structures that emerge from the need to guarantee social cohesion. In the Asháninka community, stories about the negative effects of consuming certain foods not only prevent physical risks, but also strengthen community ties by sharing common knowledge based on experience.

On the other hand, Guerrero (2021) points out that these dietary restrictions act as an essential component of cultural identity and collective care in indigenous communities. Asháninka mothers not only avoid these foods out of fear of possible complications, but also as an act of responsibility towards the well-being of their children and the community. This underlines the role of shared experiences as a mechanism to strengthen traditions and ensure their transmission to future generations.

Observed negative experiences, such as complications during childbirth or unusual conditions in babies, not only reinforce food prohibitions, but also create a frame of reference for making preventive decisions. These stories, which circulate within the community, act as warnings that legitimize cultural norms and reinforce the importance of adhering to traditional food practices. Negative experiences associated with the consumption of prohibited foods are a key source of collective learning in the Asháninka community. These experiences not only strengthen the justification for food restrictions, but also consolidate social cohesion and the continuity of cultural traditions. Recognizing this context allows us to assess how indigenous communities integrate empirical knowledge and cultural norms to ensure maternal and child well-being.

*It harms the mother and the baby, for example, if the mother eats chili, the baby will be born with scars, she should not eat monkey either, it will be hairy, my daughter was also born hairy and when she grew up her hair disappeared. (*Interview with Mrs. Elizabeth Flores Samampa)

In the Asháninka community, dietary restrictions during pregnancy are deeply influenced by personal experiences that reinforce traditional beliefs, as mentioned by Mrs. Elizabeth Flores Samampa: "if the mother eats chili, the baby will be born with scars, and she should not eat monkey, it will be hairy." Her story, where her daughter was born with body hair that disappeared over time, exemplifies how individual observations become collective warnings that legitimize these practices. According to Guerrero (2021), dietary beliefs are fundamental to cultural identity and maternal-child well-being, as they ensure the

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transmission of intergenerational norms. Nocera (2009) highlights that these beliefs act as symbolic structures that unite the community, while Contreras (1992) underlines that food is loaded with social meanings that transcend simple nutrition. Thus, these personal experiences not only reinforce traditional norms, but also ensure cultural continuity and preventive care, integrating biological and spiritual aspects into a collective health system.

The dietary beliefs of Asháninca mothers reveal a close link between culture, health, and individual experiences. The prohibition of certain foods, such as chili peppers or monkeys, does not arise from simple superstitions, but from personal and collective stories that have shaped their understanding of pregnancy and childbirth. These norms are built on experiences such as the perception that a baby can be born with scars if the mother consumes chili peppers, or that the consumption of monkeys can result in a hairy baby, examples that reflect an interaction between empirical observations and cultural beliefs transmitted through generations.

Far from being irrational, these interpretations represent adaptive responses based on real experiences that have influenced dietary decisions. In this way, the practices of Asháninca mothers not only protect maternal and child health, but also reinforce a worldview that integrates physical and spiritual aspects. The experience of a mother whose daughter was born with hair that disappeared over time exemplifies how these beliefs are incorporated into daily life, strengthening the connection between individual observations and community norms.

This process of association and transmission of beliefs not only guides individual choices, but also fosters social cohesion. By sharing and validating these experiences, communities come together around a shared knowledge that not only seeks to prevent risks, but also to provide a sense of control in the face of the uncertainties of motherhood. In this context, food beliefs not only ensure the continuity of traditions, but also promote collective care and cultural resilience.

The results derived from the dietary beliefs of Asháninca mothers reveal a complex interrelationship between culture, health and personal experiences. These beliefs, based on accounts of past experiences both individual and collective, significantly influence perceptions and practices related to pregnancy and childbirth. Recognizing these dynamics highlights the importance of respecting and valuing this ancestral knowledge when designing public health interventions.

Rather than imposing external approaches that may delegitimize local traditions, it is essential to integrate community knowledge and mothers' experiences into an intercultural dialogue. This approach not only promotes healthy and culturally acceptable practices, but also strengthens the social and cultural cohesion of the community. By validating these traditions, an environment of trust is fostered that facilitates collaboration between indigenous communities and health systems, thereby ensuring more inclusive and effective interventions.

Treatment for Forbidden Foods

In the Asháninka community, beliefs about forbidden foods during pregnancy not only regulate maternal diet, but have also given rise to specific practices to counteract their potential negative effects. These beliefs are deeply rooted in the community's worldview and reflect a constant interaction between traditional medicine and individual and collective experiences. While a significant group of mothers relies on the use of traditional herbs, such as ivenquis, and techniques such as rubbing and steaming to mitigate perceived risks, another sector shows skepticism towards the effectiveness of these remedies, pointing out potential tensions between ancestral practices and external influences. This diversity of perspectives not only highlights the cultural richness of the community, but also underlines the importance of an intercultural approach in public health, which respects local knowledge while integrating new strategies for maternal and child well-being.

The interviews show a clear division in the beliefs of Asháninca mothers about the relationship between forbidden food during pregnancy and the possibility of counteracting its effects through the use of

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traditional herbs, such as ivenquis. On the one hand, a group of interviewees maintains that the negative effects can be "cured" using ancestral practices such as rubbing, steaming and herbal infusions, reflecting a strong trust in traditional medicine as part of a holistic approach to health. This point of view is in line with Guerrero (2021), who highlights that food beliefs and ancestral knowledge are pillars of cultural identity, transmitted intergenerationally to guarantee health and well-being in indigenous communities.

On the other hand, other interviewees reject the idea that the effects of consuming forbidden foods can be reversed, showing skepticism towards traditional remedies. This perspective could be influenced by personal experiences that question their effectiveness or by the growing influence of external narratives, such as modern medicine. According to Contreras (1992), food and its restrictions are not only a biological act, but a phenomenon loaded with social and cultural meanings that reflect the dynamics of change within a society. Furthermore, Nocera (2009) points out that beliefs, although deeply rooted, can vary within the same community, depending on personal experience and interaction with other knowledge systems, such as formal education or Western medicine. These discrepancies within the Asháninka community not only reflect a diversity of opinions, but also a possible tension between the preservation of traditions and adaptation to new external influences.

Perceptions within the Asháninka community about foods prohibited during pregnancy and their possible treatments reveal how cultural beliefs uniquely shape dietary and health practices. These prohibitions are not arbitrary; each culture, including the Asháninka, develops its own dietary rules based on shared beliefs, collective experiences, and a symbolic framework that seeks to protect maternal and child well-being and ensure social cohesion. In the Asháninka case, these norms are influenced by both accounts of personal experiences and the intergenerational transmission of knowledge, shaping a cultural system that intertwines the biological, the spiritual, and the social.

According to Douglas (1966), food prohibitions play a central role in structuring social order, defining what is acceptable or unacceptable within a community. These restrictions function as cultural tools to preserve collective identity and reinforce symbolic boundaries that separate group members from external influences. In the Asháninka community, norms regarding forbidden foods, such as chili peppers, coconut, or monkeys, not only seek to prevent perceived risks to the health of the baby and mother, but also to maintain harmony within the group by reaffirming a shared belief system. Likewise, Lévi-Strauss (1962) argues that food practices reflect the symbolic logic of a society, where food is not only a source of nutrition, but also bearers of deep cultural meanings. In the Asháninka case, forbidden foods are linked to narratives that explain how the consumption of certain foods can influence the child's physical characteristics or abilities, such as body hair or the ability to speak. These narratives not only express biological concerns, but also operate as mechanisms for transmitting values and norms within the community.

The diversity of perspectives within the community, with one group trusting in the effectiveness of traditional remedies, such as Ivenqui herbs, and another questioning their ability to reverse the effects of forbidden foods, underscores the complexity of these beliefs. This phenomenon illustrates how cultural traditions are not static, but evolve in response to individual and collective experiences, as well as external influences, such as formal education and modern medicine. According to Nocera (2009), these internal tensions reflect cultural adaptability, where traditional beliefs and practices are constantly renegotiated to remain relevant in changing contexts.

Understanding that each culture creates its own dietary prohibitions based on its beliefs is essential to designing respectful and effective public health interventions. Asháninka practices should not be seen as mere superstitions, but as a coherent system that seeks to protect pregnant women and strengthen cultural identity. An intercultural approach that combines traditional knowledge with scientific tools can not only promote physical well-being, but also strengthen the cultural and social fabric of the community, ensuring that interventions are culturally sustainable and widely accepted.

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Conclusions

The dietary practices of pregnant women in the Asháninka community of Otari-Pichari are deeply influenced by their cultural beliefs, which link food to the health of the baby and the mother. These practices not only serve a nutritional function, but also reflect a comprehensive worldview in which the biological, social and spiritual are intrinsically connected. Food thus becomes a key component in understanding the relationship between cultural traditions and maternal and child health in this community.

Foods that are forbidden during pregnancy, such as coconut and snake, are perceived as risky due to the negative effects attributed to them on the child's development, such as malformations or complications during delivery. On the other hand, accepted foods, such as yuca and sweet potato, are selected for their perceived benefits for the baby's well-being. These food choices, regulated by ancestral beliefs, show how cultural norms guide decisions during pregnancy, reinforcing traditions and preventive practices within the community.

The transmission of knowledge about nutrition during pregnancy, mainly from ancestors to new generations, guarantees the continuity of these practices and strengthens the cultural identity of the Asháninka community. This knowledge, transmitted through grandparents and parents, not only reinforces social norms, but also promotes preventive care in line with their worldview. This intergenerational transmission underlines the importance of preserving food traditions as a fundamental pillar of collective well-being.

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