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A qualitative research to explore nutritional practices in Primipara women residing in Mumbai urban slums

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Abstract
Introduction: India being a multi-cultural country has a diverse pattern of dietary practice followed during pregnancy based on individual's perception and social context. Hence, this study was taken up in a slum area which was inhabited by dissimilar communities and qualitative methods were used to identify the mis-conceptions related to diet during ANC period which can act as a significant barrier to healthy eating.
Methodology: Study area was an urban slum area where 4 focused group discussion and 3 In-depths interviews were conducted among primipara females, selected by purposive sampling technique.
Results: 19.6±1.2 years was the mean age of the participants where most of them were illiterate and belonged to lower socio-economic strata. 4 themes were generated out of the qualitative analysis: Knowledge, Social Obstacles, Personal Impediments, Social Facilitators.
Conclusion: Study found that there are a lot of mis-conceptions regarding food consumed and food habits adopted during pregnancy period.

Keywords: Dietary-practices, Primipara, Slum-area, qualitative research

Introduction

Good quality and adequate quantity of food supplemented with essential micro-nutrients is crucial for the health status of the mother and child. Adequate intake of vitamins in pregnancy, is also. Inadequate and improper nutrition of the pregnant mother will not suffice the ultimate nutrition need of pregnancy which can prove harmful in context to entire future generations. Disease hypothesis bestows, that foetal malnutrition results into chronic disease in adulthood [1]. Hence, it is well-proved that diet trends in mother will determine a healthier life in both mother and child. In developing countries, the knowledge and awareness on requirement of appropriate nutrition is in depraved state as most of the pregnant mothers and their care-takers are not well educated. There are a lot of age-old improper cultural practices and mis-conceptions which are accomplished blindly without perceiving the damage these practices make to the crucial period of pregnancy. For example- In India, "hot" versus "cold" foods during pregnancy, reduced food consumption during pregnancy, uses of herbal medicines, home delivery by a traditional birth attendant, fasting on specific days for birth of male child and rituals aimed at warding off the "evil eye." etc. are few practices which are followed by most of the communities [2]. India is a multi-cultural country, with mixed ethnicity, many religion, different traditional customs hence this diversity among people is a prominent characteristic which makes it challenging to ensue similar kind of nutritive care which is expedient scientifically during pregnancy [3]. Nonetheless, having an in-depth knowledge and personal experience with culturally and linguistically different back- grounds pregnant females, will help us to understand and appreciate their customs so that we can ensure appropriate nutrition by not hurting their cultural sentiments and meanwhile educate them [4]. This will facilitate integration of traditional practices with scientific dietary requirement during pregnancy and help in provision of a competent care. Hence this study was taken up in an urban slum area of a metropolitan city which is inhabited by dissimilar communities of people who are following different religion, culture and tradition. We used qualitative methods because these methods are ideal for understanding the influence on health related behaviours instigated by social context and individual's perception [5]. Therefore, this study will help in identifying the mis-conceptions related to diet during ANC period which can act as a significant barrier to healthy eating.

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Materials and Methods
Study design
This is a qualitative study on dietary practices focused on primipara females residing in the chosen area. Data was collected by conducting four focused group discussion and 3 in-depth interviews. Purposive sampling technique was utilized to determine the study participants. It was conducted for a period of 1 month from October 2018 to November 2018. In-depth interviews were used to gain an understanding of underlying reasons, opinions, and motivations for following the particular dietary practice during pregnancy. FGDs will encourage the females to openly express their feelings and in the same time we can also analyse their attitude and behaviour. This will provide a better insight about the ideas leading nutritional mis-conceptions prevailing in this slum area, further helping us generating hypotheses for potential quantitative research in the future.

Study Settings
This study was conducted in the field practice area of Department of Community Medicine which is a slum area with 1.80 lakhs population. The slum area is divided into four different areas and out of this one area was selected randomly.
Study Procedure
Prior to focus group discussion a checklist of the questions were prepared with the help of content experts (Table-1). Place of the focused group discussion in the community was finalized. Community development officer (CDO) working in the field practice area under the dept. Of Community Medicine helped in organizing the focused group discussions and informing women about the research

activity. Exact population of the chosen area was is 80,000 and under the health post which monitors this area, a monthly registration of ante-natal cases ranges from 30-35 approximately. Among them only females who were primi-gravida and residing in this slum area since 1 year were included in the study. The visits to these women's house were done with the help of CDO. Verbal consent was taken before conducting the FGD (focus group discussion) and the in-depth interviews (IDIs). Depending upon the feasibility of participants, date and time for FGDs and IDIs were finalized. One day prior, the date and time was reminded to expected respondents by the CDO. The study participants were selected by purposive sampling technique and interviews through FGDs and IDIs were conducted till saturation of data was achieved.

Data analysis
In-depth interviews and FGDs were tape-recorded. The generated data were transcribed by an independent transcriber and back-translated into English as local language was used by pregnant females in the discussion. Subsequently, the collected data were suitably sorted and potential codes were generated and there after open-coding was followed. Data was analyzed manually by using the thematic "Framework approach", in which iterative comparison was done to form themes under which relevant sub-themes were placed as summarized in a conceptual framework in figure-1. [6, 7].

Results
1. Social Characteristics.
2. Focus Group Discussion & In-Depth Interview.

Table 1: Interview guide for FGDs and IDIs

Ante-natal period
Food items consumed during ANC
Food items avoided during ANC
Reasons for avoiding particular food.
Who are the people guiding diet-plan during ANC.
What are the routine-practices followed during ANC.
Reasons for inclusion of new practices in daily schedule during ANC.
What are the food and practices which can Effect the trait of new-born
Occasions which affects your diet-plan during ANC.
People who influences diet during ANC and reasons.

Table 2: Social characteristics of the participants

Variable	Number	
Age	Focussed Group Discussion	In-Depth Interview
18-20 years	12	1
21-23 years	9	1
24 years and above	3	1
Education		
Illiterate	12	1
Primary School (up to 5th standard)	5	0
Middle school (up to 8th standard)	4	0
Secondary school (up to 10th standard)	2	1
Higher Secondary school (up to 12 standard	0	0
Graduation	1	1
Religion		
Hindu	9	1
Muslim	13	1
Buddhist	2	1
Socio-economic class (Modified B.G. Prasad Scale)		
Lower	15	1

Lower Middle	7	1	
Middle	2	1	
Upper middle	0	0	

Table 1 shows the socio-demographic characteristics of the pregnant females where most of the females belonged to 18-20 years age groups and mean age was 19.6 ±1.2 years. Most of the study participants were illiterate and belonged to lower socio-economic class.

Focus group discussion and In-depth interview Result
The possible motivators and barriers to healthy food intake in ANC period, 4 themes were framed- Knowledge, Social Obstacles, Personal Impediments, Social Facilitators and a conceptual model based on this findings was framed [6].
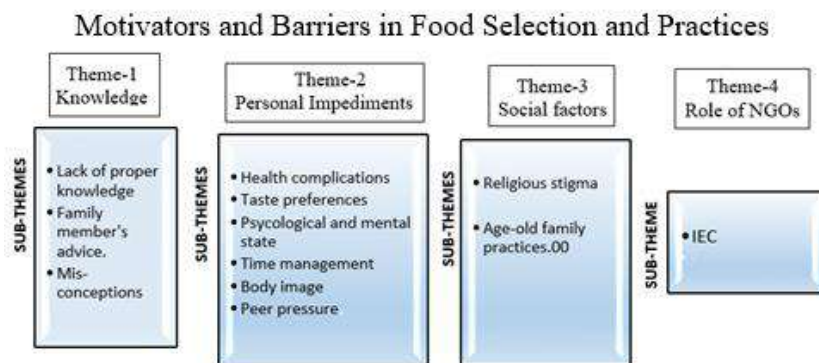

Fig 1: Conceptual model summarising the themes and associated sub-themes determining the motivators and barriers in selection of food and practices.

Table 2: The responses of the primipara females recorded by focus group discussion and In-depth interviews

Themes	Subthemes	Primipara females' comments	
Knowledge	Lack of proper knowledge	"Having 1 full meal per day is recommended diet in pregnancy"	"Some fruits like papaya and pine-apple should be avoided during pregnancy"
	Family member's advice	"my mother-in-law makes me cook and have spinach everyday in my diet, I know it is good for blood ….. so I dnt complaint"	" My grand-mother generally advices me the major food I should take in my schedule during pregnancy…. I follow that only as she does not like me interrupting the fixed pattern"
	Mis-conceptions	" I eat sugar, salt, milk a lot because I believe it will result into birth of fair baby"	"My friends delivered twin babies last year …. I visited her few months back … she advised me to have co-joint bananas every day in my diet so that I can also deliver twin babies"
Social Factors	Religious stigma	"I keep fast on Tuesdays, I mean I eat only one time i.e. after the sun sets…. It is considered lucky for delivering a healthy baby"	"It's a practice running in our family to have only 2 full meals during pregnancy."
	Age-old family practices	-	"Our family custom is to avoid non-vegetarian items during pregnancy"
Personal Impediments	Health issues	"Im suffering from severe acidity in the morning hours since my 2nd month of pregnancy …… so I have stopped taking breakfast on regular basis … I just have water in the morning"	"If I have vomiting in the morning so I am avoiding eating full meals during the daytime."
	Taste preferences	" My family members donot know but I am regularly consuming vada-pau from thela(shop) near my friend's house as im craving to have spicy food since I am pregnant"	"I like having for chutneys and pickles in my food, though after that I have epigastric pain still I have it"
	Psychological and mental state	" I was never so angry on my husband …… but now I feel like shouting on him and not talking to him ….. so I pretend to sleep and skip my meals also"	" I have started going for walk in the morning for a change as most of the days after my pregnancy …. I feel sad and not having food at all"
	Time management	" I have my dinner sometimes at 12 am ….. as it gets late while discussing about the family issues with my husband"	" I have dinner after my television serials …. Sometimes it gets more late than usual days as I develop interest in some new televisiom show …."
	Body image	"I'm gaining more weight after pregnancy so now I skip meals"	"My husband seems to have lost interest in me since now I am fat. So now to look thin I have to eat less"
	Peer pressure	"Me and my friend now are going for regular walks, I feel fresh after walk"	"My friend has influenced me to keep fast as it can help in getting the kind of child I want"
Role of NGOs	IEC	"Sapna tai has given us the details of food which we should have in pregnancy"	"A chart given to me by health worker of a NGO. It helps in selection of diet "

Discussion

After analyzing the transcripts of four focussed group discussion and three in-depth interviews the themes generated were- Knowledge, social factors, personal impediments and role of NGOs.

Many of the elderly and guiding family members who assists these primipara females during their pregnancy period were unaware of the basic healthy diet pattern to be followed. Upon these ideas the frame-work of diet of these pregnant females are being designed. Because of inadequate literacy level and the derisory empowerment status of the women in our society they are bound to follow this diet schedule incessantly. However, some of the good advices also come from the family level for example consumption of green leafy vegetables for avoidance of anaemia, milk and more fluid intake are some food items which are made a part of regular diet plan of the primi-para females and this plan is unfailingly followed through out the pregnancy period. So, knowledge if proper can act as a motivator to healthy diet and if improper can act as a barrier. The social obstacles which were majorly affecting the diet pattern of the ANC mother were religious stigma and age old blindly followed food practices. Avoiding non-vegetarian diet, keeping fast on specific days of a week for smooth pregnancy period etc. were some religious needs to be followed by the some particular community female (pregnant) residing in the urban slum area. Similar type of practices were found to be followed in India in previous researches [4]. Age old practices like avoiding fruits like- papaya, pineapple, jack fruit etc. as these were considered as abortificants, eggs were avoided as it was thought to increase skin related issues in mother and child and discarding rice water while cooking as it was believed that rice water can cause more weight gain in pregnant lady etc. can act as a barrier to healthy diet pattern in the ANC mother. Similar findings were found in other qualitative research [8, 9]. Excessive acidity, vomiting, fatigue are common health issue which are faced by the ANC mothers. This health issues subsequently affects there regular diet pattern and alters their food intake. Females were found to have preference for one kind of taste during their pregnancy period. One female in the in-depth interview described her obsession for having sweet food specifically chocolates since she has become pregnant. Similar findings are found in previous research findings [9]. Other female signified her regular need to have spicy street food like- vada pau, chaat etc. in her pregnancy period.In-depth interview and FGD revealed that pregnant female go through a lot of mental and psychological changes during pregnancy. Excessive anger episodes and depressed mood most of days in a week leads to loss of appetite acting as a barrier to proper diet. Several previous studies have quoted about the phenomenon of mood changes in pregnancy ultimately affecting the behaviour of the females [10, 11]. The females which were interviewed did not make appropriate management of time. Some of the females woke up late in the morning and so their breakfast schedule was not maintained. Secondly, it was evaluated that they didn't maintain proper timings for dinner and sleep. More importance was given to house hold works, late night family discussions and T.V shows after which dinner was consumed. So, the duration between lunch and dinner sometimes exceeded more than 9 hours. This was not a proper habit to be followed by ANC mother. Perception of negative body image was found in some females. Females said that they feel that they were gaining a lot of weight during her pregnancy period. So, they feels that their husband will loose interest in them as they no longer looks attractive. So, they skipped meals to gain less weight. However, their weight gain corresponds adequately to their gestational phase. These kind of abrupt thoughts generally are common in pregnant females as stated in previous studies [12, 13]. Peer groups were found to play a dual role in affecting the diet pattern of ANC mother. One female was evaluated to attained the habit of having regular green leafy vegetables in the diet as her sister-in-law who is also pregnant suggested her this healthy diet habit. In another instance it was found that one lady has started post-meals walk for 10 minutes as one of her friend suggested her that walking helps in digestion. On the other hand, peer group influence to keep fast and avoid some healthy food during pregnancy also emerged after the focuss group discussion and interviews which act as barriers to healthy diet habit. The In-depth interviews and FGD gave us a broaden idea that the IEC and counselling done by the hospital staff for Ante-natal check ups were helping the future mother for adoption of healthy food habits and essential diet in their regular schedule. Another initiative take up by voluntary worker of a NGO working in this slum area had immense impact on adoption of healthy food pattern by ANC females. This workers made door to door visits in the families where ANC mothers inhabited and counselled them with pictorial charts enlightening them about healthy and harmful foods in pregnancy.Some hysterical thoughts about diet were present at personal level also. In-depth interviews helped in exploring those thoughts of pregnant females for example – consumption of white coloured food items will assist in delivery of beautiful babies, consumption of roti and rice together in each meal will result into obese baby so only one item should be consumed at each successive meal, co-joint bananas are part of a regular ANC mother's diet schedule as one female believed that she can give birth to twins with this type of practice.

Conclusion

The study findings shows that there are a lot of mis-conceptions regarding food consumed and food habits adopted during ANC period. As these practices are supported by community and families, so they are widely practiced. Mis-conceptions at the personal level also impacts the food pattern. Mostly religious stigma, improper knowledge, lack of time management skills for proper maintenance of routine, health problems and mental state, negative body image, peer pressure and taste preference are the major barriers to proper food practices in the ANC female. However counselling session by hospital staff, IEC sessions by volunteers and appropriate knowledge of family and elderly with positive encouragement from peer groups may motivate the ANC females for appropriate diet during this period.

Conflict

The investigators have no conflict of interest with the material.

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