Abstract

Objectives: To examine women’s perceptions and cultural beliefs regarding maternal dietary practices during pregnancy and postpartum, weight gain during pregnancy, iron and folate acid supplementation (IFA), and breastfeeding for birth spacing/family planning. Methods: Implementation research was conducted in Upper and Lower Egypt from February to April 2013 among women who were participating in the United States Agency for International Development (USAID)-funded Maternal and Child Health Integrated Program (MCHIP/SMART) project, which focuses on improving the nutritional status of children less than 2 years of age. A double in-stunting prevalence in Lower Egypt between 2006 and 2008 served as the input for this research study examining factors associated with stunting in SMART project areas in Upper Egypt. Qualitative data collection included in-depth interviews with 40 pregnant and 80 lactating and non-lactating mothers. All mothers discussed cultural norms regarding foods eaten during their current pregnancy/postpartum and their perceptions of weight gain during current/previous pregnancy, IFA supplementation, and breastfeeding to prevent stunting. Results: Mothers’ knowledge of healthy foods to eat during pregnancy and postpartum was adequate; however, cultural misperceptions regarding foods and weight gain during pregnancy were the cornerstone of health for women and their children, affecting pregnancy outcomes and the growth and development of children. During the first 2 years following the birth of a child, adequate maternal dietary intake, breastfeeding, and birth spacing using family planning are necessary to ensure that women have adequate nutrient stores to support subsequent pregnancies and prevent or reduce existing nutrient deficiencies and outcomes. USAID-MCHIP implemented the SMART project, which utilized community health workers to carry out community-based strategies to improve nutritional status and newborn health in Egypt.

Methods

Pregnant (N=40), lactating (N=40), and non-lactating (N=40) women were purposely sampled from the SMART project in Lower and Upper Egypt. All 120 semi-structured in-depth interviews were conducted in Arabic, audio-recorded, transcribed verbatim in Arabic, and translated into English. Transcripts read by the research team identified dominant themes and a coding scheme was developed. Two researchers verified dominant themes in a subset of transcripts for each group. Qualitative analyses were carried out using NVivo 10.0.

Results

1. Women believe a diversified diet is necessary for a healthy pregnancy; however, the consumption of “beneficial” foods is sometimes restricted due to preferences and affordability. Mothers noted cheese, eggs, beans, potatoes, and small amounts of meat, but do not include fruits and vegetables.

"Food that is beneficial for pregnant women includes potatoes, eggs, meats, chicken, dairy, and all kinds of vegetables. I usually only eat what is available in the house like beans, cheese, and potatoes, because our income is limited." - Pregnant woman, Upper Egypt

2. Consumption of junk foods, caffeinated beverages, and other foods that are considered culturally taboo or “bad” to eat during pregnancy is not restricted; the perceived harm of taboo foods is generally misunderstood (see Table 1).

"The salty food cause deformation of the child and gives the pregnant woman allergies. I also think indonesian and lemon are not good for pregnant women. But I like these things and eat them." - Pregnant woman, Lower Egypt

3. Women lack knowledge of optimal weight gain during pregnancy, and view weight gain as the natural outcome of carrying the fetus or becoming “two persons”; weight gain is not associated with food consumption.

"I don’t know how much weight a woman should gain. A pregnant woman gains extra weight because the baby will increase her weight, he is gaining weight so it will add on to her weight, it has nothing to do with her health or her nutrition, so there is no reason to keep the pregnant woman from gaining weight." - Pregnant woman, Lower Egypt

4. Pregnant women are not aware of, or misunderstand, the benefits of IFA and are not counseled on side effects, which leads to adherence problems.

"I stopped taking the iron pills the doctor gave me. I threw them away, they made me sick and I was uncomfortable taking them. I think it causes me to faint." - Pregnant woman, Lower Egypt

5. Lactating mothers associate the consumption of nutritious foods with sufficient breast milk quantity and quality and eat more during lactation than in pregnancy. Mothers restrict foods that are traditionally considered “harmful” to milk production and child health.

"The mare I eat, the more milk I have. I eat more now that I breastfeed than I used to eat when I was pregnant." - I usually eat food such as Halawes, fish, and vegetables like arugula or radish to increase my breast milk". “We must avoid eating salty food because it decreases the breast milk” – “Cuminseed, multibha (sesua mollusus), and mung are bad because they cause diarrhea to the child.” - Lactating mother, Upper and Lower Egypt

6. Non-lactating mothers have no dietary restrictions, and believe they can eat what they desire, including junk food.

"I like the potato chips very much but my husband prevented me from eating it during the period of my pregnancy in order to protect me and protect the embryo from the preservatives that can affect our health, but now after giving birth to my infant I feel free to eat anything, even the chips." - Non-lactating mother, Lower Egypt

7. Within the cultural belief that breastfeeding while pregnant is harmful to the child, mothers view the continuation of breastfeeding as a motivation for birth spacing, but misunderstand how breastfeeding can serve as a family planning method, and many non-lactating mothers had stopped breastfeeding due to pregnancy.

"A woman should wait 2 years before becoming pregnant because if the woman gets pregnant while breastfeeding she has to stop breastfeeding her child because her milk will be poisoned and can harm him." – “I hear that some women have milk that would prevent pregnancy even after they wean the child, this milk remains until they get rid of it." - Lactating mother, Lower Egypt

"I stopped lactating when I found out that I got pregnant.” - Non-lactating mother, Lower Egypt

8. Health care providers and community level strategies should be emphasized: Advising mothers to incorporate a wide range of foods, including animal-source foods, dairy, lentils/beans, fruits and vegetables, and grains to support pregnancy, while addressing pregnancy-induced food aversions and economic constraints.

"Causes heartburn" - Non-lactating mother, Lower Egypt

"Causes constipation" - Pregnant woman, Lower Egypt

"Have no nutrition" - Lactating mother, Lower Egypt

"Causes cancer in the body" - Lactating mother, Lower Egypt

"Cause edema" - Lactating mother, Lower Egypt

"Causes allergy" - Lactating mother, Lower Egypt

"Causes poisoning" - Pregnant woman, Upper Egypt

Conclusion

Maternal diet was limited to foods that were perceived to be appropriate for the life stage, affordable, and favored (or “liked”) by mothers.

Health care providers and community level strategies should be emphasized: Advising mothers to incorporate a wide range of foods, including animal-source foods, dairy, lentils/beans, fruits and vegetables, and grains to support pregnancy, while addressing pregnancy-induced food aversions and economic constraints.

Limiting non-nutritive foods like junk foods, as well as sugary drinks and teas, to ensure that women maintain a healthy weight during and following pregnancy.

Strengthening counseling on anemia and its consequences, as well as why and how mothers should take IFA.

Counseling on recommended adequate weight gain during pregnancy.

Exclusive breastfeeding can be reinforced by teaching mothers about the three criteria for use of the Lactational Amenorrhea Method (LAM).

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