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Interviewer: what is your understanding about the term ‘being healthy’

Response: feeling good with yourself, it’s a lifestyle. Its almost like something you can achieve by cultivating a certain lifestyle. Its not like a one -off thing. Like if I do it for 3 weeks, it should keep me healthy enough. No. its something that like you have to do whatever you chose to do. Its something that you have to be committed and to do regularly, to keep yourself in a healthy state basically

Interviewer: What can you say is your current understanding of the term healthy eating?

Response: Healthy eating? For me, its just so simple… don’t stuff your face. You know for me, everybody likes food, I love food and I just want to have all of it but you have to have self-control. You need to say to yourself, do you really need it. At the end of the day, its not oxygen. Ou need it to a certain extent but its not like you can eat anything in sight. You will enjoy it for like what, 10 minutes and then you are back to, maybe I shouldn’t have done that. But self-control, you will know that okay I don’t need that much food. Pretty much for me, that’s the way I see it. That’s the way I can explain it. Its not like if I don’t eat, I won’t be able to breathe. Its not like oxygen. It’s not like I’ve been starving myself but it’s the case of self-control. You don’t need that much food, no-one needs that much food. Little or nothing if you need to. Small portions if you need to. Just don’t stud your face. Its not necessary.

Interviewer: okay, so would you say your eating habit has changed since being pregnant ?

Response: I can say its remained the same because I am quite good with the way I eat. I watch what I eat basically. Im not a snacker per say. I cant say I must have this or that. I only can say maybe I need a chocolate. Let me have that but that’s not my way of life and I don’t live on…lets say oh let me get a packet of crisps or a can of coke. That’s just not me really. But it hasn’t changed really. I have also saifd to myself even when people have said to me oh you are pregnant and you are eating for 2, that’s not what it is. You have to say to yourself you are not eating for 2, but whatever you normally have, have that. The baby will get food from where they normally get food from. You don’t need much extra really. Its just not it. You don’t need it. Its just like putting yourself in that form. Say to your self, im not eating for 2, because you can easily slip into that state of mind, when you start saying im eating for 2. Don’t get me wrong, I do have days when I feel like oh I feel like having an extra spoon or an extra donut or rice because the stuff is really nice but then it doesn’t mean I will have another meal and I will try and add the same portion of food, exactly the same so, I don’t really do that.

Interviewer: okay, so basically you have said that your eating habit hasn’t changed that much in pregnancy.

Response: not really, instead, ive found myself eating more salad for some reason but I wont say its healthy salad per say cos ive put cheese, ive put avocado. But that’s just enough lunch for me to hold me till dinner. So..

Interviewer: okay. So you haven’t had like …so pregnant women say they have cravings in pregnancy. You haven’t had that?

Response: I would say that I have wanted certain things like dried fish stew. I don’t know if you know what they call stock fish. Ive wanted that. But it’s a case of …I want it, I want it but if I don’t get it at that moment, it just wears off. Im not like ohhh you have to get it. I don’t need it. If I see it fineee. If it doesn’t then it doesn’t change anything for me.

Interviewer: so is this the way you have always been or has there been things that have caused changes to your eating habits in the past?

Response : I think its just getting older and understanding that your metabolism slows down and what I used to be able to do when I was in my 20’s and lose weight just like that, now it would take me a lot more effort. Now for me to lose any weight significantly I have to get in about 4 to 5k walk, 4 times a week. That’s what I have to do now. Before maybe half of that and be back where we need to be. But just understanding that if I can do my 4k walk 4 times a week and use food, use my diet as well then maybe I can see my results a little bit not so much quicker but steady. Then you get to that point where you feel like okay… and its not about weight loss, its about someone says to you climb up those flight of stairs without being out of breath knowing that you are fit you know. Run up those stairs, power walk down the road without saying oh im dying. You know for me, its trying to get to that state. So even though im losing weight sometimes, I would not say im fit, im far from fit but that’s like steady work.

Interviewer: yeah I understand what you mean

Interviewer: so the National Institute of Health and care excellence, the framework, 2015 guidelines state that pregnant women attending antenatal and health visitors appointments are given advice on how toe at healthily. So you are going to have that in mind, so what kind of healthy eating advice have you been offered before?

Response: I got a leaflet, not verbal just a written communication, standard stuff but now that you have said it I don’t think I even read the leaflet (laughs), I don’t think I read them, cos you know like they will draw all those veg, draw veg and make it nice and colorful but I didn’t find it particularly enticing because I don’t know. Maybe because Im thinking in my head like im doing what I should be doing. Like what they have stated in there is like bare minimum. I don’t see it as extra, if that makes sense. I mean they will say things like, make sure you are having spinach and what not but how much spinach do you have to have to get a certain level of nutrients out of it. So I was like you know what, I just do it like moderation. So I was given like bare minimum information there. I wouldn’t say I have looked into it deeply, I will be honest.

Interviewer: Apart from the hospital, have you been given any other healthy eating advice? Lets say from family, friends?

Response: Noo like say someone like my mum, she wont stick her nose in unless obviously if maybe she sees me having like a big bowl of sugar, maybe she will say something because she knows that I don’t eat that much particularly. So I don’t think she will feel there is anything for her to advice me on or maybe she just couldn’t be bothered I don’t know. But let me have a quick look if I can still find any of the leaflets actually, if that’s okay.. is that okay? (she checks inside her bag ). And also the reason I have been careful with my diet is because I get terrible acid reflux, so I have to be very cautious. So both of my pregnancies I have had like ehm bad reflux for the first couple of months like 8 weeks where im like not able to stand and as we speak I am on omeprazole two times a day just to keep the acid level down, so I know that certain things will cause me trouble so I will stay away from them. So that’s just it for me. And then obviously because it happened the first time and I knew how bad it was, so I thought this time around it would be better but no it was still the same so its just being able to manage that really. (searches for the pregnancy guide for a while, gives up). Cant find anything here

Interviewer: so what do you consider important to you when choosing a meal? So you have distance to where you can get the meal, you have time, you have culture, you have taste/personal preference, availability and finance?

Response: How many do I have to chose? Just one

Interviewer: Just in order of preference, which one is more important to you

Response: availability. For me im very like if I wanted it and its not there at that time, then that’s it. Im not going to get in the car and go and look for it. If I don’t see it in 15 minutes to half an hour and its not anywhere around, then I know I am asking for too much, that’s it chapter closed.

Interviewer: Is your meal based on your culture or it could be any culture?

Response: It could be any culture literally, because of my little girl so we have to keep it mixed sometimes, because you know like she goes to school and obviously they will not offer her anything cultural because all they have is like pizza, fish cakes, burgers and what not and ive seen kids in the past that like when they started going to school they went off cultural meals, when they started thinking you know that’s noy yummy enough food but for us every other day, we have to put something cultural in the meal just so she knows don’t come in asking for lasagne every other day or don’t come asking for sandwich every other day, this is still what you are gonna be having so yeah

Interviewer: So I asked before what other sources of healthy eating or nutrition advice have you used in pregnancy, you have social media, Instagram, facebook, pregnancy blogs, friends, family, the internet-google, so what other sources have you used?

Response: Maybe I’ve just used like apps, like I would normally .. so there’s this, what’s it’s called, let me have a quick look, its not baby centre. Lets be accurate. I use it sometimes, they might put something on or link you on to something, what’s it called now…oh its literally just called pregnancy. That’s what the app is called.

Interviewer: okay

Response: yeah, its literally just called pregnancy

Interviewer: Do you regard that app as trusted and relevant source of healthy eating advice in pregnancy?

Response: its just like for general information. It will just tell you how many weeks you are and what to expect. And its just not one thing it talks about. It talks about how you are, how the baby is at that point in time. It talks about Kegel exercise, it talks about different things and its quite good I would say. But then I would not say, I have looked up all these apps and ive found the meal, lets go and make it …no (laughs ) I wont do that.

Interviewer: so you have seen the eatwell guide, the one you were given in the hospital, whats your thought about it?

Response: I am even trying to have a recollection of what it looked like (laughs). I must have put it in the bag but im trying to think you know I cannot remember what it looks like I’m sorry

Interviewer: the essence of this study is to try to see if the healthy eating advice that is given in pregnancy is actually suitable for Africans because you know granted healthy eating guides have been written, I mean there is the eatwell guide but is it really suitable for us?

Response: I think sometimes its one thing giving out information like what ive done, they have given me this information but ive literally just shoved them away because I work better with, if you think it will benefit me, don’t just give me paper lets talk about it. If you really think it will be of benefit to me and im not saying it because I want to be spoon fed or something but don’t just give me the paper and say take. You are just saying if she wants yeah or if she doesn’t want. That’s how I see it, if she goes by it fine if she doesn’t go by it fine you know its okay, it wont really affect her. And ive had my appointments, they’ve not said anything. I mean iron levels were low and they have done diabetes tests and all of that and I suppose if one of the diabetes tests had come back outside of tolerance maybe they would have said lets look into your diet, maybe they would have taken it a bit further, paid more attention to it, get someone to speak to me. so I just feel like at the beginning when you get given that paper, no one really talks much about it in particular, maybe its because they think its not absolutely essential, just use common sense. That’s how I interpret it, like if she does it fine, if she doesn’t I don’t know

Interviewer: but you said your iron levels came down and I know that Africans we have a problem with iron especially in pregnancy, now if they had found problems with your iron levels you are supposed to have a talk right?

Response: oh they just said I will speak with the doctor and they will give you some ferrous sulphate and that’s it and they said ooh we will do the tests again hopefully it would have gone up. So women are supposed to be on 12( iron level I assume) and I was on 10.8 so she just said she will speak to the doctor and they gave me tablets and again I know like people say you can have spinach because its high on iron level but how much can I have to get me back into tolerance and that’s where it comes to like how do you calculate that. Do I have to have it every day, every other day? In what quantity? Ermm will it be absolutely dire to my immediate health if my iron levels come down. Yes maybe it will but at the point where it was, maybe she just thought tablet should do it. And maybe I should have gone away to do some research by myself but I was like you know what im not dying so its fine (laughs). You know that there are worse things out there (laughs)

Interviewer: What do you think are the risks of unhealthy eating?

Response: There are lots of risks to it. Like when I got on the scale and I said oh God, like I cant believe the number because with my first pregnancy I only gained about 5 to 6 kilogram in total and even at that ive never seen 80 something on the scale before until I was pregnant with this second one you know. The last pregnancy 79 and that was it you know. So for me in my head now im thinking. Its not like I’m overthinking or anything but I’m thinking does it mean that I am going to do more work to get rid of this weight after this baby is out. That’s what I started thinking because at the beginning of this pregnancy, I was only about 78 kilogram so I knew I was pushing that anyway at that point and I knew I didn’t have any leeway at the beginning because we all go through different things oh ive lost enough weight I could be pregnant. For some reason it wasn’t happening so I gained weight again and then by the time I got pregnant again, it was almost like in my head I thought I wasn’t ready but obviously pregnancy doesn’t really care about that, if you are ready or not. And then I knew like oh, what this could mean. And this is where im like conscious, I know that what will happen will happen but I need to make conscious effort to make sure it doesn’t go beyond what I can possibly handle. Everybody thinks about these things differently. For me, I do think about it, im not the most healthiest person but ive seen what being unhealthy can do to people. Wwe know that things that happen at this point in this country, a lot of them you can tie to obesity, a lot of diseases, a lot of unwellness you can tie to you know if only that person was walking for half an hr a day a day maybe they will be in a better healthier position, that’s always in my head to make sure I don’t get to a position where they are gonna say oh sorry we cant help, you know…they wont say it outright (laughs) yeah you don’t wann be that person. Idont wann be that person.

Interviewer: so ehmm I want to talk about social context, its like how someone reacts to something, depending on their immediate social or physical environment, do you think that your reaction to the healthy eating guide was more about your social context in the sense that you are in the UK and probably if you had been like in Nigeria, or Canada or any other place you could have reacted differently?

Response: maybe if I was in Nigeria, maybe I wouldn’t even be having this much food to stuff my face with anyway because here the rouble is the availability of the food. The food is there. For me growing up you have to even get the food sorted, that was enough exercise. It could be tedious but here the food is kind of readily available. You can practically do the damage all by yourself. You don’t need help. Growing up for me, I didn’t really get snack time, I didn’t really get in between meals, like you know you will say lets get a toastie. I didn’t have none of that. You will just have your breakfast, lunch and dinner, if you are hungry in between drink water and maybe some odd biscuits here and there but you know like creamy biscuits or chocolate biscuits. My mum didn’t do like chocolate biscuits, when I was growing up, people didn’t even find those kinds of biscuits anyway. It will take some travelling to get it, it wasn’t readily available to hand. But here, you want chocolate biscuits, go to tescos, you want custard cream, its just there so I think it’s the availability. Its just there, its everywhere. You really have to say to yourself, I don’t need it really.

Interviewer: This is really interesting, availability being a disadvantage instead of an advantage.

Response: I remember one of my friends when i first started working, she was so petite and every single day with her lunch she would have a can of coke and a double decker chocolate, every day. And I always say to her sharp, this thing is gonna catch up with you. You are gonna wake up one day and … you know for me, I think the case was then, you know the double decker chocolate

Interviewer: yeah

Response: for me, ive not suffered any kind of eating disorder don’t get me wrong. But for me to have a whole double decker chocolate to myself, I physically can’t. Things like sneakers or mars bars, I find them too overwhelming to consume in one go. I can’t do that, so when she normally would do that, I was always like is she okay (laughs) but she enjoyed it, she loved it. Maybe it’s just that I have been raised in a certain way you know; I find it too much. I start thinking of all the stuffing, my teeth, I start thinking about where the sugar is going, a lot just comes into my mind and that’s not good for me. or maybe I just don’t have sweet tooth, I don’t know but I just wouldn’t. and I just feel like why would I spend that extra money every single day to buy full fat coke and a double decker chocolate. I just refuse to. But you know everybody is different. We all see things differently you know; it means different things to different people.

Interviewer: I was supposed to start this interview prior to COVID and antenatal care services were in the hospitals but it didn’t happen like that. Now I know that most trusts do not have have normal antenatal care services. So I want to ask has covid affected your receiving antenatal care services?

Response: in a way, yeah. cos I would have love to attend the ante natal meetings they normally do. And I think they booked me into one. Maybe they thought by then things would have settled but its all just been pushed to one side but like other parts of the antenatal care that they do, like when I go for scan, my husband couldn’t come with me because its going to increase traffic in the hospital and you know finding out the gender of the baby, he could not be there, I wanted him to be there so he was relying on the information second hand from me not like what he can see straight away from the sonographer or just simple things . cos for the first one he could come with me for quite a fair bit of appointments not because I couldn’t do it myself or couldn’t go myself but because we were kind of walking that journey together but you know when you have got one child and you have to split yourselves, it may not work but there are days he could have come to the hospital with me but that couldn’t happen because of the pandemic which I totally understand, so you will be like okay I understand, moving on. You know it is what it is

Interviewer: so if this was your first pregnancy, it would have affected you considerably

Response: I think it would have, because I would be like I do not know what to expect, what is happening or what I should be doing and this second time, its so much…I wont say its so much easier , at least Ive done it before I know what to expect. I could work together with the doctors and the midwives to let them know what is happening at any point so that I know the care I can get as soon as possible so no one is saying to me oh lets try this or lets try that. During the first pregnancy, I know I had acid reflux, I know what they said straight away about what we needed to do. So when it got to the point where this time when it happened, I said to them I know what is happening. This is what we need to do and they got that done straight away. So we didn’t waste time trying to talk about oh lets try this one, oh lets try that one. Oh did it work, oh did it not work. Oh don’t have this oh don’t have that, I could tell them straight away, this is what is happening, lets try this, this is what we are gonna do and we are just working together like that, so that actually did work.

Interviewer: some people also talked about social support, you know having people come in to offer help and support, do you feel that the covid pandemic actually affected that? Did you have social support before the pandemic?

Response: social support during pregnancy

Interviewer: yeah, from friends, family

Response: No, you know my friends will call me and stuff. That’s what we normally do anyways, so its not about oh lets go and help her move furniture..no not like that. I mean this time around it’s a bit harder because the first one I was more active, I could do things but even now its just not my way. Whatever I can do, ill do it. If I can’t do it I will get my husband to just do it

Interviewer: so we have things like African myths, they are customs to particular families, states or local governments. So they say sometimes in pregnancy, you do not eat snail, or you do not eat okro in pregnancy. Have you received any kind of advice like that?

Response: No

Interviewer: do you think that it is because of the number of years that you have been in the UK, or do you think that your family does not do that kind of stuff?

Response: my family doesn’t do that kind of stuff, whatever you want to have please have. If its okro please eat it.

Interviewer: so what do you think are the barriers to healthy eating?

Response: just like what can be (thinks )

Interviewer: just like what can encourage you to eat healthy and what can stop you from eating healthy.

Response: for me, it’s the lack of self-control. Not just having self-control cos if you can say to yourself I can do it with this amount or whatever. For most people, pregnant or not I think the main thing is lack of self-control. If you can control your mind and have that self-control you can achieve whatever you want to achieve quite easily. It might be a bit tough but at least you need to be straight and narrow on that point.

Interviewer: what do you think can be put in place to encourage you to eat healthy?

Response: I know like a lot of people do this already but its down to individual. Where you can say do online shopping. I have heard of online shopping. It is such a minimalist way of doing it, where you keep certain things in your basket and just reorder the same thing. I have heard of that. That means you are not going into the shop to see things that are on offer, if you don’t see it, out of sight is out of mind. So whatever you put in your basket just order it again, reorder them. I’ve heard about that. It does work for some people. And being strict with your shopping list as well. Its just again that looking away, knowing that oh you do not need the things that you are purchasing. Just being very strict with yourself really.

Interviewer: we have come to almost the end of the interview, it’s been really interesting and your views. Talking about individuals being made responsible to manage the food availability.

Response: yeah, its just like the government making food available and they bring up things along the lines like sugar tax. So those are the things you need to say , what does that eve mean. And again, its now realising that the problem is now there because you eat all these things and also realising that there is going to be a problem down the line for the NHS. So the government now goes like, how can we take care of this problem but by then its too late. If you like put 50% tax, the person that will buy will still buy and they will do what they need to do and it’s just what it is at that point.

Interviewer: so would you like to say anything else

Response: noo no nothing.