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Women's Lived Experience of Pregnancy and Child Birth: Narratives from Pakistan

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Abstract

In Pakistan there are unique socio-cultural factors that contribute to women's experiences of pregnancy and childbirth. This study explores Pakistani women's experiences of pregnancy and childbirth an area that remains under researched in the country. Qualitative research was employed for data collection by using an un-structured interview guide. The informants included twelve women who had recently been through the childbirth process for the first and second time. The collected data reveals that women were unaware of the use of multi vitamins during pregnancy. They delayed physical check-ups with a gynaecologist. Women encountered challenges at work during pregnancy and encountered work family conflict after childbirth. Support from intimate relations including husbands and in-laws were reported by the respondents. Attitude of colleagues at work was not always positive during pregnancy. The working women reported being overburdened at work. It is suggested that women friendly policies are required for working women giving birth. Facilities including rest rooms, medical centres need to be provided to the women at work. Women need to be educated about the importance of health care during pregnancy.

Keywords

Pregnancy, Childbirth, Women, Pakistan, Attitude, In-Depth Interviews

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Women's Lived Experience of Pregnancy and Childbirth: Narratives from Pakistan

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In Pakistan there are unique socio-cultural factors that contribute to women's experiences of pregnancy and childbirth. This study explores Pakistani women's experiences of pregnancy and childbirth an area that remains under researched in the country. Qualitative research was employed for data collection by using an un-structured interview guide. The informants included twelve women who had recently been through the childbirth process for the first and second time. The collected data reveals that women were unaware of the use of multi vitamins during pregnancy. They delayed physical check-ups with a gynaecologist. Women encountered challenges at work during pregnancy and encountered work family conflict after childbirth. Support from intimate relations including husbands and in-laws were reported by the respondents. Attitude of colleagues at work was not always positive during pregnancy. The working women reported being overburdened at work. It is suggested that women friendly policies are required for working women giving birth. Facilities including rest rooms, medical centres need to be provided to the women at work. Women need to be educated about the importance of health care during pregnancy. Keywords: Pregnancy, Childbirth, Women, Pakistan, Attitude, In-Depth Interviews

Introduction

Researching women's experience with pregnancy and childbirth is an established area of sociological research in the global north. A considerable number of studies explored women's experience with pregnancy and childbirth (see e.g., Davis, 2014; Hirst, 2005; Lee, Holden, & Ayers, 2016; Lundgren, 2005; Simmonds et al., 2012). Giving birth to a child is a major life event in all cultures. Childbirth is viewed as a test of womanhood, a test of personal competence, a peak experience, and the first act of motherhood (Collingwood, 2010). For women, childbirth is an important life experience and exerts a profound physical, mental, emotional, and social effect. Birth is also a profound psychosocial experience. The experiences of pregnancy and childbirth are very personal for women and these hold an important place in women's lives memories of which are retained during the entire life span (Lundgren, 2005). These experiences have special meaning for women and are believed to affect the well-being of women in the later stages of their lives (Mensah, Mogale, & Richter, 2014). These experiences are also likely to affect the baby as well as the relation between the baby and the mothers in the longer run (Nilsson & Lundgren, 2007; Waldenstrom, 2003). Mothers who are able to spend quality time with the infants after birth develop special bonding which grows and strengthens over time.

The impact of the childbirth experience is long lasting. Women have been reported to recall the memories years after the childbirth process was over. (Mensah et al., 2014), Ample evidence exists demonstrating that prenatal stress, anxiety, and depression have an impact on prenatal outcomes, that women's experiences influence clinical and psychosocial outcomes for both mothers and babies and that fear, anxiety and lack of support influence the experience of pain (Hodnett, 2002). Features, such as pregnancy-related factors, complications, expectations,

pain, the organizational form of care, and support, all influence women's experience of childbirth (Lundgren, 2005). Additionally, the child-bearing women are not alone in experiencing the pain of birth. The process is important for the entire family. This is especially true for women living in joint family system where the notion of "communality" has been reported as a social ethic that gives women the strength to recover and return to a normal life (Mumtaz & Salway, 2009).

Issues related to pregnancy and childbirth have been researched by scholars in different contexts. For example, Mensah et al. (2014) conducted a research on birthing experiences of Ghanaian women in Military hospital. The findings included the importance of serenity of environment during birth and support of midwives. They considered birth process as a sacred and euphoric journey. Likewise, Lundgren (2005) conducted a research on Swedish women's experiences of childbirth. Here too the structure where the childbirth took place was reported as demanding. Support from mid-wives was considered essential to overcome the situation. Previous researches worldwide have consistently shown that newly parenting women's experiences are characterized by unmet needs, dissatisfaction, and confusion about where to get help as they transition to new motherhood (Hirst, 2005). Studies in the West have reported lack of information and lack of psychological care among women after birth.

This research is important since women in Pakistan in general enjoy a very low status (Ali, 2016; Weiss, 2012). The existing researches on women in the country have focused on issues like patriarchy and its influence on women, stereotypical roles assigned to women in the society, women's empowerment, challenges at workplace, work family conflict and career success among others (e.g., Ali, 2016; Saher, 2014). Within the Sociology of Health, women's reproductive health has been researched (e.g., Mumtaz & Salway, 2009). It is important to understand women's experiences especially those related to the health care system because these affect women in later stages of their lives as well (Waldenstrom, 2003).

This study is also significant since studies focusing on women's experiences tend to address childbirth and after birth experiences rather than pregnancy (Lundgren, 2002). For example, women's experience of pain during labor (Hodnett, 2002) and contact with their babies (Biro, Yelland, & Brown, 2015) are areas that have been researched. Research suggests that one of the memories of birth women recall is that of labor pain (Davis, 2014; Waldenstrom, 2003). Considering these factors measures taken to improve women's experiences have focused on reducing labor pain by effective analgesia, such as epidural block, and on increasing women's ability to cope with labor, for example, by offering childbirth education classes during pregnancy, support in labor, continuity of caregiver, and a homelike birth environment (Waldenstrom, Hildingsson, Rubertsson, & Radestad, 2004).

Medical and psychological approaches have dominated the researches related to pregnancy and childbirth (Mead, 2008; Modh & Lundgren, 2011) and studies about pregnancy are more focused on late rather than early pregnancy (Coggins, 2002). There are few studies focusing on women's experiences of early pregnancy from a caring perspective and especially that take into account the woman's life world (e.g., Bondas & Eriksson, 2001; Olsson, 2000). Research on women's experiences of pregnancy and birth, especially from sociological perspective are scarce in the context of Pakistan. This is a significant area that needs academic exploration since it is a personal arena that majority of women encounter on daily basis.

To address this research gap, this study intends to explore women's experiences of pregnancy and childbirth in the socio-cultural context of Pakistan through phenomenological approach. For the purpose of this study, we define experiences as a combination of personal observing, encountering, or undergoing something. It can be a combination of interrelated factors with past and current experiences with a specific context.

This study provides a nuanced understanding of women's experiences and the findings will inform our understanding of women's perception of pregnancy. Researching women's

accounts during pregnancy that remains an important event in their lifetime will add to our understanding of the challenges they may encounter during such time and the moments they cherish. The findings will add to the existing literature in the field of Sociology of Health. Additionally, the findings of this research will benefit prospective pregnant women and how they experience pregnancy. On the basis of the findings recommendations can be made at policy level to make post-natal period more memorable and smooth for women.

The Study Context

Pakistan is a gender-segregated country and women remain passive and submissive largely due to the long prevailing patriarchal norms. Women's subordinate position and the low economic value placed on women's work are reflected from their strong attitude towards son preference (Sharif et al., 2007; Winkvista & Akhtar, 2000). Since in most cases men remain main bread winners, the role of women has been relegated to that of childrearing. The right to decision making typically remains in the hands of the husband. Moreover, the freedom of women becomes more restricted as families are extended (Agarwal & Lynch, 2006; Mumtaz & Salway, 2009). During child bearing the pre-existing gender inequality, socio-cultural community dynamics and poverty puts women at significant risk of mortality. Pregnant women generally remain vulnerable because of their limited or no access to prenatal and obstetric care. Further, women in general have limited control over their lives. They are forced into early marriages and in most cases are expected to conceive early. Additionally, women have poor access to contraceptives. During pregnancy, women typically suffer from the effects of repeated childbearing (Winkvista & Akhtar, 2000).

Methods

In this section, we will discuss the methods employed in carrying out this research. However, before doing that it is pertinent to provide a brief account of our own context as researchers and our relation to this study. All the three authors have been engaged in this study and contributed in their own capacities. The very idea of doing this research was initiated by the first researcher after experiencing her first pregnancy. She had found pregnancy a challenging time during which she was constantly in conversation with herself as a pregnant woman, thinking about the outcomes of pregnancy, expectations as a potential mother and the various issues related to work place and family. She had found pregnancy an exciting time where the idea of nurturing a new life inside the womb and how it affects a woman's own preferences and choices was fascinating for her. She had experienced the time after birth challenging but at the same time rewarding. It was challenging largely due to her limitations at work and inability to give quality time to the baby. It was rewarding because of the time spent with the baby were refreshing for her as a mother. Based on her personal experiences she desired to research this area to examine how pregnancy is experienced by other women. The second author on the other hand is single and has never experienced pregnancy her attachment with this study was a graduate student with the intention to learn about researching women's lives. She assisted during the data collection and sorting the data in the preliminary stages. The third author specializes in Sociology of Gender and hence is interested in issues related to women in various contexts and he provided expert opinion on the theoretical framework of this study and helped to improve the layout of the paper.

The current study was carried out by employing qualitative research design and by taking phenomenology as a method. As stated earlier in the paper and reiterated here that the study focused on examining women's lived experiences with pregnancy. Hence, a qualitative research design deemed more relevant in investigating the phenomenon. We decided to select

phenomenology as a method of inquiry since it gives a unique advantage of investigating participants' accounts through their experiences in their daily lives. The purpose of phenomenological research is to describe phenomena as they are lived and experienced by individuals. The framework for phenomenological study requires homogenous group of participants. Participants in the study are expected to have meaningful experiences of the phenomenon being investigated (Creswell, 2007). The use of qualitative research design and phenomenology as a method helped in achieving the goal of understanding women's experiences during their pregnancy.

This research was undertaken in accordance with ethical standards. Prior to data collection measures were taken to ensure the safety and privacy of the respondents and to maintain confidentiality of their accounts. Permission was sought from the informants prior to each interview. Additionally, where the interviews took place in the Hospitals formal permission from the management of Hospitals was taken. The participants were assured that their data will not be disclosed to anyone and will be used for the purpose of research only. To maintain confidentiality pseudonyms have been used throughout this paper. The participants were also assured that they were free to refuse to respond to questions if they were uncomfortable and they could withdraw from the interview process if they felt uncomfortable. Our local context does not require a third-party approval to conduct academic researches however, the research was discussed with the Director General of the Hospitals and all their queries regarding the safety of the informants were addressed

We selected a total of twelve (12) respondents through purposive sampling technique. The sample size was not predetermined; instead, the decision was made in accordance to the point of saturation reached (Morse, 2000). We deem it important to mention here that the respondents were "married women" as pregnancy outside marriage in Pakistan is a religious, legal, and social deviance and therefore unthinkable. We only included those women in the study who had given birth to a child within the last three months and were willing to participate in the study. The respondents were from different educational and professional backgrounds and age groups. Two of the respondents were housewives. The process of transcribing the participants' viewpoints and using excerpts from the interview ensures creditability in this study (Kushner, 2005).

We collected the data through in-depth interviews by using a semi-structured interview guide. The interview guide consisted of 16 main interview questions and several follow up questions on women's experiences of pregnancy and giving birth to a child. The main questions were organized in four themes including initial memories of pregnancy, attitude of people towards pregnancy, work related problems during pregnancy and finally a theme on birth and after birth. Within the first theme questions related to scans, visits to doctors, and women's health issues at the initial stage of pregnancy were discussed. In the second theme women's own feelings (e.g., thinking about the gender of the child, feeling nervous time of delivery), and the response of others (e.g., husbands, in-laws) towards their pregnancy were some of things discussed. In the theme related to work place women were asked about the support at work, the challenges they may have encountered, attitude of co-workers, maternity leave. Finally, in the last theme some of the questions focused on getting to the hospital, memories of being in labour, care in hospital and at home, breastfeeding, and changes in personal life after the arrival of the baby. However, during the interviews we did not limit our conversation to these questions alone. Each interview was different and the nature of discussion varied according to the data provided by the participants. The questions in the guide assisted us in remaining on track in accordance to our research goal. It took 40-60 minutes to conduct each interview. The interviews were conducted in the participants' workplaces, at their homes, and in hospital. After the interview was conducted with the 12th informant we realized that there was repetition and hence we decided to stop at this point. All the interviews were taken in Urdu.

The interviews were translated and transcribed into English immediately after the interview process was over. The interviews were recorded and the recordings were transcribed verbatim. The transcripts were read repeatedly and the text was coded. No follow up interviews were taken.

The phenomenological analysis seeks to uncover the meaning of humanly experienced phenomena, based upon the subject's descriptions (Dahlberg, Drew, & Nyström, 2001). During the analysis stage our main purpose was to unpack the phenomenon from emic perspective where we aimed to gain the participants viewpoints as understood and reported by them. Our application of phenomenological cannons assisted to gain in-depth information about women's experiences from their perspective (Creswell, 2007).

We conducted the data analysis following the descriptions of Giorgi (1997), van Manen (2014) and Dahlberg et al. (2001). The interviews were transcribed verbatim and analysed. During the preliminary stage of analysis, the responses of the respondents were read repeatedly to understand the contents as a whole. Powerful phrases were identified that captured the significance of the text. As a result of this exercise a coding scheme, consisting forty codes, was developed. This helped to gain the subject's description of the phenomenon. The codes were read and re-read until patterns emerged. During the second stage we read the interviews again with the aim to identify statements and phrases that highlighted the experiences of the participants. For example, when the participants were asked to share their memories during pregnancy experiences like being anxious, apprehensive, and excited were identified. These statements have been highlighted in the final themes presented in the analysis section below.

During the third stage we read each sentence with the aim to understand what these revealed about the women's viewpoint and their experiences. For example, when the participant narrated their views on their husbands' approach towards their pregnancy, we tried to understand how this was related to their feelings of being excited or anxious about the pregnancy period. During this stage while relating to the participants experiences the common codes were merged and were thus reduced to sixteen categories and consequently to six themes. These themes were reduced to two major themes in the final round of the analysis process and have been discussed later in the paper.

During the analysis stage we worked closely to understand women's experiences and to ensure authenticity. To ensure rigor and trustworthiness the data was triangulated (Shenton, 2004). Where the responses of the participants remained the main source of data yet some of the information was verified from hospitals and family members. For example, hospital records on the number of visits to the hospital were checked. Where the interviews took place in the participants' homes informal discussions took place with the family members who were around before or after the interview. One form of triangulation was the selection of a wide range of informants where individual's viewpoints and experiences were verified against each other and ultimately a rich account of the responses was constructed (Shenton, 2004). Data was also crossed checked during informal discussions with the participants after the formal interview was over. In case of some participants who were available member checking was done to ensure credibility of the study.

Findings

The data illustrates that all the participants shared their unique prenatal and postnatal experiences. In this study, twelve participants were selected who belonged to the age group 20 – 35. All the participants were literate. In terms of occupation, three were housewives, one was a PhD student and the remaining eight were employed (one being a nurse, three university teachers, two worked in administration and two worked in private organizations). Three lived in joint family system and the remaining nine lived in nuclear set up. Six participants had

normal deliveries and six had C-Sections. Among the twelve informants, three had been married for one year while five had been married for one to two years. Only one informant had been married for eight years. For five respondents it was their first pregnancy. For six it was their second and for one it was her third pregnancy. Three informants had experienced miscarriages. The majority had experienced childbirth during their thirties, only two had been pregnant during their late twenties.

The empirical data obtained from the participants has been analyzed systematically by coding and developing categories. The data assisted us to understand the participants' perspective about their pregnancy and how they had experienced childbirth. The data revealed that though the entire pregnancy seemed to be memorable for women, yet women recalled some stages with great emphasis. For example, the initial stages of pregnancy and women's health during this period were discussed by almost all the respondents in detail. Likewise, the participants discussed use of multi vitamins, scans, and visits to doctors. The participants also spoke of how they had experienced their workplace during the initial few weeks of pregnancy. Since women do not experience pregnancy alone the attitude of others towards women's pregnancy was discussed at length. The participants discussed the attitude of intimate relations as well as colleagues at work towards their pregnancy. This shows the significance of these events for the women. Hence, it is the participants' viewpoints that guided our analysis and presentation of data in this paper. Two major themes emerged at the last stage of analysis namely: memories of pregnancy and social attitude towards pregnant women. These themes along with sub themes will be presented below.

Memories of Pregnancy

The women respondents recalled the initial memories of their pregnancy in detail. Women's memories of childbirth were vivid and deeply felt. They strongly believed that they had achieved something important after the childbirth and they had feelings of being complete.

All the women participants while recalling their memories of pregnancy spoke of their immediate response to the pregnancy and childbirth. The empirical data and our analysis of it clearly indicate that women's personal attitude towards pregnancy varies with their context. The working women having their first baby had been very excited and anxious about the arrival of the new baby. They reported that the entire process brought great changes in their lives. The participants spoke of the changes in their daily routine, greater responsibility at home and change in their priorities. Feelings of excitement and happiness on the arrival of the new born and the changes it had brought with it was shared by majority of the participants as is evident from the excerpt below where one of the participants spoke of her experience of responding to her pregnancy.

It was my first baby and I was very happy and curious about the fetus development. I watched online videos and read a lot from websites about what to eat and how the baby develops. The experience completely changed my life.

Our analysis of this indicates that pregnancy was considered a time by this woman which had changed her approach to life. The decision of what to eat and how to take care of her body was no more based on personal liking but in the larger benefit of the baby. However, considering the experience of this woman not many women in Pakistan may not have the privilege of gaining access to such information and the resources to eat healthy and keep fit during pregnancy for the sake of the baby.

Some participants reported that they had been excited about the baby because they hoped that the baby may change their status in the family. Suman stated, "*I adored the child*

and I started loving it before it had arrived since it was a baby boy.” In the Pakistani society cultural patterns and power structure of the society shapes women’s thinking and their emotions about their babies, especially boy baby, prior to their arrival. Since there is strong son preference in the country women too have internalized the need for having a son.

Despite the happiness and excitement related to pregnancy and childbirth some of the participants also shared their apprehensions related to the pregnancy time period and the childbirth process. For example, those who had experienced miscarriages during their first pregnancy reported to be anxious and careful during the second pregnancy. These women were also worried about their delivery type.

During the analysis stage, the process of coding enabled us to conclude some sub themes related to how the participants recalled their pregnancy and the memories related to it. These will be further discussed below.

The Initial Stage of Pregnancy

The initial stage of pregnancy was a time which was recalled by all participants during the interviews. The participants’ experiences of pregnancy were deeply related with how they approached the pregnancy, whether it was planned or unplanned. Very few women reported to have planned the pregnancy and to have been prepared for it. The majority were of the view that they had come to know about their pregnancy during the second month as a result of pregnancy check at home. They had visited the doctor afterwards to reconfirm the pregnancy. Some had delayed the first visit to the gynecologist until their second and third months of pregnancy even after being aware of the pregnancy. The majority reported to have kept the news of pregnancy to themselves and their husbands during the first trimester. This illustrates women’s desire to keep pregnancy a private affair. The first trimester is a time during which there are chances of miscarriage which could be one reason for the women to keep pregnancy to themselves.

Awareness about the Importance of Health Care

During the interview with the participants we discussed the use of multivitamins regular scans during pregnancy and pre and post-natal visits. It was found in most cases they had been unaware about the pre-natal and post-natal visits and how these could affect their health and the health of the fetus. Even for those who had planned pregnancies there was lack of awareness on the importance of meeting the doctor regularly after pregnancy and getting a physical check-up before the pregnancy. This is evident from the accounts of one of the participants given below.

I had realized I was pregnant before I visited a doctor because I experienced early nausea. Since we had planned so I was expecting it too. But I visited my doctor when I missed my periods and she did a urine test to confirm it. She recommended a scan at week 6 and recommended my husband’s blood group to be checked too. I had not visited the doctor before the pregnancy but now I realize I should have started taking vitamins before the pregnancy. The doctor recommended multi vitamins.

Likewise, other participants too explained their inability to visit their doctors due to several reasons. For example, Fouzia and Ravia had a different experience as clear from the following excerpts.

I didn't give much importance to visit the doctor and showed less interest in regular scans for baby. I visited doctor just three times during my entire pregnancy because of busy schedule. (Fouzia, 22 November 2015)

My mother in law is very commanding so she did not allow me to visit the doctor frequently. I only visited the doctor two three times because of complication. When the time of delivery came it was her (mother in law) who decided that I should have a C-section. I was not even asked. (Ravia; 20 November 2015)

Though these respondents were educated and some were employed, yet they did not realize the importance of visiting the doctor for regular check-ups. The first excerpt highlights lack of awareness and negligence on part of this participant on the importance of visiting the doctor. This clearly indicates that having awareness about the importance of health care is very important but what is more important is the realization about the use of services. This needs serious consideration of the women and intimate relations. The second quote shows the powerlessness of this participant who was in complete control of her mother-in-law. However, the regular scans and monitoring of the neonatal during the entire period of pregnancy had been carried out for all women. For the majority 3 to 4 scans were reported to have been done during the entire pregnancy period.

The findings of this study indicate that only few of the respondents had been prescribed multivitamins and calcium supplements during their first visit. The majority had not been prescribed any multi vitamins and they were not even aware that multi vitamins should be taken during pregnancy. Considering the extreme importance of multi vitamins for the growth of the foetus and the health of the women this seems to be a major negligence on part of the medical professionals.

The majority of the participants encountered various health issues during their pregnancies including prolonged nausea, cough, low and high blood pressure, giddiness, acidity, backache, anemia and stomach pain among others. It was also reported that these health issues posed serious challenges for the women at workplace as in the household management. For example, Suman reported that she could not take proper care of her first child due to her sickness. The respondents also reported to have felt stress and anxiety because of these issues. Mahnoor expressed her experience as follows.

The major issue was nausea. I started having it at week 5 and it stayed till three months. I didn't have any other issue as such. My vitamin D level was low so the doctor recommended supplement for this and asked to take sun baths. During the first trimester I could not work at all. I spent almost all day in bed and near bath room. (Mahnoor; 6 December 2015)

This clearly indicates that problems during their pregnancy also affected the participants' daily lives including their work. For the majority of the women the experience of pregnancy was unique and personal. However, the participants reported to have a personal time where they reflected on their past and looked forward to their future.

Experiences at Work

In addition to the personal domain women's memories of pregnancy also included their experiences at work. The working women came across various challenges at work during their pregnancy. Clearly women working in public organizations seemed to have more facilities as

compared to those working in private organizations. In Pakistan, it is a general policy that women are given 90 days' leave at the time of pregnancy. Women participants from public and private organizations reported that they had received good health facilities including access to indoor treatment in top listed hospitals in the city. However, for others, challenges were reported. It was acknowledged that despite warm response from colleagues depicted earlier in the paper the policies of organizations had to be followed so they had to stay at work for long hours which was often difficult during the pregnancy period. Mahnoor reported;

There was no compensation on working hours I had to work from 8:30 to 5:00. I also travelled outside Islamabad on field visits since field visits are important part of my job. So there was no relaxation as such. (Mahnoor; 6 December 2015)

Similar kinds of responses were given by the respondents in public organization. Suman, a university teacher explained:

I completed my workload of three courses in a semester and I also managed the co-curricular activities since I am the focal person of the department. There was no relaxation. (Suman; 25 November 2015)

These excerpts indicate that the presence of health care services alone is not sufficient for women during pregnancy there are other areas that need to be considered to make pregnancy smooth for women.

Time of Delivery

The most difficult time for all the women was the time of delivery. The women participants explained their feelings of apprehension about the delivery time right from the beginning of the pregnancy, yet they had become more eager towards the last trimester.

I was worried thinking how the baby will come out. My husband accompanied me all the time and tried to console. I had a long labour. At one time the doctor gave up and decided she will need to operate if the baby doesn't come out in 30 minutes. I was very tense and I cried. I almost gave up but then it finally happened through normal delivery. (Fiza; 18 November 2015)

The experiences of after birth were also prominent among women especially for those whose delivery was done by C-section. They felt pain and side effects of C-section which affected the child-mother relationship. According to field data, few women experienced this hard time after childbirth.

The initial few days of after birth were very hard. I had stitches and it was painful. Additionally, I had to look after the baby. (Mahnoor; 6 December 2015)

Only few women reported to have experienced breastfeeding and for them it was a wonderful experience that connected them with their children.

Social Attitude towards Pregnant Women

One of the findings in this study was reported to be the social attitude towards pregnant women. Since pregnancy is a difficult time in a woman's entire life she needs support and

attention, especially from intimate relations. All the respondents had unique experience of how people around them responded to their pregnancy and how they responded to the pregnancy period personally. These will be discussed below.

Husband's Attitude

Among the key sources of support during pregnancy, husbands play critical role in providing financial, emotional and information support (Edmonds, Paul, & Sibley, 2011; Udofia & Akwaowo, 2011). The husband's behavior momentarily matter during the pregnancy of women because he is the person who is the closest to the women during the pregnancy. The field data illustrates that the majority of the husbands were supportive and excited about the child. They provided extra care and assistance to their wives. The following excerpts explain this well.

When I first told him [referring to her husband] about the pregnancy he was very excited. He took good care of me during the entire pregnancy, especially during the last trimester when I couldn't do heavy work like cleaning and doing laundry. He did everything for me and he was in the kitchen with me while I cooked helping me out with cutting and cleaning. (Mahnoor; 6 December 2015)

The excerpt shows that the support of the husband was important for Mahnoor. She appreciated the fact that her husband stood beside her in every difficult moment during the pregnancy. This she reported to have a positive effect on her health and wellbeing. Yet others were not very lucky to have such support. Three participants reported that their husbands did not provide the kind of care and love to their wives, as they needed at that time. One of these informants Fouzia shared her experience as follows.

My husband did not pay much attention to me during my entire pregnancy. He felt irritation because of nausea, vomiting and got irritated when I did not do my household work properly. I really felt down because of his cold attitude. (Fouzia; 22 November 2015)

This indicates that the attitude of husband affected women psychologically. Fouzia clearly felt neglected and left out. She needed emotional support of her husband during the difficult time, which was not available.

Family Attitude

The findings indicate that for the majority of the women the entire family looked forward to the arrival of the new baby. In particular where it was the first baby the women were given special treatment at home. The natal families too expressed their excitement and happiness because they felt that their daughters' future was secured due to this new born child especially it was a baby boy.

My mother in law was very excited and happy to hear the news of my pregnancy. She gifted me her family bangles at the time of my delivery because it's a tradition of my in laws. My mother in law was very supportive at the time of my delivery and she took care of my baby because I didn't provide good care to my baby due to C-section. (Qirat; 26 November 2015)

The quote indicates that the support from family was very important for the women during the pregnancy.

Attitude of Colleagues

It was reported by some of the women that they encountered problems at work during the pregnancy due to the unkind behavior of their colleagues. However, others reported to have experienced positive response from colleagues at work. This was especially true for university teachers and staff. One of the informants working in NGO sector too reported to have experienced supportive environment at work. The following excerpt clarifies this.

The attitude of my office colleagues was friendly. Both male and female offered support. My male director once offered me that if I needed anything (i.e., Tea and water) I should ask the office boy instead of doing it myself. (Mahnoor; 6 December 2015)

Since in modern organizations everyone is expected to help themselves instead of relying on office attendants this offer from the manager was a sign of care. Likewise, another informant from NGO explained that her female colleagues were very supportive, and they repeatedly reminded her that she did not have to over burden herself.

It was reported by the teachers that the colleagues provided care and support by assisting them during classes, checking assignments and preparing notes for them. Some teachers reported that they were given less invigilation duties due to their condition and other colleagues offered to do their turns.

Nevertheless, challenges at work were also highlighted by some women. Qirat explained that the attitude of her matron was not very nice. She stated; “*She (her matron) felt irritation because of my condition.*” Likewise, Fouzia reported that her staff did not assist her in any way and she was over burdened with the hope that she would quit the job eventually since she was the only woman in the department in a good position.

Attitude of Doctor

The most prominent feature of this research was the attitude of the gynecologist towards the pregnancy of women. The women were not satisfied from the services they had been provided by the doctors. The doctors were reported to be materialistic. It was believed that they prioritized their own benefit instead of the health and welfare of their patients. The majority of the women informants reported that they preferred to have normal delivery, but they were operated by the doctors. Fiza explained that in her last visit to the doctor she was told to visit the doctor’s clinic at week 37. “*The doctor said; cake will be prepared for cut at week 37*” Stated Fiza with disappointment. Likewise, Madahat explained that her doctor had made her pregnancy complicated. She had created a panic situation which led to a C-section. Other complaints included negligence of doctors and making patients wait for long hours in such a painful condition.

The empirical data obtained from the participants in this study enabled us to understand their unique experiences of pregnancy. The participants shared their memories at the different stages of pregnancy including visit to doctors, scans and use of multi vitamins. They also shared their excitement and apprehensions related to the pregnancy and the difficulties they encountered at workplace during this time. Some of these included long working hours, field trips and inability to manage workload. The time of delivery and how they had experienced it

was also recalled by the participants. The attitude of social relations including intimate ones like husband, in-laws as well as workers was discussed by all the participants. Support of husbands was considered important during the entire pregnancy period and it was acknowledged in most cases. The attitude of doctor was believed to be unsatisfactory.

Discussion

This paper highlighted the experiences of Pakistani women during pregnancy and initially after childbirth. The empirical data has revealed that the participants reported the early pregnancy as a life opening event both in terms of affirming and suffering (Modh & Lundgren, 2011). The women seemed to have had feelings of accomplishment and completeness after the childbirth process. These findings relate with previous studies where women have reported feelings of completeness and holiness and chosen ones after going through the process of birth (Woodward, Zadoroznyj, & Benoit (2016). This has also been verified by the study of Hall (2006) where it was found that the birth of a child has the potential to have a profound effect on women's personal wholeness.

Despite the positive experiences of pregnancy and birth, the narratives of the women have highlighted some serious concern regarding care during pregnancy. For example, prescription of multi vitamins is very important during the initial stages of pregnancy and some of the women were not prescribed any multi vitamins by the doctors and others were not even aware of the fact that multi vitamins should be taken. Likewise, meeting doctors and getting regular physical checkups was absent. This was especially true for those women who had authoritarian in-laws and busy schedule at work. These findings are in contrast with previous researches. For instance, studies from Western perspective have revealed that women are in close contact with midwives during pregnancy and often meet the same mid wife during the entire pregnancy (Lundgren, 2005).

Pregnancy is a time that poses risks for women and is likely to involve several health issues. Some of these issues have been found to be stress and depression (Bonari et al., 2004), mood swing (Evans et al., 2001), nausea and vomiting (Lacroix, Eason, & Melzack, 2000) and high blood pressure (Brown et al., 2001). In this study, the majority of the women repeatedly explained the health issues including prolonged nausea, cough, low and high blood pressure, giddiness, acidity, backache, anemia and stomach pain among others. Since these health issues were reported to have posed serious challenges for the women at workplace as in the household management these were important for the women and they recalled these with deep concern.

Since pregnancy is a long process, it needs the support of people around the women. Previous researches worldwide have consistently shown that newly parenting women's experiences are characterized by unmet needs, dissatisfaction, and confusion about where to get help as they transition to new motherhood (Hirst, 2005). For example, Coggins (2002) found that women were dissatisfied with the emotional and psychological support they received in early pregnancy. In this study, the informants reported their experiences with different individuals during their pregnancy and they expressed their satisfaction during the early period of pregnancy. The field data illustrates that the majority of the husbands were supportive and excited about the new born babies. The natal family and in-laws too provided support especially during the first pregnancy and when the expected baby was a boy. The experiences at work were reported to be pleasant for some women and challenging for others.

Interestingly the attitude of the doctors was reported to be unpleasant for the majority of the participants. The doctors were reported to have prioritized their own benefit instead of the health and welfare of their patients. The majority reported that they preferred to have normal delivery, but they were operated by the doctors. These highlight the shift towards profit maximization in Pakistani health care units instead of care for patients' needs. Similar findings

have been reported previously where women's experiences during the decision-making process for their mode of birth shows that their decision was not respected (Boz, Teskereci, & Akman, 2016). The findings from the study of Boz et al. (2016) illustrates that women preferring to have vaginal birth were not offered knowledge and support about modes of birth from health care professionals. Previous studies have also shown that women at times feel reluctant to share the news of pregnancy during the early stages (e.g., Modh & Lundgren, 2011). In this study the participants shared their reservations in announcing the pregnancy too early and preferred to wait till the second trimester.

The participants showed their concerns about organizational policies regarding the work of pregnant women and the kinds of facilities provided after birth. It was reported that there was no relaxation during the last stages of pregnancy and women had to complete the required hours at work. The workload was reported to be unbearable for the pregnant women lead to stress during pregnancy. Nevertheless, pregnancy was a unique experience for the women. It was a memorable experience despite the challenges it entailed.

The study has limitations specially pertaining to the selection of participants. During the initial stage we intended to select women from diverse backgrounds i.e., belonging to rural/urban settings, having different educational qualifications, and working in different occupations. However, it was not possible to find women from such diverse backgrounds who filled our criteria of having given birth recently. It was also difficult to find women who consented to give interviews. To overcome this limitation, we attempted to find women from different organizations to be able to examine how pregnancy is experienced by women working in different organizations. We have also included some housewives. Additionally, theoretical sampling during the analysis stage helped to overcome the limitation of selecting a small number of participants.

Since this study was based on the phenomenological analysis of twelve participants, we cannot generalize the findings to all Pakistani women living in different contexts. The findings of this study have implications for stakeholders including policy makers, organizations, future researchers, and intimate relations. In the light of the findings from this study, it is suggested that organizations may rethink about their policies about women especially during the time of pregnancy and after childbirth. Facilities including rest rooms, first aid/medical centers need to be provided for the mothers at work. At home, the intimate relations including husbands can play their role by sharing the workload with the women and in providing help in raising the children. Importantly, women need to be educated about the importance of visiting doctors and taking multi vitamins during the initial stages of pregnancy. Measures need to be taken by health services of the country to educate doctors about the importance of multi vitamins. Measures also need to be taken to provide due care to women during the birth process by the health professionals and to respect their choice of delivery instead of profit maximization for personal interests and for the interest of hospitals.

References

- Ali, R. (2016). *Predicaments of empowerment: Women's experiences of change from Northern Pakistan*. Islamabad, Pakistan: EMEL Publications.
- Agarwal, R., & Lynch, S. (2006). Refining the measurement of women's autonomy: An international application of a multi-dimensional construct. *Social Forces*, 84, 2077-2098.
- Biro, M. A., Yelland, J. S. & Brown, S. J. (2015). Who is holding the baby? Women's experiences of contact with their baby immediately after birth: An Australian population-based survey. *Women and Birth* 28, 317-322.

- Bonari, L., Pinto, N., Ahn, E., Einarson, A., Steiner, M., & Koren, G. (2004). Perinatal risks of untreated depression during pregnancy. *The Canadian Journal of Psychiatry, 49*(11), 726-735.
- Bondas, T., & Eriksson, K. (2001). Women's lived experiences of pregnancy: A tapestry of joy and suffering. *Qualitative Health Research, 11*(6), 824-840.
- Boz, I., Teskereci, G., & Akman, G. (2016). How did you choose a mode of birth? Experiences of nulliparous women from Turkey. *Women and Birth, 29*(4), 359-367.
- Brown, M. A., Lindheimer, M. D., de Swiet, M., Assche, A. V., & Moutquin, J. M. (2001). The classification and diagnosis of the hypertensive disorders of pregnancy: Statement from the International Society for the Study of Hypertension in Pregnancy (ISSHP). *Hypertension in Pregnancy, 20*(1), 9-14. doi: 10.3109/10641950109152635
- Coggins, J. (2002). Early pregnancy care. Part 1. *The Practising Midwife, 5*(9), 14-17.
- Creswell, J. W., & Clark, V. L. P. (2007). Designing and conducting mixed methods research.
- Hall, J. (2006). Spirituality at the beginning of birth. *Journal of Clinical Nursing, 15*(7), 804-810.
- Collingwood, J. (2010). Body dissatisfaction and pregnancy. *Psych Central*. Retrieved from <https://psychcentral.com/lib/body-dissatisfaction-and-pregnancy/>
- Dahlberg, K., Drew, N., & Nyström, M. (2001). *Reflective lifeworld research*. Lund, Sweden: Studentlitteratur.
- Davis, A. (2014). Wartime women giving birth: Narratives of pregnancy and childbirth, Britain c. 1939–1960. *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences, 47*, 257-266.
- Edmonds, J. K., Paul, M., & Sibley, L. M. (2011). Type, content, and source of social support perceived by women during pregnancy: Evidence from Matlab, Bangladesh. *Journal of Health, Population and Nutrition, 29*, 163-173.
- Evans, J., Heron, J., Francomb, H., Oke, S., & Golding, J. (2001). Cohort study of depressed mood during pregnancy and after childbirth. *British Medical Journal, 323*(7307), 257-260.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology, 28*, 235-260.
- Hirst, C. (2005). *Re-birthing: Report of the review of maternity services in Queensland*. Queensland, Australia: Queensland Department of Health.
- Hodnett, E. (2002). Pain and women's satisfaction with the experience of childbirth: A systematic review. *American Journal of Obstetrics and Gynecology, 186*, 160-172.
- Kushner, K. E. (2005). Embodied context: Social institutional influences on employed mothers' health decision making. *Health Care for Women International, 26*(1), 69-86.
- Lacroix, R., Eason, E., & Melzack, R. (2000). Nausea and vomiting during pregnancy: A prospective study of its frequency, intensity, and patterns of change. *American Journal of Obstetrics & Gynecology, 182*(4), 931-937.
- Lee, S., Holden, D., & Ayer, S. (2016). How women with high risk pregnancies use lay information when considering place of birth: A qualitative study. *Women and Birth, 29*, e13 – e17.
- Lundgren, I. (2005). Swedish women's experience of childbirth 2 years after birth. *Midwifery, 21*, 346-354.
- Lundgren, I. (2002). *Releasing and relieving encounters: Experiences of pregnancy and childbirth* (Unpublished doctoral dissertation). Department of Women's and Children's Health, Uppsala University, Sweden.
- Mead, M. (2008). Midwives' practice in 3 European countries. In S. Downe (Ed.), *Normal childbirth* (pp. 81-95). London, UK: Elsevier.

- Mensah, R. S., Mogale, R. S., & Richter, M. S. (2014). Birthing experiences of Ghanaian women in 37th Military Hospital, Accra, Ghana. *International Journal of Africa Nursing Sciences* 1, 29-34.
- Modh, C., & Lundgren, I. (2011). First time pregnant women's experiences in early pregnancy. *International Journal of Qualitative Studies on Health and Well-Being*, 6, 5600.
- Morse, J. M. (2000). Determining sample size. *Qualitative Health Research*, 10, 3-5.
- Mumtaz, Z., & Salway, S. (2009). Understanding gendered influences on women's reproductive health in Pakistan: Moving beyond the autonomy paradigm. *Social Science and Medicine*, 68, 1349-1356.
- Nilsson, N., & Lundgren, I. (2007). Women's lived experience of fear of childbirth. *Midwifery*, 25, e1-e9.
- Olsson, P. (2000). *Antenatal midwifery consultations* (Unpublished doctoral dissertation). Department of Nursing, Umea University, Sweden.
- Saher, N. (2014). Career success in Pakistan: Human capital and social networking. *Middle East Journal of Scientific Research*, 19(2), 163-171.
- Sharif, M., Safdar, S., Mubeen, C., Hussain, S., & Rasheed, S. (2007). Factors affecting family size and sex preference: A study of urban tehsil Faisalabad (Pakistan). *Journal of Agriculture & Social Sciences*, 3(1), 21-24.
- Simmonds, D. M., West, L., Porter, J., Davies, M., Holland, C., Preston-Thomas, & Tangey, A. (2012). The role of support person for Ngaanyatjarra women during pregnancy and birth. *Women and Birth*, 25, 79-85.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75.
- Udofia, E. A., & Akwaowo, C. D. (2012). Pregnancy and after: What women want from their partners - listening to women in Uyo, Nigeria. *Journal of Psychosomatic Obstetrics and Gynaecology*, 33, 112-119, <http://dx.doi.org/10.3109/0167482X.2012.693551>.
- van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing* (Developing qualitative inquiry). Walnut Creek, CA: Left Coast Press Inc.
- Waldenström, U. (2003). Women's memory of childbirth at two months and one year after the birth. *Birth*, 30(4), 248-254.
- Waldenstrom, U., Hildingsson, I., Rubertsson, C., & Radestad, I. (2004). A negative birth experience: Prevalence and risk factors in a national sample. *Birth*, 31(1), 17-27.
- Winkvasta, A., & Akhtar, H. Z. (2000). God should give daughters to rich families only: Attitudes towards childbearing among low-income women in Punjab, Pakistan. *Social Science & Medicine*, 51, 73-81.
- Weiss, A. M. (2012). *Moving towards legal empowerment of women in Pakistan special report*. Washington, DC: United States Institute of Peace.
- Woodward, B. M., Zadoroznyj, M., & Benoit, C. (2016). Beyond birth: Women's concerns about post-birth care in an Australian urban community. *Women and Birth*, 29(2), 153-159.

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