



Research Paper

Pregnancy, Maternity and Discrimination: An Anthropological Perspective

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Abstract

Pregnancy is the time period in which a woman brings a new life that progress from one generation to the next one. It is the most important and crucial life stage as it needs more care and protection. Care during pregnancy depends on many aspects such as nutrition and diet, clothing, personal hygiene, exercise, physiological and psychological changes. All these factors are responsible for healthy pregnancy outcomes. Complete knowledge of all these aspects can help a woman in the best way. Many studies found that economic status, lack of knowledge and general health of the women affects too much during maternity. Further studies needs to be conducted in the respective field so that some beneficial outcomes can be achieved. Policy makers should be more focused on rural, migrant or illiterate women as these women are the most sufferers. These studies can help government to further investigate the problems and its root cause so that it can be uprooted as soon as possible.

Keywords: Care, health, knowledge, nutrition, pregnancy.

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I. Introduction

Pregnancy is the beginning of new life. It starts with conception and continues through the fetus and finally ends at birth. It is not an illness. Pregnancy is a process, which results into the continuation of the species. Furthermore, pregnancy has a positive influence on the female organism, both physically and psychologically. During gestation, the woman reaches her full physical and mental potential. The use of medications in pregnancy that are not designed nor approved for pregnancy, labor and lactation is called "off-label" use. Pregnancy, whether planned or a pleasant surprise, brings with it important concerns about prescription and over the counter (OTC) drugs. Not every medication poses a risk to unborn baby. However, some do. Effects of drug on pregnancy depends on four major stages i.e. pre-implantation stage, period of organogenesis, the second and third trimester, and a short delivery stage. During pregnancy the mother and fetus form a nonseparable functional unit. Drugs can have harmful effects on the fetus at any time during pregnancy. It is important to remember this when prescribing medicine for women of child bearing age. Counseling of women before a planned pregnancy should be carried out including discussion of risks associated with therapeutic agents. Medication during pregnancy is very important. So, caution should be taken while prescribing them to pregnant women. The fetal concentrations of drugs can vary considerably compared to the maternal concentrations depending on the type and dosage of the drug, duration of treatment, and timing. Both plasma protein binding and hepatic metabolism in the fetus differs from those in the mother and depends on the stage of development of the fetus. The first trimester and the few weeks before delivery are the most vulnerable periods for the fetus: the former because of the early fetal development and the potential risk of malformations during fetal organogenesis (teratogenesis), the latter because of the risk of functional abnormalities and post-natal problems in the neonate due to exposure to a specific drug. Drugs given in pregnancy can adversely affect the fetus in many ways. Anxiety about birth defects is a major parental concern during pregnancy. Because no drug is entirely without side effects, great caution should be taken while taking medications in pregnancy. The development of knowledge in understanding the use of drugs during pregnancy has been in stalemate in comparison to other areas of therapeutics, mainly due to difficulties in testing new products in pregnant women and paucity of good quality research.

II. Literature review

1. Laws on Discrimination-

The laws that exist have not historically supported pregnant women from workplace discrimination. It was ruled in 1974 in the case of *Geduldig v. Aiello* that pregnancy discrimination did not constitute sex discrimination. However, in 1978, the Pregnancy Discrimination Act was passed by Congress and in combination with Title 1 of the Americans with Disabilities Act of 1990. The result is that pregnancy cannot be used as a reason to fail to promote or hire or change the working assignments or to fire an employee or force them to take a leave of absence. The Pregnancy Discrimination Act amended the Civil Rights Act of 1964. The Pregnancy Discrimination Act sets out that employees may be entitled to specific accommodations that enable the workplace to be safe, including work from home privileges, office furniture that is altered, and schedules that are modified. However, where there are only 15 or fewer employees, the workplace may not be required to accommodate the employees that are pregnant.

2.Outcomes of Discrimination Against Pregnant Women-

The organizations that discriminate against pregnant women and mothers should be concerned. According to Williams and Cuddy (2012), despite the laws put into place to protect women from bias and discrimination in the workplace, many managers in organizations hold gender bias, while many tend to keep that to themselves, gender bias in the workplace still exists. However, many managers are quite open concerning their bias against employees who are caregivers and especially working mothers, which has been termed as 'maternal wall bias'. Women are often on the receiving ends of questions concerning whether they feel bad about leaving their kids while they work, and for far too long, these types of remarks have been made freely in the workplace and in the absence of any fear about the consequences.

However, the price that organizations are paying for bias against working mothers is quite steep since working mothers are increasingly suing the organizations in which they are employed for discrimination. Juries in those cases are becoming more inclined to give large settlements when the gender bias seems to have played a role in derailing those women's careers. Pfeffer (2019) revealed the situation of a pregnant woman who worked for the police department in Cromwell, Connecticut, who was pregnant and asked to be temporarily placed at a desk job at the time she was five months pregnant. The woman had worked patrol duty until that time and was the first woman in the department to ask for any accommodation for her pregnancy.

However, she was informed by the town manager that there would not be any accommodation for her because there was no such accommodation available in her contract. The woman then was sent home and required to take leave that was unpaid for the remainder of her pregnancy. However, the situation was not legal since there is a requirement under federal law that pregnant workers are to be treated just the same as other workers concerning their inability or ability to work. Despite the claims of the town that light duty is not available to any of its workers, the Fair Employment Practices Act in the state of Connecticut prohibits employers from either refusing accommodation for pregnancy and from forcing pregnant women to take a leave of absence when there is a potential for accommodation. The woman filed a civil rights complaint at the federal level with the U.S. Equal Employment Opportunity Commission and filed with the Connecticut Commission on Human Rights and Opportunities. The case's outcome was a settlement with the town in which the town agreed to reimburse her lost wages and her benefits for the forced time off during the pregnancy and agreed to adopt policies to protect pregnant workers in the future (Pfeffer, 2019). Therefore, the organization must carefully consider the potential liability associated with discriminating against pregnant women and mothers in the workplace.

3.Other Discrimination Types Against Women Who are Mothers-

However, discrimination against women in the workplace does not only involve pregnancy discrimination, as discrimination exists in relation to breastfeeding and caregiving. Employers often fail to provide a private space for women to breastfeed or pump (National Association for Women and Families, 2014). Particularly at issue concerning breastfeeding is the failure of organizations to make accommodations for breastfeeding or breast pumping in the workplace setting. For example, a paramedic in Tucson received a \$3.8 million dollar reward in 2018. When the paramedic went back to work after maternity leave, the organization denied her request to allow her a private place to pump. She was informed she would not receive and did not deserve any special accommodations. However,

after using all of her vacation days and sick leave to take off time to pump privately, HR informed the paramedic that she was pumping in an excessive manner and therefore was not fit for duty. The paramedic was on the receiving end of harassment and offensive comments about her physical appearance, her age, and her ability to do her job. When the case went to trial, the jury determined that the city was in violation of the Fair Labor Standards Act, which sets out a requirement that organizations provide women time along with a location other than the bathroom to pump and that she had been retaliated against when she complained. Pregnant women and mothers are estimated to lose approximately \$16,000 per year in wages. Caregiving claims have risen as well, and many employers hold that a worker who is actively parenting is not their idea of the best possible worker. Work is set up in a way that is based on the ideals of the 1950s decade where it is held that one parent will be at home with children and the other will work; however, the result is a high level of discrimination against mothers and pregnant women. Organizations need to ensure that there is no discrimination against breastfeeding or pumping in the workplace or against caregivers.

4. Women Do Not Challenge Discrimination Due to Fear of Their Future Employability-

Women are not able to challenge the discrimination that exists in the workplace due to fear about their employability in the future. Many women either feel hopeless, helpless, or both when they are discriminated against in the workplace due to their pregnancy. Women had revealed that they hid their pregnancy for as long as possible and when they were fired due to being pregnant, being unable to afford the costs to take them to court, and even if they had, they would have been ostracized by other employers. Palley (2020) reported the situation of one female lawyer who had been “pressured to sign a new contract when she was 8 months pregnant” and stated she had thought about suing the employer. However, suing an employer results in a significant stigma being attached and problems with finding future employment. Women are, to a great extent, powerless to challenge discrimination in the workplace related to their pregnancy.

III. Objective

1. To ensure that the pregnant woman is in a good health status before pregnancy.
2. To ensure that the pregnant woman and her unborn child are in the best possible health prior to delivery.
3. To ensure that all pregnant women understand
 - the complications of pregnancies that may lead to death,
 - the best approach to safe delivery, and
 - the best way of bringing up their babies.
4. Antenatal care provides an essential link between women and the health system and offers essential health care services in line with national policies, including:
5. Counseling about the danger signs of pregnancy and delivery complications and where to seek care in case of emergency
6. Counseling on birth preparedness, emergency readiness, and the development of a birth plan
7. Providing advice on proper nutrition during pregnancy
8. Detecting conditions that require additional care and providing appropriate treatment for those conditions
9. Detecting complications that influence choice of birthing location
10. Supplying Iron and Folate supplement- Supplying low dose supplement of vitamin A
11. In certain settings, providing treatment for conditions that affect women’s pregnancies, such as malaria, tuberculosis, hookworm infection, iodine deficiency, and sexually transmitted infections, including HIV/AIDS
12. Providing tetanus toxoid immunization- Rapid test for Syphilis.
13. Providing voluntary HIV testing and counseling
14. Providing information about breastfeeding and contraceptives

Research and methodology

The present researcher collected all the information from the secondary resources like published articles, published journals, published chapters etc.

Methods and discussion of pregnant women

1. This review sought to analyse and synthesise all available qualitative evidence about women’s experiences of social support during pregnancy. The participants in the included studies described a broad variety of social support experiences, including emotional, instrumental, and informational support. Four main themes were generated: “a variety of emotional support”, “tangible and intangible instrumental support”, “traditional rituals and spiritual support”, and “the all-encompassing parental home”. This review found that pregnant people

received emotional support from a diverse range of people within their social networks, gaining helpful support in terms of coping mechanisms and the regulation of stress during pregnancy.

2. Conversely, this review also highlighted a lack of dissatisfaction with the emotional support that some of the participants experienced. Insufficient family support harmed pregnant women's maternal behaviour and health. For example, Fernandez and Al-Mutawta et al. BMC Pregnancy and Childbirth (2023) 23:782 Page 15 of 19 Newby used interviews to explore the extent to which pregnant women of Mexican descent in the United States were supported by their families and partners. Their results indicated an association between family support and the circumstances of the pregnancy. Women without cohabiting relationships with the baby's father before becoming pregnant received less emotional support from their families, particularly their mothers. These women were, therefore, less likely to look forward to prenatal care, adopt a healthy behaviour (e.g., smoking), or be excited about giving birth to their babies. This finding also highlights the importance of instrumental support, such as financial, informational, and practical support during pregnancy. As it revealed that a lack of financial support increased stress and dissatisfaction, while the provision of this support increased feelings of safety, emotional support, and being cared for and not alone.

Therefore, although instrumental (e.g., financial, or informational) support may be seen as merely practical support, these types of behaviours may make the woman feel that she is loved, cared for, and supported: that she matters.

Thus, the practical aspects of social support may not be considered separate categories of support but occasionally interacting forms of social support. Dissatisfaction with the husband's or partner's practical support also was found as part of the thematic synthesis.

However, when considering the role of practical support, a gap in the literature appears regarding many cultural factors. For instance, many studies argue that culture should be considered when trying to understand perceived satisfaction or dissatisfaction with the support given. For example, in Western cultures, fathers' roles have evolved from being only breadwinners to partners who play an active role in all aspects of their children's lives. However, women in Middle Eastern cultures (Saudi Arabia and Iran) are assumed to be primarily responsible for traditionally feminine tasks and homemaking, including attending to children's needs, cleaning, and cooking, whereas men are the key breadwinners and are responsible for traditionally masculine tasks, such as making money, and home repairs.

3. This is an important argument as cross-cultural differences or the impact of culture on pregnant women's perceptions were not considered in most of the studies included in this review, which might be one of its critical limitations. The included studies highlighted how important informational support was for women to understand or make sense of their health-related experiences and gather information during pregnancy. This included positive feedback to normalise their experience, information about the foetus's health condition and nutrition advice. Gist-Mackey et al. suggested that informational support has previously been determined vital during times of uncertainty and stress (such as pregnancy), supporting other literature affirming that informational support can decrease stress, anxiety, and ambiguity among pregnant women.

4. The theme of traditional rituals and spiritual support was also generated as part of the thematic synthesis. This was considered to take several different forms, such as prayers and advice on traditional food and avoiding evil spirits. The role of traditional cultural customs, values, and beliefs has been explored in the existing literature. For instance, Ayaz and Efe described how some people in Turkey believe that, if the pregnant woman eats quince during pregnancy, the baby will be born with dimples.

5. However, the overall results of this review indicated that some pregnant women perceived traditional rituals as a way to show concern and care. Prayer was a form of spiritual support that the participants in the included studies relied on during pregnancy to reduce stress and seek protection.

6. During pregnancy, the parental home appeared important, with visits to this home described as motivated by the desire to reduce the pregnant person's workload. The benefits of visiting the parental home were often related to the women being surrounded by their families, who offered social and practical support. The finding that pregnant women experienced yearning for their parental homes can be explained by the theory of the collectivism/individualism dichotomy as this theme arose from three studies performed in collectivist cultures (India, Bangladesh, and Pakistan).

7. The theory of the collectivism/individualism dichotomy argues that Al-Mutawtah et al. BMC Pregnancy and Childbirth (2023) 23:782. Page 16 of 19 individualistic cultures prioritise the needs of individuals over the needs of the group as a whole. Collectivist cultures are characterised by strong emotional bonds and social relationships between society members, especially mothers, whereas individualistic cultures have weaker emotional bonds. Individuals from more collectivistic backgrounds reported feeling less alone and experiencing more social support from their families than those from individualistic backgrounds. Therefore, further studies on individualistic cultures are needed to confirm these findings. However, they are consistent, from a broad psychological perspective, with the stress-buffering model, which emphasises that social support may buffer stress and contribute to a sense of belonging and stability, resulting in improved self-esteem and reduced stress.

8. More than one-third of mothers felt they need 'very much' information about pregnancy and childbirth. In a study carried out by Singh et al. (2002), the percentage of this group was higher than in our study (70% vs 38%). This is because the population of Singh's study was first-time pregnant women who more likely needed to know about pregnancy. Also, most women said that they need to search for information about pregnancy and childbirth every week. This finding is not consistent with the finding of Ogunmodede's study (Ogunmodede et al., 2013), indicating that most respondents used information sources daily. This can be explained by the fact that, in general, the average reading time per person in Iran is low. In Mooko's study (Mooko, 2006), most situations that led women to look for information were health-related, in this study also when women were suffering from a disease or pregnancy complications, information they looked for. Conforming to Ogunmodede's study, the main barriers women face in accessing information are lack of knowledge and ignorance, financial barriers and language barriers.

9. As many of the scientific sources are in English, many women may not be able to use information delivered in this language. This study revealed that expectant mothers have different information needs during pregnancy, childbirth and motherhood, and they have a great demand for receiving information almost on all the pregnancy and childbirth topics. However, the most frequent information needs among mothers are care of foetus, physical and psychological complications after delivery, development and growth of the foetus during different stages of pregnancy, nutrition and special tests during pregnancy. Results showed a high preference for information on physical and psychological complications after delivery including excessive blood loss and depression.

10. In an Australian study (Woolhouse, Gartland, Perlen, Donath, & Brown, 2014), 16.1% of women reported depressive symptoms during the first 12 months post-partum. Maternal depression can negatively impact mother-infant interactions (Glover, 2014). Complementary to the results of this study, Jorm et al. (2003) showed that providing information on depression treatments produces some changes in attitude. Also similar with Bansah's and Shieh's studies (Bansah, O'Brien, & Oware-Gyekye, 2009; Shieh, McDaniel, & Ke, 2009), pregnant women reported a great interest in information on the development and growth of their foetus. Much has been written about the importance of nutrition during pregnancy, with specific guidelines about types of foods to eat and to avoid (Reifsnider & Gill, 2000).

11. The findings indicate that information about nutrition is particularly important for most pregnant women. In Freda's study (Freda, Andersen, Damus, & Merkatz, 1993), women reported the greatest interest in information on nutrition too. But, interestingly, the desire for information about nutrition was low in two studies conducted by Shieh et al. (2009); Singh et al. (2002). A part of this difference can be because in Singh's study only mothers in third trimester were recruited (Singh et al., 2002) and in Shieh's study most of the mothers were multigravida (Shieh et al., 2009), remembering sufficient information on this topic from their previous pregnancies. Another reported need was information about special tests during pregnancy.

12. Durham's study (Durham, 1988) has noted that over half of the women felt that they had too little information about tests performed during pregnancy. Also more than three quarters of mothers in our study stated that they needed information about medication use during their pregnancy.

13. The results of previous studies (Durham, 1988; Hameen Anttila et al., 2013; Nordeng, Yström, & Einarsen, 2010; Singh et al., 2002; van Trigt, Waardenburg, & Haaijer-Ruskamp, 1994) were also consistent with this. As women overestimate the risk of medication use and exposure to other substances during pregnancy (Nordeng et al., 2010), they may be interested in knowing about medications during pregnancy.

14. Maternal vaccination can reduce maternal, foetal and neonatal infections and incidence of communicable diseases (French & Mackillop, 2013). Three quarters of pregnant women said that they need information about vaccines during pregnancy. Ogunmodede et al. (2013) examined health information needs of pregnant women in Nigeria and showed that most women need information on immunisation (61%). Momodu also (Momodu, 2002)

identified that women need information particularly on current immunisation facilities for their children and themselves. This is because on the one hand, immunisation is required to lower the risk of life-threatening infectious diseases in children, and on the other hand, not every vaccine is safe during pregnancy. In our study, nearly two-thirds of mothers stated that they need information about daily activities during pregnancy. In Freda's and Shieh's studies (Freda et al., 1993; Shieh et al., 2009), women reported interest in balanced rest and activity in pregnancy.

15. Physical activity, especially vigorous activity before pregnancy and at least light-to-moderate activity during pregnancy, may reduce risk of abnormal glucose tolerance and gestational diabetes mellitus (Oken et al., 2006).

16. Evidence suggests that there are potential benefits of appropriate physical activities in terms of maternal weight control and fitness, and they are likely to have significant long term public health benefits (Oken et al., 2006). In this study, more than half of the participants (62.5%) needed information about exercises in their pregnancy. This was reported by 30% of participants in Singh's study (Singh et al., 2002).

17. Also in contrast with Durham's study (Durham, 1988), in our study more than half of the mothers needed information concerning effects of pregnancy on mother's body. This difference might be because Durham's study was carried out around thirty years ago, while people in modern days pay more attention to their body.

18. Two third of pregnant women in this study reported that they need information about sexual activity, family planning and personal hygiene during pregnancy. Also other studies (Bansah et al., 2009; Momodu, 2002; Ogunmodede et al., 2013; Rutakumwa & Krogman, 2000) revealed that the primary concern of women was getting information on reproductive health, birth control and family planning. Labour pain is a complex, subjective experience with wide variations reported by different women (Lowe, 2002). More than two-third of women in our study felt they need information about labour pain and its relief methods. Nearly three quarters of pregnant women needed information on methods of delivery including normal vaginal delivery (NVD) and Caesarean section.

19. In Freda's study (Freda et al., 1993), also women reported greatest interest in the NVD topic. Misperceptions about the health risks of abortion are prevalent among women. Hence, developing educational tools are recommended to provide accurate information about risks of abortion (Littman et al., 2014).

20. Nearly two-thirds of the women in this study needed information on abortion. Relatively high rates of abortion in Iran (Tabnak, 2015) might be the reason that women seek information in this regard.

21. In Ogunmodede's study (Ogunmodede et al., 2013), one-third of the participants wanted information about abortion. Taking care of a baby in the first few days of returning home is stressful and difficult (Cronin, 2003). A high percentage of the mothers in this study, in contrast with Durham's study (Durham, 1988), needed information on care of a newborn. One reason for this percentage could be that more than half of the participants had no experience of having a child.

22. Also more than two-third of the participants reported that they need information on infant feeding. In Ogunmodede's and Freda's studies (Freda et al., 1993; Ogunmodede et al., 2013), the need for information about bottle feeding and breast feeding was also high. Similar to Singh's and Shieh's studies (Shieh et al., 2009; Singh et al., 2002), in this study, there was a comparatively low level of interest in information about effects of tobacco and alcohol consumption on pregnancy.

23. On the other hand, fear of losing children prevents addicted women to seek information and to get perinatal care (Dervin, Harpring, & Foreman-Wernet, 1999). The pregnant women had sought information related to their pregnancy and childbirth from various information sources.

24. The main information sources for mothers, in this study, were physicians and then the Internet and family/friend/colleagues. Physicians are supposed to provide information for their patients, and most of this information is obtained in their office visits.

25. As health care professionals are the main and most important information sources, they should concentrate on providing information that meets women's individual needs and recommend other useful sources of information which complements their information.

26. This help pregnant women make informed decisions and

to do well in their motherhood role. Seeking information from the Internet or family/friend/colleagues is convenient, nearly free and provides much information whenever required. This was also found in studies conducted by Soltani and Dickinson (2005) and Davies and Bath (2002) that women obtain most of their information from health professionals, family, friends and neighbours. This contrasts with the results of Jacoby (1988) and Singh et al. (2002), indicating that magazines and books are the main sources of information. That is because nowadays, for many people, the Internet has replaced printed books and materials.

27. The results of this study can be generalised to other geographic areas due to the large sample size of 400 pregnant women and the distribution of the study subjects over 40 independent clinics and offices from different geographical areas of a big city. Moreover, although the questions asking information needs and information sources were not open ended, we provided a blank space for adding other information needs and sources.

28. This study concentrates on educated individuals and urban dwellers. This may affect the results in terms of selecting the Internet as one of the main information sources. Further studies should examine information needs of lower educated mothers and those who live in rural areas. To keep the length of the questionnaire reasonable, so that pregnant women could answer all the questions accurately, our questionnaire did not cover a wide range of questions regarding the barriers for effective use of health information including psychological barriers. Future studies can specifically address all potential barriers limiting the effective use of health information. This study provides insights for health care policymakers and developers of health information systems. Determining pregnancy and child birth information needs is critical for the development of intervention strategies addressing pregnant women (Malata & Chirwa, 2011).

29. The first step to develop an information system is to identify intended users' information needs and preferences in order to employ a suitable information delivery method (Hsieh & Brennan, 2005). Our findings can be used as results of a need assessment study for performing any information intervention for pregnant women. This information, for example, could be used to develop an educational programme for pregnant women.

30. Also, longitudinal studies must be carried out to explore the effectiveness of more progressive information sources, such as the Internet, to gauge how these newer information sources address information needs of different groups of pregnant women. Also, longitudinal studies must be carried out to explore the effectiveness of more progressive information sources, such as the Internet, to gauge how these newer information sources address information needs of mothers.

Advantages and disadvantages of pregnant women

Advantages

The Government of India has launched several schemes/initiatives for the welfare and assistance to pregnant women and malnourished children, which are as follows:

- Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme which aims to promote institutional delivery.
- Janani Shishu Suraksha Karyakram (JSSK), every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables, diet & blood (if required)
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month. Further, Extended PMSMA strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved.
- Surakshit Matritva Aashwasan (SUMAN) aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility.
- Labour Room Quality Improvement Initiative (LaQshya) improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
- Pradhan Mantri Matru Vandana Yojana (PMMVY) is a maternity benefit program run by the Ministry of Women and Child Development, Government of India. The scheme aims to cover women belonging to socially, economically

disadvantaged and marginalised sections of society. All Pregnant Women who have their pregnancy for the first child in family on or after 01.01.2017 are eligible for getting benefit under the programme. Further, as per the new guideline for

'Mission Shakti', applicable with effect from 01.04.2022, the scheme (PMMVY 2.0) seeks to promote positive behavioural change towards girl child by providing additional cash incentive for the second child, if that is a girl child.

Disadvantages

There are various types of disadvantages or discrimination faced by women during pregnancy are as follows :

- Felt forced to leave job -
Women who following their pregnancy: Were made redundant Were dismissed Felt treated so badly that they felt they had to leave
- Financial loss -Failed to gain promotion,had a reduction in their salary or bonusReceived a lower pay rise or bonus less than their peers did not receive benefits (such as a company car or mobile phone) or had them taken away were suspended without pay following risk assessment Were demoted
- Negative impact on opportunity, status or job security- Were threatened with dismissal, were encouraged/pressured to take voluntary redundancyWere not adequately informed about redundancies that might impact on them were not adequately informed about promotion opportunitiesb, were put under pressure to hand in their notice,were offered a job at a workplace too far away to travel so had to leave,were given unsuitable work or workloadsWere denied access to training they would otherwise have received
- Risk or impact on health and welfare-
Were discouraged from attending antenatal classes during work time,experienced pressure to return to work sooner than they wanted to,experienced pressure to work while on maternity leave,had a risk assessment conducted but some or all of the risks identified were not tackled Identified risks themselves but some or all were not tackled,felt their physical health or stress levels were negatively impacted
- Negative experience related flexible working requests-
Had flexible working requests declined on return to work and an alternative solution was not reached,was not allowed to reduce number of hours when asked
- Other Negative experiences-
Had their shift hours or patterns changed against their will,felt they were unfairly criticised,were signed off sick or encouraged to take time off before ready to start maternity leave,were encouraged to start maternity leave before they felt ready to,did not feel equally valued as an employee were not supported by employer while working during pregnancy.

IV. Conclusion

Pregnancy is the time period where a woman faces a lot of changes in her body. Health during pregnancy risk detection material can be used as an early pregnancy detection. This phase of life requires more attention and care as it is the most critical stage. Studies in this area conclude that there is more need to be focused on knowledge regarding maternity, nutrition, personal hygiene. It was found that income of the family and lack of knowledge affects the most. Most of the studies are from foreign background that doesn't suits to Indian context, so it's an urgent need to further investigate it to reduce mortality rate. Findings suggest that it is necessary to give trainings and organizing intervention programs for needy women.

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