Lived Experience of First Pregnancy among Disadvantaged Women of *Pirowal*, Punjab, Pakistan

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By

Hira Masood

Department of Anthropology

Quaid-i-Azam University, Islamabad-Pakistan

QUAID-I-AZAM UNIVERSITY

(Department of Anthropology)

Final Approval of Thesis

This is to certify that we have read the thesis submitted by Ms. Hira Masood. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M.Phil in Anthropology.

Committee:

1. Dr. Waqas Saleem _____
   Supervisor

2. Dr. Ayesha Sheraz _____
   External Examiner

3. Dr. Inam Ullah Leghari _____
   Chairperson
   Department of Anthropology

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Dedication

This thesis is dedicated to the loving memory of my late parents, Saad Masood Ahmed Shamsi and Rukhsana Masood, who always believed in my potential and provided unwavering support. Though they are no longer with me, their presence remains etched in my heart, and I am forever grateful for the values and wisdom they instilled in me. With all my love and gratitude, I hope this thesis honors the legacy they left behind.

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Abstract

The thesis discusses the social and cultural elements that influence the first pregnancy, as well as how women deal with their first pregnancy experience and how they carry and handle the pregnancy. Pregnancy and the child birth is the most critical period in the health of women and children. The objective of the research is to explore the socio-cultural rituals of the first pregnancy. The main object of the research is to explore the behavior of family and society towards the new mother and now a new trend calls mother to be. The research was conducted in the village *Pirowal*" in district *Khanewal.* Field work duration is six months starting mid of March 2022 to August 2022. The sample of 22 pregnant women in a village because my topic is specific only conducts interviews with first pregnancy-experienced women. Data was collected by applying anthropological techniques like in-depth interviews and focus group discussions. The sample size used for the study in 22 in-depth interviews with the help of 1 FDG to triangulation the data collected data.

The first chapter provides a basic introduction to the topic of pregnant experiences and goes into depth on what pregnancy and liminality are. This study looks at women throughout their transitional period. It also explains the research strategy for data gathering and the equipment and strategies employed in data collection. The second chapter is a review of past research on my topic. The next chapter discusses several ideas and data analysis. The profile of the village is described in the third chapter, and full information on the community's socioeconomic background is provided in the village. The conclusions of my investigation are described in subsequent chapters.

Keywords: pregency experiences, liminality, hardships, distadvantged women

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CHAPTER 1:

INTRODUCTION

1.1. Background

Birth is a natural process, and the experience of giving birth changes the mother as she moves from being pregnant to being a mother. From being a woman to being a mother sounds like a simple change, but in reality, it is not that simple. When a woman is pregnant for the first time, she doesn't know what to expect (Benedek, 1959). As (Storm, 2018) explains in his study, –when a baby is born, it's not just about bringing a child into the world. It's also about making parents strong and ensuring that they can love and lead their family through life's challenges.

When a couple is expecting their first child, it is one of the most important times in their lives. Parents-to-be often worry about the baby's health, the birth, and the changes that will come when one becomes a parent. The unborn child grows inside the woman who is expecting, and she goes through changes in her body, her mind, and her social life. During pregnancy, a woman goes through different stages of growth.

During the first three months of pregnancy, a mother-to-be often worries about miscarriage and the health of the baby. In the middle of her pregnancy, during the second trimester, she starts to feel the baby's movement which enables the mother to tell the baby apart from herself. During the last phase of pregnancy, called the third trimester, the mother-to-be usually worries about the birth and her ability to handle it. During each of these stages, the mother-to-be gets closer to her unborn child. Pregnancy is not about the body changes only, but it is also about the mental preparation to become a good responsible mother with additional emotional changes faced throughout the period. As

Borden (1999) says that feelings like worry, anxiety, depression, and stress could hurt the bond between a mother and her baby. Therefore, parental stress also affects the quality of life of mothers (Storm, 2018).

Every culture has a different perspective on motherhood (Riaz, 2019) According to previous study by Razina (1998) documents the attitudes towards motherhood in different cultures, all perspectives about ideal and good motherhood defines by the culture. The idealised version of mothering is based on shared understanding. What new mothers should not do is available and is similar across cultures. Good mothers promote the well-being and development of their children and are always patient, protective, and generous (Bambi & Chapin, 2004).

During the journey of becoming a mother, a woman's body and mind change a lot during pregnancy, which is a major turning point in her life. Because this time in a woman's life is so important and can change her for the rest of her life, she may have special information needs. Also, there are differences in the kinds of information that are available through different health systems, both in terms of culture and the models of pregnancy care used by the different systems (Sanginan, 2018).

Apart from needs and choices in a women's life, pregnancy is the most important stage in which women have to suffer through a lot of difficulties. Pregnancy is a very difficult stage for women especially the first pregnancy because women are not aware of the life changes before conceiving. The health of women throughout pregnancy, childbirth, and the postpartum period is referred to as maternal health. To ensure that women and their unborn children achieve their maximum potential for health and well-being, each stage should be enjoyable. Most maternal deaths can be avoided with early diagnosis by a

qualified health professional working in a supportive atmosphere. The elimination of unnecessary maternal deaths must continue to be a key priority for the world. Every pregnancy and delivery is different. To guarantee that all women have access to respectful and excellent maternity care, it is essential to address inequities that have an impact on health outcomes, particularly those related to sexual and reproductive health, and gender (Morisaki N, 2019).

One of the top goals of the World Health Organization (WHO) is to improve the health of mothers. This goal is based on human rights and is linked to work on universal health care. WHO supports planning for health care that puts women's needs and care preferences first. Initiatives that aim to improve the quality of care must empower women, their families, their communities, and the people who provide care. It is also important to keep health in mind during the whole process of getting pregnant, giving birth, and caring for the baby after birth. This means giving women access to sexual and reproductive health care, finding and preventing diseases, making sure they get the right nutrition, and helping women who may have been hurt by a partner. The WHO is in charge of keeping track of how close the world is getting to its goal of reducing maternal deaths. WHO helps Member States put plans into action that will make sure everyone has access to good health care. The Network for Improving Quality of Care for Maternal, Newborn, and Child Health was made by WHO and UNICEF to show how important it is to work together (UNICEF, 2018).

Additionally, women could have specific demands and expectations while they are having a kid depending on their social, religious, and cultural background. In Australia, every woman has a choice as to where and how she gives birth, and there are numerous

services available to support women from various cultural backgrounds. Values, beliefs, and practices differ between cultures. The demands and expectations of a woman during pregnancy and childbirth, as well as those of her children, might be influenced by her cultural background. Many Australian women who give birth feel that it's necessary to adhere to their culture's traditional conception and delivery rituals (Perrin, 2021).

Most women have at least one pregnancy and give birth at least once in their lives. But becoming pregnant is a big deal and could change a woman's life. It brings new opportunities, responsibilities, pleasures, and fears. Qualitative research has paid a lot of attention to the unusual biological and social aspects of pregnancy, like infertility, prenatal diagnosis, and early birth. But in recent years, there has been more interest in pregnancy as a common thing. These studies look at pregnancy from a methodological and theoretical point of view. They look at what pregnant women and their partners do every day to make the pregnancy and unborn child important (or not important) in their lives. This point of view comes from the fact that pregnancy is a socially and culturally ingrained, practice-based process. From a social science point of view, ideas come from daily experiences and cultural and social practices. Women deal with and show their pregnancies in different ways and to different degrees of acceptance and commitment in their daily lives. Pregnancies happen in certain social situations with a variety of material and cultural resources and limitations. The medicalization of pregnancy is the most common situation for women in the West. (Cook & Loomise, 2012).

Safe pregnancy is carried out if a woman does her full checkup in a private hospital and takes a proper diet and health care measures. Women who belong to lower-class families

or middle-class families can't afford such expenses regarding pregnancy. In Pakistan services regarding pregnancy are not so acceptable.

A safe, patient-centered, clinically cost-effective, and egalitarian environment with the promise of constant and unrelenting improvement makes up quality healthcare. A few of the key factors determining quality are the happiness of patients and their families as well as better healthcare outcomes. Doctors, nurses, staff, paramedics, pharmacists, laboratory workers, administrative staff, pharmaceutical companies, government agencies, policymakers, and patient and community feedback are just a few of the careers that play a significant direct or indirect role in providing, maintaining, and improving quality care. Healthcare quality is frequently debated that has spanned the globe for decades, with industrialized nations contributing most measures and regulations. They now adhere to it as a fundamental principle in the healthcare industry, whereas healthcare institutions in poor nations, like Pakistan, still face significant challenges in establishing and operating it fully. The private sector's efforts are somehow compelling, while the public sector lags far behind (Khalid & Abbasi, 2022).

The "Lady Health Workers Programmed" (LHWP), as it is more commonly known, has been successful in mobilizing community support by raising awareness of fundamental health and family planning issues and affecting behavioral shifts through the establishment of a thorough, effective, grass-roots system for the delivery of primary healthcare. An international company (Oxford Policy Management) conducted an external evaluation of the program during 2000–2001, which confirmed the effectiveness of its execution and the issues that needed to be resolved (Hafeez & Mohammad, 2011).

The Pakistan Reproductive Health and Family Planning Survey from 2001 found that over 23% of women who had ever been married had at least one miscarriage. However, accurate information on the frequency of miscarriage is regrettably lacking in Pakistan, and the primary healthcare team does not routinely follow up to detect psychiatric morbidity following the loss (Batoo, 2016).

A woman's most fascinating experiences are giving birth to a child. Sadly, women are deprived of this sensation when they have miscarriages. Miscarriage is typically an upsetting experience and a difficult emotional journey for women. According to Molder (1998), the bereavement experienced after a miscarriage frequently is not any different from any other loss of a loved one. In this regard, the research discusses the miscarriage experience of Pakistani women.

The environment and surroundings of pregnant women have an immediate impact on the prenatal development of their unborn child. In addition to improving her physical and mental health throughout pregnancy, proper nutrition, medications, treatments, and a stress-free environment also improve the pregnant woman's overall quality of life. Pregnant women who continue to get support and care from their spouse and family are less likely to experience issues including mental stress, depression, and anxiety disorders. Fetal development and newborn weight are connected to the social support received during pregnancy. The biological and behavioral aspects of prenatal development may potentially contribute to the relationship between social support and fetal growth. The study's conclusions showed that social support has a detrimental impact on people's perceptions of general health and that pregnant women with it had higher levels of energy. According to the most recent results, is higher in pregnant women who receive

social support during their pregnancies. Because they receive more support, encouragement, care, attention, love, and affection from their family and partners, these pregnant women are healthy in all respects, physically active in their daily lives, and their life roles are not constrained by their physical or emotional health (Ahmed & Riaz, 2018).

It is one of life's big milestones when a couple learns they are going to become parents, and during this time, both of their perspectives on life and their relationship with one another shift significantly. Some parents experience a decline in the quality of their relationship with their partner as a result of parenting. A parent's sense of coherence may have a role in how well they can deal with the challenges of having children. Coherence refers to the capacity to see one's life as being understandable, solvable, and meaningful. Support from both professionals and peers is beneficial to the overall quality of the childrearing experiences of families. However, only a small percentage of parents have access to social assistance, and even when they do, it does not always match their needs. In addition, professional help does not always fulfill the requirements of pregnant parents. As a result, there is a need for more studies to expand our understanding of the experiences of pregnant parents concerning professional and social assistance. In addition, there is a need for more studies to investigate the characteristics that are connected with the quality of the couple connection among parents when they are pregnant (Storm, 2018).

SawaMahina (literally, "five weeks") is a Punjabi postpartum tradition. The study by (Gulmani& Sheikh, 2013) explores baby health care belief practices in rural Punjab and emphasizes the social value of newborn care beliefs practiced during *SawaMahina.* The

traditional postpartum period of five weeks may provide insight into mother-infant bonding as it relates to childcare belief practices and the social construction of infancy. A child's agency is recognized in the embodied mother-child connection, and they are seen to have a sympathetic tie with the mother.

1.2. Statement of the Problem

Pirowal is in the far rural area of *Khanewal* district, with low literacy rates in comparison to other parts of the district. The level of awareness regarding the importance of first pregnancy is comparatively low, which in many ways affects the mental and physical health of new mothers. The effects can be studied in many ways, one being the analysis of the liminality of the first pregnancy. Pregnancy is regarded as a unique experience or a journey towards motherhood. This life-changing experience empowers women across the globe but it also brings emotional changes, such as fear. Therefore, a pregnant woman needs continuous attention and care from her family, especially from her husband. The study aims to explore the first pregnancy experiences of pregnant women and analyze the emotional aspect of pregnancy and motherhood. The basic purpose of the study is to find out the feelings of pregnant women and their perspectives on pregnancy. It explores the physical and emotional changes of pregnancy and the experience of labor pain, birth, and body transformation. Nature intends s that the physical and hormonal changes of pregnancy insure the growth and developing process just not for the baby but for the mother too. The physical and emotional changes of pregnancy's first step is the transition into the mother. So it is a task and challenge for women to be responsible for the pregnancy journey and handle it in a better way. Becoming a mother sounds good and simple but it takes time and stability to take the journey positively and strongly. Standard

prenatal care and medical labor and birth interfere in powerful ways with nature plans and appreciated women's ability to negotiate this journey (Judith & Lathin, 2008).

The purpose of this research is to understand the cultural perspective on mothering and study the luminal phase of a woman that how women prepare themselves to become a mother, and how they handle and motivate themselves to move from one phase to another. According to the study of Arnold van Gannep 2009, Liminality refers to the state or condition of being in-between, in a transitional phase, or on the threshold of a significant change or transformation.

In light of this, this study is to find out what first-trimester pregnant women usually go through and what they expect during thorough and frequent prenatal screening. Among many physical changes during the liminal phase weight gain is a major issue among pregnant women. Obesity is a major public health problem around the world, and it now affects almost every part of medicine.

Pregnancy is a very complicated stage when a woman gets pregnant she has to faced many issues and also her health is getting affected due to many difficulties. In pregnancy, women should be given care proper medication, and a proper diet so that they may carry their pregnancy safely. In Pakistan, there is a narrative that pregnancy is a natural process and it can be carried out at home without any medication and checkup, and due to this many women have to suffer from many difficulties. According to literature in Western countries, women carry their pregnancy very safely and they can easily go through this stage. As my locale was a very minor area a village area simply and there is no awareness about pregnancy. Women were not aware of pregnancy precautions. An important life event during which treatments to combat the rising tide of obesity may be most

successful is pregnancy. The woman might be more open to change than usual if it will improve the health of her unborn child. Pregnancy weight control has a lot of advantages. Women who had previously maintained a healthy weight have been linked to the development of obesity during a normal pregnancy. In addition to helping the mother herself avoid future difficulties from obesity, maintaining a healthy weight during this period will also benefit the pregnancy and the unborn child (William & Mackenzai, 2014).

This research addresses the key issues of the first experience of pregnancy among disadvantaged women of *Pirowal*. It also studies the traditional care practices of rural women and how they rely on home remedies and ethno medicine. This research will further try to find out the hidden factor that is why these women follow the traditional method nowadays.

Disadvantaged refers to individuals or communities facing social, economic, or environmental obstacles that limit their opportunities. Pregnancy and child development are closely linked, with the prenatal period being critical for the child's growth. Factors such as maternal health, nutrition, and emotional state during pregnancy can significantly impact the child's cognitive, emotional, and behavioral development. Additionally, birth outcomes and the social environment also play vital roles. In disadvantaged communities, addressing barriers to healthcare access and promoting proper prenatal care are crucial to ensuring positive child development outcomes.

1.3. Significance of the Study

Pregnancy is a state of health that almost every woman has to encounter. The main reason behind the selection of this topic was my obsession and interest in pregnancy and related

issues. As I'm from a rural area where there is low literacy, women are less prestigious, less understood, and financially weak, and lack dominance and support. Moreover, I observed my sister's pregnancy and saw her managing everything from household work to self-care and fetus care on her own lacking any kind of moral support at an early age, so I opted to study the issues of all women over Pakistan regarding pregnancy and empowerment, service and delivery, post partum care and baby health issues.

People in rural areas like my locale *Pirowal* have different cultural understandings and aren't aware of the importance of pregnancy complications and the dire steps to be taken. Mortality ratios of newborns are rising due to ignorance and weak financial setups. Regular checkups, diet care plans, proper rest, and mental health awareness are limited among such rural women due to which they face severe consequences. They lack mobile facilities, don't know the use of the internet, and can't share their issues with anyone

This study through light on the ground issues of the women of far-flung areas, highlights their needs and suggests due course of action. Public health policies to be formed and awareness campaigns and sessions should be held by the teams of experts in those areas so that women can know about their complications, their needs, and ways to take care of themselves. Service of conveyance, free pregnancy medications, and monthly checkup schedules to be framed, free delivery service all such facilities should be provided to women with weaker financial support.

The government Health care sector should take initiatives to improve the services of women's health protection, especially during pregnancy. Such a set of policies should be followed and implemented to reduce the mortality rate among newborns and fetuses. This

study triggers and suggests the way towards safer and healthier environment with all the women's right reserved.

1.4. Objective

- To find out the understanding of different phases of pregnancy among women.
- To highlight the traditional care practices during pregnancy among women of *Pirowal*.

CHAPTER 2:

REVIEW OF RELEVANT LITERATURE

A literature review is a summary of academic sources on a certain subject. It gives you an overview of what we know now, so you can find relevant theories, methods, and research gaps that you can then use in your paper, thesis, or dissertation.

A literature review is a summary of all the research that has been done on a subject. The literature review looks at scholarly articles, books, and other sources that are relevant to a certain area of research. This previous research should be listed, described in summaries, objectively evaluated, and explained in the review. It should explain the theory behind the research and help you (the author) figure out what your research is about. The literature review gives credit to the work of other researchers. This shows the reader that your work is well thought out. When a previous work in the field of study is mentioned, it is assumed that the author has read, evaluated, and used that work in the current work.

A literature review gives the reader a "landscape" of the field so that he or she can see how things have changed. This landscape shows that the author has taken into account all or almost all of the important works that have come before in the field. The goal of writing a literature review is to show the reader what has been learned and thought about a topic, as well as what its strengths and weaknesses are. A main idea must be used to define the literature review (e.g., your research objective, the problem or issue you are discussing, or your argumentative thesis. A literature review surveys books, scholarly articles, and any other sources relevant to a particular issue, area of research, or theory, and by so doing, provides a narrative summary, and critical evaluation of these works concerning the research problem being investigated. Literature reviews

are designed to provide an overview of sources you have explored while researching a particular topic and to express to your readers how your research fits within a larger field of study (Fink & Arlane, 2014).

Pregnancy and birthing can be joyful events. But they are risky and maternity services do not offer proficient support for all women and mediation when required. The continuity of care made possible by having an obstetrician during and after pregnancy accelerates an efficacious and reliable connection with women. Nearly all women encounter pregnancy and birthing during life. Even so, being pregnant is a big and permanent change for every woman. It brings new opportunities and responsibilities, happiness, and worries. In interpretive research, a lot of attention has been paid to the amazing biological and social farce of pregnancy, such as infertility, finding out about a pregnancy before its due, or giving birth early. Even though there has been a growing interest in pregnancy as a normal part of life in recent years. These analyses look at pregnancy in a systematic and theoretical way by focusing on the daily activities of pregnant women and their friends that make the pregnancy and future babies important (or not important) in their lives. This is something to keep in mind when thinking about pregnancy as socially and culturally ingrained practices that are taken into account through practice. So, instead of seeing pregnancy as a biological condition that does something to the woman, it should be seen as something that is acted out and gained (or ignored and lost) through practice. In terms of biology, pregnancy is either/or. But from a social science point of view, people get pregnant through cultural and social practices and random events that happen every day. In everyday life, women have different levels of acceptance and connection to their pregnancies and deal with and show them in different ways.(Lou & Frumer, 2017).

Mothers and their children who were deprived end up with bad physical and mental health. Research builds on studies that have already been done on the solitary faces of social complexity and line up to look at the first-time motherhood experiences of women who have all been threatened by several different things. Most importantly, this interview-based study, which worked with many groups that help poor mothers, made it possible to hear the voices and opinions of women who aren't easy to judge by traditional systems.(Mcliesh & Radshaw, 2019).

Furthermore, personalized support and care give people independence over the way their care is planned and achieved. It is based on their individual needs and privileges and what matters to them. This Collection finds a recent NIHR study into supporting pregnant women to make well-informed decisions and obtain the care they want. Some studies prioritize the mother's health; others look at the problems of the fetus. The Collection joins together messages from studies that have been advertised in attainable summaries - NIHR Alerts - over the past two years. Pregnancy is an emotional condition and many women feel unsafe and worried. If these feelings affect a woman's normal life, she may want support for her health (Huhtala, 2017).

In Pakistan, there are distinctive sociocultural elements that come up to women's feelings about pregnancy and birthing. The research conducted by (Ali & Habiba, 2018), shows Pakistani women's thoughts and feelings about pregnancy and childbirth an element that remains under analysis in the state. Ladies said that they usually visited health care units if they felt pregnancy complications or alarming signs, such as enormous bleeding or headache. The results showed how important husbands and mothers-in-law are as healthcare decision-makers. Participants showed that it was hard to

get care because they didn't have a way to get there, they didn't have enough money, and there weren't enough nurse maids. Moreover, private provisions were often prioritized due to the thoughtful enriching quality of services.

Diet in the course of pregnancy is a challenging public health concern because pregnancy is a crucial period during which appropriate maternal diet is a key element affecting the health of both mother and fetus. During pregnancy, the developing fetus gets all of its nutrition from the placenta. This means that the mother's diet has to meet the needs of both the mother and the fetus and allow the mother to store extra nutrients that the baby needs to grow properly (Nana & Zema, 2018). Following WHO (2014), nutrition is the intake of food treated to the body's nutritional needs. Good food, enough balanced diets with regular physical activity is a mainstay of good health; in contrast, unbalanced nutrition can lead to lessen immunity, high susceptibility to disease, weak physical and mental growth, and decreased productivity.

Hence, women of child-bearing ages should have a balanced nutritional level through a lifestyle that improves maternal health and lessen the risk of birth problems, suboptimal child growth and development, and chronic health issues in their fetuses. The main part of health-promoting life habits during pregnancy includes moderate weight gain, good physical activity, use of a variety of dietary items according to the dietary guide lines for pregnancy, proper and timely vitamin and mineral supplementation, forbearance of alcohol, tobacco, and other noxious materials and safe food handling. A healthy and appropriate diet during pregnancy and after childbirth is one of the major elements affecting women's health. The lack of good nutrition can have crucial results on a mother's health and can lead to maternal complexities (Omer & Fisher, 2021).

The lives of the world's poorest babies are also at risk because of bad delivery methods, bad infrastructure, and less money spent on health, especially on food. Most mothers and babies die because of anemia. This is true all over the world. So, Pakistan's spending on food in South Asia makes sense. Most Pakistani women who live in rural areas, unlike those who live in cities, work in agriculture. Since these women come from poor families, they are more likely to be malnourished and lose weight. Their work that isn't paid and isn't registered makes things worse. The Global Nutrition Index says that about 52% of mothers in Pakistan who can have children again are anemic.(UNICEF, 2019).

2.1. Service delivery

Pakistan's public health system has three levels of care: primary, secondary, and tertiary. There are almost 13,051 primary care centers and 965 secondary and tertiary hospitals in the world right now. Since Pakistan got its independence, the number of skilled health workers has stayed low. There are only 1.4 nurses, midwives, and doctors for every 1,000 people, while an estimated 2.28 are needed to meet the basic needs of a population. 18 Even though the number of people with HIV in the country is low, there aren't many of them and it's hard to get them. The health system is still having trouble because there aren't many ways for health workers to move up in their careers, there aren't enough workers, the places where they work aren't good, and resources aren't being used properly. So, most people get their services from the private sector, which is responsible for 70–80% of health care delivery. In the past few years, the government has tried to increase access to care and improve health outcomes by keeping regulations on the private health sector, supporting ender equity, and reducing professional and managerial flaws in the district health system.(Mashhadi & Hamid, 2016).

After giving birth, families can help mothers to make sure they get as much rest as possible so they can heal. Such methods are less common in the West and Pillsbury 1997says that the series of passages is not finished in the West. This lack of firm support may make it harder for women to adjust to being mothers and can lead to the "baby blues." Even so, research from the past has shown that postpartum depression also happens in cultures like Pakistan, where there are rituals to help new mothers, and that it is just as common everywhere. In the United States, 35% of mothers were said to have postpartum distress, while 54% of mothers in Canada were still sad and only 13% of mothers in Sweden were depressed. Today, postpartum depression is a disease that can be treated well with therapy and/or medication. However, nearly half of all cases go unreported because of the social stigma that surrounds mental illness in general and postpartum depression (Bort, 2002).

Pakistan's society is patriarchal. As a result, the desire for sons is an important and widespread cultural value that is supported by the feudal kinship networks that are common throughout much of the nation. Although the reliance on sons is greater in rural communities due to agricultural labor and the connection between land ownership and male succession, boys are still valued in other places for upholding the family name and caring for elderly parents. However, both in rural and urban regions, daughters are viewed as an expenditure and a financial burden. Women make up only 22% of the labor force, and their influence as productive agents is mostly restricted to cities. Most women are still financially reliant on the male household members and are unlikely to contribute to the family's revenue. Uneven birth sex ratios and sex-selective abortions are two consequences of a preference for sons. This report is a component of a larger study that

examines the problem of gender-based sex selection and develops evidence-based suggestions for dealing with unfavorable birth-sex ratios.(Tarar & Pulla, 2014).

Depressed women may also not be happy with their lives, which can make them lose interest in things they used to enjoy. When a woman has postpartum depression, she may also feel tired, useless, and ashamed. Pregnancy is one of the times in a woman's life when she needs to eat the most. It's important to eat well during pregnancy to keep both the mother and the baby healthy and to avoid bad pregnancy and birth outcomes, like hypertensive disease of pregnancy. In the second and third trimesters, pregnant women need to increase their energy intake and their intake of certain nutrients, like calcium, iron, and folic acid. This will help the baby grow and make sure that the mother has enough nutrients to breastfeed. In Pakistan, the health of mothers is not very good, and very few women use health services. Rates of maternal death are close to 500 per 100,000 live births (WHO2004). Many people think that Pakistani society is very father-centered, with clear gender roles and big differences between men and women in access to all kinds of resources. On a large scale, a medieval political system based on unequal distribution of resources and backed by a strong Islamic school of thought creates strict class and gender rankings. On a smaller scale, marriages are often set up between members of the same family, and the continuation of the matrilineal lineage is important for a woman's safety in her married home. One of the most important parts of the gender hierarchy is that men are the ones with money and power, while women are subordinates and stay at home. The practise of purdah fine lines help define the roles and spaces of men and women and has a lot to do with the honor or dignity of men. To find out how gender affects women's use of antenatal care (ANC) services in Punjab, Pakistan, an

integrated analysis of detailed ethnography and large-scale Research data is presented. Pregnancy and the decisions that come with it were found to be mostly the domain of older women, with pregnant women and their husbands being left out of the decision-making process (Mumtaz & Salway, 2007).

Complexities of pregnancy are health disorders that occur during pregnancy. They can affect the mother's health, the child's health, or both. Due to the lack of regular checkups and proper life style women in *Pirowal* were under regarded and ignored for their medical needs. Because most women are dependent on their in-laws especially mothers-in-laws who are reluctant towards them to look after them responsibly, they were quite unsatisfied and disappointed. Most women have health issues that emerge during pregnancy, and other women have health disorders before they become pregnant that could embark on complications. Women need to attain healthcare before and during pregnancy to lower their risk of pregnancy disorders. Pregnancy indications and complexities can range from benign and infuriating stiffness to extremely severe, most often life-threatening, embarrassment. Most often it can be hard for a woman to find out which signs are normal and which are not. Disorders during pregnancy may include physical and mental temperaments that affect the health of the mother or the fetus. These issues can be happening due to or can be made ill by being pregnant. Many problems are midland do not advance; but, when they do, they may affect the mother and child severely. Always remember the rear ways to manage disorders that come up during pregnancy. Contact your prenatal care mainstay if you face any problems during your pregnancy(Hanif & Khalid, 2021).

2.2. The First Trimester: Changes to Your Body

During pregnancy, numerous fluctuations will ensure your body helps nurture and safeguard your child. Women experience these variations differently. A few indications of pregnancy continue for many weeks or months. Others are experienced only for a limited duration. Most women experience several signs, and other women encounter only a few. The following is a list of variations that may happen during the first trimester:

2.2.1. Second Trimester: Fetal Development

The most considerable fluctuations and development take place during the first trimester. During the first 8 weeks, a fetus is called an embryo. The embryo grows quickly and by the end of the first trimester, it becomes a fetus that is fully developed, weighing nearly 0.5 to 1 ounce and measuring, almost, 3to4inchesinlength. This trimester of your pregnancy lasts from week 13to28, or months 4, 5, and 6. It is the central period of pregnancy, when you may start to see your ~~b~~aby bump ~~a~~nd feel your baby move forth for the first time. During your second trimester of pregnancy, the morning sickness and weakness you may have felt during the last3 months should go away

The second trimester, for many women, is the trouble-free 3 months of pregnancy. Take the time now, while you'll feel much better and your energy is up. During the second trimester, your baby is growing rapidly. Between your 18th and 22nd weeks of pregnancy, you'll have ultrasounds so your doctor can see how your baby is growing. You also can learn the gender of your baby. And you can also know it the babies are twins. Although you should be feeling relaxed now, huge variations are still happening inside your body. Here's what you can predict.

2.2.2. Third trimester

A pregnancy lasts for 40 weeks almost and 9 months. The weeks are categorized into three trimesters. The last trimester comprises 28 weeks out of 40. The third trimester is mostly both physically and emotionally hard for a pregnant woman. The fetus is considered full-term at the end of week 37 and it's only a game of time before birth. Investigating and perceiving what to expect during the third trimester can help decrease any anxiety a mother may have during the last phases of pregnancy.

2.5. Cultural Beliefs and Practices in Pregnancy and Childbirth Diet

Pregnant women are given certain diets that are high in protein, fruits, nuts, and dairy items. Pregnant women often consume *panjeeri/panjir*, a traditional diet consisting of dried nuts, lotus and melon seeds, edible gum and other traditional plants, clarified butter, semolina or whole wheat flour, and sugar. It is widely accepted as safe and provides additional energy throughout pregnancy. Women choose high-protein meals, milk, fruits, nuts, and fats, and they follow other traditional dietary patterns. Traditional dietary usage during pregnancy and postpartum is based on the particular effects of foods on the body (Taseer). The effects might be hot or cool. When consumed, hot and cold rely on the intrinsic qualities of food ingredients rather than their temperature. Many South Asian cultures see pregnancy as a hot condition, and meals with cooling effects are recommended in the early stages of pregnancy to reduce the risk of miscarriage, while foods with hot effects are recommended towards the end to aid in labor and successful birth. Beef, mutton, poultry, eggs, dried fruits, butter, and spicy meals are all part of a hot diet. Drinks and other vegetables, bananas, oranges, ice, cold water, and ice cream are examples of cold foods. Cold meals may also irritate the skin.

Melons, watermelons, papaya, pumpkin, and other non-reactive foods with no heat and cold reactions are examples. Gas-forming foods (badi) such as rice, fried dishes, potatoes, chickpeas, and lentils (daal) are avoided after postpartum and during the breastfeeding period since they might induce colic in the infant pregnant women are permitted to fast throughout Ramadan. Though pregnancy is considered a vulnerable situation, fasting has religious and spiritual importance and is not considered harmful to the baby.

2.6 Family support

The study by Erfina & McKenna (2018), discusses the problems or lived experiences of first pregnancy among disadvantaged women regarding health care needs and disempowerment in caring for their babies. During the first time, postpartum mothers aged 20-30 faced many challenges both in the vaginal and cesarean section birthing process including labor pains, prenatal and postnatal care, breastfeeding, baby bathing issues, and disempowerment in caring for babies. Hospitalization and midwives services are also unsatisfactory which lacks proper care abilities and devotion to their duties. Nurses give a short time to young mothers in teaching the care ethics of new born to their mothers so that when discharged from the hospital mothers can effectively and confidently take care of their children.

Studies reveal the most common factors for death during childbirth. Ineffective staff and insufficient care and knowledge is the reason for postpartum complications. Babies are taken away and mothers do not allow seeing and feeding their baby for 2 or 3 days. They are separated in wards and mothers are unable to give early care and do not learn how to care for the newborn. Young mothers don't know how to take care of themselves and their children, how to bath and feed, confusion when children cry, and pain while moving

after surgery. Negligence and inappropriate health care activities are the major cause of serious threats to young mothers. Nurses and midwives are not much efficient in the best care needed to assure a healthy mother and child care while discharged from the hospital. Most of the mothers do not adopt the contraceptive counseling and family planning provided before discharge from the hospital. According to the study, there is a dire need for accurately targeted postnatal care of mothers along with Child's education and counseling at each point is mandatory and more directed goals and policies should be made by health care institutions and their strict implications should be ensured to achieve a less count of yearly dying mothers during or after childbirth.(Erfina & McKenna, 2018).

Moreover, the study reveals several issues or problems of first pregnancies and sexual health outcomes, and their consequences have been elaborated on in detail. This study reveals many tools to empower women to reduce the risk of first complicated pregnancies. Initiatives for girl empowerment discussed in this study include not only educational empowerment but also economic, community, and policy empowerment.

Women are hesitant to discuss their problems, especially pregnancy. They are ignorant of the risks and complications of pregnancy. Girls' empowerment may prevent unfavorable reproductive consequences. These studies provide light on integrated empowerment strategies in education, the economy, the community, and policy. Economically empowered females had lower rates of teenage pregnancies, according to research. Economic initial has helped to lower the number of teenage pregnancies in low-income countries. For example, according to a poll that employed vocational training and sex

education, girls' engagement in economic activities increased by 32%, while the likelihood of teenage pregnancy decreased by 26%.(Lin & Katengeza, 2020).

2.7. Education Empowerment

It has been known that keeping girls studying at school eventually delays marriages and early pregnancies. In Nepal, by Bhandri 2019 education is seen as an effective option to prevent early-age marriages and thus delay pregnancies. Furthermore, Sex education programs have been noted as fundamental in reducing adolescent pregnanciesSchool environments should be made friendly in teaching sex health care, and sessions in clinical or community settings should be progressively held. Health care workers should be taught to be sensitive and responsible enough so that the adolescent may not be reluctant to access health facilities.

2.8. Community Empowerment

Communities and groups of individuals who have positive and supportive attitudes, in addition to the support of families, have been proven to be effective in lowering the risk of sexually transmitted diseases in adolescents. According to the findings of a survey conducted in Brazil in 2010, cultural and social variables are among the most important factors connected with adolescent pregnancy. Teenagers who are subjected to certain cultural traditions may be at an increased risk for early marriage, pregnancy, and other negative health effects. The public should be allowed to participate in these types of informational workshops to get a greater level of comprehension of the sexual health concerns of adolescents. Interactions between individuals, particularly those who are close to teenage females, are quite significant. The relationship between a parent and a kid is one of the most significant and significant exchanges. By taking into consideration

all of these elements, it may be possible for girls to achieve the level of empowerment necessary to become prospective and self-assured community members.

2.9. Role of NGOs

Certain principles of actions guiding stakeholders and governments can have appealing impacts on their people. The absence of NGOs, health care programs, and women's awareness campaigns is not seen. Rules and regulations that ensure the schooling of Girls and tailored sexual health education policies and a supportive environment are likely to empower adolescent women and positively affect their health. Imposing contraceptive use is necessary but ignoring the fact that most adolescents find it difficult to access and use contraceptives, is not a good practice. Workers and employees in the health care departments should be responsible and patient-friendly to ensure the best application of policies of contraceptives' observed in these facilities are very rare and if it is available, it is very ineffective and unsatisfactory. WHO supports the increased use of contraceptives and policies to tackle coerced sex. Moreover, I observed that girls' power to negotiate intimate relationships is reduced; this problem should be kept in mind while implementing any contraceptive program. In order to complement state-led programs effectively, community support and cultural concerns should be expressed via parents and community leaders. The number of teen pregnancies and the ramifications of such rates might discourage growth on the part of governments, while measures that are appropriate and relevant could transform the whole undesirable picture(Dmisani & NKhoma, 2020).

The goal of this literature review is to look at the risk factors, ways to prevent postpartum depression, and treatment options for women in Pakistan. Depression after giving birth

happens to about 12.5% of women on average. It is one of the most common problems that can happen during pregnancy. Pakistan has the highest rate of prevalence in Asia, which is between 28% and 63%. PPD has effects on more than just the mother. It can also hurt the father and the child, and it can even cause the mother to kill her child or herself, which often happens. Also, not all women are tested for PPD or get treatment for it, even though Motherhood is the best thing a woman can do with her life. When a baby is born, new hopes and dreams come along with it. But what if this blessing of a baby makes you sad and worried instead of happy and excited? And what if, in some situations, the mother thinks about killing her baby or herself instead of being thankful for God's greatest gift? When a woman has Postpartum Depression, all of these things become true (PPD). PPD is a term for depression that happens after a baby is born. In clinical practice and research, this type of depression is looked at for up to a year after the baby is born. According to the Diagnostic and Statistical Manual-5, PPD starts within four weeks of giving birth. It usually happens to 10–15% of pregnant women and is a common problem that can be treated in many ways. The prevalence rate in Asian countries ranges from 3.5% to 63.3%. The rate is between 28% and 63% in Pakistan, which is the highest of any Asian country. Researchers who looked at how often PPD happened found that it hurts developing countries the most. The rate of occurrence in developing countries is between the same and twice that of the developed world. In Pakistan, more than half of the cases are not known. PPD affects more than just the mother. It can also hurt the husband and the child, and it can even lead to the death of the child or the mother, usually by suicide. Even though there are many ways to treat PPD,

not all women are tested for it and get treatment for it. So, public health needs to talk about the epidemiology of PPD(Aliani & Khuwaja, 2017).

Most women die because of problems that can arise during pregnancy or childbirth the health of mothers is one of the most important health issues in the world. Maternal health is a woman's state of being in perfect physical health during her pregnancy maternal mortality is when a woman dies during pregnancy or in the first 42 days after giving birth, but not because of an accident or something else that happened by chance (Organization, 2019).

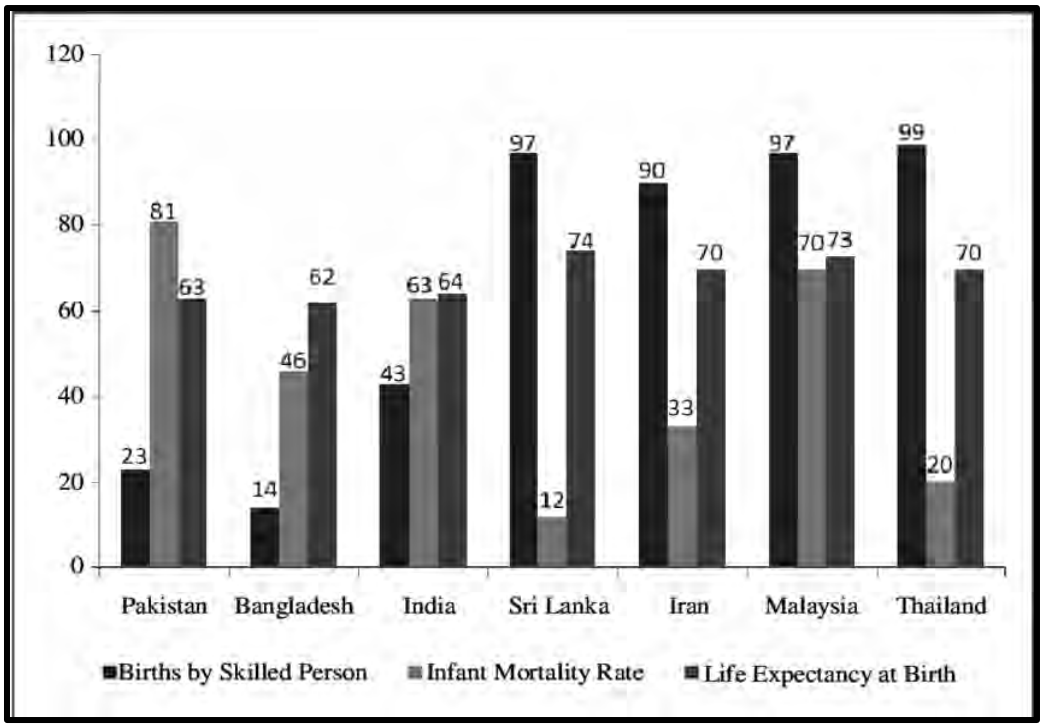
In Pakistan, the number of deaths of mothers per 100,000 live births was 140. Over 60% of maternal deaths around the world happen between the time the placenta is delivered and 6 weeks (42 days) after delivery according to WHO 2014 Women's reproductive health is a complete state of physical, mental, and social well-being related to the reproductive system and its functions and processes. From 2008 to 2016, international data on health metrics showed the number of maternal deaths in 82 different countries. This number was different in developed and developing countries. Programs and policies that aim to improve maternal health and reduce maternal deaths should take into account population dynamics, socioeconomic control, and health system factors that put pregnant women and mothers at a high risk. Goal 5 of the Millennium Development Plan is to cut the death rate of mothers by 75% and improve women's reproductive health between 1990 and 2015. The number of deaths of mothers fell sharply by 45% around the world. During this time, the death rate for mothers in Sub-Saharan Africa dropped by 50%. The maternal health gap is shown by the fact that there were 239 deaths per 100,000 live births in developing countries and only 12 deaths per 100,000 live births in developed

countries. Pakistan did not reach its goal of 140 for the Millennium Development Goals. The last time this was recorded, in 2006-2007, the number was 276. It will make things worse for Pakistan.(Irum & Sadaf Mahmood, 2021).

No matter how rich or poor a society is, you can tell how developed it is by how healthy its people are and how evenly health care is spread across the social spectrum. Most people agree that everyone should have equal access to health care services. This is important for keeping people healthy, which mostly depends on their income levels and the cost and availability of good health services. Evidence from all over the world shows that differences in health outcomes, especially when it comes to caring for mothers, are more noticeable in developing countries than in developed countries.

In Pakistan and other developing countries, there are big differences in socioeconomic status and health care practices for mothers. This makes it hard for the government to reach the new MDG goal of universal access to reproductive health, especially health care for mothers and children. Even though there have been many efforts to improve the health of mothers, the progress has been slow and there are big differences based on income, class, and social status.

If you look at Pakistan from a global perspective, it seems that important health indicators like life expectancy, infant and maternal mortality rates, and fertility rates are much lower than in other Asian countries. At 78 deaths per 1,000 live births, Pakistan's infant mortality rate is one of the highest in the region. Also, only 23 percent of births in Pakistan are attended by a skilled person, compared to 97 percent in Sri Lanka and Malaysia, 43 percent in India, and 99 percent in Thailand.(Mahmud& Bashir, 2018).



Source: Goolge

Figure 1: Comparison of Selected Maternal Health Indicators in Some Asian Countries

Maternal nutrition is the term for a woman's nutritional needs before she gets pregnant (during the "Preconception" period), while she is pregnant, and after she gives birth. It can start as early as adolescence in places where people have kids young. Even though maternal nutrition is linked to a woman's ability to have children, it should be looked at as part of a bigger picture of women's health and nutrition at all stages of their lives. This approach shows how important it is to reach women when they are teenagers and young adults so they can live healthy lives before getting pregnant, during pregnancy, and after giving birth. There is a growing movement to make sure that the lifecycle approach also

reaches women of reproductive age, which means women between 15 and 49 who are not pregnant or breastfeeding, women of reproductive age who do not have young children and older women. Reaching these groups is still a problem with the way programming is done now.(UNICEF, 2022).

CHAPTER 3.

RESEARCH METHODOLOGY

While discussing scientific methodology, Russell said (1940)

The phrase "scientific methodology" refers to the same set of processes utilized in all disciplines of research for data collection and analysis. The technique assumes (a) that there is an objective reality in the universe, (b) that direct observation is the best way to learn about this reality, and (c) that there is always an adequate material explanation for all observed occurrences and that no philosophical explanations are ever necessary.

Techniques are utilized in the research process to investigate individuals using an anthropological perspective. In my present study, the instruments best relevant to the research are employed to generate as much data as feasible. As a result, I employed all of the instruments and procedures necessary for my ethnographic study.

The study focuses on the early experiences of the pregnancy stages, including conception, birth, and the postpartum period. Pregnancy is a sensitive and extremely personal subject for all women in Pakistan. So, for this goal, I used the socio-cultural research technique in my research. Before we can use this approach, we must first grasp what socio-cultural research is. In this approach of research, we analyses the issue as a whole from every viewpoint. The research study uses a qualitative technique to determine the right knowledge of pregnancy difficulties and how women carry their pregnancy throughout the nine months. This study also defines an in-depth grasp of *Pirowal* women's difficulties and disadvantaged women. The study begins at the individual to the household level and then broadens to cover social and economic elements underpinning the pattern of pregnant women.

Anthropology is the study of human behavior and culture. It assists us in comprehending the overall picture of human society. Cultural anthropology is the study of human communities and cultures and how they have evolved. Cultural Anthropology is essential because it teaches us more about how people lived and what they did throughout history. So, in this study, we employed a cultural viewpoint to characterize the many ways that pregnant women become moms. Cultural anthropology is the study of human culture, traditions, and behaviors in society. Medical anthropology, on the other hand, studies how reproduction works in various civilizations and how it impacts people's health. Medical anthropology is a branch of anthropology that studies people's social, cultural, biological, and linguistic elements to understand more about how they impact health and well-being. The study of human health and sickness is known as medical anthropology. It also examines how health issues impact society. So, for my study, I'm looking at the issues that pregnant women in *Pirowal* confront as a result of their culture. Medical anthropology studies how health and well-being are socially and culturally formed in comparative and transnational environments. It also investigates that how culture influences the experience of sickness, medical practices, and the healing process for both individuals and communities. It investigates how a person's experiences and thoughts about their body, self, or notion impact how they feel when they are ill. It also examines how biological research and practices, as well as non-Western medicines and healing traditions, impact and are affected by cultural beliefs and practices.

3.1. Methodology

Researchers adopted an anthropological strategy in designing their research procedures. In this paradigm of qualitative research, we use the methods and instruments that are most suited to our study and will help us collect the most relevant data imaginable.

3.2. Theoretical framework

This study highlights a significant transition in a woman's life as it relates to the liminality paradigm within medical anthropology. These theoretical frameworks were evaluated for their applicability to helping pregnant women through the liminal period. This method's value lies in the attention it draws to the many facets of first pregnancies. For a better understanding of the conceptual framework under the present research theory of Arnold van Gannep that is directly linked with research findings.

Table 1: Catagaerzation of liminality theory

Theory	**Key term**	**Assessable sign**	**Proposed connection**
Liminality A rite of passage by Arnold Van Gannep	Transition and incorporation, change of status, empowerment, separation	Birth, adulthood, marriage, eldership, and ancestor ship	Marriage, pregnancy, birth change of status Towards empowerment, motherhood.

Source: Researcher work

3.2.1 What is liminality?

The main idea behind liminality theory is that pregnant women are in a state of transition. Liminality is the state or condition of being in-between, in a transitional phase, or on the edge of a big change or transformation. In anthropology, this word is often used to describe the change that happens when people or groups move from one social or cultural state to another. There are a few ways that pregnancy can be seen as a liminal state. Physically, a woman's body goes through a lot of changes to make room for and feed the growing baby. As a woman goes through the physical and emotional changes of pregnancy and gets ready to become a mother, she may also feel confused and uncertain on an emotional and psychological level. Pregnancy is also linked to a social and cultural liminal state in many cultures. People may see pregnant women as being "in-between" their lives before and after pregnancy, and as a result, they may treat them differently. Pregnancy can also mark a change in status or role, like when a daughter becomes a mother or a single woman gets married. Also, pregnancy is a process of going from being single to being a parent. It can make a person feel confused and unsure because they don't know what the future holds. It also marks a turning point in a person's life, both in terms of who they are and how they relate to others.(Jacinto & Buckey, 2013).

3.2.2. Change of status

In many societies and cultures, pregnancy and motherhood are important signs that a woman has become an adult and that her social and cultural status has changed. In traditional societies, pregnancy and childbirth are often seen as rites of passage that show how a girl becomes a woman. During this time, there are often rituals and ceremonies that mark and celebrate the change. In many cultures, pregnancy, and motherhood are

also signs that a woman has moved from being dependent and unmarried to being independent and married. It may be seen as a sign of a woman's ability to get pregnant and have children, which is a good thing for marriage and her standing in the community. Pregnancy and motherhood can also change a woman's status in her family and community since she is often seen as the caretaker and nurturer of the next generation. This could make people in her community treat her with more respect and give her more responsibilities. It could also give her new chances to lead or take part in rituals or ceremonies that were important to her before. But it's important to remember that these views of pregnancy and motherhood as signs of a woman's transition to adulthood and change in status are not universal and can vary a lot between cultures and societies (Gnnep, 2004).

3.2.3. Towards empowerment

Women can feel more powerful during pregnancy because it gives them a chance to take charge of their bodies and health and make decisions about their own lives and the lives of their children. During pregnancy, women are often encouraged to take an active role in their health care, including making decisions about prenatal care, childbirth options, and care after giving birth. This can give women a sense of control and self-efficacy because they can make choices about their health and the health of their unborn child that are in their best interests. Pregnancy can also be a time for women to focus on their own physical and emotional health and to put their own needs first when life gets busy. This can make a woman feel strong because she can take care of herself and her future child. Also, a woman's status and role in her community, family, and society can change after she has a baby. It can give her new chances and make her more respected and responsible

in her community. It could also give her the chance to take on leadership roles or take part in rituals or ceremonies she couldn't do before. It's important to remember that a woman's sense of empowerment during pregnancy depends on many things, such as her own life, the culture and society in which she lives, and the support she gets from those around her.

Pregnancy is a big change in a woman's life. It affects her body, mind, and social life in a lot of ways. Different ideas about pregnancy are looked at to see how useful they are. Using the ideas of anthropologists van Gennep and Turner, pregnancy is seen as liminal, or a space between social structures. The change from being pregnant to being a parent is looked at as a rite of passage. When you think of pregnancy and birth as a liminal phase, you can better understand what is normal and what isn't normal about them. Through application and analysis, there are case studies that show what it is like to be in a state of liminality and what its rituals and communities are like. Some of the key terms are pregnancy, rite of passage, liminality, rituals, communities, and becoming a person. Case studies were done to look into the idea of rites of passage and the liminal phase that comes with it. This was done to find theories about pregnancy that could help explain and guide "being pregnant." During the 20th century, van Gennep and Turner wrote important books about the contexts and ceremonies surrounding major life events like pregnancy. In every culture, pregnant women have been helped through the different stages of having a child by ceremonies or rites of passage. Even though these weren't new ideas, we found that they led to insights that changed the way we look at things. When you look at pregnancy and birth through the lens of liminality, with its rituals, you can better

understand what is normal and what isn't normal. (Davya Brody & Côté-Arsenault, 2009).

Pregnancy is a big event that changes a woman's life and helps her grow in many ways. Sometimes pregnancy doesn't cause any problems, but other times it can cause serious health problems for both the mother and the baby. Depending on how the pregnancy goes, the mother and child will deal with and think about the experience. Using van Gennep's work as a starting point, the authors explain how a woman's role changes during the three stages of her life (separation, limen, and aggregation). The authors also said that problems at each stage give birth educators a chance to work with the mother-to-be during pregnancy, birth, and the time afterward. People talk about how important it is to recognise the changes that come with each stage and how new moms should welcome the challenges that come with being a parent. People have said that for some women, giving birth is a spiritual event and a high point in their lives. Some women say that giving birth is like meeting a higher power who is with the mother and child from the time they are conceived until the baby is born. During pregnancy, this higher power keeps the mother and child safe. People are more likely to have a good birth experience if they can talk about how their spiritual and religious beliefs affect how they see birth. Bendek (1999) says that when a woman goes from being pregnant to being a mother, the most important event in her life, giving birth, often changes how she sees herself. During pregnancy, a woman feels torn between her roles as an independent woman and a person whose body and mind are changing. This gives a mother a chance for "deep inner change." A whole-person approach that looks at the biological, psychological, social, and spiritual parts of a person will help mothers see birth as a peak experience (Jacinto, 2013).

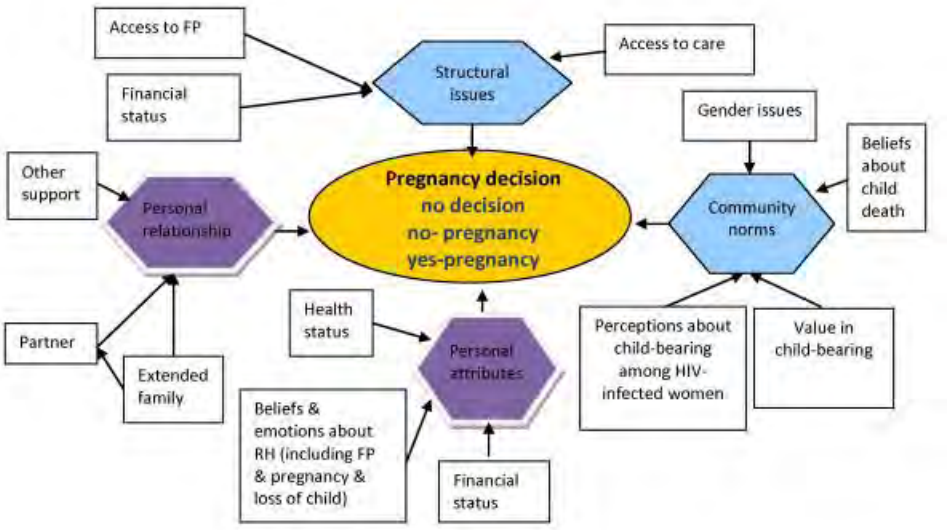


Figure 2: Influences on Pregnancy Decision-Making in HBAC Qualitative Pregnancy Study(King, 2011)

3.3. Entering in to the field

Before going out into the field, you need to plan the research and decide on the tools you will use. The goal of this research is to find out more about what pregnant women do and how they live. I started by looking for a good place to do this. As soon as I got to the field, I started asking people directly about their first pregnancies. This first direct question helped me figure out if the area was right for the reasons why it was right for the reasons. During this time, I had to find and meet my key respondent, who was from that area. They helped me get to know people from my area. When I first met people there, they didn't fully understand that I was a researcher. They thought I was a broker from a non-governmental organization (NGO) looking for workers or someone from the Benazir income support program who gave money. I started with a formal introduction and told

them what my study was about and why it was important. While the help of my most important respondent I found some pregnant women, met them, and spent as much time as I could with them. My usual routine was to walk with them and go to their workplaces to watch them work and see what they did every day. I asked the respondent's name and told them a little bit about myself, and then I asked my research-based questions.

3.4. Participant observation

After a few days of getting to know them, I started going to their homes for participant observation to find out more about their pregnancy, what they ate, and what they did every day. Participant observation taught me a lot about the community's cultural rituals and traditional ways of doing things. Through this method, I found out a lot about my respondent. I used to spend most of my time at the respondent's house, where we could talk in more depth. Observation is one of the best ways to learn about what people believe and how they act toward each other. Observation means paying close attention to things that happen, which can be a good way to learn something. Participant observation is a key part of anthropology because it helps to gather first-hand information. It's not just watching people do their native things; it's also taking part in those things and judging their behavior and activities without being biased or getting too close to them. For me to see what was going on, I had to live in the field for a long time.

I had spent most of my time as an anthropology researcher in places like homes and hospitals. During my fieldwork, I used this technique to try to understand and feel what it was like to be a pregnant woman. It also helped me get valuable information that people might have been hiding. During this time, I was watching pregnant women go about their daily lives.

3.5. Rapport building

It is very important to get to know the people you want to reach. It is important to talk to them and let them know what the study is about so that they can be in an easy and comfortable environment. I have spent almost more days building relationships. This is because the research is aimed at pregnant women, and building relationships makes it easier to find out about pregnancy and related experiences. Most of the people in the chosen area, *Pirowal* in district *Khanewal*, speak Punjabi, so the researcher was able to connect with the people there better because they spoke the same language. It gave people a safe place to talk about important things about pregnancy without any language barriers. When I met my respondents, I told them why I was there and how important this study was. This gave them confidence that their information would stay private since these people were not afraid to talk about their first pregnancy. Building a good relationship with a respondent and getting to them through a key informant is impossible without doing this. It is both a useful skill and an art to be able to create an environment where the people who are the focus of the study don't see the researcher as an outsider and feel comfortable enough to give the information needed for the study. Building rapport turned out to be a good way to get to know people and get information from them. It's always clear after living with them for a while.

3.6. Key informant

A key informant is an expert in the field who can provide useful information. It's crucial to choose a key informant who is fluent in the local language, has extensive knowledge of the issue at hand, and can give adequate direction, facts, and guidance. The key informant gives both official and informal details on local people, culture, values, and traditions.

Seek a key responder who has excellent repute in the community, easy access to the general populace, and can arrange interviews with respondents for the upcoming study. So, I chose Fozia, a resident of my area and a women's health visitor. Since Lady Health Visitors (LHVs) are common in most communities, I was able to easily find a key informant in this area of study.

After several trips to the area, I was able to establish trust with my major informant, Fozia, a Lady Health Worker (LHW) and a native of the community who worked in the hospital for the government. She puts me in touch with the resident.

3.7. Interview

3.7.1. In-depth Interviews

The in-depth interviews were based on non-probability purposive sampling. It purposefully included women from various socioeconomic backgrounds. In-depth interviews were conducted with women to understand their practices and attitudes toward pregnancy. A total of 22 in-depth interviews were conducted, with participants ranging in age from 22 to 30. The questionnaire's structures are open-ended, and women can describe their pregnancy in detail. Because pregnancy is such a sensitive and personal subject for pregnant women, in-depth interviews about it are being conducted in Pakistan. At the start of the interview, the women were hesitating to answer. The interviews were conducted at various times, such as when women were cooking or cutting vegetables. An in-depth interview covered many aspects, including female personal characteristics, education, socio-economic background, native language, marriage adjustment issues, and living patterns.

An interview is a process of communication and interaction in which the respondent or interviewee gives the needed information. An interview is a formal meeting between two people the interviewer and the respondent where questions are asked by researchers to obtain data. It is a fundamental process of social interaction and during research, it will be a key technique for collecting data.

The interview involves face-to-face interaction to collect information. Open-ended interviews are preferred for this research mainly because of the selection of the respondent are becoming mothers and first pregnancy women. Thus open and unstructured interviews are helpful because it is informal and less restricted and essential in extracting in-depth information. There were 22 interviews with women. Pregnancy symptoms like general aches and pains were frequently treated with traditional home remedies. The women were upset because the medical professionals frequently let pregnancy fatalities in medical facilities go unreported. Most women expressed fatalistic beliefs about what led to their miscarriages and provided their interpretations of what happened, which were frequently inconsistent with recognized causes of prenatal death. Many of the women were unable to make their own decisions, even though they want to use contraception, and believed that doing so would protect them from experiencing pregnancy loss in the future.

3.7.2. Unstructured Interviews

This form of interview suited most to my research topic. After all, most informants are not highly educated because my topic belongs to pregnant women and my locale is *Pirowal*. People of *Pirowal* are not very efficient to respond my questions. The pregnant

women’s caretaker and the midwife were the unit of my observation that accesses me with information about the current research.

Unstructured interviews helped me to get in-depth and actual information. During unstructured interviews, I did not use the interview guide myself but I recorded 22 interviews on my mobile phone, about which they were aware.

3.7.3. Structured Interviews

Structured interviews are also called formal interviews. Such interviews are based on predetermined questions. The questioning in structured interviews is closed-ended, with little room for discussion. I didn't use this interviewing technique very often, for two reasons: first, respondents couldn't easily understand the formal language, and second, I conducted research in a village *Pirowal*, where the people are mostly uneducated and didn't know how to respond. I conducted structured interviews with doctors to strong my data in a proper manner and get information about my research study.

3.7.4. Probing

The topic of pregnancy is very sensitive and personal, so probing is very helpful for collecting the data. A "silent probe" and an "echo probe" were used in the initial questions, followed by a "tell me more" probe and a "long question" probe. In the subsequent informal conversational interview, probing by leading was used so that additional information was received from the respondent. During the interview, I probed some questions to gather related information about my targeted objectives. For example, when I started questioning pregnancy they denied answers because according to them I was unmarried so I cannot understand their matters. So able to I convinced them because

I already researched maternal health prior. Then I started to probe questions such as are feel hesitation to feed your child etc.

3.7.5. Thematic Analysis

According to the research data, I chose thematic analysis because the findings of the research generated many themes. Soit was decided that the research would identify themes from within the respondent's understanding to document their diverse beliefs and experiences. Therefore, thematic analysis was used because it is independent of any theoretical or epistemological underpinning and can be embedded in most frameworks, in this case, the health of pregnant women and the journey of pregnancy. The major focus was to identify themes based on their frequency and similarities in the respondent's narrative. However, space was also given to highlight those exceptional findings that could be useful in providing a holistic understanding of the health of a pregnant woman.

3.8. Sampling

Sampling is a very important part of the research as it gives us a choice to select a certain number from the relevant population. The basic idea behind sampling is the analysis of some of the elements in a population that provided useful information on the entire population.

3.8.1. Purposive Sampling

I choose the sample using non-probability sampling. I found pregnant women based on asking questions in the hospitals and medical centers of my locale to the respondent and chose them according to my topic requirement, but some of the interviews were

conducted by the women based on snowball sampling. I conducted interviews with them for getting useful information on the topic.

I also conducted interviews with the caretaker of the pregnant women to confirm things validly.

3.8.2. Snowball Sampling

In the field, I used snowball sampling for collecting data, and it is a very easy way to connect with respondents. Respondent informed me that I had known about her pregnancy since I met her in the hospital. She then advised me to collect data from my neighbors as well. In this way, I applied this tool in the field.

Snowball sampling is a type of non-probability sampling in which new units are added to the sample by other units. Snowball sampling can be a good way to find people with certain characteristics who might be hard to find in other ways (e.g., people with a rare disease). The snowball method helps me a lot in my field areas. During my interviews, my respondents told me this about another woman who was pregnant.

3.9. Daily Diary

The daily diary is used to recognize data and maintain it which was used at the time of thesis writing. Things observed on the field about people, their cultural perception, or behavior was jotted down in the diary. During interviews, I coded appropriate words related to my study in my diary because human memories are not permanent and there are more chances to forget useful information.

3.10. Justification of the research

My topic is more related to medical anthropology dealing with early pregnancy issues in women of *Pirowal*. How much first pregnancy is necessary for them at a younger age and

what difficulties and challenges these women are facing? This is a mindset of our societies that first pregnancies will strong the position of the girl in the family. The charm of motherhood varies among women according to age but it becomes somehow burdensome for women of younger age as she does not know how to handle herself, her baby along with responsibilities of the family. Through identifications and diagnoses of complications in first pregnancy and field data, I will be able to recommend new policies to break down this stereotype in our society.

Being a girl, I am fascinated by motherhood as it seems a blessing for a girl. The conversation about motherhood in rural society is very common but dealing with issues of first pregnancy is unusual. If a girl is facing any issue, she is reluctant to go to the doctor as other people will think about her. This carelessness and no proper guidance are affecting the health of both mother and child. Sometimes this negligence has serious consequences like effecting the growth of the fetus and serious pre-natal issues. Through conversation with my younger sister, I came to know about issues of first pregnancy and how important is the first pregnancy for the empowerment of a girl.

3.11. Research Techniques

After the complete my literature reviews the researcher scrutinized, discuss, and finalized the pregnancy and women's issues during pregnancy and the related terms.

3.12. Focus group discussions (FGDs)

Focus group discussions are a research method that involves bringing together a small, diverse group of people to discuss a specific topic of interest. The purpose of a focus group is to gather qualitative data about people's attitudes, opinions, and experiences related to the topic being studied. The origin of the Focus Group was in sociology. Now,

FG is used intensely in the marketing field, and also, it has been growing in popularity in other areas. In social science, Robert Merton published the first work using a Focus Group Focus Group is a type of in-depth interview accomplished in a group, whose meetings present characteristics defined to the proposal, size, composition, and interview procedures (Aizawl, 2016).

I was able to conduct only one focus group discussion during my field work because my topic is very sensitive and about pregnancy so pregnant women are not allowed to move to other places and move to another neighbor's house so due to this hurdle I was able to conduct only one group discussion. My FGD depends on only 6 members 3 were pregnant and three members are their relatives they also Participated in discussions and provide different ideas and opinions related to their personal pregnancy experience.

FGD is a technique of in-depth discussion with a selected group of people especially on a specific topic. It is a very efficient technique to discuss things in a group and generate different aspects and ideas about the study. In the initial research process I built a good relation with my respondent and the key informants so focus group discussion was a very easy task for me in my field. My key informant helped me a lot she convey the message of timing for organizing FGDs. The group of 5 and 6 pregnant women was invited to the key informant's house.

FGDs helped to get diverse as well as shared views, as was face-to-face communication in this way notes were written about observations made during the session, and the body language and expressions were jotted down for further discussions.

3.13. Issues in Research

There are many issues facing the research field. My topic is very sensitive and personal for the rural women, so they are not willing to give me data, so it is very hard to build a good rapport with all of them. Because they told me most of the time during the interview that you are not married, you did not understand clearly, and I couldn't explain it to you in detail because you have no experience with all aspects of pregnancy. The second issue is that, due to good rapport, most of the respondents want to know about me and be friendly with me, but they are unwilling to discuss their pregnancies, which makes it difficult to manage the research environment.

3.14. Ethical Considerations

Ethical considerations were maintained while carrying out the study. Before starting the research informed consent was taken from the head of household as well as the respondent second thing is to define the purpose of the research to the respondent. The purpose and scope of the study and tools were explained to the interviewees and FGDs participants. The audio and visual privacy of the respondent was maintained. All the data were kept confidential and anonymous .after that research was complete after formal permission.

Ethics are becoming more and more important in research, as well as in business in general. Because of this, you must know the basics of ethical research and how this could affect your research project. This is especially important if your research requires you to talk to businesses or people in the community who will be taking part in it (these people are called "respondents"). Your research could involve a number of interactions, such as

in-depth interviews, focus groups, surveys, or even just watching how people act. (Ethical Considerations).

Research ethics deals with how one treats those who participate in the research and further how data is handled after it has been collected from them (Vanderstoep, 2009).

3.15. Field notes

Even though observation and interviews can be recorded on video or audio, field notes are usually used to record data from observation. Field notes are where the researcher writes down what happened, what was said, and how people behaved in the field as well as what they thought about it. During the observation, some participants will be fine with data being written down in the fields' notes but others might not be(2020) I used all techniques of field notes during my research. Field notes helped me to compose my research and explained my findings in detailed as per the requirement of ethnographic research.

CHAPTER 4:

AREA PROFILE

4.1. Locale

The historical background and current socio-cultural circumstances of the area under investigation are presented in this chapter. In this section, we bring together information gleaned from secondary sources with that gathered from participant observation and other methods.

Since my thesis focuses on pregnancy in different parts of the world, I've decided to do my study in the *Pirowal* hamlet, district *Khanewal*. Being a woman, I felt compelled to research this medical subject, especially since there is little awareness of pregnancy and the menopausal transition in the small community of *Pirowal*. That's why I decided to focus my study here. What I've found in my research has a greater impact on my intended outcomes.

4.2. Topography

Town and plane land are commonly referred to as "*Pirowal*." *Pirowal* proximity to the Multan district contributes to its warmer-than-average temperatures compared to other Pakistani cities. The months of January and February are the coldest of the winter. Mist is lightest early and late in the day. It can go up to about 55 degrees Celsius in the summer. During the sweltering summer, the monsoons provide welcome relief. Heavy rains and thunderstorms characterize the monsoon season (June–September), but the lack of a reliable sewage system in *Pirowal* makes dealing with the resulting floods a challenge.

What can be cultivated in *Pirowal* depends much on the weather. There are two distinct growing seasons in the region: kharif (April–October/November) and Rabi (October–

April/May). In addition to wheat, rapeseed, barley, and mustard, Rabi also includes a variety of other grains and seeds.

4.3. Communication

Pirowal is connected to the network of highways and key G.T routes in several directions. *Pirowal* G.T road linked it to other cities.

Pregnant women in the hamlet are particularly badly hit since they must go to *Pirowal* for a medical check-up at the district *Khanewal* hospital, or to the government hospital in 79/10R. There are a few vans and rickshaws that go between *Pirowal* and City *Khanewal*. A bus hardly makes a stop to pick up local passengers. As a result, the passenger's sole alternative is a rickshaw, which is extremely unpleasant for pregnant ladies. Vans are typically overcrowded, making travel a stressful experience for women. *Pirowal*'s entire home has electricity. And there is a street light on every street. Natural gas is accessible in several areas of *Pirowal*, but it has not yet reached the villages known as Chak No 22, 23, 79, and so on, therefore inhabitants who do not have natural gas access utilize woods or gas cylinders to prepare food in the kitchen.

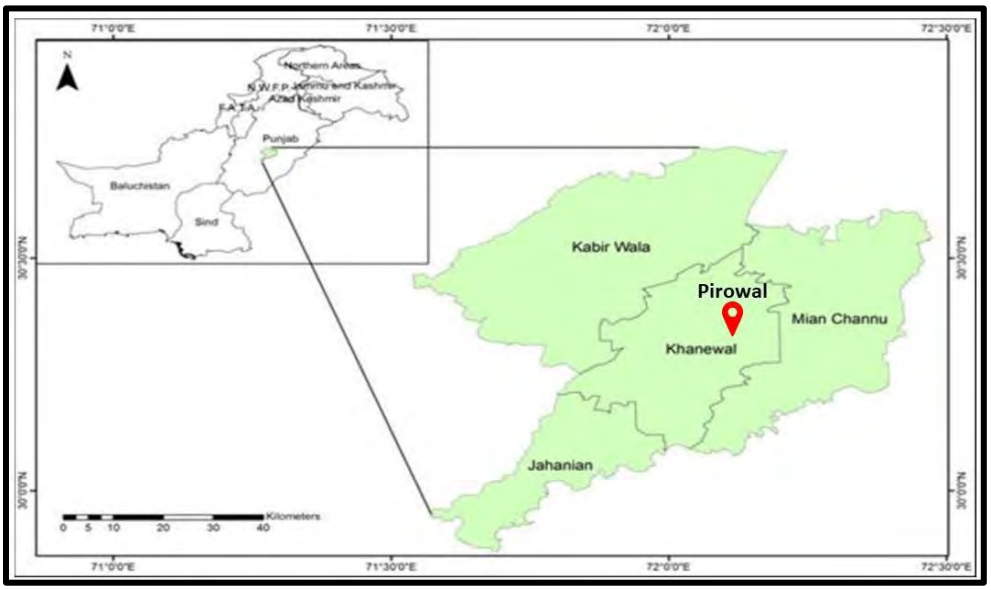


Figure:3location*Pirowal* on map(map, 2018)

4.4. Area Profile of *Pirowal*

According to the data obtained from the union council of the study locale, *Pirowal* is a hamlet located around 306.8 kilometers from Lahore. *Pirowal* is located at 30.3372 N latitude and 72.0409 E longitudes (Zahid Farooq, 2022). This town is commonly referred to as *Pirowal*. According to the revenue records, the village's name is Chak no 80/10-R. It is situated between *Kacha khu*and *Khanewal* on the NH-5 Lahore Multan portion. This town has a population of around 20,000 people. *Khanewal* is 10 kilometers away from *Pirowal*. *Pirowal* is home to Asia's largest animal forest. The wildlife park was established between 1987 and 1990 using funds from the development project "Improving Wildlife by Habitat Development in Irrigated Forest Plantation of Punjab" totaling Rs 5,912,000,000. (*Pirowal* play area). Karachi and Islamabad are linked by train. Seed Corporation, located in *Pirowal*, is a significant seed importer that serves the whole country of Pakistan.

4.4.1. Demographic data

The settlement has a total population of people. The settlement has a few houses. *Pirowal* is a tiny community, thus the study could be done there simply. Females outnumber males by a little margin. The table divides the population by gender.

4.4.2. Factory

Cotton and wheat are the most common crops grown here. *Pirowal* also has a cotton and wheat factory. They contribute to the advancement of the country.

4.4.3. Agriculture

Pirowal is primarily agricultural land. Its most notable crops are wheat and cotton, which are farmed primarily here because of their high quality.

Figure 4: Agricultural land of *Pirowal*

4.5. Research site

This study site is located in the district of *Khanewal* in *Pirowal*. It is 10 kilometers from the major city. Because of its congested position, transportation is easily accessible.

4.6. Architectural Structure

The architectural structure is a straightforward layout of houses and streets. Every home of 8 to 10 Marla has a particular construction that varies from person to person. The dwellings are divided into categories. One group is brick dwellings, while the other is mud houses. Pregnant women are generally assigned to rear side rooms in some households in order to ensure their privacy. The villager's mind is mostly to flaunt the baby bump in front of others in the shared family structure. For the female, it is a highly personal and private subject.

The number of rooms is determined by the household's financial and economic situation. The kitchen is built in the corner of the court yard to prevent smoke from entering the bedrooms. The majority of households have wheat storage called (parola) that they utilize for wheat storage.

The architecture of Pirowal.

4.6.1. Brick Houses

There are completely constructed homes. The drawing room is adjacent to the entrance gate and distinct from the rest of the house. Male visitors are accommodated. Some of the houses also have an extra room where the stove is placed during the rainy season to store wheat.

4.6.2. Mud Houses

Mud buildings outnumber brick houses in terms of number. Poor people live in mud huts, which vary in construction because most have just one or two rooms.

Figure 5:

4.6.3. Streets

There are around 40 main streets in the hamlet, most of which are in poor shape, and there is no drainage system, thus unclean water runs in the streets. Christians are considered sweepers and housekeepers.

4.7. Population

According to my sample, the total percentage of the population of the village is:

Gender Distribution

Table 2

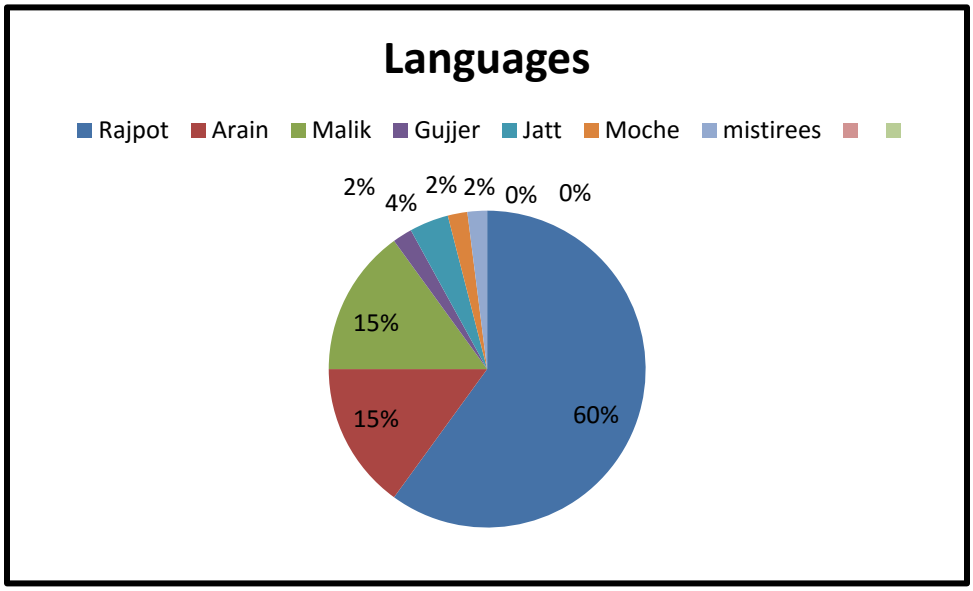
Male	59%
Female	39%
Transgender	2%

Source: Researcher

4.7.1. Caste

In terms of caste makeup, the residents of *Pirowal* are relatively representative of the major caste *"Jutt Baradri"*, also known as the main and superior castes. According to the findings of the study, while some respondents consider themselves as belonging to a higher caste and specify their caste as jatt, malik, others do not mention their caste.

There are individuals of numerous castes, and their population percentages are as follows:



Source: Researcher

Figure 6: Language distribution of Research Location.

4.7.2. Languages

Punjabi is the primary language of the Punjab province. This village's inhabitants also speak Punjabi. The elderly speak Punjabi, while the youth speak Punjabi and Urdu. Urdu allows people to converse quite simply. People here struggle to communicate in English. It changes depending on their degree of education.

4.8. Food Habits

People in the village used to consume basic foods, particularly locally grown grains such as wheat. Chapatti "roti" is a popular peasants' dish. Although rice can also be utilized Vegetables are generally served with meat and fruits. Those who own buffaloes use milk products. Tea is the most popular beverage in the village. There is a significant contrast between the top and lower classes since just a few educated individuals eat fast food when they visit *Khanewal* market. 14. Dress Pattern: The most common village dresses were Shalwar Qameez, and young boys wore slacks, jeans, and t-shirts. The educated

wear current clothing. According to the current trend, boys choose pants and shirts, while females favor trousers with long shirts and skirts. In their daily lives, women wear dupattas and chadders. Many occasions require children to wear ready-made clothing. The garments are often brightly colored. In the winter, individuals wear sweaters, coats, and jackets to keep warm. Summer is spent wearing simple light dresses.

4.9. Economic conditions

Agriculture is the primary source of economic growth. However, the majority of individuals also have government employment and other people's businesses. Others worked overseas and sent money home to their family.

4.10. Religion

The majority religion in the area is Islam, although there is also a Christian minority. There are also several Muslim sects known as Shia' Ahle Hadith and Sunnites. Sunnites are the most numerous sects, followed by Shias and Ahle Hadith.

4.10.1. Religious Rituals

In communities, a variety of rituals are done. People are well-versed in religion. In the area, there are four madrassas where residents send their children to get religious instruction. Shias have their system for doing majlis (imam bargah). Sunnites also perform milad. When a child is born in a household, the prayer leader is summoned to recite Azan in the new born's right ear. This rite is performed soon after delivery to convert the kid and declare him or her to be a Muslim.

4.11. Family structure

There are two types of structures; one is a separate family and the other is a joint family. Most people have separate family systems and they prefer to live in a nuclear system. And a few prefer to live in the joint family system.

1) Nuclear family
2) Joint family
3) Extended family

4.12. Family and kinship structure

Marriage and descent serve as the social glue that holds people together to form nuclear families and extended clans. A lineage is a group of related families who have a common ancestor in native cultures. Kinship is the word used to denote ancestry shared by persons from the same or different generations(Moghadam, 2016)

Pirowal, like other areas of Pakistan and other nations, follows the traditional kinship structure. The family unit is patriarchal. Men are dominating and family decision-makers. Men have taken over all social positions, and women are subservient. Consanguine marriages are usually favored among the father's lineage. The majority of families ’favored inter-caste marriages with their cousins. Men are a symbol of strength, and they value the family's strong support.

4.14. Mosque

This village contains eleven mosques. The Ahle hadith have three mosques, five Sunnite mosques, and two Ahletashi mosques (shia). People worship in their settings, and mosque azan is named differently by different mosques. Religious unity occurs in the village, and

people accept other people's beliefs and sects, hence there is no religious strife in the *Pirowal*.

4.15. Facilities

According to research, the village has various facilities such as Gt Road Hospitals, Banks, ATMs, and Schools, which are listed below.

4.16. Education

People in the village are not highly educated, yet this village has school and college facilities. There are 5 to 7 private schools for females, one government school, and a college for girls. There was also a government school for males where individuals sent their children. People frequently refer their children for positions in the business sector. It is dependent on the parents' economic circle and thinking.

4.17. Health

In the village, there are three private hospitals. The community has a good health care system. In the settlement, there are several medical stores as well as a clinical laboratory. There are also facilities for pregnant ladies. A private clinic checkup is not particularly pricey. *Pirowal* has no government health center amenities. As a result, residents must go to *Khanewal* City to receive free health treatment. However, the government hospital 79/10R has employed three or four woman health workers (LHWs) and one lady health visitor (LHV). The LHV is a female with a master's degree and 25 years of expertise in genie health care. Her profession entails performing routine deliveries at hospitals and recommending appropriate facilities to patients. On the other hand, LHWs are assigned to visit all homes, identify pregnant patients, and distribute vaccination messages door to door.

The community now has a large number of traditional birth attendants (TBAs) known as (Dai). These attendants received no professional training; only generational abilities were passed down. After the MaozoraDai told me that my mother was doing the same thing, I went to work with my daughter. As a result, the bulk of the villagers rely on the Dai from conception through the postpartum period.

4.18. Market

There are only a few markets in the hamlet. Jalwa Market and Jabbar Market are the most common. There are also bakeries in the area that sell various culinary goods.

4.19. Electricity

The community has access to electricity. People gain from a variety of accessories. There are fans, lighting, a TV, a refrigerator, an iron, and a computer. Rich people buy costly products such as air conditioners. These products are out of reach for the majority of the population. They just utilized power for everyday purposes.

4.20. Graveyard

There are two government-owned cemeteries located just outside the hamlet. In addition to eid gah (place of eid prayer), there are also janaza gah (place of funeral prayer) and eid masjids (place of janaza). Funeral prayers are said in janaza gah by people of all faiths.

Figure 7: Grave yard of Research Location.

4.21. Uses of Technologies

People are familiar with modern-day technologies. They often use mobile phones. Internet connectivity is also available in the surrounding region. They have an automatic washing machine ups connection as well as an appropriate solar system.

4.22. Marriage Rituals

Marriage in the community is linked to the caste system. People in their castes preferred marriage. However, some people favored out of caste marriages. Parents start the proposition. Males often marry between the ages of 23 and 25, while females marry between the ages of 19 and 20. Cousin weddings are primarily common in villages. In addition, many rituals such as (*mehendi, dodhpilai*) are done at the marriage ceremony, and parents provide dowry to the bride based on her economic position.

4.23. Death related rituals

When a person dies in the village, the news is broadcast over the public address system in the mosques, and concerned citizens and relatives are summoned to the deceased's home. People sat on the ground and mats instead of chairs *or charpais*, and the deceased corpse was laid down on the *charpai.* Women and relatives weep loudly by the death's side.

Different rites are conducted at the dying home, including as bathing, reciting religious books, and praying for *magfirat*. During *Janaza,* the entire hamlet shutters its businesses and joins in *Janaza* prayer. On the second day of the burying, the third day of the death is called (*qull)* ritual was done, and the holy book was recited for the souls composedly.

Following the burial, the entire family mourns for forty days until the *challiswa* ceremony; for the first three days, no one cooked anything on the fire; relatives and neighbors are responsible for feeding the mourning family.

CHAPTER 5:

UNDERSTANDINGS OF DIFFERENT PHASES OF PREGNANCY AMONG *PIROWAL* WOMEN

As a major change in a woman's life, pregnancy has a big effect on her body, mind, and relationships. Several theories about pregnancy are compared in terms of how useful they are. Using the theories of anthropologists van Gennep and Turner, pregnancy is seen as liminal, or a place between two social institutions. As a rite of passage, the journey from pregnancy to motherhood is looked at. Seeing pregnancy and delivery as a bright phase can help you figure out what is normal and what isn't normal about it. There are case studies with analysis and application that show the experience of liminality as well as the rituals and communities that support it.(Côté-Arsenault, Brody, & Dombeck, 2009)**.**Van Gaenep's theory says that pregnancy is a time of change for a woman. When a woman gets pregnant, her status changes. Instead of being a married woman, she is now a pregnant woman. During these changes, they have to deal with many things, such as a change in harmony or body. So, the factor that Arnold van Gaenep's theory of liminality is based on is that women go through a lot of changes.A woman, according to research findings in *Pirowal*, is less powerful, less educated, and more hesitant. Empowerment is a capacity-building process that results in increased involvement and decision-making authority. *Pirowal* has no women's health care programs or awareness efforts, therefore pregnancy literacy is nil.

In the analysis, 18 main themes stood out, which were then put into four large groups: getting ready, the birthing process, physical changes, and emotional realities. The

women's stories are told through direct quotes, paraphrases, and references to other works that bring out and explain certain points.

There were three main themes: what it was like to be pregnant, how the women got ready for the birth, and what it was like to be a mother. The women in this study almost all didn't want to get pregnant.

Figure 8: Newly Born in Research Location.

S.no	The financial status of respondents	Number of respondents
1	Upper class	2

2	Middle class	7
3	Lower class	17
	Total respondents	22

Field work

The table presents data on the financial status of respondents and the corresponding number of respondents in each category. A total of 22 respondents participated in the study.

1. Upper class: Two respondents identified themselves as belonging to the upper class financially.
2. Middle class: Seven respondents reported being in the middle class financially.
3. Lower class: The majority of the respondents, 17 in total, considered themselves to be in the lower class in terms of their financial status.

Overall, the table indicates that the lower class is the most represented category among the respondents, while the upper class has the smallest number of respondents. The data provides insight into the financial distribution of the participants in the study.

5.1. Marriage age

For pregnancy, the age of marriage is very important. WHO says that people should get married between the ages of 20 and 25. People say it's a very healthy age. I worked in a small area when I was there. I found that the age to get married is between 20 and 30. Most of the people who answered my research questionnaire got married between the ages of 20 and 30, and they all had different experiences at that age.

5.2. First Pregnancy (Conceive time)

Being a first-time mom is a challenging and unique experience. According to what I learned from my replies, the average time it took for them to conceive was between two and three months. However, some women took up to eight months, and others even up to a whole year, before seeking medical help when they still hadn't conceived.

It's common for pregnant women to have specific dietary cravings. Based on in-depth interviews and focus group discussions, the study found that *chalia, sonf, kachaata flour,* and *prickles* were used by women to curb their appetites and appetite fluctuations.

5.2.1. In the First trimester

A lot of women have been through a lot of despair and laziness, and it has made them very fragile. A female A woman recounts how she was informed by her doctor that the reason she was desiring sugar and candy during pregnancy was because she was deficient in calcium.

5.2.2 In the Second trimester

The second trimester is often more comfortable for pregnant women than the first three months were. First, I suffered headaches, but after three months, my condition settled into a rhythm I had become accustomed to. Eventually, I was able to eat normally and get enough of rest, and I was able to carry my pregnancy to term.

5.2.3In third trimester

As this is the stage of your pregnancy when you are most likely to experience fear of child bearing and the terror of the birth process, you should feel these emotions strongly. Pregnancy anxiety peaked at this time for women. A woman said, "I became down about the impending circumstance of how the baby delivery take place." I was psychologically

troubled and disturbed since I had to deal with despair and stress. To put it simply, all I could do was hope that the process of giving birth to me went smoothly.

Thus, the pregnancy phase is the most crucial stage of a woman's life, and as the first pregnancy is the first experience of most women, they must take great care of themselves and their unborn child at this time.

5.3. Gender Pressure

First-time pregnancies were the focus of my study, and I did not uncover any evidence of discrimination based on gender. Apart from these medical issues and their solutions, in Pakistan, a very dominant behavior regarding gender preference is also observed. Son preference is very dominant in Pakistan regarding pregnancy as government hospitals have surveys that if a baby boy is born than 2000 is given to him and if a baby girl is born than 1500 is given to her .so this type of dominant behavior is seen in our societies. In our societies when a woman gives birth to a baby boy then she feels very empowered as son preference gives a woman importance and attention. In many societies due to sons families were facilitated and if a girl is born than they should not get facilitated. More often than not, in-laws will express a desire for a son if this is the couple's second or third child, and I've noticed that this preference and the associated gender pressure increase with each subsequent pregnancy. I didn't feel any pressure one way or the other because either way, my spouse or in-laws were fine with the news.

5.3.1. Another women's narrative: I have found mixed comments from my respondent. Few women are being told by their in-laws that they want a son as their first kid but most of the women and their in-laws families were optimized about the gender of their first kid.

5.3.2. Case study: 1.

I'm called Sidra. I just turned 22. I got married in July 2021, and two months later I found out I was pregnant. We are brother and sister. My mother is dead, and my brother is already married. My brother and his family live with my father. I pretty much come from a financially stable family. My husband's parents live in a village, but we live in *Pirowal* because that's where his mobile shop is. We have one room, a small courtyard, a bathroom, and a kitchen. I like it here. We both live alone and like spending time together. We also have space for UPS. My aunty, who is my husband's mother, helped me a lot when I was pregnant. I have a lot of moral support. My back hurts a lot while I'm pregnant. All of my married friends are qualified to help me, so they do. Everything was fine, and I ate well. I ate anything I wanted. Doctors always told me that a normal delivery would be best, but because of a few complications, I had to have an operation at the last minute. My HB was 10, but the doctor told me to take venofer a week before I gave birth. I didn't feel any pressure about whether the baby would be a boy or a girl. I was so glad to see my little girl.

I had back pain for the whole time after I gave birth. This back pain still bothers me and gets in the way of my daily life. I used to sew clothes to help my husband, but because of my health, I can't do that anymore. I'm very happy with my life. My husband and mother-in-law love me a lot and do all the chores that need to be done. My husband cooks for me, and I was scared of the operation, especially when the doctor told me about it when I was nearing the end of my pregnancy. We have a party when the baby is born. I make food for everyone. On this day, my father gives us money, a gold ring, dresses, and other

gifts. I took three showers and made *kheer* after giving birth. I also give *kheer* to people who live near me. During my pregnancy, my skin broke out and my hair fell out.

I want to give my daughter everything she wants. As her mother, I want her to be happy. My husband and I make plans for our daughter's education, housing, and other things.

My husband's mother-in-law loves me so much that she used to put green leaves at our door to let people know that there was a new baby in the house. At home, I was already strong. It's a mix of love and being set up. It's the same as before, but my husband and I are both busy now. My husband and I love each other very much and are perfect for each other.

5.4. Parent's Preferences

In some cases, whether a parent wants a son or a daughter is taken into account. None of the parents I talked to said they would rather have a girl or a boy. As they said, nothing was wrong. Most of the people who answered my research questionnaire didn't even get an ultrasound to find out the baby's gender because they were happy with their first pregnancy and enjoying their time. However, most of them did get an ultrasound and were still happy with their baby.

5.5. Economic Resources

Most of the people who answered are from the lower class, and only a few are from the upper class. I didn't find any talk about socioeconomic resources in the lower class either, because the people who answered the research questionnaire had very low incomes. However, they said they were able to pay for everything because they had just had their first child, so they were ready. Women said, "When I'm pregnant and after I'm done, I don't eat anything different or extra." My husband makes between 20,000pkr and

30,000pkr a month, so I eat in a reasonable range. If my husband brought me fruit, I ate it. Otherwise, I ate the same things I did before and after I got pregnant. In my locale, *Pirowal* low socio-economic status and poverty are the prevailing cause of complications, infections, and chronic diseases even the removal of the uterus, underweight childbirths, miscarriages, and improper care patterns. Due to this attitude, females felt down and severely ignored. They cannot afford to go for monthly check ups and cannot provide every necessity of the pregnancy time period, consequently facing mental and physical disturbances and even the death of the fetus. Improvements in economic status through such initiatives which make girls less dependent, financially viable, and fearless, can help control adolescent pregnancies and health complications.

5.6. Medical checkup during pregnancy

When a woman is pregnant, she needs to go to the doctor for a checkup so that she can learn about her health. The death rate in Pakistan is already 60%. Most of the women died during their pregnancies, and sometimes the babies also died. As time went on, women were no longer able to do and process the same things as they did in the past. And the biggest problem is that there is no government hospital near me, so families don't like private hospitals. They had to go to a different area, and since most of the people who answered were poor, they couldn't go to the doctor. A woman says, "I didn't know I was pregnant with my first child until I missed my second period and went to the doctor. He told me I was pregnant." I had to learn about this part of my pregnancy on my own, and my in-laws didn't tell me what to do.

5.6.1. Case study: 1.2

My name is Hina. I did MSc. We have five brothers and sisters, and I am the youngest. I am middle-to-upper-class.

I got married when I was 29. He works as a doctor. My in-laws are also good with money. I got pregnant in the second month of being married. I wasn't sure I wanted to get pregnant. I found out I was pregnant when my period didn't come and my mood changed, so I took a urine test. I went to the doctor regularly for checkups.

In the first trimester, I found out that my baby isn't growing like it should. Because I was weak, I had a miscarriage and lost my fair. I didn't like how much medicine I had to take, so I took medicine for three months and then left. Because of the reaction, the doctor also told him not to take any more medicine. During my pregnancy, I couldn't sleep well. I was worried about a lot of bad things. During my whole pregnancy, I had to go to the bathroom a lot, which was a pain. In the fourth month, I had an ultrasound. The baby's health and position were fine, but my HB wasn't, so the doctor told me to get folic acid and drips to make up for any deficiencies. Normal delivery scared me. People always make me feel like my health isn't good and that I won't be able to make it with delivery pain, back pain, and other health problems. My health was always changing. I even had a bad dream about problems with delivery. My (*devrani*) sister-in-law also told me that she lost her baby while giving birth. Such stories scared me. I read research papers so I could be the best mom.

At last, everything went as expected. There was a little boy. I also like breast-feeding and did the same (amaankytotkey*)*i.e. using household things for medication that do not have medical grounds I stayed with my in-laws after giving birth, but it wasn't my comfort zone.

5.7. Diet Patterns

The way a person eats plays a very important role in pregnancy. Since we eat well, both our health and the health of our baby improve during this time, and we also have a healthy baby. Most of the people who answered my research questionnaire ate the same way. Three of the people who answered my questions came from educated families, and they were given information about their pregnancy periods. And two of the people who answered were independent government teachers, so they were well aware of their situation and took care of themselves. They eat healthy food like fruits, vegetables, and milk, and they also go to the doctor for checkups. A woman said, "I was from a lower class, so I didn't know much." If the price of fruits is reasonable, I'll eat them. Otherwise, I stick to my normal diet, which is why my hemoglobin level is very low and why my doctor told me to take multivitamins.

5.8. Family support

When a woman is pregnant for the first time, she needs help from her whole family. 40% of the women who answered my research questions had very supportive families that helped them take care of themselves while they were pregnant. Mothers-in-law sometimes help women improve their health by giving them advice and making sure pregnant women have a good place to rest and eat healthy food. But 60% of the people who answered my research questionnaire did not have family support. As has already been said, family can be very helpful and supportive during pregnancy, but they can also be the opposite. My respondent Sidra said that her mother's advice was very helpful, but Farhana said that her mother-in-law was a bad influence on her while she was pregnant. I also found that due to the lesser social significance of women, they also encounter

unfairness at home. In my area of study, women were disregarded and unattended during their pregnancies most often; they are deprived of proper food which is needed during pregnancy, and their nutritional needs were mostly given less importance.

Woman narrative:

My husband's mother did not take care of me. I work a lot during my pregnancy. My husband wasn't very helpful; he didn't take care of me, so I got very sick while I was pregnant. When she told me her story, she began to cry. Most women don't have anyone to help them when they are pregnant.

5.9. Husband support and behavior

During her pregnancy, a woman needs care and support from her husband more than from anyone else. Half of the people who answered my research questionnaire were supported by their husbands. They look after their wives while they are pregnant. They bring their women food and other healthy things. They back up their wives in every way. But 50% of the women who answered my Research questionnaire didn't have the support of their husbands. A woman said, "My husband took care of me for the first one to two weeks. At night, he made me tea and sometimes helped me with my work. But after two weeks, he went back to his normal routine and stopped taking care of me." He just goes to work in the morning and comes home in the evening. Most of the women were pregnant without the help of their husbands.

5.9.1. Case study: 2

5.10. Socio-Economic background

Hi, my name is Mustabshara. I finished my education and worked as a government teacher. I am the only child of my parents.

I was 30 when I got married. I got pregnant 10 months after my wedding. I was very worried and wanted to get pregnant as soon as possible because my mother also only had one child. Late pregnancy was something I heard a lot about in my family. I had a lot of trouble during these ten months. I found out I was pregnant after I didn't get my period and a gynecologist did a urine test. After getting confirmation of this good news, I felt happy.

In my first trimester, my blood pressure reminaed on higher side. I was expecting this because high blood pressure runs in my family. My blood pressure was already high before I got married.

I drank milk and ate fruits and fresh vegetables to stay healthy. I went to specialists throughout my whole pregnancy. I took vitamins, sand other medicines, and had regular ultrasounds to make sure the baby was healthy.

Even though I ate well, I still had trouble with iron deficiency. My hp changes a lot while I'm pregnant. I also had iron bottles to make up for a deficiency.

I had and even still have a very good relationship with my husband. He was a big help for me. To be honest, my husband took care of me a lot in the first month and even skipped dinner because of me, but after one month he went back to normal because he knows this is going to happen for the next 9 months (Laughter).

I'd rather have a normal delivery instead of an operation, and I'd also rather breastfeed. I didn't have any moral or physical help from my in-laws or anyone else to handle my daughter. It was hard for me to handle everything before and after delivery. We all wanted to have a girl, and we didn't even tell anyone the baby's gender until after it was born. My husband and all of our family members were happy and wanted a baby girl.

My daughter is now two months old. I am worried about who will take care of my daughter while I'm at work. I feel like nobody can take care of my princess like I can.

It was the summer season. My main told me to eat a soft diet in the first trimester and a hard diet in the second and third trimesters.

I spent the time after giving birth with my mother. My strength is that my husband gives me moral support and that I'm financially stable. All I worried about while I was pregnant was losing my hair and getting freckles, but I managed. I always had my husband and car available and ready to go in case of an emergency. We had celebrations and aqeeqa for my daughter, and she got many gifts.

5.11. Baby Birthplace and child bearing Process

It was noticed that all of the women who took part in this study gave a lot of thought and planning to the process of giving birth to their children. All of them said that they planned to try to have a natural birth with no medicine or as little medicine as possible. "You're like a number, one mother after another, and things will just happen to you, and you don't have any control over the situation," Mary said about how she saw the American medical zed approach to giving birth. After giving birth, women feel more confident and more in charge of their lives. (Westfall, 2004)This is a powerful combination for these people. During a few of the interviews, the women talked about going into labor and giving birth. The women talked about their experiences and said that giving birth and going through labor was something that made them feel very strong. They thought it was very important to be involved in all parts of their health care, especially in making decisions.

Figure 9: Newly born in research Location.

40% of the people who answered my research questionnaire are educated and independently take full care of their health and well-being. They went to the doctor for a full checkup, so they know when they are going to have the baby. They were fully ready for this, and the baby was born in a hospital. 60% of women did not go to the doctor, though. A woman said, "My family didn't take me to the doctor; instead, midwives helped me. My mother-in-law told me that she had labor pains for almost a week and still had a healthy baby, so she told me to deal with the pain." I was in pain for three days, but no one took me to the doctor. Even now, three months after giving birth, I'm not back to normal. Because I've lost so much blood, I'm still very weak.

5.12. Post partum health care by culture

After giving birth, most of the women I talked to felt some kind of emotional pain. In the weeks after giving birth, many women have emotional problems because they are tired and their hormones are changing. Some women just feel annoyed and tired after giving birth, but others have more serious mental disorders. Health is very important after giving birth. care is very important for both the mother and the baby after birth. After giving birth, most women eat well and feel better.

A women's narrative: after delivery, people came to see my baby but they didn't even ask about my health, and due to this I got depressed.

Another narrative: I followed my mother's beliefs. My mother also went through this process and had four or five children, so following her beliefs made me healthier too. All of these things show how important it is to get rid of the shame that comes with emotional and mental health problems. If the problems are seen as taboo and something to be ashamed of, women will continue to suffer in silence. This affects not only their own lives but also the lives of the people in their immediate surroundings, especially their children. From the interviews, it was clear that the social stigma that comes with postpartum problems makes women feel bad about themselves, which makes them less likely to get the help they need. Women who have just given birth and may be having mental health problems must have access to proper health care and education until mental illness is no longer looked down upon.

Figure 10: Labor Room in Research Location.

5. 13. Birth Ritual

According to the people I talked to, when a baby is born, all the relatives come to see it and give money and gifts of love. Some even give gold things. Some people also bring candy and clothes for the baby. After ten days, the women made something sweet. If the baby is a boy, the family gives the relatives sweets (*laddos*,) and if the baby is a girl, they give the relatives *"jalebis."*

5.14. The role of traditional and spiritual health in pregnancy

Traditional and spiritual health is also very important in pregnancy. Most of the people I talked to said that their mother-in-laws used to tell them to go to a witch to call up an evil

spirit so that their baby would be safe. 60% of the people I talked to said that their mother-in-law had told them that they should avoid having a miscarriage.

5.15. Mental Health

Mental health has to be stabilized during pregnancy because it is necessary for women's health. **A women's narrative:***apni pregnancy ky doran ma bohat zyada preshan rhti thi jis ki wajasa meri zehni haalat kharab horhi thi. Mujhse apna khyal ni rkh parhi thi.bachy ky bad bhi mjse apna or apne bacha ka khayal ni rkha jarha tha.*

During my pregnancy, I became very depressed, which hurt my mental health a lot. I'm not good at taking care of myself. Even after giving birth, I worried about whether or not I would take care of my baby.

5.16. Pregnancy complications

Respondents who were educated and self-sufficient were extremely cautious about how they carried their pregnancies. They went to the doctor often for checkups and made sure to eat right. The most common problem related to pregnancy was throwing up. One of my respondents told me that I was anemic because I was in a lot of pain in my stomach and back. In my locale *Pirowal* this kind of education is regarded as unethical and unnecessary due to which most of the women were unaware of their pregnancies and didn't pay heed to this critical condition.

A women narrative: *menu bacha dani da masla c isleawady operation dydoranmera ah v operation nalkr dita doctor ny ty hunmera fir tuhhamalnihoskda . meri halatbohatzyadakharb c ty meno koi andazanikymeriitinehalatkharb ha. Meri sasnymenu hospital nijaan dita uh menu kehndiasi v sareniyanekarh e jamysanukujni hoya ty teno v*

kujnihona .per meri doctor nymenokiyajytusi time nal mere kolandy ma shaidkujkrskdithody li per meri qismathun. Mera ta kujv narehana bacha name rakarh namera bnda meri zindagi e ujargi. Allah kisi nu v edhady din nadekhae.

I had a disease called placenta acre, which caused problems in my uterus. As a result, the doctor took out my uterus, so I can't get pregnant again. Because of these problems, my health is in a very bad state. I didn't know about these problems. My husband's mother didn't take me to the hospital for a checkup, and I didn't get enough rest, so the doctor took out my uterus. Even after I gave birth, my husband was ready to get married again because I couldn't have more children. I got depressed because I didn't know what was going on, because society put pressure on me, and because my family treated me badly.

In Pakistan, 60% of pregnancies end up being hard because the women don't know what to do.

Pirowal is a very small town. People from the upper class could easily go to the city, but people from the lower class have unstable finances and can't pay doctor bills. Because of this, women didn't know about these problems.

Case study:3

Assalam-O-Alaikum. My name is Balqees.

"She seems very sad and weak on the inside because her only child died during surgery. Even as this interview started, she started to cry. "We are two brothers and sisters. We don't have to worry about money. 79 is where my parents live. I have already finished my time after giving birth. A few (one or two) months after I got married, I found out I was pregnant. We were very happy. I eat all the fruits and vegetables that are in season, etc. I saw a lot of women and their children around me. They were all healthy and didn't have

any problems with pregnancy. A lot of them haven't given birth in expensive hospitals. For my regular checkups, I went to a qualified gynecologist. I told her I didn't feel good, so she gave me some medicine and told me to drink more milk and vitamins. So, I started taking vitamins to make up for the iron medicine I was missing. The whole time I was pregnant was pretty normal. When I have a headache, I sometimes take a painkiller. I already knew that I shouldn't take a lot of medicine when I was pregnant. When I went for an ultrasound in the fifth month of my pregnancy, I found out that my baby bag would have to be taken off during the birth. I couldn't take on that role again. I began to worry. I went to the doctor whenever I felt unwell. In the ninth month, I didn't feel right, so the doctor and I decided that I should have an operation because that was the best way out. My baby girl died during the surgery. I didn't think something like that would happen to me. I never thought something like that could happen to me. I feel very down. My husband and his parents are looking for a new wife. I want to adopt a child, but nobody backs me up. My husband made clothes by sewing. We loved each other, and our families knew each other, so they thought it was a good idea for us to get married. It was sort of a mix of love and a set-up marriage. Because of family pressure, I can't tell them that he wants to get married again.

I went to see Doctor myself. She said that this woman had a rare illness. She looks at this kind of problem for the first time in her career.

5.17. Household Affairs

My respondents told me that they were too sick and too tired at the beginning of their pregnancies. But they did the same thing every day. My lower-class respondents told me that they had no moral support because they worked all day, cooked food, and washed

plates in the same way every day. But most of my upper-class, college-educated respondents said they didn't work and didn't lift heavy things; they just took care of themselves. Some poor women were able to have healthy pregnancies because their husbands worked with them and helped them do things like wash clothes.

5.18. Nutritional values

During pregnancy, a healthy diet gives all women the nutrients they need for better health. The women were given different things to eat. Food taboos can also help people feel more connected to their culture. A healthy diet is very important during pregnancy because it affects conception, delivery, and the time after birth. When a woman gets pregnant she needs a better diet and food. So, women need to eat well during and after pregnancy to keep their health in good shape. I've seen in *Pirowal*, women have higher nutritional needs at different times in their lives, such as when they are menstruating, pregnant, giving birth, or breastfeeding. So, they are more likely to be malnourished. Due to their bodies growing and changing, teenage girls need more energy, protein, and micronutrients. They also need more iron because of their periods. During pregnancy, the mother needs more nutrients to keep her metabolism and tissue growth going and to help the fetus grow and develop. Breastfeeding is a tough time for mothers because they need more energy, protein, and micronutrients than they did when they were pregnant

5.19. Myth and Religious practices

In Pakistan, cultural practices are different for people with different levels of education, castes, and social status. This shows many different traditional practices and defines many things. Most of the women who answered my research questionnaire believed different stories and myths. As they go to some women's homes, they give them a taweez,

which is a charm that keeps evil spirits away. The in-laws of pregnant women told them not to hug women who had a miscarriage. So, people in societies believe these kinds of myths.

5.20. Decision-making for birth location

All of the people who answered my research questionnaire had no way to choose. Their babies were born at their in-laws' houses because the women's in-laws said the women's parents had to pay a lot of money when the women were pregnant, so they wouldn't let their daughter-in-law give birth at her parents' house.

A review of the literature says that women should live with their parents because they can ask their mom and siblings for anything in their own home. She can't do this, though, at the house of her husband's parents. In my last thesis, I found out that pregnant women used to stay at home with their parents until they gave birth. This made sure that everything went well and safely. But in my area, women's in-laws were very powerful, and their middle-class daughter-in-law had no right to decide this because she was from a lower class. This should be fixed, and women should be able to decide for themselves.

5.21. Normal delivery focus

Women who are pregnant focus on having a normal delivery. Their mother-in-laws also said that normal delivery is fine. In their time, normal delivery was the norm, and since surgery is hard and expensive, they prefer to focus on normal delivery. But now, problems are getting worse day by day. One of my respondents had trouble during her pregnancy because her blood pressure was too high. The doctor suggested that she have an operation, but her baby died because her in-laws made her have a natural birth instead. The thing is that surgery is very expensive and takes a long time. After surgery, women

feel very weak and can't easily take care of their homes. Normal delivery is much easier because it can be done at home or in a hospital. Many women have their babies at home with the help of a midwife, and normal delivery costs much less than surgery. So, women try to have a normal birth so that everything will go smoothly. Birth control and religion don't always get along. I asked my respondents if they had planned their first pregnancy or not. This is because a woman's first pregnancy is a very new experience, and many women are afraid of this time. My respondents told me that they didn't control their pregnancy because their religion didn't let them. They said that they didn't know that they could control their pregnancy with injections or other methods. So, in this case, religious differences made it so that my respondents couldn't choose when their babies were born. They get pregnant for the first time.

5.22. Domestic violence during pregnancy

In my research, I found that domestic violence had a 1% rate. One of the people who replied to me had to deal with this problem very badly. When she got pregnant, her husband's parents weren't nice to her. Her mother-in-law was very rude to her and didn't treat her fairly, even though she knew her daughter-in-law was pregnant. During her pregnancy, she had to go through a lot of pain, and in the end, she lost the baby. When a woman gets pregnant, she should make sure she gets the care and attention she needs. Being pregnant is a very important time in a woman's life, so she should get the care and attention she needs.

Case study: 4.

In 2021, I got married. I got my BS from the Faisalabad Agricultural University. One was a brother and the other was a sister. My dad drives a taxi, and my mom stays at home and

takes care of me. In Faisalabad, we had our own house. My sister studies how to make clothes, and my brother is in the 7th grade. We have a good amount of money. I got married to my cousin, who was the son of my mother's sister (khala), and then I moved to *Pirowal*, where my in-laws lived. After 8 to 9 months, I got pregnant. Since I had a Bachelor of Science in science, I knew about pregnancy. So I already had the pregnancy tests. My husband works for the 16-scale atomic company.

Since my husband makes a good amount of money, we are in a very stable financial situation. Our house is painted, and my parents gave me all the furniture as part of my dowry. After 4 to 6 months, I took pregnancy tests, but I wasn't pregnant yet. Then I went to the doctor, who gave me and my husband some tests. Then I went to Faisalabad to see my mother and took all the tests. Thank God, all the tests came back fine. The doctor told me I was very weak, so he gave me some medicine and told me to get regular checkups. He also told me not to stress, because if I did, I would never get pregnant. The atmosphere at my house and my in-laws' house are very different, which is why I had a stress breakdown. My in-laws are very cheap, and my mother-in-law is very greedy and doesn't like to give me money. She doesn't feed me right and doesn't care for me at all, so I get very weak.

She used to keep me in a room without a fan during the summer, but she didn't turn on the fan during the day because my parents gave me an air conditioner in my jahez. However, my khala told me that our house doesn't have a connection for an air conditioner. When I first moved into my new home after getting married, it was winter, and my mother-in-law wouldn't let me take a warm-water bath. Instead, I took baths in cold water, which made my health worse. I had to deal with a lot of hard things.

My husband never gives me money because he gives all of it to his mother. Because of this, I was very upset, and it hurt my mental health a lot. Then, my husband's parents decided to do Umrah. We then went to do Umrah. By the time we got to Saudia, I was in a lot of pain. My husband went to do his residency. I asked my father-in-law to take me to the hospital, but he said that hospitals are very expensive, so he didn't.

When my husband came home, he took me to the hospital. The doctor was surprised to hear that I was six weeks pregnant. But unfortunately, my in-laws don't care about me in this situation, and neither does my husband. I had a miscarriage because of this. When we got back, my mother-in-law told me to carry a heavy bag and teased me that she did all the work by herself when she was my age. When I came down the stairs carrying a bag, I began to bleed. My husband took me to the hospital, where the doctor told me I had lost the baby. The doctor told me I lost my baby because I didn't take care of myself or my baby. So, unfortunately, my pregnancy was a very bad, failed experience. During pregnancy, a woman needs both emotional and financial support. This is a hard time in a woman's life, and she needs moral support. The most important time in a woman's life is now. But, sadly, my in-laws do help me both emotionally and financially. My husband makes 1 lac a month, but he doesn't give me money and doesn't even take care of my needs. Now, I don't want to get pregnant again in this house because it's hard for me to be pregnant here, and a pregnant woman needs her husband and family's full support. I don't want to get pregnant again in this house. Overall, my pregnancy was a very bad and failed experience for me.

5.23. Safe delivery

No one I talked to had an opinion about safe delivery. They didn't know how to talk to a doctor or get good care in a hospital. Most of the people I asked said they were afraid to go to the hospital, so they tried to have their babies at home so they could be more comfortable. They said they were afraid of hospitals and didn't even have anyone check on them. So they didn't know about safe delivery and a safe place to put the package. Women should learn about how to stay safe in the hospital and how to give birth safely so that they can feel safe going to the hospital.

5.24. Islamic and cultural practices in breastfeeding

In my research, all of my respondents practice very easily regarding breastfeeding as our Islam also advises this. My respondents told me that they were not figure conscious and also they heard that for baby health breastfeeding is very much important so they had no issue regarding this. They were normally practicing this thing and all of my respondents had easily carried their baby's health,

5.25. Post partum care and practices

Post partum care is necessary for maintaining women's health. Women’s informed that forty days after child birth is called *(chella)* postpartum phase. In these forty days, women need rest and good food. In addition, I have observed that in pregnancy postpartum phase is also very important as after child birth women should give proper care and diet so that women can get again healthy. But in many cases, post-partum practices are not performed. Most of the families just focus on the child and give proper care they didn't even focus on women's health. In post partum phase a proper checkup gives to the women because that phase is also very important.

A woman narrative: *mere khandan ma bacha paida hone ky das din bad rasamhanahanekiislea mane nahakymethabnaya ye aikachialamathoti ha k yap sehat ki tarafwapisarhyhain.or chilly ma aurat ko sugi ka halwa ghost panjeriwegera di jatihai taky uska jism taqatpkry or wo jaldisaapnekamokitarafwapisaye.orbohat c mayeapnenayepaidahuwebachyky pass lohay ki chezzrkhti ha taky usedarnalagy.*

In my family, women take a bath 10 days after giving birth, put on a yellow dress, and make a sweet dish like *"kheer*." It means you are healthy. To strengthen their bodies, women were supposed to get *sugi halwa, panjeri soup*, and meat. Most mothers put a knife or something made of iron near or under their children's pillows to keep away evil spirits. and mostly by hanging (*neem*) leaves at the door to keep away evil spirits. So, these are the kinds of things that are done in postpartum care.

5.26. The Myths and Realities of Motherhood

Being a mother is one of the hardest and most exciting things a woman will do in her life. Many women fall into the cultural traps of trying to meet unrealistic expectations and being afraid of different things. All women think that becoming a mother will make them happy and make them feel safe. This is one of the most widely believed myths. All respondents feel strong and powerful during their pregnancy. Many moms think that after giving birth, they should only feel joy, pride, and happiness. Even though the time after giving birth can be joyful and satisfying, it can also be hard, stressful, and demanding. Even mothers who have had kids before often feel overwhelmed and tired. Like any other journey in life, being a mother has its ups and downs. The problems are part of a normal process of adjusting, not because of anything wrong with the person. Even though many

moms face a lot of problems and challenges, they often play down the bad things for fear of being called bad moms. They don't talk about their problems on social media; instead, they talk about what they've done well. In reality, they are unintentionally spreading the idea that supermoms have perfect lives at home and work. The mythical "super mom" always knows what to do, takes care of her own needs as well as those of her family, stays in perfect balance, and is always on time. It is possible to put pressure on you to be a "super mom" who never complains or asks for help. This is unrealistic and could be self-destructive. Being a mother is a very hard and complicated job, so it is impossible to be perfect and always do the right thing. Mothers are only human, so they make mistakes. It's normal to want some time alone, get angry, and feel overwhelmed when things don't go the way we want them to. There's nothing wrong with admitting that being a mom is hard and permitting yourself to take care of yourself. You're important too. When mothers believe the above myths, they often judge their performance based on standards that are too high. This can lead to postpartum depression and anxiety. By not believing these myths and setting more realistic goals, mothers are more likely to feel better about them and spend more quality time with their babies.

Self-care can be done in many ways, such as by making time for breaks, taking care of yourself emotionally by learning to talk about and accept negative feelings, getting a good support system, and developing a sense of humor. Remember to tell yourself often, "I matter, I'm important, and I'll take care of myself." Then, almost

certainly, motherhood will become less of a duty and more of a personal experience to be enjoyed and valued (David & John, 2019).

CHAPTER 6: DOCUMENTING TRADITIONAL CARE PRACTICES AMONG PREGNANT WOMEN OF *PIROWAL.*

The World Health Organization says that what pregnant women eat and how well they feel after giving birth are both affected by how much they know about nutrition while they are pregnant. When a pregnant woman goes in for a checkup, the World Health Organization (WHO) says her doctor should give her correct information and good nutrition advice.

For their bodies to work well, everyone needs to eat healthy foods in the right amounts. The body goes through changes during pregnancy that changes how it looks, feels, and makes hormones. Balanced nutrition helps the mother gain the right amount of weight during pregnancy and helps the baby grow and develop. It also makes the birth go better and keeps the child from getting heart disease or being overweight later in life.(Zelalem1, 2017).

6.1 Care practices among pregnant women

Traditions show what people in a society value and what they believe in. Which ones do the different groups follow, and are some of these practices good and some bad? Women have ideas about what they should eat, how they should act, what herbs they should use as medicine, and how they should massage their stomachs while they are pregnant. Women may not be able to eat certain safe and healthy foods because of a tradition called a "food taboo." Herbal medicine is another thing that is often done during pregnancy.

During pregnancy, nausea, stomach cramps, and the common cold were some of the most common reasons to use herbal medicine(Solomon, 2022).

Women should take extra care of themselves when they are pregnant. They need help with both money and how they are feeling. When a woman is pregnant, she needs to take care of herself so that her baby stays healthy. In caring practices, women need to get regular checkups. They should do the right tests before giving birth. Diabetes is a problem for a lot of pregnant women, so they should also take care of that with medicine and care while they are pregnant. Many of the women in our study used traditional home remedies to treat different pregnancy symptoms. Some of them got rid of common pregnancy symptoms by drinking black tea and using herbs that were easy to find in their area. Women used pastes and oils made from herbs like oregano on their bodies or drank oregano mixed with water or herbal tea to get rid of pain like a headache or backache. Some women didn't like what doctors could do for them, so they turned to other methods.

Health-seeking behavior of pregnant women	**Number of respondents**	**Percentage**
Home remedies／ ethno medicines	12	54%
Scientific treatment	6	27%
Both Conventional／ scientific treatment	5	22%

Total respondents	22	100

Table 3: categorization of respondents concerning health-seeking methods

6.2. Home remedies

In my research, most of the people I talked to came from the middle class or lower. So instead of taking vitamins or different medicines, they use home remedies. Some pregnant women used to eat watermelon because they heard that it would make their babies beautiful. A lot of the people I asked use olive oil. They used to eat olive oil and cook with olive oil to stay healthy. Some of the people who answered my research questionnaire told me that they put something called "maryambooti," Maryum booti's (a plant that help with pregnancy) The Flower of Maryam (Anastatica hierochuntica) is a tiny shrub found in *North Africa, Saudi Arabia, and Iran.* It is most common usage is in childbirth. Traditional midwives have utilized the Flower of Maryam with laboring women for hundreds of years. Which was popular during the time of Hazrat Maryam, in water and then drank it so that their baby would be born without any problems? Most of my respondents who were educated and from the upper class eat well and don't use home remedies like this.

6.3. Remedies related to the postpartum phase

Most of the people who answered my research questionnaire eat right and healthy because they think that after giving birth, they become weak and their bodies need healthier food to get back to normal. Most of the people who answered my questions said

that if their babies were born in the summer, they fed them meat, soup, and other healthy foods to make them healthier. Most of the people I asked didn't lift heavy weights after giving birth, and those who had a cesarean used to drink less water to avoid getting belly fat. They also eat a mix of dried fruits called *Panjeri* after giving birth. It was good for health in a lot of ways.

6.4. Spiritual things

Most of the people who answered my research questionnaire follow some spiritual blogs. As their families told them, my respondents wear an amulet that keeps them safe from bad spirits. During their pregnancies, they didn't hug women who had miscarriages because their in-laws told them it wasn't a good idea to do so. There were spiritual things done like these. Some of my respondents who went to school didn't do these things. They just say prayers to make sure that their time goes well. They read the Quran Pak and help others.

6.5. Herbal Medicines

In my research, the people I talked to said they don't use any herbal medicines. They didn't know anything about herbal medicine at all. They just went to the doctor for a check-up and their medicine. They didn't do things like that. So none of the people I talked to used herbal medicines.

6.6. Role of (LHV) and (LHW)

According to my findings, pregnant women in the region had access to lady health visitor (LHV) doctors, and those women often visited those doctors for prenatal care. Nonetheless, expectant mothers can also consult with a female healthcare provider (LHW). Women's health workers knock on doors and inquire about patients' well-being

and any prenatal care supplies they might want. Therefore, pregnant ladies benefited greatly from this. In cooperating with traditional birth attendants, the lady health worker performs a crucial role for women and children.

6.7. Sibling's role and family

The vast majority of my respondents who gave birth at home reported no complications during or after the birth. They have full family support from their parents and siblings. To meet their needs, we supply anything they may require. They provide for them, care for them, and back them up in the best way possible. Even though she gave birth at her in-laws' home, one respondent said she didn't seek any assistance from her mother-in-law or sister-in-law throughout labor. The only option was for her to take matters into her own hands. She too goes about her work in the customary manner. She doesn't compensate for her busy schedule by eating more or sleeping more.

Case study: 1

Name	Humaira
Age	17
Education	5

After only 17 years, I tied the knot. And I became pregnant after being married and had a baby 18 years later. One brother and two sisters were my siblings. This means that I have completed the first stage of formal education. All of my siblings, including my cousins, are students. My dad's a laborer and we're having financial difficulties because everyone in the family is in school. To put it bluntly, our budget is all over the place. A stay-at-home mom, that's my mom. My spouse's family has always been financially secure. My

spouse, a real estate trader, brings in a very comfortable living. Money is not a problem in my household, and we take excellent care of our home. My doctor diagnosed me with pregnancy after I complained of a headache and inability to keep anything down. Due to my early age and extreme weakness, the doctor prescribed me multivitamins. My doctor has suggested that I increase my intake of fresh fruit and milk.

Then I started to take care of myself properly, including taking folic acid supplements every day. Throughout the day, I consume a variety of fruits and a glass of milk. I did experience some backache and lightheadedness during my pregnancy, but I never left home. And I make it through my entire pregnancy without any problems. Due to the absence of any complications, my doctor assured me that my child's birth had gone off without a hitch. After having a full prenatal exam with my doctor, he abruptly decided that I needed surgery, and I ended up giving birth to a healthy baby boy. The extended family that I married into is rather sizable, and I even gained a sibling or two. Furthermore, my sister was unable to come look after me.

And there was no one to help me during those difficult first 40 days following surgery. I'm completely independent and responsible for my well-being; I have no help and know little about anything, yet I've been given a lot of responsibilities. My pregnancy itself was uneventful, but I had a lot of trouble once the kid was born since I was completely unprepared. I didn't even know how to change a baby's diaper! Because of the baby, I've had to put up with a lot of discomfort as I've been unable to get any rest at night. , I was responsible for every single chore around the house first thing in the morning.

My bank account is flush, but I have no idea how to support a newborn. When he starts weeping, it stresses me out too, because I have no idea what's wrong. Having gone into

this blindly, there were many challenges to overcome in the immediate aftermath of surgery. I had to go through a lot of things on my own because no one in my family had ever had children, but eventually, I got through it and was able to take care of myself and my baby. However, I got very sick during my pregnancy and had high fevers after giving birth, making the recovery process difficult. My spouse is incredibly generous and always there to help out; he brings home the groceries and gives me cash.

Being so young makes me susceptible to fatigue and stress. Because I am so frail, I need to become a very powerful mother to properly raise my child. To ensure that my child inherits my strength, I have downloaded various resources from the internet on how to be a good mother. My one goal in life is to grow into a capable parent who can provide for my child.

6.8. Food Availability

The majority of my respondents (those from lower socioeconomic backgrounds) reported eating a typical, home-cooked diet throughout their pregnancies. Fruits and meat were not part of their diet. If the price of fruit drops, the spouses will bring them some, but otherwise, they eat regular veggies. For the first week after giving birth, they split their meat into smaller portions to ensure healthy digestion. And most of the individuals I polled who were both well-educated and financially secure also take good care of their nutrition. They maintain a healthy lifestyle by regularly consuming fruit juices and a fruit- and vegetable-based diet.

6.9. Negative experience with pregnancy

Unfortunately, one of my responses had a terrible pregnancy experience. She went through a terrible ordeal, and then her kid died. Two or three of my responders

experienced miscarriages, which meant they had to deal with several issues during their pregnancies. They confided in me that the prospect of being pregnant again filled them with dread. Fear of being pregnant again stemmed from the widespread belief that pregnancy is a dangerous time for women. They had no interest in getting pregnant again due to the fear of experiencing what they had already experienced. Because of this, they avoided situations where they may become pregnant again.

CHAPTER 7:

SUMMARY

During my research, I found that being pregnant has a number of major problems. A woman, and only she, should decide if she wants to get pregnant. The process takes a long time, so women need support and help with the costs. She has a lot of pain and suffering, and it goes on for a long time, maybe a year. Since this is the case, it is important to make people aware of the problem. In Pakistan, a woman does not choose to have a child. Only one of the women in my study chose to get pregnant on her own. The other women had no choice in the matter. Given all the problems women have had in the past, it seems fair to let them make their own decisions when they get to this point in their lives. Lack of knowledge about pregnancy is one of the most common and dangerous health problems for women. Most people think that pregnancy is a natural process, but all of the women in my study were going through it for the first time. This product is also sold at the healthcare centre in Pakistan. For students in other fields, seminars, and workshops are held to make learning easier. The same is true for teachers. It is just as important for women to learn about pregnancy so they can have a more comfortable pregnancy as it is for them to have a more comfortable pregnancy. By going to informative lectures, women have the chance to learn as much as they can about the whole pregnancy process. A doctor or nurse should go to women's homes to talk to them about prenatal care, such as how important it is to get regular checkups, take prescribed medications, and eat well. In Pakistan, many issues have been seen regarding pregnancy because still in the local area have not a proper setup and proper healthcare for pregnant women. In other countries, pregnancy is taken very seriously and for women, there is a

proper setup, the goal of this research is to find out how women feel and if the cultural aspects of the women are residual areas that can affect their needs and choices. As my locale is a minor village and the nearest area is called *(chak*) which is very close to my locale. In the nearest places even in hospitals, a proper gynecologist is not available. So concerned authorities should provide health care services to small locals also regarding pregnancy.

Third, I've seen that there aren't always dietitians in government hospitals. People with master's degrees in Urdu or pak-study are qualified for that job. When I ask how they were chosen, I find out that they paid a lot of money. So, I've noticed that this is the main problem. If the hospital has a certified nutritionist on staff, she may tell pregnant women what kinds of foods they should eat during each trimester. Nutritionists might also be able to help women figure out what kinds of foods they should eat after giving birth. So, a lot of questions about being pregnant might be answered. Since I'm interested in first-time moms, I figure they didn't know what they were doing. Even though I asked a lot of people what they ate and drank in different situations, most of them didn't know. Because of this, nutritionists need to make women aware of this. So, this should be taken seriously so that women's worries and concerns can be put to rest. My research has shown that it is a big problem for women to want emotional support while they are pregnant. Women's in-laws have been quoted as saying, "It is normal," but things have changed because of the difference between generations. During pregnancy, women must stick to their usual schedules at all costs. People think that women need to know about pregnancy issues. With the help of her community, a woman would become even stronger. A strong woman is needed to go through all of this. She needs the moral support of her husband and family

to get through this hard time without breaking down. So, it's important to make people aware of the needs of pregnant women in this way. Because they wanted to be able to get pregnant without having to worry about what might happen. This theoretical framework is elaborating on what I have studied about liminality or pregnancy and the postpartum period of women. According to my findings, women encounter a series of emotional, physical, psychological, and spiritual changes during pregnancy. Both negative and positive aspects and effects of liminality have been observed. Setting aside health issues, some encouraging and empowering phenomena have also been reported, as women feel socially secure, valued, and considered important persons at home and outside too. Moreover, according to this theory, the joy of a pregnant woman becoming a mother is changing her experience from a single person to an associated mother. In my findings, it has been quoted that the pleasure of becoming a mother gives her inner satisfaction and peace. Some of my respondents shared that they feel valued and prioritized by in-laws in contrast to before pregnancy. Support from family either for nutrition or medication plays a positive role in birthing. Women with these facilitations are more relaxed and fear less about their postpartum. I have observed that during pregnancy some of the women develop their willpower and make decisions about their health care, nutrition, and household rituals. They also become religiously more practicing and spiritual. This theory added that women at her house after becoming a mother has a new role and is viewed as the most imperative person as she takes care of their child and all-time busy with newborn. My findings relate to theory in this regard too. I have found that new mothers are more empowered, confident, and self-motivated. They are kind and

thoughtful towards their child and feel happiest, they never feel sluggish or tired in taking care of their newborn,

Pregnant women in rural areas may have different fears and expectations compared to those living in urban areas, due to the unique challenges and cultural norms that exist in rural communities. Pregnant women in rural areas may fear not having access to adequate medical facilities, specialized care, and trained healthcare providers, which can put their health and the health of their fetus at risk. The cost of prenatal care and delivery can be a significant concern for women in rural areas, who may have limited financial resources and access to insurance. Being away from family and friends can create feelings of isolation and loneliness for pregnant women in rural areas, which can be especially challenging during the pregnancy (Zengin, 2020).

CHAPTER 8:

CONCLUSION

In this research, I found several key problems associated with pregnancy. A woman and she alone, should choose to become pregnant. It's a lengthy procedure, so ladies need encouragement and help covering associated costs. She goes through a lot of pain and suffering and it takes a long period, maybe a year. In light of this, it's important to raise people's consciousness of the problem. It is not the woman's choice in Pakistan to have a child. Only one of the women who participated in my study decided to become pregnant on her own; the others were all given no choice in the matter. Given the difficulties that women have historically faced, it is only fair that they are given the freedom to make their own choices when they reach this point in their lives. One of the most common and serious problems with women's health is a lack of knowledge about pregnancy. In Pakistan, first-time mothers are facing severe problems in breastfeeding when midwives told them to feed the young one but don't tell them how to feed .feeding while lying was also a challenge for mothers because of the surgery and fear of the stitches being broken. Family support and full preparation are needed to make this crucial time easy for the teenage mother. But in my study area *Pirowal* this kind of issue was not seen.

Pregnancy is widely believed to be a natural process, yet the ladies in my study were all experiencing it for the first time. The healthcare facility in Pakistan also has this product. In the same way that seminars and workshops are put on for students in other fields to make learning simpler, the same is true for educators. Just as it is important to educate women on the pregnancy process so that they can have a more comfortable pregnancy, it is also important that they have a more comfortable pregnancy. Women are allowed to

learn as much as they can about the whole pregnancy process by attending informative lectures. A healthcare provider should visit women in their homes to educate them about prenatal care, including the importance of regular checkups, taking prescribed medications, and maintaining a healthy diet.

Thirdly, I've seen that government hospitals often lack dietitians. There are people with master's degrees in Urdu or Islamic studies eligible for that job, and when I inquire as to how they were selected, I learn that they paid a hefty sum. That's the main problem, therefore, that I've noticed. If a certified nutritionist is on staff at the hospital, she may advise expecting mothers on what kinds of foods they should eat throughout each trimester. When it comes to figuring out what kinds of foods they should be eating after giving birth, nutritionists may also be of assistance. As a result, a lot of questions about the pregnancy phase may be answered. Since I'm focusing on first-time mothers, I assume they had no idea what they were doing. Even though I asked a lot of questions about what people ate and drank under certain circumstances, most replies were clueless. That's why nutritionists need to raise awareness among women. Therefore, this should be addressed seriously so that women's concerns and worries might be allayed.

My studies have shown that women's desire for emotional support during pregnancy is a big problem. Women's in-laws have been quoted as saying, "It's a normal process;" yet, things have altered as a result of a generational divide. During pregnancy, women require their usual routines to be maintained at all costs. Women, it is believed, need to be aware of pregnancy issues. A woman's strength would grow with the help of her community. It takes a strong woman to go through with all of this. She needs the moral support of her husband and family in order to get through this trying moment without breaking down.

So, it's important to raise these types of consciousness about the needs of pregnant women. In Pakistan government has also take steps to provide better services through lady health worker. Regarding pregnancy there is a big role of lady health worker and LHV. so that LHW went door to door to ask whether any women is pregnant or not and provide her a medicines and proper service .Most of the women complaint that lady health worker didn't come to our house and so that they have to go to a private hospital that is far away from their village as there is no proper hospital in village.

I had taken 22 interviews in my locale .and my respondents rely on home remedies and due to this many of them had a miscarriage because many of my respondents were not aware from pregnancy care .Most of the women who were belong to middle class family they have beliefs that home remedies are better than medication. They had no idea about medication and a proper checkup and medical routine .So this issue is also seen in our societies that women are not fully aware of medication

References

Aiken, A. R. A., Borrero, S., Callegari, L. S., and Dehlendorf, C. (2016). Rethinking the pregnancy planning paradigm: *Unintended conceptions or unrepresentative concepts? Perspectives on Sexual and Reproductive Health,* 48(3), 147-151. doi:10.1363/psrh.12015

Ajuwon, A. J., Brown, C., Adeniran, A., and Oladele, D. (2020). *Evaluation of the impact of a reproductive health training program on the knowledge and attitudes of primary healthcare providers in Nigeria. BMC Health Services Research, 20(1), 804.*

Akhtar, S., Ahmed, A., Ahmad, A., Ali, Z., Riaz, M., & Ismail, T. (2013). Iron status of the Pakistani population-current issues and strategies. *Asia Pacific journal of clinical nutrition*, *22*(3), 340-347.

Akullo, B. (2022). *The efficacy of the informal justice systems in addressing domestic violence in Pader District, Northern Uganda* (Doctoral dissertation, Makerere University).

Albughayl, L., & Beckford, W. (2023). Cultural Domain Analysis. In *Varieties of Qualitative Research Methods: Selected Contextual Perspectives*. Cham: Springer International Publishing, (pp. 109-114).

Ali, R., & Umm, H. (2018). Women's Lived Experience of Pr ed Experience of Pregnancy and Child Bir egnancy and Child Birth. *Qualitative Research,* 18(1), 12-25.

Aliani, R., & Khuwaja, B. (2017). *Epidemiology of Postpartum Depression in Pakistan: https://pubmed.ncbi.nlm.nih.gov/23594328/*

Barlow, K., & Chapin, B. L. (2010). The practice of mothering: An introduction. *Ethos*, *38*(4), 324-338.

Bendek E. D. (1994*).* Pain and women's satisfaction with the experience of childbirth: a systematic review. *American journal of obstetrics and gynecology*, *186*(5), S160-S172.

Bukovec, P., Šturm, B., Hodnik, J. J., & Starič, K. D. (2023). The knowledge gap in influence of fundal pressure during delivery on obstetric anal sphincter injury. *European Journal of Obstetrics and Gynecology and Reproductive Biology*. 14(1), 114-119.

Chiba, Y., Hayashi, R., Kita, Y., & Takeshita, M. (2023). Care provided by midwives and the unmet needs of pregnant and postpartum women: A qualitative study of Japanese mothers. *Heliyon*. 2(1), 19-34.

Cook, K., & Loomise, C. (2012). *The Impact of Choice and Control on Women's Childbirth Experiences. Perinatal Education.* 21(3), 158-68.

Côté-Arsenault, D., Brody, D., & Dombeck, T. (2009). *Pregnancy as a Rite of Passage:. University of Rochester, School of Nursing,* 24 (2), 12-16

Dearden, L., and Ozanne, S. E. (2023). Early life impacts of maternal obesity: a window of opportunity to improve the health of two generations. *Philosophical Transactions of the Royal Society.* B, 378(1885),1-8

Esho, T. C., Scholten, J., Conradi, H., Kawai, D., Mbogo, B., Lugayo, D., ... & Matanda, D. J. (2023). Amref Alternative Rites of Passage (ARP) model for female genital mutilation/cutting, teenage pregnancies, and child, early and forced marriages in Kenya: a stepped-wedge cluster randomised controlled trial protocol. *Journal of Global Health Reports*, 7(1), 2023-31.

Fang, W., Reddy, O. S., & Lai, W. F. (2023). Nutritional awareness of pregnant women and the underlying influencing factors. *Nutrition Reviews*, 74(1), 1-11

Glasdam, S., Hybholt, L., & Stjernswärd, S. (2023, June). Experiences of Everyday Life among Individuals with Co-Existence of Serious Mental Illness and Cancer—A Qualitative Systematic Literature Review. In *Healthcare* 11(13), 1897-1910.

Hafeez, A., Mohamud, B. K., Shiekh, M. R., Shah, S. A. I., & Jooma, R. (2011). Lady health workers programme in Pakistan: challenges, achievements and the way forward. *JPMA. The Journal of the Pakistan Medical Association*, *61*(3), 210-220.

Hamilton, E. L., McLaughlin, K., & Mollart, L. (2023). Factors that Influence Women's Decision on the Mode of Birth After a Previous Caesarean Section: A Meta-ethnography. *International Journal of Community Based Nursing and Midwifery*, *11*(3), 152-161.

https://www.researchgate.net/publication/372225964_Women's_Sexual_Health_and_Reproductive_Rights_as_an_Empowerment_Strategy_Towards_Sustainable_Futures_in_Sub-Saharan_Africa

Khalid, F., & Abbasi, A. N. (2018*).* Challenges faced by Pakistani healthcare system. *Clinician's perspective.* 23(2),12-15.

Khan, M. E., & Ahmed, S. (2017). Inequity in access to and quality of health care among married women in Pakistan. *Health Care for Women International*, 38(10), 1104-1118.

Khan, N., & Khan, N. (2017). Socio-cultural barriers and the state of reproductive health in Pakistan. *Global Journal of Health Science*, 9(6), 183-191. doi:10.5539/gjhs.v9n6p183

Khau, M. (2023). Women's Sexual Health and Reproductive Rights as an Empowerment Strategy Towards Sustainable Futures in Sub-Saharan Africa. In *Women's Empowerment for a Sustainable Future: Transcultural and Positive Psychology Perspectives*. Cham: Springer International Publishing (513-523).

Kumar, B. (2023). 7 Understanding Maternal Healthcare Deprivation in Bihar. *Health and Nutrition of Women and Children in Empowered Action Group States of India: Status and Progress*, 104-115.

Lancy, D. F. (2007). Accounting for variability in mother–child play. *American Anthropologist*, *109*(2), 273-284.

Lanssens, D., Vonck, S., Storms, V., Thijs, I. M., Grieten, L., & Gyselaers, W. (2018). The impact of a remote monitoring program on the prenatal follow-up of women with gestational hypertensive disorders. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 22(3), 72-78.

Lee, K. L. K., Loomis, R. A., Burkhardt, A. M., Cooke, I. R., Xue, C., Siebert, M. A., ... & McGuire, B. A. (2021). Discovery of interstellar trans-cyanovinylacetylene and vinylcyanoacetylene (H2C= CHC3N) in GOTHAM observations of TMC-1. *The Astrophysical journal letters*, *908*(1), L11.

lin, C. p., & Katengeza, H. L. (2020). girls empowerment and adolescent pregnancy. international journal, 14(4), 101-112.

Lothian, J. A. (2008). The journey of becoming a mother. *The Journal of perinatal education*, *17*(4), 43-47.

Lou, ,. S., & Frumer, M. (2017). Experiences and expectations in the first trimester of pregnancy: a qualitative study. Health Expect., 4(9), 1320-1329.

Mahmood, N., & Bashir, S. (2018). Applying an Equity Lens to Maternal. PIDE Working Papers, 28(1), 19-23.

Malinauskiene, V., Zuzo, A., Liakina, V., Kazenaite, E., and Stundiene, I. (2023). Menstrual cycle abnormalities in women with inflammatory bowel disease and effects of biological therapy on gynecological pathology. *World Journal of Clinical Cases*, 11(21), 4989-4995.

Mashhadi, S. F., Hamid, S., Roshan, R., & Fawad, A. (2016). Healthcare in Pakistan–a systems perspective. *Pakistan Armed Forces Medical Journal*, *66*(1), 136-42.

Massi, L., Weatherall, L., Nielsen, C., Toombs, M., Fredericks, B., & Rae, K. M. (2023). ~~"~~It's research, our input can grow": identifying health research priorities with Aboriginal and Torres Strait Islander communities—study protocol. *Research Involvement and Engagement*, *9*(1), 1-15.

Mcliesh, J., & Radshaw, M. (april 2019). *Maternity experiences of mothers with multiple disadvantages in England: A qualitative study. Women and Birth*, 1(1),178-184.

Mead, M. (1928). *Coming age of Samoa. samoa culture and society*. Cambridge Publication, Karachi.

Miller, V. A., Miller, C., Davis, S. M., Nokoff, N. J., Buchanan, C., Friedrich, E. A., ... & Vogiatzi, M. G. (2023). *Information needs and health status in adolescents and young adults with differences of sex development or sex chromosome aneuploidies*. retrived 12/12/2022, https://pubmed.ncbi.nlm.nih.gov/37308330/

Ministry of National Health Services, Regulations and Coordination (MoNHSRC). (2019). National Health Vision of Pakistan 2016–2025. Government of Pakistan. Retrieved from 01/15/2022 http://www.nhsrc.gov.pk/

Mishra, L. (2016). Focus group discussion in qualitative research. *TechnoLearn: An International Journal of Educational Technology*, *6*(1), 1-5.

Moghaddam, H. N., Coxon, K., Nabunya, P., & Oliveras, E. (2015). *Using the Theory of Planned Behavior to explore the association between maternal knowledge and exclusive breastfeeding practice in Uganda. Health Education Research,* 30(4), 599-611.

Nana, A., & Zema, T. (25 May 2018). *Dietary practices and associated factors during pregnancy in northwestern Ethiopia.* BMC Pregnancy and Childbirth. PMDC, Pakistan.

Ogunwole, S. M., Oguntade, H. A., Bower, K. M., Cooper, L. A., & Bennett, W. L. (2023). Health Experiences of African American Mothers, Wellness in the Postpartum Period and Beyond (HEAL): A Qualitative Study Applying a Critical Race Feminist Theoretical Framework. *International Journal of Environmental Research and Public Health*, *20*(13), 62-83.

Omer, S., & Fisher, F. (2021). The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan. *Reproductive Health,* 18(1), 112-123.

Pavalagantharajah, S., Negrin, A. R., Bouzanis, K., Joan Lee, T. S., Miller, P., Jones, R., ... & Alvarez, E. (2023). Facility-Based Maternal Quality of Care Frameworks: A Systematic Review and Best Fit Framework Analysis. *Maternal and Child Health Journal*, 10(2), 1-12: https://pubmed.ncbi.nlm.nih.gov/37418097/

Saito, K., Kuwahara, A., Ishikawa, T., Morisaki, N., Miyado, M., Miyado, K., ... & Saito, H. (2019). Endometrial preparation methods for frozen-thawed embryo transfer are associated with altered risks of hypertensive disorders of pregnancy, placenta accreta, and gestational diabetes mellitus. *Human Reproduction*, *34*(8), 1567-1575.

Sanginan, T. (2018). Information needs during pregnancy from women's perspective. *With Regards to Cultural Differences*. 13(1), 15-25.

Shemsu, S., Argaw, A., & Zinab, B. (2020). Dietary practice and nutritional status among pregnant women attending antenatal care at Mettu Karl referral hospital, southwest Ethiopia. *The Open Public Health Journal*, *13*(1), 32-41.

Sibo, M., Esimo, M., Lobota, M., Monka, I., Kayembe, K. K., Grace, T., ... & Darai, E. (2023). Diagnosis Delay and Assessment of the Quality of Life of Patients with Endometriosis Using the Endometriosis Health Profile 5 Questionnaire in a Sub-Saharan Population. *Open Journal of Obstetrics and Gynecology*, *13*(5), 907-917.

Singh, M. (2023). Book Review: *Sex and Diversity in Later Life: Critical Perspectives. Anthropology & Aging, 44*(1), 125-127.

Skinner-Taylor, C. M., Perez-Barbosa, L., Carrazco-Chapa, A., Cardenas-de la Garza, J. A., Corral-Trujillo, M. E., Arévalo-Nieto, F. R., ... & Galarza-Delgado, D. A. (2023). The economic burden of prenatal care for women with rheumatic diseases: a cross-sectional study from a university hospital. *Clinical Rheumatology*, 22(2), 1-3.

Strom, B. (2018). *Professional and Social Support.* (doctoral thesis), Allua University, Micicipy, USA.

Swift, K. (2015). Motherhood. *International Encyclopedia of the Social & Behavioral Sciences.* 3, 1011-1013.

Tarar, M. G., & Pulla, V. (April,2014). Patriarchy, Gender Violence and Poverty amongst. social work and human services, 12(1), 56-63.

Trundle, C., & Phillips, T. (2023). *Defining focused ethnography: Disciplinary boundary-work and the imagined divisions between 'focused'and 'traditional'ethnography in health research–A critical review. Social Science & Medicine: sciencedirect.com/science/article/pii/S0277953623004653*

Trussell, J., Leveque, J. A., Koenig, J. D., London, R., Borden, S., Henneberry, J., ... & Wysocki, S. (1995). The economic value of contraception: a comparison of 15 methods. *American journal of public health*, *85*(4), 494-503.

Udenigwe, O., Okonofua, F. E., Ntoimo, L. F., & Yaya, S. (2023). Seeking maternal health care in rural Nigeria: through the lens of negofeminism. *Reproductive Health*, *20*(1), 1-12

Vandenplas, Y., & Basrowi, R. W. (2023). Breastfeeding by Working Mothers: Global Challenges. *The Indonesian Journal of Community and Occupational Medicine*, *3*(1), 1-2.

World Health Organization. (2018). Sexual and reproductive health and rights: The key to gender equality and women's empowerment. WHO Press: https://www.who.int/

World Health Organization. (2019). Maternal mortality. Retrieved from https://www.who.int/news-room/fact-sheets/detail/maternal-mortality, (2020).

World Health Organization. (2019). Survive and thrive: transforming care for every small and sick newborn. UNDP, Viana, Austria

World Health Organization. (2021a). *Reproductive Health.* Retrieved 13/10/2021 from https://www.who.int/health-topics/reproductive-health

World Health Organization. (2021b). *Maternal Mortality.* Retrieved 13/10/2021 from https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

World Health Organization. (2021c). *Infant Mortality.* Retrieved 13/10/2021 from https://www.who.int/health-topics/infant-mortality

World Health Organization. (2021d). *Sexual and Reproductive Health*. Retrieved 13/10/2021 from https://www.who.int/health-topics/sexual-and-reproductive-health

Zelalem, A., Endeshaw, M., Ayenew, M., Shiferaw, S., and Yirgu, R. (2017). Effect of Nutrition education on pregnancy specific nutrition knowledge and healthy dietary practice among pregnant women in Addis Ababa. *Clinics in Mother and Child Health*, *14*(3), 265-273.

Zemlak, J. L., Alexander, K. A., Wilson, D., & Sherman, S. G. (2023). Contraceptive decision-making through the lens of social determinants of health among female sex workers: A qualitative descriptive study. *Journal of advanced nursing*, *79*(5), 1898-1911.

Annexure

Interview guide

1. The interview guide is open-ended questions
2. What is your name?
3. How old are you?
4. What is your education?
5. Have you any information about your pregnancy?
6. How did you experience the first visit to your doctor?
7. What did she tell about prenatal diagnostics?
8. Have you had an early scan? Can you tell me about this experience?
9. Have you thought about having the 12-week scan?
10. What do you think about the delivery?
11. What are your thoughts as parents?
12. How old are you when you get married? Would you be interested in sharing your experiences of pregnancy, childbirth, and becoming a first-time parent?
13. What expectations did you have and how did they compare to the reality of being a parent?
14. Please tell me about your thoughts and feelings about giving birth and becoming a mother when you learned that you were pregnant?
15. How about your thoughts and experiences after you gave birth?
16. What kind of information did you receive or seek?
17. What are the initial signs of pregnancy?
18. What do pregnancy cravings start?

19. Which types of things you ate to fulfill your craving?
20. How much weight do you gain during pregnancy?
21. What prenatal vitamins do you take?
22. How many hours did you sleep in this critical situation
23. How do you prepare yourself for breastfeeding?
24. How do you feel about your position in your house after the baby's birth?
25. What is a basic concept you have about pregnancy define?
26. Was the pregnancy planned?
27. Have you told anyone that you are pregnant?
28. What is occupying you right now about your pregnancy and being pregnant?
29. Do you support natural birth or not define if yes?
30. Discuss the first trimester of your pregnancy?
31. How did your family and in-laws react toward your first pregnancy?
32. How many times do you wait for your first pregnancy and what is your reaction to your delayed pregnancy?
33. Have you set up the baby's room?
34. What hospital have you chosen?
35. What is your due date?
36. Have you been well?
37. Is your partner excited?
38. Have you any gender issues or gender pressure from your partner or in-laws?

Glossary:

Words	Meaning
Ajwain	Carom seed
Zaiton ka tail	Olive oil
Aam	common
Akhri moqa	On the spot delivery day
Baita paida krne py zor dena	Son preference
Bara operation	Caesarean section
Bahu	Daughter in law
Bnda/ miyan	husband
Saas	Mother in law
Biradri	kinsfolk
Bemar aurat	Pregnant woman
Bura saya	Bad shadow
Bacha zaya hona	miscarriage
Besharam	shameless
Bal jharna	Hair fall
Be-auladi	childessness
Chota operation	Normal delievery
Darmiyan ky din	Second trimister
Desi dwai	ethno medicine
Hamal hona	pregnancy
Qadam jamana	Being empowered
Kharchay	Expenditure

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