

# ECHOES OF STRESS: MATERNAL PSYCHOLOGICAL DISTRESS IN THE INTERSECTION OF WORK AND PREGNANCY WITHIN PAKISTANI HIGHER EDUCATION

ECOS DO ESTRESSE: SOFRIMENTO PSICOLÓGICO MATERNO NA INTERSEÇÃO ENTRE TRABALHO E GRAVIDEZ NO ENSINO SUPERIOR PAQUISTANÊS

## ABSTRACT

Pregnancy involves a diverse set of physical and emotional challenges for women, and these challenges are intensified further for working women. Domestic and professional roles for working women pose severe impediments in antenatal phases. The present study aimed to explore the experiences of antenatal women working in an academic setting in Pakistan, with a focus on the challenges posed during pregnancy. Methodology: A qualitative analysis was conducted through interviews with three academic staff members. This approach provided key themes regarding the challenges faced by these women during pregnancy. Results: The analysis revealed several key themes. Absence of Inclusive Infrastructure and Administrative Support: This contributes to a heightened glass ceiling effect. Ergonomic Concerns: Physical fatigue from moving within the campus area, coupled with a lack of medical facilities, intensifies psychological distress, posing severe challenges for improved maternal well-being. Ambiguous and Discriminatory Workplace Policies and Attitudes: These further contribute to emotional stress for these women. Conclusions: This research highlights the need for a persistent and comprehensive organizational structure that includes inclusive policies, support systems, and flexible scheduling options. Such measures are necessary to address the multilayered nature of stress encountered during the antenatal period by working women, thereby fostering a conducive and holistic work environment.

**Keywords:** Psychological Distress. Distress in the Workplace. Social Support. Pregnancy. Well-Being at Work.

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## RESUMO

A gravidez envolve um conjunto diversificado de desafios físicos e emocionais, esses desafios são ainda mais intensificados quando se trata das mulheres trabalhadoras. Os papéis domésticos e profissionais destas mulheres apresentam sérios obstáculos nas fases pré-natais. O presente estudo teve como objetivo explorar as experiências de grávidas que trabalham em ambientes acadêmicos no Paquistão focando os desafios enfrentados por elas durante a gravidez. Metodologia: Foi realizada uma análise qualitativa por meio de entrevistas com três docentes. Esta abordagem trouxe à tona os desafios enfrentados por elas, no trabalho, durante a gravidez. Resultados: A análise revelou vários temas-chave, entre eles estão a ausência de infraestruturas inclusivas e de apoio administrativo, o que contribui para que o efeito teto de vidro seja intensificado; a ausência da adoção de medidas ergonômicas que contribuem para a fadiga física nas movimentações pelo campus, juntamente com a falta de instalações médicas, intensificam o sofrimento psicológico colocando graves desafios para o bem-estar materno. Finalmente, as políticas e atitudes ambíguas e discriminatórias que percebem no local de trabalho e contribuem para o estresse emocional das gestantes. Conclusões: Esta investigação destaca a necessidade de criar uma estrutura organizacional persistente e abrangente que inclua políticas inclusivas, sistemas de apoio e a alternativa de horários flexíveis. Tais medidas são necessárias para dar conta da natureza multifacetada do estresse enfrentado durante o período de gestação pelas mulheres trabalhadoras, promovendo assim um ambiente de trabalho propício e holístico.

**Palavras-chave:** Estresse psicológico. Estresse no local de trabalho. Apoio social. Gravidez. Bem-estar no ambiente de trabalho.

## Introduction

The transformative gestation period marks numerous psychological and physiological changes in a woman's life (OVIEDO-CARO et al. 2022). The inherent sense of happiness associated with pregnancy is counterbalanced by the psychosocial challenges faced by expectant mothers throughout the antenatal period, a stage marked from conception till the birth of the baby (EMMANUEL; ST JOHN, 2010). These experiences seem to be exacerbated in working women as they are exposed to additional psychologically disturbing factors daily, impairing their occupational functioning (ANDERSSON; HARNOIS, 2020). One of the most common psychological tensions that arise for pregnant working women is the enormous stigmatization that labels them as "incompetent", "careless", or "uncommitted" (SKORINKO et al., 2020). Employers, intentionally or unintentionally, tend to make cognitive errors such as discounting the positives which is manifested in underestimating capable women to do the same job they did efficiently before pregnancy (OLLILAINEN, 2020). They also magnify the physical and hormonal changes that a pregnant woman has to go through which makes them perceive antenatal women as incompetent (GEUDER,

2023). As a result, many women are deprived of higher positions and are coerced into quitting their jobs (EATON, 2019).

Apart from considering them unable to function well occupationally, they also receive derogatory remarks or behavior for the changes in their weight (POWNALL et al., 2023). Through surveying 501 women in their antenatal and postnatal stages, Rodrigues et al. (2020) deduced that women receive such comments as frequently as once a week from various sources including their workplaces. Another devastating stigma around working pregnant mothers is that they intentionally separate themselves from their children making them susceptible to psychological and cognitive developmental disturbances (GREENBERG et al., 2021).

In modern times where inflation has reached its heights all adults must work to fulfill their needs and share the financial burden with other members of the household (CRUMP et al., 2022). Regarding the negative impact of mothers' employment on early child development, Almani et al. (2012) conducted a review of the literature through which they deduced that there is no evidence to support these claims. However, some factors may moderate the impact of mothers' employment on their child's early development resulting in neglect towards children which include lack of support from family, financial constraints, young mothers, low academic qualifications, and a nuclear family system (FOUZIA et al., 2021).

The aforementioned notions are just a small fraction of the many devastating social stigmas that antenatal working women endure. In most cases, women resort towards hiding their pregnancies to save themselves from unnecessary psychological distress and to protect their jobs (ANTONIOU et al., 2019). Although this phenomenon is observed across multiple professions, women in academia seem more susceptible to such discrimination. Ollilainen (2020) reveals the experiences of female teachers which include hiding pregnancy until "it starts showing physically" to prevent any hindrances in achieving the long-awaited promotion, encountering labeling and discriminatory attitudes from fellow professors and students, and experiencing heightened anxiousness related to revealing pregnancy. The experience is similar for women working in academia in Pakistan which makes the antenatal period psychologically distressing for them (ALI; RASHEED, 2021).

Besides facing these stigmas, pregnant women are also preoccupied with thoughts of their maternity leaves and the challenges associated with them. Many teachers in the United States heavily rely on the Family and Medical Leave Act (FMLA) for their maternity leaves, where they are not paid (MALACHOWSKI, 2022). While some states offer paid parental leave, most teachers have no option but to save and utilize their sick leave, leading to stress and frustration. This, along with low wages, leads them to return to their jobs prematurely before they can heal properly after delivering the baby (YANG, 2022).

The prevalence of unpaid maternity leave forces women to contemplate resigning and later reapplying for the same job position. However, this practice hinders their professional continuity in their careers and subjects them to great distress, which is also detrimental to the baby. However, a study revealed that the quitting behavior of

pregnant mothers from the organizations is not due to unpaid maternity leaves but is rather attributed to the duration of maternity leave (ZHANG; RODRIGUE, 2023). According to a systematic literature review of 21 studies, the more days mothers are given for their maternity leaves, the higher the chances for better and positive mental health outcomes along with improved infant health (WHITNEY et al., 2023).

The administrative policies change with variance in context and the pattern may seemingly shift due to cultural factors, stereotypes, and gender inequality. When recruiters and policymakers of an organization were interviewed, the analysis of their data revealed that paying pregnant workers for their maternity leave was not the concern, as they had already calculated their finances beforehand. However, the issue was the cost that came along with it, including the burden on other employees and the training of the individual who was replacing a pregnant mother on leave. The interviewee also shared that they would prefer recruiting a male worker to avoid this happening in the future (AKHTAR et al., 2020). When a working female employee is pregnant, the management deems her as a burden over the organization. It is suggested to take breaks instead of leaves due to extra cost on the company. And since it is expensive to find a substitute for a short period of time, mothers on leave are completely replaced by another employee (AARIYA; ANIL, 2022).

Traditional norms and societal expectations often have a strong influence on the organizational practices, shaping beliefs and perceptions about the roles and responsibilities of men and women in the work environment (TABASSUM; NAYAK, 2021). Additionally, these gender stereotypes exacerbate biases in hiring and decision-making procedures, eventually favoring male candidates over females. Especially in Pakistan's patriarchal society, these factors collectively play a significant role in the observable patterns in organizational attitudes and policies (TABASSUM; NAYAK, 2021).

Moreover, ambiguous policies serve as additional stressors that mothers have to deal with. A qualitative study on working mothers' experiences surrounding maternity leaves emphasized this phenomenon. There is often an absence of structured and comprehensive leave policies in organizations. This absence stems from the gendered nature of organizational structures, which considers maternity leaves as a scar on a perfect professional career. Furthermore, maternity leaves are not given much consideration, as they are treated as a 'burden' left for local heads to deal with. This leads to a very disruptive and decentralized approach to handling the significant matter of maternity leave allowances (MAXWELL et al., 2019). Consequently, causing the expecting mothers to experience a rise in uncertainties surrounding leaves and making them undergo severe anxiety.

267 mothers who were employed were examined by the researchers to check the impact of abusive supervision and the chances of turnover due to the drastic effect on their mental health. The results showed that mothers were highly likely to turnover due to exhaustion and feeling targeted by their supervisors. Moreover, the mediating role of finances was also observed, revealing that those mothers who were breadwinners of their families were less likely to have turnover intentions (THOMPSON et al., 2022).

Furthermore, research conducted by Akhter (2019) highlighted that paid maternity leaves for women in Pakistan were allowed for less than 6 weeks, and their job stress levels during pregnancy accounted for 75%. In addition to that, among the 500 participants, 59.4% of teachers who were pregnant had a standing job of 6-7 hours. Despite the tough working conditions of women in academia, their abilities as teachers are heavily judged during their pregnancy. Findings of a study to check the evaluation of university-level teachers revealed that when they taught during their antenatal phase, they received low scores on the evaluation. The author quoted other studies stating that pregnant women in academia tend to receive low scores on their teaching compared to men (OLABISI, 2021). Such instances contribute to deteriorating the overall mental well-being of pregnant mothers, making their jobs appear as a source of major stress in their lives.

A review of previous literature shows that there is a lack of research in higher education institutions in Pakistan that examines pregnant women's experiences in the academic environment, highlighting their psychological issues in the workplace. Therefore, this qualitative case study aims to shed light on the psychosocial stressors faced by women in the antenatal period in academic workplaces. Moreover, the in-depth interviews with pregnant working women in academia will enlighten institutional policymakers to consider the negative impact of negligence towards pregnant women on their and their fetus' psychological and physical health. In a century where inclusivity is glorified, antenatal women should also be provided with psychological and social support to help them transition smoothly from antenatal to postnatal period.

## Methodology

The purpose of this study was to examine the workplace-related psychological distress faced by pregnant women. The research methodology justifies how the research methods aligned with the research objective and research questions (OLMOS-VEGA et al., 2023). It describes the procedure for data analysis, selection of participants, data collection instruments, and research design. It emphasizes the ethical guidelines that were adhered to throughout the study (TOYON, 2023).

## Qualitative Research Design

The experiences that pregnant women have at work are complicated and unexplored. A piece of detailed knowledge is necessary to fully comprehend the psychological distress experienced by expectant mothers and assess the quality of support offered by higher education institutions. With its ability to gather and analyze detailed data, qualitative research methodology proved to be the most appropriate option given the complex nature of the research problem. Because of its open and

adaptable form, qualitative research allows researchers to engage with participants and see the world from their perspective (CORBIN; STRAUSS, 2014). Given the limited sample size of pregnant women in employment contexts, it became essential to use a case study approach within the qualitative research methodology.

## Case Study

This methodology was selected due to its ability to provide a comprehensive and intricate examination of the topic in the context of real-world situations. Using particular pregnant women as case studies, the study sought detailed information about the experiences of these women in the workplace, taking into account social support, organizational dynamics, and individual circumstances.

## Setting

The data was collected from teachers in Pakistani Higher Educational Institutions in Karachi. The higher education institutions in Karachi, City areas have inadequate infrastructure and lack necessities, facing significant barriers to accessing quality education and health services. These institutions are not designed to cater to gender-specific concerns related to infrastructure.

## Participants

The study involved three pregnant women aged between 25 and 35 who had each contributed a minimum of one year of service to the institution.

Table 1 provides demographic information of the participants.

**Table 1.** Demographics Information of the Participants

Interviewee	Age	Occupation/Position	Education Level
(A)	34	Lecturer	Master of Science (MS)
(B)	30	Lecturer	Master of Science (MS)
(C)	29	Lecturer	Master of Science (MS)

## Data Collection Tools

## **Semi-structured Interviews**

The researcher obtained information from the pregnant women using semi structured interviews. Qualitative research that involves a discourse between the researcher and the participant is commonly conducted using semi-structured in-depth interviews. In semi-structured interviews, participants can respond to open-ended questions with some degree of freedom while also receiving direction for the conversation (NAZ et al., 2022). Semi-structured interviews facilitate the collection of open-ended data, enable the researcher to identify and examine participants' views, attitudes, experiences, and perceptions regarding a given topic, and delve deeply into specific and delicate issue (RUSLIN et al., 2022). Inquiries about the research questions were covered in the interviews, and when necessary, probing questions were raised.

## **Data Analysis**

Each interview was audio recorded, transcribed, and examined using the methodology outlined by Corbin and Strauss (2014). Three basic processes comprise the specific data analysis procedure that Corbin and Strauss (2014) recommends: open coding, axial coding, and selective coding. According to them open coding is used for preliminary data analysis, in which the investigator separates unprocessed interview material and creates preliminary codes in order to extrapolate meaning from the data. Axial coding is the second phase, where the researcher creates categories by connecting the codes that have been generated. These classifications can be thought of as the axes connecting the codes. The researcher connects all categories in selective coding in the final step based on the conceptual relationship with each other.

## **Research Credibility and Trustworthiness**

Rigor is defined as a procedure that guarantees the validity of the qualitative research process and emphasizes the competence and integrity of the researcher in carrying out the investigation (TAQUETTE; BORGES DA MATTA SOUZA, 2022). The researcher assured trustworthiness and rigor in the qualitative research process, through acknowledging these as crucial components in maintaining confidence in the collected data, its interpretation, and the employed methods. In order for the research to be regarded as suitable for reader consideration, rigor was reached by the establishment of protocols and methodologies.

## **Member Checks**

In qualitative research, member checking is a credible means of establishing authenticity. To make sure the data accurately reflects what the participants said, this step entails reading back the recorded interview data to the participants (TAQUETTE, BORGES DA MATTA SOUZA, 2022). By removing dispute or contradictions in the data obtained, member checks enhance the research's credibility and guarantee an ethical and rigorous study. Each participant in the study had their individual transcripts of interviews checked by the researcher for accuracy.

## **Ethical Considerations**

The research participants were guaranteed that their privacy would be protected at all times, and that the information they submitted would be utilized exclusively for the intended study. The respondents were given the assurance that they could withdraw from the research at any moment without worrying about repercussions.

## **Findings**

The following themes were extracted from the semi-structured interviews taken from the pregnant women serving in higher education institutions.

### **Unavailability of Medical Services and Lack of Supportive Infrastructure**

Early pregnancy is distressed by the absence of inclusive infrastructure at the workplace. Pregnant women may experience considerable difficulties and distress in the workplace if there is no lift and uncomfortable stairs going to offices or classrooms. They often find it hard and uncomfortable to climb stairs, especially when their bodies are changing. Pregnant women may feel impeded in their daily activities and experience heightened anxiety about their own and their unborn child's well-being, which not only adds to potential health difficulties but also causes psychological discomfort.

#### **Uneven and uncomfortable stairs and unavailability of a lift**

The participants reported that the infrastructure of the university in which they are teaching was not supportive enough to cater to the needs of the pregnant



mother, nor any amendments were made to ease and comfort the women. For example, Interviewee (A) said that she had no other option than climbing the stairs to reach her department and take the classes in the allocated rooms.

*I feel my struggles are very different. For example, in our office... is where we have to climb two stories and I have to do that at least twice a day, have to climb up and down, and then up and down. And then I have to go to different classes so that is physically very exhausting for me. Other than that, for my classes, I have to speak for three consecutive hours.*

Similar comments were reported by Interviewee (B) as she said:

*I must climb all the way up to the second floor just to use the washroom, even drinking water is not available on my floor. Sometimes, I find myself stuck in my cubicle, feeling thirsty, and to top it off... I left my water bottle at home. It's just so overwhelming to climb those stairs in this condition. Picture this...the urge to pee hits, and there's no relief in sight. Nobody can truly understand the pain I go through. And if that's not enough, I'm dealing with an acidity issue. The nausea hits me like a wave, and guess what? There's no convenient place to vomit nearby. At times I ended up vomiting on my own clothes, and it was beyond embarrassing!*

The interviewee (C) reported that the management ignores the request from expected mothers to change their sitting placement and they are bound to use the same passages to reach their classes. As she said

*"I can provide another example of a limitation in that regard. My office is on the 2nd floor, and I had requested a different workspace or, perhaps, a ground-floor location to make it easier for me to move around. The idea was to attend classes more efficiently and return to my workspace and desk for class preparation and other tasks. Unfortunately, there was no response to that request, adding another physical challenge for me in navigating different floors on campus"*

## **Absence of Medical Doctor and Medical Room**

Regarding the medical facilities, it was evident through the interviews that the absence of adequate medical services available within an organization can have profound consequences on the health and well-being of pregnant women, inducing significant psychological distress. The absence of comprehensive prenatal care at the

workplace increases the risks associated with pregnancy, leading to heightened anxiety and stress among expectant mothers. As the interviewee (A) remarked:

*There is no medical help or assistance in this regard, so I believe that I won't get help. That's why I don't even ask for it. Although you know I can be drowsy or sleepy or really..., my memory is significantly compromised. So... I don't have anyone to ask, you know... for. To ask for assistance.*

Interviewee (B) also reported the same as she said “You have to suffer everything on your own. If you are feeling nauseous, you must carry your own emergency stuff. There is no medical facility.”

### **Accessing Supportive Means**

In academia, finding a balance between the responsibilities of a teaching job and other additional tasks could lead to unforeseen difficulties, especially when someone is dealing with health issues. The following narrative unfolds the stories of devoted teachers navigating a complex web of professional obligations and physiological constraints.

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### **Lack of Support from Extended Managerial Positions**

Interviewee (A) conveyed that her workload has remained relatively consistent and reported the challenges associated with her involvement in a voluntary society.

*“My workload is pretty much the same as it was before—job demand. I had additional responsibilities in a society that I voluntarily was a part of. I had to make some additional effort to, you know..., resign from that responsibility because I thought it was a lot on my plate, mostly because society work requires a lot of physical movement, going, and interaction. I did not find the energy to do.....”*

Interviewee (A) also shared the difficulties and emotional hurdles she encountered while seeking adjustments to her responsibilities during her pregnancy.

*I had to talk to the head of the department, and I had to write an official email to the President of the university. Unfortunately, I did not get a response for a good one or two months. So, I repeatedly had to check in with my head of the department. It was a struggle because a part of me was feeling very conscious that maybe I was doing a*

*bad thing, and I was not supposed to do it. But I had to constantly reinforce to myself that these are my physiological limitations and that this is nothing to feel guilty about. I never received a response, but after, I think, around 1.5 to two months, everybody received an email that, you know..., the mentors of the society were changed.*

The interviewee (B) opened her experiences regarding examination duty by expressing...

*“They have assigned an examination duty lasting three hours, during which I am required to stand and invigilate students in the auditorium with giant steps. Despite informing them beforehand about my condition and my inability to stand consistently, they have only allocated me only one-hour break.”*

The interviewee (C) revealed experiences of not receiving enough help and in specific areas of her workspace as she said:

*“There have been times in certain areas where I find the support to be lacking, and I’ve encountered some issues in that domain. It becomes a bit dissociated and challenging at times. So, in that regard, I perceive a disconnection and difficulties in my workspace experience. This is how I would describe my observations over the period of pregnancy.”*

### **Level of Support from the Immediate Supervisor**

Participants reported that the management positions to whom they directly report are more supportive and less ignorant about their condition, especially in cases where the immediate boss is female. As Interviewee (A) said

*“That has been primarily supportive for me. Although, on an organizational level, the higher management revoked the privilege of fewer hours from me, my immediate supervisor still supported me. She told me that it was all right and reinforced that the maximum consequence could be a salary deduction. Her support validated my experience of prioritizing my family and health, and that meant a lot to me in my personal life.”*

Similarly, Interviewee (B) said.

*“So...my experience with the core team has been very positive and quite comforting. I find my colleagues to be very supportive. I find the program entirely managed... very collaboratively and very effectively. I also have found a lot of support in the manager, the Head of the department as well.”*

However, one participant mentioned that she feels reluctant to talk with her immediate male supervisor, and she thinks he cannot understand what she is going through in her pregnancy phase. As she said: “My direct supervisor and colleagues are either male or unmarried. It’s difficult to explain what I’m going through to them. There is a lack of understanding on their part, and I feel ashamed.”

### **Self-Blame and An Unwarranted Guilt**

The phenomenon of self-blame and unwarranted guilt during pregnancy looms over many Pakistani women, stemming from societal stigmas ingrained in cultural norms. In a culture where societal norms dictate gender roles, women who navigate the professional sphere may grapple with feelings of guilt for deviating from prescribed roles. The weight of societal expectations and the fear of judgment contribute to an unwarranted sense of guilt, leaving working women to contend with the emotional sufferings.

### **Guilt over Becoming a Mother**

Interviewee (A) conveyed how limited support makes one feel as though they have committed a sin.

*Sometimes..., like how the level of limited support makes me wonder if, like one has committed a sin or something. Like you... have made a choice to do something bad and now you have like, it’s your problem to deal with the consequences. It’s no one else’s problem... It’s your problem... You did something. So, it’s just yours to deal with. So, it actually feels like you’ve committed a sin.*

Interviewee (C) discussed the managerial perspectives of pregnancy.

*It is like... you did something wrong...you are not welcomed at all with a belly bump... specially in front of the management. In official meetings... they consider you as a burden on the organization ...It’s like you are troublesome for them... Asking for leniencies... assuming*

*that you will not be productive... And pregnancy will lower your work efficiency.*

## **Administrative Ambiguities**

### **Uncertain Maternity Related Policies**

The antenatal period necessitates a serene and comfortable environment for mothers to ensure the birth of a healthy child. Unfortunately, financial uncertainties and unclear maternal policies compound stress for women on the parenthood journey. Inconsistent and ambiguous communication regarding maternity policies can leave expectant mothers uncertain about their entitlements and rights in the workplace. Further insights from an interviewee analyze the impact of these challenges:

*The maternity leave... that's basically a federal right, even that is considered a privilege here. Like they don't commit to us, they basically ...they I mean...higher management. They just tell us that you know...it's case to case and it's not an entitlement... So, you might not get maternity. So, there are no fixed policies for pregnant women at all... so there's no childcare department or day care over here or during pregnancy...there is no such support for pregnancy at all.*

Interviewee (A) reported

*Although I am financially stable, but it has definitely been stressful for me even then. I tried to approach this other, you know, teacher who's pregnant, and I reached out to her and I asked her, are you aware of, you know, the policies...And because I wanted some guidance because there is no official medium to get guidance, so I approached this other teacher who's pregnant so I could acquire some guidance from her, but she was basically as clueless as I was. So yeah, it's been something that I've wondered a lot about that I have to, you know, how much would that basic salary be...What do I have to do in order to get maternity leave.*

Interviewee (B) further discussed her struggles:

*So, in that regard, what I have noticed and felt was that there was a lot of... Lack of human understanding, and there was a lot of inconsideration at times by the extended people in the higher positions...And uh, as we are seeing in the world that uh, you*

*know... Let's say that you know people are now also getting paternal leaves...But in this ...in this.... situation I am still struggling to have my basic maternity leave recognized easily and smoothly and be accommodated in that regard. I also found the. ...reservations that were, you know...given off to be quite absurd at times, and that was obviously putting a lot of...uh... putting me through a lot of mental stress...You know that this is also part of a human life, so this is one area that I have recently found to be very stressful and difficult for myself."*

## **Maternal Health Insurance Coverage**

The uncertainty surrounding maternal health insurance poses significant challenges for expectant mothers, encompassing both antenatal and postnatal care. These ambiguities collectively contribute to heightened stress levels among pregnant women.

Interviewee (A)

*Dealing with the whole maternal coverage thing during my pregnancy has been a bit of a challenge. You know... the policy details are... well, unclear. Like, I wasn't sure what tests and stuff were covered, so I had to keep asking, and that you know added a lot of stress. And there was this one time when I needed extra tests, and the uncertainty about whether they'd be covered or not... Yeah, that was really stressful. I just think, you know, having clearer policies would've made a big difference, made this whole pregnancy journey a bit less...um...overwhelming, you know.*

Interviewee (B)

*It's been tough to be very honest...Like I don't even know whether you know...I will be assisted financially by my organization after my delivery. Like you know...I am not sure what would be the amount that will be covered under my insurance...the financial uncertainty is something that is adding an extra layer of stress... like it's an already emotional and physically demanding period you know... Like you desperately want to feel supported by your organization right... I personally believe that having more transparent and easily understandable policies would make a significant difference in this situation.*

*I am told that I need to submit all my official stuff, you know... like my belongings and even my medical insurance. And well... that's got me a bit worried. Like, how am I supposed to avail my medical benefits without the insurance...It's, like...definitely stressing me out, oh yes definitely... And, you know, on top of that...I'm even going on unpaid maternity leave. So, it's just a lot to handle yeah.*

## Discussion

The qualitative investigation into the lived experiences of pregnant women in higher educational institutions has uncovered a multitude of challenges that demand attention and consideration. It is evident from the findings that the Pakistani higher education institution selected for the study was least supportive for women in the pregnancy phase. The hurdles that these women face during the prenatal phase are not only harmful to themselves but also for the baby in their wombs (MOLGORA; ACCORDINI, 2023). It was reported in the current research that the infrastructural conditions at the workplace are not conducive to pregnancy-related needs. The absence of supportive infrastructure in the workplace and the unavailability of medical treatments are common challenges expectant mothers have to deal with (GABRIEL et al., 2023). Difficult staircases, missing lifts, and a lack of accessible amenities not only causes physical strain but also makes them more anxious about their own and their unborn child's well-being.

While the evidence in research is not directly specific to the higher education institution, it supports the notion that infrastructural conditions related to the physical needs of pregnant women are crucial. This is clear when considering things like nursing facilities and lavatory provisions. For instance, women are frequently only given half the space in public restrooms designated for men, which causes long lines at the restrooms. Non-inclusive infrastructure at workplace makes it difficult for antenatal women to maneuver through the campus as they take care of their leaking bodies.

Antenatal women are subject to diverse and ambiguous work policies which subsequently ignite the level of stress in pregnant working mothers. The absence of standardized work policies subjects these mothers to bias and prejudice, increasing the already heightened level of stress and anxiety (HOOK et al., 2023). The disparities in entitled maternal leaves, duration and other workplace benefits create a challenging situation for expectant mothers where they find it difficult to secure the support system they need in this critical phase. Gueder (2023) highlights the prevalence of post-partum depression and anxiety in his study where an emphasis is laid on the low frequency of reporting such conditions owing to feelings of guilt and shame. It is of utmost importance that these realities and experiences are acknowledged with

ultimate care highlighting the need for uniform and standardized policies which can accommodate these intricate realities.

Guilt, as defined in literature is an adverse assessment of a behavior or an action (LAW et al., 2021). The interviewees in the present research reported such guilt owing from their biological condition. It is crucial to recognize that guilt exists in both external and internal domains, demonstrated as the awareness of an individual regarding one's actions in the broader socio-cultural framework. Pregnant mothers encounter such guilt as a result of social stigmas and the perceptions of others (FREITAS-JESUS et al., 2022). This feeling may escalate to a point of shame in these women where they become apprehensive about the opinion of others regarding their individual deeds and actions resulting in low self-esteem. The research participants pointed out the societal stigmatization that they face due to their biological conditions and sexual identities encountering a sense of sexual shame, specifically during antenatal phase. This sense of shame exacerbates the emotional and individual struggles in working mothers leading to an increased level of stress.

The study further investigated the role of insufficient medical facilities at the workplace as a contributor of stress in pregnant mothers. Psychological well being of these mothers is directly impacted by the lack or inadequacy of medical supplies, further intensifying the antenatal challenges. As Mehra et al. (2023) concluded that the vulnerability and insecurity during antenatal phase increases when there is an absence of antenatal care in the work environment. This supports the findings of the study where expectant mothers have substantiated the struggle, expressing their heightened stress levels attributable to the absence of adequate medical facilities.

## Limitations and Recommendations

The data collected in the present study is organization-specific, restricting generalizability beyond the studied organization. Furthermore, the qualitative nature of the data and the small sample size of three participants, all sharing the same job background of the academic staff role, imply that the findings primarily represent the administrative structure and experiences within a particular organization. The uniformity in job nature and similar administrative rules influencing the experiences of the participants further limits the broader applicability of the results. Hence, the external validity of the research may be impacted by the use of qualitative interviews.

Utilization of diverse sample is recommended for future studies, including a diverse population both within the organization and from multiple organizations ensuring the variations in the experiences and challenges of working mother in their antenatal phases. Additionally, a mixed method approach can also be taken into consideration for future studies in order to gather large dataset along with detailed insights of participants.



For effectively addressing the distressful circumstances and situations it is pertinent to highlight the factors that lead to increased psychological distress in working mothers. A comprehensive strategy in the form of a uniform policy is required to provide for inclusive infrastructure, including ergonomic workstations, availability of in campus medical facility and flexibility in working conditions allowing for a smooth transition phase. Support systems including employee assistance programs may help in the creation of a healthier work environment directly assisting women in their antenatal period. It is of utmost priority to implement standardized work policies and eradicate injustice in the form of bias and prejudice to promote both an inclusive and empathetic work culture. Mental health initiatives should be essentially promoted within an organization and staff members should be educated to help foster a stigma-free workplace encouraging women to ask for help.

## Conclusion

As the quoted literature highlights, pregnant working women, particularly teachers, have to face numerous obstacles at their workplace that exacerbate their stress amid pregnancy. This qualitative research aimed to explore the experiences of antenatal women working in academia through in-depth interviews. Through analyzing the gathered data from the participants, researchers were able to shed some light on the challenges faced by pregnant working women in Pakistan. The extracted themes unveiled their struggles ranging from the inconsiderate infrastructure to psychological distress and unpleasant emotions.

One of the most prominent themes was the lack of inclusive infrastructure and administrative support. This seems to be an intensified instance of the glass ceiling effect, where pregnant women are systematically secluded from higher positions as they look down on as incapable of doing it. In this particular scenario, pregnant women are deprived of socioemotional support and inclusivity expressed through physical spaces and interpersonal attitudes. This lack can impose serious threats to the mental health of pregnant women and subsequently have detrimental effects on fetal development. Therefore, it is essential to design inclusive policies to provide a supportive and welcoming environment for antenatal working women.

Another significant theme that surfaced was ergonomics. Physical obstacles can be excessively harmful to the health of the pregnant women as well as the fetus as it can expose the fetus to developmental impediments. Having to climb stairs, walk across campuses and conduct classes while standing can cause physical fatigue in antenatal women. Further, the lack of medical facilities imposes additional psychological distress onto pregnant working women and instils uncertainty regarding their well-being, specifically at the workplace.

The physical fatigue and emotionally burdening shame associated with pregnancy were a direct aftermath of the aforementioned exclusive practices at

workplaces. A stigmatized and discriminatory attitude was linked to the unpleasant emotions experienced by the women. The colleagues and administrative staff were reported as emotionally absent and rather demeaning towards the women, inducing shame and guilt.

The physical symptoms themselves can be highly overwhelming for pregnant women and these stressors encountered at the workplace seem to be added distressing factors, impairing the occupational and personal functioning of the women. Hence, necessary action should be taken by organizational policy makers to foster attitudinal and ergonomic inclusivity for pregnant working women.

**CONFLICT OF INTEREST** The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

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