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WOMEN'S HEALTH ISSUES IN PREGNANCY

Arshi
Research Scholar, Department of Sociology
Meerut College, Meerut

Prof. Amarjeet Singh Malik
Department of sociology
Meerut College, Meerut

ABSTRACT

Women go through a significant period of growth throughout pregnancy and delivery. For pregnant moms, having access to pertinent information at this time is essential. Preparing for prenatal care can significantly lessen the negative effects of pregnancy on both the mother and the fetus. According to a WHO report, around 800 women worldwide pass away every day as a result of difficulties associated to pregnancy or delivery. In low-income neighborhoods and in rural regions, maternal mortality is greater for women. The high rate of maternal fatalities in many regions of the world is a result of unequal access to healthcare. Due to the dearth of trained healthcare professionals in rural locations, women have the lowest likelihood of receiving sufficient medical treatment. Even though prenatal care standards throughout the world have improved over the past ten years, only 46% of women giving birth in low-income nations receive adequate care. This implies that millions of births take place without the help of a midwife, a doctor, or a nurse with training. Other reasons that restrict women from seeking or getting treatment during pregnancy and delivery include poverty, the distance to health services, a lack of knowledge, poor services, and cultural traditions.

Keywords:*women's life,Pregnant ,Women, ,Qualitative Study*

INTRODUCTION

Women's health is typically only given attention during pregnancy and the first few weeks after giving birth. The Fourth World Conference on Women, held in Beijing, was the first to outline a women's health agenda. Women go through a significant period of growth throughout pregnancy and delivery. For pregnant moms, having access to pertinent information at this time is essential. Preparing for prenatal care can significantly lessen the negative effects of pregnancy on both the mother and the fetus. According to a WHO report, around 800 women worldwide pass away every day as a result of difficulties associated to pregnancy or delivery. In low-income neighborhoods and in rural regions, maternal mortality is greater for women. The high rate of maternal fatalities in many regions of the world is a result of unequal access to healthcare. Due to the dearth of trained healthcare professionals in rural locations, women have the lowest likelihood of receiving sufficient medical treatment. Even though prenatal care standards throughout the world have improved over the past ten years, only 46% of women giving birth in low-income nations receive adequate care. This implies that millions of births take place without the help of a midwife, a doctor, or a nurse with training. Other barriers to seeking or getting treatment for pregnancy and delivery include poverty, a lack of information, accessibility issues, insufficient resources, and cultural norms.

in 1995. The ensuing Beijing Declaration and Platform for Action laid out a path for gender equality and women's empowerment with a strong emphasis on SRH concerns, which at the time were the leading causes of death for

women. Maternal mortality in India has decreased significantly as a result of this approach, falling from 5.7% in 1990 to 2.8% in 2015.

In parallel, there has been a significant shift in the problems impacting women's health, and now, NCDs such cardiovascular disease, stroke, renal disease, respiratory disorders, and trauma are the top causes of mortality for women globally - in both high- and low-income nations.2 Women have a higher burden of handicap owing to NCDs, such as back and neck pain, mental disorders, and respiratory illnesses, while having a longer life expectancy. High rates of sexual assault are proof that social structures and prejudices also place girls and women at a disadvantage. Women's health and wellbeing depend on the growth of gender equity, empowerment, and the abolition of prejudice. Only by taking into account the gender factor when designing health initiatives and research can this be accomplished.

Present situation

The research agenda on women's health in India has been led by the Indian Council of Medical Research. Almost all initiatives have targeted reproductive health concerns since SRH has contributed to the biggest illness burden for women. According to recent data from the Global Burden of Disease (GBD), the percentage of deaths among Indian women attributable to communicable, maternal, neonatal, and reproductive diseases decreased from 53% in 1990 to less than 30% in 2013, while the percentage of deaths attributable to noncommunicable diseases (NCDs) increased from 38% to 60%.

There are currently no data on gender variations in illness specifics beyond incidence, prevalence, morbidity, and death. Despite the growing understanding of new risk factors, there is no evidence to support preventative treatment for women, including but not limited to problems with smoking, using tobacco products, drinking alcohol, and abusing drugs. High-risk activities are what lead to the majority of NCDs. The change may be significant if women are informed about them and included in behavior change communication efforts in public health.

Challenges

- Despite the well-documented health transition that has led to an increase in the number of deaths and disabilities in women from NCDs like cancer, cardiovascular and respiratory diseases, injuries, and mental disorders, including suicide, little attention is being paid to addressing these issues.
- Because funding institutions, donor organizations, and academic bodies have not yet embraced the life-course approach to women's health, women's health after childbearing age is neglected.
- Women across the world supply the majority of healthcare, including in the formal healthcare environment, the unofficial sector, and the home. However, women's personal healthcare needs are not adequately met, particularly in rural and underdeveloped areas.

- In terms of biology, the environment, and society, gender disparity renders women more susceptible to certain dangers, which has a negative impact on results. These problems require specialized attention through separate programs that are different from men's health.

Three moral justifications for using pregnant women in research

There are three main ethical justifications for using pregnant women in research: 1. Pregnant women should have equitable access to effective treatment; 2. they should have safe access to treatment; and 3. they should have equitable access to treatment.

First and foremost, expectant women should have access to efficient remedies and safeguards. Uncertainty in the delivery of clinical care results from improper evidence gathering in the clinical research context. Pregnant women and their caregivers are compelled to base their judgments on questionable information in the absence of comprehensive understanding of pharmaceutical effectiveness during pregnancy. In some instances, data gathered from vast registries following incidental exposure is used to define treatment regimens; in other instances, anecdotal information from the past is used to determine treatment regimens. Treatment without more thorough evidence may result in pregnant women receiving medicine at doses below therapeutic levels, allowing the condition to advance unchecked since the pregnancy body metabolizes the medication too rapidly. Research is required to guarantee that pregnant women receive the medical treatment necessary to address their problems properly.

Second, pregnant women and the children they bear should have access to secure medical care and preventative measures. Thalidomide is the most well-known example of the effects of neglecting to do prenatal safety studies. Thalidomide was improperly studied and used often throughout pregnancy without knowing of its harmful effects on the baby [7]. Without the right information, we run the risk of not only being unable to successfully treat the pregnant woman's sickness but also of endangering the unborn child. The absence of research in this area now causes danger to go from the monitored, highly variable environment of a research trial to the unmonitored environment of the clinic. Such a risk transfer eventually puts fetal safety at risk for a far higher percentage of pregnancies than does doing critical research within the framework of a limited and well supervised safety trial.

Thirdly, women who are pregnant should have equal access to research studies that have the "prospect of direct benefit," or later-stage trials that may provide participants a therapeutic benefit. Such studies may be significant sources of medical benefit, and occasionally—as in emergency situations—the sole source, depending on the clinical condition in issue. However, pregnant women are sometimes abruptly rejected from such study without explanation. Pregnant women and their children are excluded from getting a treatment that may be vital to their health. We must ensure as a matter of fairness that pregnant women are given an equal opportunity to participate in such studies in addition to providing pregnant women with effective therapy and properly evaluating the safety of drugs for fetuses.

OBJECTIVES

1. Researching the problems with women's health during pregnancy

2. This study sought to evaluate the information requirements of expectant mothers during pregnancy and delivery.

METHOD

Design: From June to November 2016, content analysis was used to perform the current study, which is qualitative research.

Participants: Participants in this study from Isfahan included 30 pregnant women, five midwives, and four obstetricians. Pregnant women were chosen using a deliberate sample technique that used a maximum variation strategy in terms of their age, education level, employment status, gestational age, and number of pregnancies. The obstetricians and midwives were chosen using a deliberate sampling technique and a maximum variance strategy in terms of work experience. The capacity to grasp questions and communicate experiences, desire to engage in the study, and Iranian citizenship were among the inclusion criteria. Reluctance to continue participating in the study at any point during the trial was one of the exclusion criteria. Prenatal clinics, midwives' offices, and obstetricians' offices were chosen as the research environment for this study because of the convenience they provided for participants. Meetings in person or over the phone were used to find participants. MJ, the original author, had no involvement or connection to the centers or participants.

RESULTS AND DISCUSSION

30 pregnant women, five midwives, and four obstetricians participated in this study by conducting interviews. Table 1 displays the participant's demographic information. Following data analysis, 379 codes, 10 subcategories, and one major category were extracted. Common complaints during pregnancy, problems and complications in pregnancy, factors affecting fetal health, proper nutrition and supplement use during pregnancy, sex during pregnancy, exercise during pregnancy, diagnostic tests in pregnancy, fetal growth and development, types of childbirth and delivery preparation, and baby care and breastfeeding are some of the subcategories. "Health information needs" was the final primary category.

Table 1 Characteristics of the participants' demographics

Participants	Variable	
Pregnant women (n=30)	Level of education	Secondary (5), Diploma (7), Associate’s degree and B.S. (16), M.S. and Ph.D. (2)
	Job status	Employed (8), Housewife (22)
	Pregnancy trimester	First trimester (3), Second trimester (11), Third trimester (16)

	Pregnancy number	1-3
Healthcare providers (n=9)	Age (years)	35-51
	Working experience (years)	5-24

Table 2 Retrieved from data analysis are codes, subcategories, and the primary category

Main Category	Sub-category	Code
Health information needs	Common complaints during pregnancy	* Nausea and vomiting in pregnancy * Frequent urination during pregnancy * Fatigue in pregnancy * Skin changes during pregnancy
	Problems and complications in pregnancy	* Problems and complications in different weeks * Maternal and fetal complications of the placenta previa * Spotting in pregnancy and abortion * Preterm delivery
	Factors affecting fetal health	* Complications of Wi-Fi on the fetus * The effect of stress on the fetus * Complications of drugs on the fetus * Complications of smoking on the fetus
	Proper nutrition and take supplements during pregnancy	* How to take iron and folic acid in pregnancy * Proper nutrition during pregnancy * Proper nutrition to reduce problems such as vomiting * Harmful foods during pregnancy
	Baby care and breastfeeding	* How to breastfeed * How to prevent the neonatal jaundice * How to bathe a baby * How to care a baby
	Exercise during pregnancy	* How and to what extent should they walk in pregnancy * How to exercise during pregnancy

	Sex during pregnancy	* Effects of sexual intercourse on the fetus * Safe sex during pregnancy * The reason for the change in sexual desire during pregnancy
	Diagnostic tests in pregnancy	* The reason for fetal wellbeing screening and its procedures * Interpretation of the results of tests, ultrasound and fetal wellbeing screening * How to do amniocentesis * Time of tests in pregnancy
	Types of childbirth and preparation for delivery	* Time to refer to the hospital for delivery * Painless delivery * Complications of cesarean section
	Fetal growth and development	* How the fetus grows * Gain weight in different months of pregnancy * How does the fetus develop * Age of detecting heart beats of a fetus in ultrasound

Typical Grievances During Pregnancy

Pregnant women often complained of issues including heartburn, constipation, frequent urination, edema, increased vaginal discharge, nausea, vomiting, and exhaustion. They described how they looked for information on the reasons of complaints, whether they were typical or abnormal, and how to treat them while pregnant via media like books and the Internet. Because this was not my first pregnancy, I had a lot of vaginal discharge and was really afraid about this problem. I was wondering if this discharge was typical or not. (28-year-old lady who is pregnant).

Obstetric issues and complications

Numerous expectant mothers wanted to identify illness signs and stop pregnancy difficulties before they started because they were aware of the hazards associated with complications and issues during pregnancy. Others tried to determine the nature, cause, signs, diagnosis, and remedy of these issues. Abortion, premature labor, placenta previa, and gestational diabetes were some of the subjects discussed.

"With the possibility of experiencing an abortion in the early stages of my pregnancy, I wanted to learn which meals can result in abortions. I've heard that using sesame, cinnamon, thyme, and saffron when pregnant results in abortion. (A 31-year-old lady who is pregnant).

determinants of fetal health

Healthcare professionals have stated that one of the most crucial concerns for expectant mothers is their knowledge of the fetus's health and their quest for information on the elements influencing it. A pregnant mother once arrived and expressed concern about the umbilical cord encircling the neck of her unborn child. She believed that her sleeping habits were to blame. (45-year-old obstetrician).

Additionally, many expectant mothers reported worry about changing their sleeping or resting positions and smothering their fetus by wrapping the umbilical cord around its neck. They also stated that they have several concerns regarding the impact of Wi-Fi waves, stress, and drugs used during pregnancy on the health of the fetus.

"Why does the baby's umbilical cord round it? I frequently questioned this. Is it via the sleeping method? because elders advise that the mother should sit down before turning to the other side while she sleeps. (28-year-old lady who is pregnant).

Eat healthfully and take vitamins when pregnant.

Pregnant ladies requested advice on how to avoid becoming overweight, consume the right quantity of food, and take supplements like iron while pregnant. I was unsure about what foods to consume and avoid. Which meals are healthy for me? How much fruit and veggies should I eat each day? How much milk should I have each day? ..." (23-year-old lady who is pregnant).

Healthcare professionals emphasized the need of clearing up myths and educating expectant mothers about adequate diet. Many expectant mothers struggle with their diet. They learned, for instance, that the egg makes the baby's head bigger. These myths need to be dispelled. They had a lot of conflicting information on what to eat and what not to eat. (47-year-old midwife).

Mating while pregnant

Fearing danger to the fetus, pregnant women sought knowledge on sex during pregnancy. Women who were expecting indicated that they turned to the internet for information because they felt embarrassed and ashamed to ask such queries. "I have inquiries regarding having sex when pregnant. Is fetal damage caused by sex? (24-year-old lady who is pregnant).

exercising when pregnant

The majority of expectant mothers looked for information on effective exercises to treat issues including back pain, pelvic pain, and leg pain, while just a tiny percentage looked for information on the advantages of exercise for alleviating labor and delivery discomfort. Healthcare professionals also stressed the need of providing women

with the knowledge they need to exercise safely while pregnant. Many expectant ladies inquire as to whether they are permitted to exercise at all. How much activity should they engage in? What forms of exercise... (40-year-old midwife).

Pregnancy diagnostic tests

Many expectant mothers looked for information on when and how to do fetal wellness screening tests. Additionally, before seeing a doctor, they looked up information on the Internet about how to interpret these tests since they were stressed and concerned about the findings. Other expectant ladies were seeking for information on the tests that must be performed throughout pregnancy, when to do them, why, and how to interpret the results. I had to do a lot of Internet research, particularly for screening tests that not everyone understands how to read. (A 29-year-old lady who is pregnant).

fetal development and growth

Many expectant mothers frantically sought information on the growth and development of the fetus, routinely looking for details on the fetal heart's creation, the timing of the lungs' and other organs' development, the fetal weight gain at various weeks, and the fetal height at various stages of pregnancy. What is now occurring in my body, I questioned my doctor. In twenty weeks, is her development normal? I was curious. Is her weight alright? (A 26-year-old lady who is pregnant).

CONCLUSION

Even in times of pandemics and lockdowns, the continuation of the gynecological and obstetrics clinic is crucial. The secret to efficient service delivery is taking extra precautions to separate suspected sick from healthy participants. In this sense, dedicated separate wards/rooms, operating rooms, and labor rooms may help to reduce the risk of infection spreading among patients and medical personnel during a pandemic. The health of pregnant women is subject to a number of concerns nowadays. After delivery, there is an increased chance of psychiatric issues during pregnancy. Domestic violence and the stresses on the economy brought on by this epidemic are additional problems. Pregnant women should not suffer from malnutrition, especially in developing nations.

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