

Pregnant Women's Experiences of Social Roles: An Ethnophenomenological Study

Abstract

Background: The role of women and men is changing across the world, and women, including pregnant women, are adopting newer roles in traditional societies like Iran. This study aimed to explore the meaning of pregnant women's experiences regarding their social roles in the sociocultural context of Iran. **Materials and Methods:** This study was carried out using an ethnophenomenological approach. Participants included 16 pregnant women who attended health centers, hospitals, and private obstetric clinics in Mashhad, Iran, between 2016 and 2017 and were selected based on purposive sampling. In-depth semistructured interviews, vignette interviews, participant observations, and field notes were used to collect data. To analyze data, six-step van Manen's (1997) descriptive-interpretive phenomenological approach was used. **Results:** Through data analysis, the overarching theme of "selection, management, and adjustment of various roles to play social roles" was emerged. This was consisted of four themes: "Mother's perspective regarding out-of-home employment, incompatibility between pregnancy and social roles, mother's management strategies to play different roles, and husband's authority regarding mother's employment." **Conclusions:** The consequence of reciprocal endeavors of pregnant women along with their husbands as well as their work environment expectations tends to selection, management, and adjustment of feminine roles. Since the employment of pregnant women leads to their more physical and psychological involvement, not only the problems of working women but also the expectations and rules of the workplaces as well as the requests of their husbands should be taken into account.

Keywords: Ethnophenomenology, experience, pregnancy, role, social work, women

Introduction

A large number of pregnant women constitute a part of workforce in developed countries.^[1] For example, 56% of the pregnant women in the U.S are working full-time and 82% of nulliparous have been working up till 1 month before their childbirth.^[2] Quoted from Akhter (2017), a look at the changes in societies indicates that global economic development has led to a growth in women's participation outside the home, which has accelerated its speed in third-world countries.^[3] In the second half of the twentieth century, a major factor that contributed to the growth of the U.S. labor force was significant increased rate of women's participation in the labor forces.^[4] According to global reports, between 2000 and 2018, the increase in women's participation in socioeconomic activities in countries such as Canada and Australia was 4% and 9%, respectively.

Whereas, in the same period in Turkey, Afghanistan, and Iraq, this increased by 22%, 14%, and 23%, respectively.^[5] In Iran, during the 15 years (1996–2011), the rate of women's social participation has been increased around 35%.^[6] Based on the global report, women's participation between 2000 and 2018 has been increased up to 18%.^[5] Accordingly, socioeconomic and cultural changes in Iran have had a profound impact on various life dimensions of individuals and families.^[7] In line with the global changes in the families, the traditional spousal roles in which the husband is breadwinner and responsible for the provision of family issues through his profession and wife is homemaker and in charge of addressing the domestic issues have been changed.^[8]

Today, the division of roles between men and women has changed and new roles have been defined for family members.^[7,9]

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Fatemeh Erfanian Arghavanian^{1,2}, Robab Latifnejad Roudsari^{1,2}, Abbas Heydari^{3,4}, Mohsen Noghani Dokht Bahmani⁵

¹Nursing and Midwifery Care Research Center, Mashhad University of Medical Sciences, Mashhad, Iran, ²Department of Midwifery, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran, ³Nursing and Midwifery Care Research Center, Mashhad University of Medical Sciences, Mashhad, Iran, ⁴Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran, ⁵Department of Social Science, Faculty of Literature and Humanity, Ferdowsi University of Mashhad, Mashhad, Iran

Address for correspondence:
Dr. Robab Latifnejad Roudsari,
Nursing and Midwifery Care
Research Center, Department of
Midwifery, School of Nursing
and Midwifery, Mashhad
University of Medical Sciences,
Mashhad, Iran.
E-mail: latifnejadr@mums.ac.ir,
rlatifnejad@yahoo.com

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Women do no longer follow the past models and stepped into new social roles which were assumed as the men's duties earlier.^[10,11] This has created a suitable platform for women's activities in a variety of social, educational, and employment fields.^[7,9] However, studies have revealed that in spite of these changes in which its impact on sensitive groups such as pregnant women is deeper,^[12] main roles which are still being assumed for women are motherhood, spouse, and home affairs.^[12,13] Hence, employed mothers are currently facing a network of different roles and expectations^[8] and maternal employment has resulted in more commitments and responsibilities.^[14] Studies show the out-of-home employment benefits such as economic independence, empowerment, improved household economy, and self-control of their income.^[15,16] Nevertheless, maternal employment can be also associated with undesirable effects and employed pregnant mothers suffer from very many difficulties due to meeting expectations regarding their social roles^[17,18] including physical problems such as fatigue.^[3] The results of the Azgoli *et al.* (2007) study showed that among the study group, 67.6% of the employed pregnant mothers had moderate to severe fatigue during pregnancy and 90% of them had been also obliged to stand more than 3 h a day. Moreover, 58.2% of these pregnant mothers had stated that they had worked despite fatigue.^[19] Occurrence of complications during pregnancy such as preterm labor has been also reported in other studies.^[20,21]

Regardless of the increasing presence of employed pregnant women, little information is available on their employment status and working environment as well as their effects on the pregnancy experiences among this group.^[22,23] In addition, most studies have adopted a biological and epidemiological point of view in this respect.^[24,25] In other words, there is very little information about women's experiences regarding changing their roles and responsibilities.^[26] In these studies, it has been pointed out that the employed pregnant women encounter many institutional and physical problems and their social roles are not considered, generally.^[22,23,26] World Health Organization (WHO) has declared that it is of utmost importance to become aware of occupational health in employed pregnant women.^[27]

Therefore, considering the limitations of studies on lived experiences of employed pregnant women and the meaning of their social roles from one hand and the dearth of study in this regard in Iran from the other hand makes it necessary to explore the hidden sides of pregnant women's experiences regarding their social roles with emphasis on the cultural context of Iranian society, as quantitative studies could not contribute to discovering the depth and extents of this phenomenon. In addition, qualitative research is able to illustrate the social role of pregnant women in a profound and comprehensive manner. Thus, to meet the objective of this study, qualitative research method was used^[28] to

explore the meanings that pregnant mothers' give to their experiences regarding their social roles.

Materials and Methods

In this qualitative study, interpretive phenomenology and ethnographic approach as a combined methodology was used. These two approaches can be integrated in ways that both are exploratory, use interviews, employ researcher as a data collector, and search for meaning in the individual's experiences.^[29] By integrating these two perspectives in one inquiry, the phenomenological lens will enable the researchers to explore the meaning of experience while the ethnographic perspective allows them to reveal the cultural beliefs and behaviors involved in shaping this experience.^[29] This study started at 2016 and ended up 2017. The study setting was health centers, hospitals, and private obstetrics clinics in Mashhad, Iran. Participants included Iranian pregnant women who were employed, had an ability to speak and communicate in Persian, and had no medical problem or risk factor that disrupted their daily life, and were willing to participate in the study and to share their experiences. Purposive sampling using maximum variation strategy was used, To meet this, participants were selected from different age ranges, educational levels, occupations, and social classes. In addition, it was tried to include participants from different numbers of pregnancy and childbirth, who were in different gestational ages in the current pregnancy.

In this study, 20 in-depth interviews with 16 pregnant women were done. The data collection methods included face-to-face in-depth semistructured interviews with open questions as well as vignette interviews (15 interviews), observation, and providing field notes. The duration of the interviews was about 45–110 minutes, which were conducted in health centers, clinics that provided maternity services, private clinics, and some pregnant women's houses. Interviews initiated with general questions about women's experience about pregnancy. Then, based on the responses and information provided by the participants, the researcher gradually entered into the depth of their experiences regarding their social role and occupation, as well as the cultural beliefs and behaviors surrounding it. If necessary, probing questions were used to further explore participants' experiences. At the end of the interviews, the participants were asked to express any missed issues from discussion.

Similarly, the researcher used vignette interviews. To do so, a number of photographs, which were obtained through an extensive search related to the roles of men and women in daily lives, were shown to the participants. Then, the participants were asked to place themselves as the characters in the photographs, try to remember their own similar experiences, and explain their understanding of the photos, in the events of a personal experience similar to those presented in the photos. The researcher attempted to

capture various portraits of the various roles that attributed to women and men (a continuation of the traditional to egalitarian gender role).

In addition, to gain a deep understanding of the phenomenon studied, if the participants let, the researcher visited to their homes and, through observation and interview, collected related data and notes. Then, these notes were read out and the findings were reviewed. After interviewing each participant, the interviews were recorded and rewritten and coded as soon as possible. Interviews continued until data saturation (new data was not received from participants).

To analyze the data, the “six-step van Meenen” interpretive phenomenological approach was used. This approach involves: 1. Orientation to the nature of lived experience. 2. Exploring the experience as we live it and not how we conceptualize it. 3. Reflecting about the main themes that reveal the characteristics of the phenomenon. 4. Art of writing and rewriting. 5. Maintaining a strong and direction related to the phenomenon. 6. Matching the field of research with the continuous consideration of components and the whole.^[30]

MAXQDA software 10 was used to analyze the data. It should be noted that during the whole period of the study, the researcher’s involvement with the research question (one of the necessities of the phenomenology) and the continued consideration of the research question helped in extracting the study findings.^[30] To validate the data, four Lincoln and Cuba criteria—credibility, dependability, authenticity, and transferability—were utilized.^[31] The methods used for credibility included prolonged engagement with data collection and analysis, expert debriefing, and member check. Expert debriefing was carried out by three experienced qualitative researchers who reviewed all the process of emerging subthemes and themes. It is

also worthwhile to mention that constant discussion with experts in other countries by e-mail, who had extensive experience in ethnophenomenological approach, was done. For member check, after initial code extraction, transcribed interviews alongside a mini-review of emergent themes were presented to the participants to gain their possible complementary comments and to be sure about the correct conceptualization. Audit trial was the method used to check dependability. For this reason, the emerged themes and all the process of data collection and analysis were presented to other experts who were not involved in the study to get their approval. For confirmability, all the findings of the research were examined to seek whether they are being supported by the data. Providing detailed description about participants, data collection, and analysis to make the review and conduction of the research by others possible was the method to ensure transferability.

Ethical considerations

The necessary ethical considerations, including obtaining written consent of the participants, elaborating the purpose of the study, and using of tape recorders and getting participants’ permission in this regard as well as seeking ethical approval from the Ethics Committee of Mashhad University of Medical Sciences (Code and date: 940519,1394/05/24) were taken into account in this study.

Results

In this study, 16 pregnant women with a mean age of 29.25 (6.89) years participated. The job of mothers was different from personal job to senior manager of the university. In this study, also the mothers who had the experiences of out-of-home employment but had stopped their jobs during the pregnancy were considered [Table 1]. Data analysis led to the emergence of the main theme

Table 1: Characteristic of participants in the study

Participants	Age (year)	Education	Gestational Week	Gravity	Hours of Work	Type of employment
1	34	Bachelor	34	2	3	Accountants
2	22	Associate Degree	22	1	4	Hair stylist
3	30	Bachelor	37	1	10	Manager and training consultant
4	33	Ph.D. Student	24	2	6	Instructor
5	40	illiterate	17	3	8	Cleaner
6	36	Associate Degree	8	1	13	Consultant and Marketer
7	32	Ph.D.	36	1	7	Assistant professor
8	15	6 elementary	16	1	5	Seller
9	30	Diploma	32	4	10	Tailor
10	20	Bachelor Student	19	1	3	Teacher
11	38	Associate Degree	34	4	9-10	Assistant professor and senior manager of the university
12	24	Bachelor	32	1	6	Midwife
13	34	Ph.D.	13	2	3	Engineer
14	26	Bachelor	22	1	5	Teacher
15	30	Master	34	1	2	Instructor
16	24	Bachelor	28	3	6	Employee

“selection, management, and adjustment of various roles to play social role” which was derived from 4 themes of “Mother’s perspective regarding out-of-home employment, incompatibility between pregnancy and social role, mothers’ management strategies to play roles, and husband’s authority regarding mother’s employment” and 10 subthemes [Table 2].

Selection, management, and adjustment of various roles to play social roles

Through data analysis, the overarching theme of “selection, management, and adjustment of various roles to play social roles” was emerged. It means that mothers who took on different roles were well aware that they have to adopt management strategies for all issues of their personal perspectives regarding out-of-home employment, the confrontation and encounter of their husband, as well as the workplace issues and the interactions with their coworkers to be able to play all her various roles.

Mothers’ confrontation with choosing out-of-home employment as well as their participation in the family economy shaped their viewpoint regarding out-of-home work. Another dimension of the experiences of mothers was the conflicts which they faced to fulfil their social roles. They were confronted with many organizational barriers to sustaining or playing their social roles, and in such a way, their beliefs about dissatisfaction with the workplace and the hardship of continuity their job were formed. These beliefs were not experienced before they get pregnant. In addition, the preferences of the husbands and the performance that they took toward the realization of the social role of their spouses, as well as their approach to the income of their wives, created a profound experience for mothers. Their exposure to job responsibilities and their confrontation with the expectations of their colleagues will create new experiences for mothers. So that mothers adopted different strategies to be able to fulfil their social roles.

Mother’s perspective regarding out-of-home employment

In this study, the approach taken by mothers about whether they should go on to work or not, and whether

they contribute to the financial cost of living, depicted their perspective and their horizons about their social role. Pregnant mothers’ point of view to different factors like their desire to empowerment and maintain a job position chosen made them to decide about continuity of their job, and their choices bring different feelings for them. In addition, economic issues and their approach regarding family economy contributed significantly to illumination of the experiences of mothers.

Mothers’ choice of employment

Pregnant mothers opted for various approaches to continue or discontinue their work. Approximately, most of them tended to continue work because they believed that employment outside the home would strengthen their spirit and bring them positive psychological and economic benefits. *“I never feel regretful for my employment. It gave me a lot of happiness and I could survive from isolation and depression. I think it was really effective (P4).”*

However, mothers who had stopped their work raised different feelings about this situation. A number of mothers had complete satisfaction, and some others felt uncomfortable in this respect. This situation had even become a factor affecting dissatisfaction toward their pregnancy. *“I got confused. I used to be a really active person. Now, I am pregnant and my activity has been interrupted. I wish I had not become pregnant, because I am really lazy now (P10).”*

Mothers also decided to stop or continue their job according to their beliefs, attitudes, and preferences. For some pregnant mothers, psychological problems occurring during pregnancy or fear of harming the baby had caused them to discontinue working. *“I quit my job once I became pregnant because the environment I was working was full of chemical materials whose color and smell could harm the fetus (P3).”*

However, there were several reasons for some other mothers to continue their work such as interest in working outside the home, importance of continuation her employment, job retention, or no ability to leave comfortably her work. *“I am currently employed. I am really interested in my job.*

Table 2: Emerged subthemes, themes, and main themes

Subtheme	Theme	Main Theme
Mothers’ choice of employment	Mother’s perspective regarding out-of-home employment	Selection, management, and adjustment of various roles to play social roles
Contribution to the family economy		
Facing organizational obstacles to continue employment	Incompatibility between pregnancy and social role	
Mothers’ beliefs regarding barriers to work continuity		
Mothers’ exposure to occupational responsibilities	Mother’s management strategies to play roles	
Mothers’ encounters with co-workers’ expectations		
Mothers’ attempts to select and play roles	Husband’s authority regarding mother’s employment	
Husbands’ preferences regarding Mothers’ employment		
Husbands’ performance to deal with maternal employment		
Husbands’ approach to mothers’ earnings		

I am spiritually dependent on my job. I have been working two shifts for 7 years. I cannot leave it. I have struggled to keep my job status (P4)."

Contribution to the family economy

Another important factor playing a major role in maternal employment continuity was contribution to household economy. *"I was in need. I had to work to buy what I wanted to have. I really need my job (P16)."*

In this study, most of pregnant mothers were contributing to household economy. They believed that it was one of the requirements of marital life and they had tried not to keep their earnings for themselves in order to contribute to economic affairs in their families. *"I make my effort to help my husband because our marital life is very important (P16)."*

"I am always careful not to separate my salary (P15)."

Undeniably, continued employment, as stated by a few mothers, was due to pressure from their husbands; therefore, they were bound to help or even make a major contribution to household economy. *"My earnings have been already scheduled. There is nothing to spend for myself because I have to make ends meet (P14)."*

Incompatibility between pregnancy and social role

Due to pregnancy, continuing work or in other words, a sense of job security was not felt among pregnant mothers. Their experiences showed that they were facing challenges in this regard throughout pregnancy. Mothers deeply experienced the organizational obstacles they faced to sustain their employment. Most mothers were felt that pregnancy interferes with the atmosphere of the organizations. In order to continue to work better, they expected their organizations to understand the physiological conditions of their pregnancy.

Facing organizational obstacles to continue employment

Much of the incompatibility between pregnancy and social roles was related to the threats that mothers felt due to the atmosphere of organizations. Maternal experiences had also shown that organizations had no desire to hire pregnant employees. They were even examining probability of getting pregnant among women applying for jobs at the beginning of their recruitment. Mothers expressed that in case of pregnancy their occupational status would be undermined in terms of their consolidation and continuity. It seemed that organizational laws and conditions were inconsistent with continued employment of pregnant mothers. *"They do not like to recruit pregnant women (P12)."*

"I know they say that when someone becomes pregnant, she can no longer be trusted. They even ask those new at work about their possibility of pregnancy. Co-workers always say that they cannot count on you if you become pregnant (P16)."

Mothers' beliefs regarding barriers to work continuity

Although pregnant mothers did not expect organizations to reduce their workload, they believed considering the physical condition of a pregnant mother should be an obligation for organizations. Most of mothers did not feel well because their conditions as a pregnant woman was overlooked and most likely, they believed that their working conditions should be coordinated with their pregnancy. In some cases, mothers also stated that they had to be present at workplace even during a serious illness. *"I have no expectation for reducing my workload because of my pregnancy (P13)."*

"I do not know why others cannot understand you at work. I am expecting for a little bit of understanding (P11)."

Mothers were not satisfied with the support provided by organizations. They stated the need for legal protections for the possibility of continuing their employment. Mothers even considered this matter as a factor that influenced their fertility rate. *"There is no support from the organization as well as co-workers (P16)."*

"The organization must provide the required support, but there is no support. So, in my opinion, fertility rates have reduced (P12)."

Mothers' management strategies to play roles

In the confrontation with the aforementioned circumstances, mothers adopted management strategies for their continued employment. In this experience, the encounter of mothers with the amount of tasks assigned to them and the expectations of their colleagues were important to them. In these confrontations, mothers experienced the choice and management of the role. Mothers had no tendency to reduce their workload, except in the case of doing the tasks which jeopardized their fetus. They also experienced various social challenges with their colleagues regarding their situation in pregnancy. Mothers also talked about different experiences of social roles alongside with their roles at home. Pregnant mothers strive to coordinate different feminine roles with their social roles, select them exactly, and manifests their management in this regard.

Mothers' exposure to occupational responsibilities

In the confrontation with the mentioned conditions, mothers had adopted coping strategies for their continued employment. Almost all of the mothers in this study talked about not lessening their workload. These mothers also tried not to neglect their duties at work as far as possible and even help others in terms of carrying out their occupational roles. *"My co-workers did not notice my pregnancy even after some time. I tried not to reduce my workload due to my pregnancy (P11)."*

Mothers' experiences indicated that the probability of harming the fetus was important and most of these women

had paid much attention to this issue for determining their workload. *“Since I did not have heavy workload and it was not difficult for me, I had no objections. If I felt uncomfortable and it could harm the fetus, I had to express my objections. I felt secure at work and I fulfilled my duties (P6).”*

Mothers' encounters with co-workers' expectations

In terms of understanding pregnant mothers' conditions by co-workers, there were conflicting behaviors. Most of the time, mothers were experiencing lack of respect for their conditions and they were dissatisfied with this situation. Most mothers also stated that their co-workers' expectations toward them had not significantly changed. *“There are expectations specific to my workplace. I myself did not expect them to lessen my workload (P13).”*

Occasionally, even co-workers did not believe in pregnant mothers' critical conditions. *“I was feeling awful. I had severe nausea. I could even hear their words. One of my co-workers was objecting to my reduced workload. They could not well understand my conditions (P11).”*

A few mothers in this study were satisfied with observing their conditions by their co-workers. *“My co-workers are really considerate. They do me big favors, for example, they do not allow me to do heavy workload. Sometimes, I can get a sick leave and rest (P13).”*

Mothers' attempts to select and play roles

Mothers were also facing other issues such as controversies between maternal and social role at home, so they opted or play a collection of them. For some mothers, working was superior to getting pregnant, and some others believed that parenting had priority over their employment. Some women even preferred working outside the home and some opted for doing housework. *“Because I am turning 30 years old, I am worried about my job. My doctor said that no problems will occur if I did not become pregnant until 35(P9).”*

Most of these women were making efforts to pay much attention to their social roles, motherhood, pregnancy requirements, and spousal roles in an integrative manner and tried to avoid their interference with each other. *“When you are an employed woman, you need to be responsible enough. You must be also a compassionate wife once you get home and dedicate yourself to children. You are further required to meet the needs of your family-in-law (P13).”*

Furthermore, some mothers stated that women needed to avoid any damages to their lives and roles. They even considered these cases as characteristics of an efficient employed pregnant woman. Most of them did their best and considered pregnancy management and its requirements, marital life, and working outside the home as necessity.

“A good woman must make a balance. As the hormonal balance is disrupted, you need to adapt it to your life to avoid any damages to one's life. You also need to play your role in your marital life. If there is a need to work, you have to do it. You have to regulate all of them to meet all aspects of your life (P3).”

Husband's authority regarding mother's employment

Husbands' preferences, practices, and attitudes toward the social roles of their wives and also their strategy toward spending their women's salary outlined the experience of participants regarding their husbands approach. Women in this study believed that husbands chose different preferences for their women's employment, and women spoke about the various issues involved in shaping these preferences. Men, in accordance with their sociocultural mentality, had different practices regarding the social role of women. Mothers talked about the profound effects of husbands' exposure to spending their salary and detecting women's contribution to meeting the cost of living.

Husbands' preferences regarding mother's employment

Mothers' experiences of their husbands' preferences regarding their employment ranged from a lower to a higher level of interest. *“Totally, he is against my employment. He, himself choose what should I do (P14).”*

“My husband believes that social presence is valuable (P3).”

Harming the baby was also of utmost importance to husbands. If possible, their husbands preferred mothers to stop employment. Men's beliefs about conflict between women's employment and creating peacefulness in their lives or doing their homework was another reason for men's decision to stop mothers' social roles. *“My husband believed that if my work could harm my fetus and also lead to abdominal pain, there was no need to work (P3).”*

“My husband prefers to have a relaxed wife to feel peace. He wants a quiet life, a clean and tidy house, meals, etc., He does not like tensions at home. He does not even like to see my nervousness in preparing food, stuff, and cleaning the house (P1).”

Husbands' performance to deal with maternal employment

Husbands with different cultural backgrounds and beliefs about women's employment had different preferences. According to this background, their performance in terms of dealing with employment ranged from an attempt to stop it to commitment to cooperate with their wives to continue their work even further. In some cases, women had the right to work and they had been provided with free choice by their husbands. *“My husband cooperated very well; otherwise, I could not work and keep my job (P4).”*

“When I had a problem, he used to suggest not to work and decide about leaving it (P16).”

Husbands' approach to mothers' earnings

In terms of spending mothers' earnings, some men did not have any expectations and they had no plan to spend it. *"My husband says that he does not need my salary. I have not even spent my money on one kilo of potatoes for my family. I save all my earnings. There is no plan for it (P13)."*

With peace of mind, some mothers said that their husbands would allow them to even pay their salary to help their families. *"My husband has allowed me to buy layette for my baby and help my family members financially (P6)."*

Some husbands merely wanted mothers to help in household economic affairs and also their cooperation to meet living expenses. *"My husband opened a bank account for me to save part of my earnings to buy a dishwasher. Generally, I had the right to spend it (P16)."*

With a sad tone, some mothers expressed that their husbands had made a compulsory planning on their salaries. It seemed that household economy could face problems if mothers had no earnings. These mothers felt a low sense of self-efficacy compared with those who had their rights to keep their salary or the individuals who had reached a compromise. *"Our life will not survive if I do not work. My take-home pay is scheduled in advance and I always tell him how he wants to contribute in this respect (P14)."*

In contrast, mothers with their rights to spend their salaries had a sense of pride and a feeling of usefulness in terms of spending their earnings. They could feel valued with great pride in bringing advantages to their life and taking steps to advance family life and economic affairs. *"I try to show that my activities benefit my family economically. I try my best for my own family. For example, I could buy a car (P13)."*

Discussion

In this study, women talked about their employment as well as their different roles at home. Women who played their social roles were well aware that in their experience of social role, in addition to their individual interactions and perspectives; the encounters and confrontations of their spouse, the regulations of the workplace, the interactions between mothers and their co-workers, and also their strategies to play different roles including maternal and spousal roles have a significant role. This theme was supported by the subthemes of mother's decision making for out-of-home employment, pregnancy incompatibility with the role of work, mother's management strategies at work, and husband's authority regarding mother's employment.

In a study by Ahmadifaraz and Abedi, it was stated that working women were expected to play their maternal and marital roles and also meet family needs once they had returned their homes. These mothers had also experienced

role interfering.^[8] This matter (mothers' exposure to multiple roles) was in line with the findings in the present study. The concept of mothers' management and their interest in selecting and playing roles through using different strategies was also acknowledged in the present study. According to Asgari, when a person is endowed with a particular social status, they can face a series of interconnected roles that are necessary which causes fronting a network of simultaneous expectations,^[32] while these issues are more intricate between pregnant women^[33] which makes managing their roles more complex and sensitive.

In present study, some other women had stopped working outside the home based on their personal desires or because of their husband's masculinity. They had to select and play roles to simply meet the assigned feminine expectations due to conflicts produced by role-plays. In study by Rastegarkhaled, mothers had been also faced with multiple roles exerting mental stress on them.^[34] In another study, the controversy over the continuation of work with pregnancy was another concern for pregnant women.^[35] In another study, a number of pregnant women also reported losing jobs due to their pregnancy.^[36]

Studies also showed that if women's assigned roles were not consistent with each other, they could create controversies due to social prescription.^[37,38] Moreover, more traditional gendered expectations become more intense with the onset of pregnancy because women are assumed as mothers. These issues raise the controversy created for pregnant women^[39] which also confirmed employment interruption in the present study.

The findings of this study revealed that pregnant women could experience conflicts in their workplace. In this study, pregnant mothers got through unpleasant experiences in terms of playing social roles from the workplace and their colleagues even when they became ill. In another study, lack of co-workers' cooperation during pregnant mothers' illness was among women's experiences.^[3] Gueutal and Taylor also reported employers might have less inclination to recruit pregnant women.^[40] In another study, women concealed their pregnancy for fear of losing their jobs that could change pregnancy experiences from the most pleasant and the happiest to the most painful ones.^[3] The issue of losing jobs due to the importance of caring for children was also confirmed in another study in which mothers stated that it was not important for their employers how many sufferings they might have to take care of their children since the employers would advise them to quit jobs and provide care for their children at home. They also emphasized that there was no need to return to work^[26] which confirmed the contradiction between employment and maternal roles manifested in this study.

However, in another study, women stated no difference between pregnancy/nonpregnancy at work and attributed

it to good workplace and support by co-workers. In that study, one of the emerging themes was higher supportive environment to enhance the ability of women to continue their employment.^[1]

The discrepancy between these findings with the current study may be due to absence of supportive laws or the consideration of mechanisms in work environments that can establish the psychological safety of pregnant women, high volume work and, consequently, lack of cooperation from colleagues. In that study, employment and workplace laws were such that pregnant workers had a psychological safety in terms of their employment continuity.^[1] The cultural context of the given study was also different with Iran. In societies wherein traditional gender role expectations are much stronger, there is less consistency in expectations among women as ideal employees.^[39] It has been also stated that there are wrong cultural opinions in which pregnant women have low ability and they are less committed in their work compared with their nonpregnant co-workers^[41] although the findings of the present study indicated that women were trying to prove the opposite.

Based on the finding of this study, pregnant women tried to demonstrate that their ability has not been diminished in the pregnancy. In the Iranian sociocultural context, it has been emphasized that events such as pregnancy do not necessarily mean as reducing activity, limiting mobility, and starting to be dependent to others. In the present study, participants repeatedly insisted on the issue that pregnancy should not be considered as a retirement or disability period. Therefore, considering these important issues to manage pregnancy as the course of humanization and to prevent the occurrence of many problems is important. In general, one of the rights of employed pregnant women is that employers cannot change their employment conditions without compromise and through breach of contracts.^[42] Therefore, adoption of family-friendly policies targeting employed women's opinions is of importance to support such mothers and to achieve successful maternal roles.^[43] In general, a way to facilitate the continued employment of pregnant women and achieve this goal is to assess the expectations of mothers based on their occupational experiences.^[39] To this end, the utilization and explanation of the occupational experiences of pregnant mothers, which is the strength of this study, can be considered as one of the solutions taken in this way. Using vignette interviews in addition to face-to-face interviews was strength of the study. However, the unfeasibility of the researcher's living with pregnant women at their home was one of the limitations of this study although the researchers attempted to coordinate with participants who wished to have an interview at home.

Conclusion

The consequence of reciprocal endeavors of pregnant women along with their husbands as well as their work

environment expectations tends to selection, management, and adjustment of feminine roles. Since the employment of pregnant women leads to their more physical and psychological involvement, not only the problems of working women but also the expectations and rules of the working environment as well as the requests of their husbands should be taken into account.

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Conflicts of interest

Nothing to declare.

References

- Selboe ST, Skogås AK. Working fulltime throughout pregnancy—The Norwegian women's perspectives. A qualitative approach. *Midwifery* 2017;50:193-200.
- American College of Obstetricians and Gynecologists. ACOG Committee Opinion employment consideration during pregnancy. 2018.
- Akhter S, Rutherford S, Chu C. What makes pregnant workers sick: Why, when, where and how? An exploratory study in the ready-made garment industry in Bangladesh. *Reprod Health* 2017;14:142.
- Toossi M, Morisi TL. Women in the Workforce before, during, and after the Great Recession. *Spotlight on Statistics*; 2017.
- Bank W. Labor force participation rate, female (% of female population ages 15+) (modeled ILO estimate) 2015.
- Harafati Z, Khankabazzadeh MH. A look at women's employment from 1996 to 2011. *srctc-amar* 2016;3:29-31
- Enayat H, Parnian L. The study of cultural globalization and tendency to fertility. *Sociol Women (J Woman Soc)* 2013;4:109-36.
- Ahmadifaraz M, Abedi H. The experiences of employed women related to their maternal role: A phenomenological qualitative research. *J Qual Res Health Sci* 2014;3:137-48.
- Rahbari F. A comparative study of female participation in the labor market and other countries. *Development and the multiplicity of roles Tehran, Iran: Olive Leaf*. 2001
- Maaref M, Khalili S, Hejazi E, Golamali LM. The relationship between identity style, gender role and marital satisfaction in married couples. 2015.
- Rezvani M, Zanjanizadeh H. A study on factors affecting division of labor in family (Case study of married female working for ministry of education in Mashhad). *Women Stud Sociol Psychol* 2015;13:29-60.
- Belali S, Mohammadi B, Mohagheghi A. Factors affecting the contradiction of women's roles and its relationship with family conflict in the city of Hamedan. *Appl Sociol* 2017;27:117-32.
- Scott J, Clery E. Gender roles: An incomplete revolution. *British social attitudes: The 30th report London. Nat Cen Social Res* 2013:115-28.

14. Haddadi M, Chaldi A, Sajjadi H, Lehi M. Relationship between occupational class and mental health in women. *J Soc Welfare* 2011;11:107-27.
15. Kabeer N, Mahmud S. Rags, riches and women workers: Export-oriented garment manufacturing in Bangladesh. *Chains of Fortune: Linking Women Producers and Workers with Global Markets* 2004:133-64.
16. Kabeer N, Mahmud S. Globalization, gender and poverty: Bangladeshi women workers in export and local markets. *J Int Dev* 2004;16:93-109.
17. Alstveit M, Severinsson E, Karlson B. Living on the edge of being overstretched—A Norwegian qualitative study of employed pregnant women. *Health Care Women Int* 2010;31:533-51.
18. Lojewski J, Flothow A, Harth V, Mache S. Employed and expecting in Germany: A qualitative investigation into pregnancy-related occupational stress and coping behavior. *Work* 2018;59:183-99.
19. Azgoli G, Nuryzdan S, Shams J, Alavi Majd H. Fatigue in pregnant women. *Nurs Midwifery Fac J* 2007;16:12-8.
20. Banerjee B. Physical hazards in employment and pregnancy outcome. *Indian J Community Med* 2009;34:89-93.
21. Saurel-Cubizolles MJ, Zeitlin J, Lelong N, Papiernik E, Di Renzo GC, Bréart G. Employment, working conditions, and preterm birth: Results from the Europop case-control survey. *J Epidemiol Community Health* 2004;58:395-401.
22. Gostin LO. Abortion politics: Clinical freedom, trust in the judiciary, and the autonomy of women. *JAMA* 2007;298:1562-4.
23. Lewis N, Dyck I, McLafferty S. *Geographies of Women's Health: Place, Diversity and Difference*. 1st edition; London, Routledge: SUNY Press; 2001.
24. Cook C. Women's health theorizing: A call for epistemic action. *Crit Public Health* 2009;19:143-54.
25. Messing K, Mergler D. Introduction: Women's occupational and environmental health. *Environ Res* 2006;101:147-8.
26. Akhter S, Rutherford S, Akhter FK, Bromwich D, Anwar I, Rahman A, *et al.* Work, gender roles, and health: Neglected mental health issues among female workers in the ready-made garment industry in Bangladesh. *Int J Womens Health* 2017;9:571-9.
27. Organization WH. Strategic Action Plan for the Health of Women in Europe-Endorsed at a WHO Meeting, Copenhagen 5-7 February 2001. Copenhagen: WHO Regional Office for Europe; 2001.
28. Holloway I, Galvin K. *Qualitative Research in Nursing and Healthcare*. 4th edition. New York, United States: John Wiley & Sons inc, Wiley-Blackwell; 2016
29. Maggs-Rapport F. Combining methodological approaches in research: Ethnography and interpretive phenomenology. *J Adv Nurs* 2000;31:219-25.
30. Van Manen M. *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. Ontario: Althouse Press; 1997.
31. Polit DF, Beck CT. *Study Guide for Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 8th edition. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins; 2013.
32. Asgari M. *Designing an adjustment model in hemodialysis patients [PhD Thesis]*. Tehran, Iran: Tarbiat Modares University. 2011.
33. Miller JB. *Toward a new psychology of women*. 2nd edition. Boston : Beacon Press; 2012.
34. Rastegarkhaled A. Relation between work family: Gender differences in social support and enjoyment. *J Women Dev Politics (Women's Studies)* 2004;2:55-75.
35. Caputo A. "I Have Been Bullied at Workplace!": A qualitative study on Italian employees' stories. *Span J Psychol* 2018;21:E25.
36. Eggerth DE, DeLaney SC, Flynn MA, Jacobson CJ. Work experiences of Latina immigrants: A qualitative study. *J Career Dev* 2012;39:13-30.
37. Safiri K, Zareei Z. *Feeling Incongruence Between Social and Family Roles in Women*. 2006.
38. Tréanton JR, Rocheblave-Spenlé AM. La notion de rôle en psychologie sociale (Book Review). *Rev Fr Sociol* 1963;4:214.
39. Ross K. *Pregnancy and work: A mixed-methods study of job satisfaction and turnover intentions during a first pregnancy*. Dissertation for Doctor of Philosophy 2017.
40. Gueutal HG, Taylor EM. Employee pregnancy: The impact on organizations, pregnant employees and co-workers. *J Bus Psychol* 1991;5:459-76.
41. Halpert JA, Wilson ML, Hickman JL. Pregnancy as a source of bias in performance appraisals. *J Organ Behav* 1993;14:649-63.
42. GOV.UK. *Pregnant employees' rights*. In: Government Departmentsof U.K, editor. UK 2019. Available from: <https://www.gov.uk/working-when-pregnant-your-rights>. [Last accessed on 2019 Jan].
43. Valizadeh S, Hosseinzadeh M, Mohammadi E, Hassankhani H, Fooladi MM, Schmied V. Addressing barriers to health: Experiences of breastfeeding mothers after returning to work. *Nurs Health Sci* 2017;19:105-11.