

**LIVED EXPERIENCES ABOUT GESTATIONAL
DIABETES MILETUS AMONG MULTIGRAVIDA
FEMALES**



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AMONG MULTIGRAVIDA FEMALES**



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BY


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2023

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RESEARCH COMPLETION CERTIFICATE

It is certified that Ms. Sibra Amjad of BSc (Hons) (session 2019 – 2023), Department of Applied Psychology has carried out research work entitled “**Lived Experiences about Gestational Diabetes Miletus among Multigravida Females**” under my supervision.

It is assured that research work is original and has not yet been published anywhere else.

Signature of Supervisor

A grey rectangular box containing the handwritten signature 'Sonia' in cursive script.

Dated 16 May, 2023

Assistant Professor

Signature

A handwritten signature in cursive script that reads 'Afshar' followed by a period, written over a horizontal line.

Head of Department

ANTI-PLAGIARISM DECLARATION

I certify that this is my own research work. The work has not, in whole or in part, been presented elsewhere for assessment. Where material has been used from other sources, it has been properly acknowledged. The similarity index of the research report is 5%. If this statement is untrue and I am found guilty of plagiarism, the punitive actions against me should be taken as per Kinnaird Anti Plagiarism Policy.

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Name: Sibra Amjad



Abstract

Gestational Diabetes Mellitus (GDM) is one of the most common medical complication in pregnancy. It occurs as a result of insulin resistance during pregnancy, causing the glucose levels to spike, thus leading to pregnancy complications including harm to the unborn fetus and the mother causing complications such as risk of birth trauma, excess fetal growth, and hypertensive disorders. This current research aimed to uncover and explore the Lived experiences of the multigravida females with GDM including the impact GDM has on Mental Health. The research design is based upon Qualitative study, with use of Phenomenological approach by Husserl. In-depth interview technique for collecting first hand data for the current study is used. The research is descriptive and explanatory in nature. Five participants were recruited through purposive sampling from different hospitals in Lahore. In-depth interviews through phone call and face to face were conducted about their experiences and journey of pregnancy with GDM. After the collection of data, the interviews were transcribed and the data was analyzed through interpretative phenomenological analysis. The analysis and interpretation of the results showed five main categories of concerns by the women including: disrupted mental health, GDM management, facing challenges, network support and spirituality. Disrupted mental health and management of GDM was significant of all the themes revealed. In conclusion, the study will be beneficial for the multigravida females it is necessary to teach them about their GDM management and ways to cope up with mental health and challenges they face. This current study can be helpful in clinical settings as screening for GDM should be essential in finding out the history of diabetes in the patient's family.

Keywords: Gestional diabetes mellitus, birth trauma, excess fetal growth, hypertensive disorders, phenomenological approach, multigravida females

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List of Abbreviations

Abbreviations	Full Form
GDM	Gestational Diabetes Milletus
PHC	Primary Health Care
SHC	Secondary Health Care
IPA	Interpretative Phenomenological Analysis
SR	Serial Number

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CHAPTER I

INTRODUCTION

The aim of the present study is to find out the lived experiences of pregnant women with GDM, with the challenges they face throughout their pregnancy with GDM. Becoming mother is arguably one of the hardest and life changing moment for a women, as it is one of the most defining moments of their lives, which they get to experience. But with this gradual change over the nine months and with giving birth to the baby, the women experience many psychological and physiological changes during this process. For some women the changes also take turn in terms of health issues such as Iron deficiency Anemia, High blood pressure (Hypertension), various infections, Gestational diabetes etc. Throwing a light upon Gestational diabetes, which also stands for Gestational diabetes Mellitus (GDM), is a medical condition which occurs in women who are pregnant and have high levels of blood sugar levels during pregnancy (Algamadi, 2018). In this condition, placenta releases a hormone which prevents the body to use insulin productively. It causes to build up in the blood and flow in blood stream instead of being absorbed by the cells in the body. Gestational diabetes isn't caused by the lack of insulin unlike type 1 diabetes, but the different hormones being produced during pregnancy makes it insulin resistance, making insulin very much less effective. This type of medical condition only occurs in pregnancy. Thus women are likely to develop type 2 diabetes and gestational diabetes in future pregnancies (Algamadi, 2018).

The pathophysiology of GDM has the characteristics of a “diabetogenic state”, which is increase in the insulin resistance in second and third trimesters of pregnancy. Usually, the first trimester of pregnancy is followed by increase in the insulin sensitivity. Fat and glycogen are the fuel reserves store in this trimester for the growing fetus. The second trimester is marked with increase in amount of insulin resistance due to factors such as

increased placental secretion of anti-insulin hormones such as cortisol, estrogen and progesterone. These hormones help in the circulating maternal substances to meet the needs of the growing fetus. GDM develops in the second trimester in women who are unable to adapt to these changes. Lack of Adaptation to these changes can also be due to genetic predisposition, a metabolic stress causing increase insulin resistance and decreased insulin secretion.

Maternal health of a mother and infant baby weight during pregnancy are two of the most important determinants of perinatal health. GDM and infant macrosomia are two of the most important perinatal health concerns around the world found in pregnant women. The usual indicator of fetal growth is a critical determinant of perinatal mortality and morbidity. Mortality rate is associated with both low birth weight (<2500g) and high (>4000g) (Hogue et al, 1987).

Worldwide prevalence is approximately estimated around 1-14%, according to the latest statistics. About 5% of women giving birth in UK have preexisting GDM. In Asian sector, Thailand's prevalence is of 7%, making it similar to the one in US (Al Subhi et al., 2021). In Pakistan, women have about 4.2% to 26% chance of developing GDM (Riaz et al., 2019).

There is an increased risk for short and long term adverse outcomes due to GDM. Short-term pregnancy complications include operative deliveries (cesarean), Infant trauma, newborn or infant at risk of hypoglycemia, macrosomia, hyperbilirubinemia and polycythemia (Hod et al 1991, Rey et al 1996, Adams et al 1998). In terms of long term consequences, women between 20-80% with GDM are at risk of developing Type 2 diabetes. Type 2 diabetes means that an individual's body doesn't produce and use the insulin properly

according to the body's required needs, causing unusual blood sugar levels. Even the offspring is at risk to develop diabetes and obesity in future.

Many psychological and physiological changes occur during pregnancy. Eventually for some women these changes can lead to serious and minor health problems that require immediate intervention and medical attention. Approximately 7% of all pregnancies around the world are affected by gestational diabetes (GDM), a common metabolic disease that accounts for 90% of gestational diabetes (Soheilykhah et al., 2010). (American Diabetes Association, 2014). Impaired glucose tolerance of varying severity that occurs or is first detected during pregnancy and usually resolves shortly after delivery is called gestational diabetes (American Diabetes Association, 2014; Kim et al., 2006).

It seems easy to write it down but how overwhelming it is for the women who suffer, it can only be defined by them. How it is like for them living with this health issue, even if it's for few months? There is no definite statement to define it as it consist of different concepts and problems all together making a whole list of challenges for a women to face. It consists of Pregnancy Concerns, health concerns, psychological concerns etc.

In the process of a women becoming a mother, she goes through a tough period of change, with a 360 change in her life and reorganizing it. Transition to motherhood is a drastic change. The presence of prenatal jitters and post-partum issues have made it harder for the mothers to keep their life balancing adjusted with her children. And with a concerning factor affecting health makes it impossible for the women to cope up with it. There are several factors which makes women more vulnerable to GDM including obesity, age, hypertensive disorders, and family history of diabetes, polycystic ovary syndrome and multiparity.

Women diagnosed with GDM are usually at higher risk for adverse maternal outcomes such as obesity, stillbirth, hypertension, perineal lacerations, and even higher chances of cesarean (C-section) (Algamadi, 2018). Uncontrolled diabetes can even put the unborn child at risk including fetal abnormalities, stillbirth etc. The infants born to the mothers with poor controlled diabetes develop adverse health outcomes such as neonatal jaundice, shoulder dystocia, macrosomia, early markers of cardiovascular diseases and respiratory issues (Algamadi, 2018). Concerns like these put a women's mental health at a border, shifting towards depression, stress etc. Thus, it shows its impact in way or another.

Lifestyle and GDM

A healthy lifestyle for every individual usually includes a good healthy diet, with exercise and stable normal weight, which are known to prevent diabetes mellitus. Usually diets consisting of high contents of fats, carbohydrates, sugars with lack of physical inactivity are one of the most leading causes of type II diabetes around the world. Due to increase in the amount of urbanization, the developing countries around the world have easy availability of fast food, canned food and sedentary lifestyles choices for individuals. Thus, Overweight and obesity is becoming a prominent problem in middle and low income countries recently (Ali et al., 2021). According to different statistics, about 2.7 million deaths occur worldwide due to unhealthy diet and 1.9 million due to physical inactivity.

A healthy lifestyle with stable diet and blood glucose is known to be best management ways to control GDM. Researches indicated that about 85% of women who are diagnosed with GDM can follow a proper health plan and physical activity in order to control the adverse effects of GDM (Helmersen et al., 2021).

Mental Health & Pregnancy

Defining pregnancy concerns includes physical bodily changes such as gaining weight or not gaining weight, suffering from various infections, being nauseous and vomiting all day, concerns for preterm labor, dreading pregnancy loss, miscarriages and stillbirth.

Suffering from Post-Partum Anxiety and Post-partum depression which also shifts to the concerns of failing as a parent. Pregnancy is a highly stressful time for a women and it is often associated with disturbed mental health. Many pregnant women develop anxiety and depression during these nine months and afterwards. Motherhood, upbringing of children, fetal deformities are the most common sources for these mental disturbances. About 20% of pregnant women experience depression or anxiety in this time period (Brennan, 2021).

Women go through baby blues during this time with extreme mood swings, irritability, over-sensitivity etc. Conversely being diagnosed with a health condition which not only will affect the mother but if not controlled can affect the baby as well.

Theoretical Framework

Many medical or health care facilities tends to treat the medical issue, which shows the physical appearance. Surprisingly, there is no or minimal attention paid on other factors such as psychosocial factors, emotional factors etc. GDM puts the pregnant women at risk for obesity, hypertensive disorders, polycystic ovary syndrome, family history, pre-history etc. Thus, it leads their mental well-being and social interaction affected.

Psychosocial theory in psychology generally talks about how a person changes their self-understanding, effecting the social relationships, and their mental health (Newman & Newman, 2020). It aggravates through the person feeling “misery” with the associated disease they have. It eventually affects their quality of life. Psychosocial factors are quite related to the physical health e.g. stress, depression, feeling of hopelessness, low self-efficacy in an individual (Macleod, 2003).

Transition to motherhood from is one the major life changing events in a women’s life. It is known as the common concept in different stress, developmental and adaption theories. Transitions are very complex and with increase stress about physical condition in health, it affects the individuals problem solving and coping abilities. Many women, especially who are literate have knowledge of the conditions and are concerned, thus plans their pregnancy according to it. But some, who are unaware of the any sort of medical complications in pregnancy leads to a women sending her every minute of life stressing about the baby more than herself. Bridge et al (2001), in her book mentioned on how much diabetic women were concerned about pregnancy with losing control of their body and diabetes. For few women it essentially becomes harder for them to recognize their body signs for hypoglycemia, making it difficult for them to manage the fluctuating bloods sugar levels (King & Wellard, 2009).

Women with known diabetes before conception are less stressful and more aware of their condition and symptoms as compare to those diagnosed during pregnancy. It is even irresistible for women for the food cravings they get during pregnancy. It is really hard for them to resist the temptation. Thus controlling the diet adds upon more stress.

Psychosocial theory focus on how there is a need of having a good relationship with the people around as it affects the individual in positive way. Many women suffer from lack of care and attention from the family especially the husband. Lack of support and care by family leads to women being emotionally and psychologically upset. A study by Ahmed et al., (2020) explored the experiences of the women who went through a perinatal loss and experiences of health in pregnancy. About 25 women were interviewed though qualitative in depth interviews Qualitative and results were recruited through thematic analysis. Three main themes emerged from the research, including inadequate access to care during pregnancy and delivery, a lack of health care services, and inadequate quality of care throughout pregnancy and delivery. The women complained about how family members and medical personnel, in particular, delayed providing them with formal treatment during their pregnancies. Negative attitudes and a lack of focus made it clear that pregnant women were not respected or given any care.

Thus social environment plays an important role in pregnant women's life affecting levels of stress, and control over diabetes. Optimal amount of psychosocial support helps the women meeting her needs, helping a good relationship with her family and health care and decrease the levels of stress.

LITERATURE REVIEW

Helmersen et al., (2021) conducted a research on Norwegian women including few from different ethnicities who got diagnosed with GDM and were receiving primary health care (PHC) and secondary health care (SHC) for GD. According to inclusion criteria, a total of 12 women with GDM were recruited for the study. Semi-structured interviews were conducted to collect the data and analyze it. The analysis and interpretation of the results showed four main categories of concerns by the women including "Reactions to receiving a diagnosis of GDM," "Experience with dietary counselling in PHC & SHC," "Experience with training and self-monitoring of blood sugar in PHC & SHC," and "Experiences of care coordination and collaboration between medical professionals in PHC and SHC". The study concluded on how the women missed on pregnancy due to their illness, and thus suffered from the negative effects of it. The study concluded on how concerned women were when they received the news of being diagnosed with GDM and how important is to have a health professional with sufficient knowledge to guide them.

Parsons et al., (2018) has covered the gap regarding professional health mentioned in the previous literature in their research of GDM. The aim of the study was to find out the women's experiences of GDM and how much they were taken care and treated of in the hospital. About 35 women were recruited from six focus groups and 15 women through interviews were recruited. The participants were of different ethnicities, ages and body mass index. Semi-structured interviews were conducted to collect and analyze the data. A total of seven themes were found, including "disrupted pregnancies," "projected anxiety," "women as baby machines," "reproductive asceticism," "perceived stigma," and "lack of mutual understanding and postpartum abandonment." The study reveals that enduring GDM had shown some short of potential impact on the women with GDM.

Mukona et al., (2018) conducted a qualitative research to explore the impact on diabetes in pregnant women. Four focused groups, with 7 women in each group, total of a purposive sample of 28 pregnant women, between the ages of 18-45 were recruited. Focus group discussions were held for each interview at central hospital Zimbabwe. Thematic analysis was done in order to retrieve the themes. Four themes emerged from the findings, including "effect on health," "socio-economic concerns," and "psychological burden of pregnancy-related diabetes and low self-efficacy." The study concluded that the subjective impact of diabetes will help in improving the quality of care given to the pregnant women with diabetes in healthcare as there is an essential need for comprehensive collaborative care for the pregnant females with GDM.

Dennison et al., (2019) conducted a study on synthesizing variety of literature about GDM & Type 2 diabetes in pregnant women. The aim of the study was to focus on women and their views about GDM and ways of reducing risk for developing postpartum diabetes through lifestyle changes. Thematic analysis was conducted and about six themes were identified after including 21 articles. The identified themes included: "role as mother and priorities", "demands of life", "social support", "personal experiences and preferences", "finances and resources and risk perception and information". The study concludes that these factors caused hindrance in women from addressing their own health issues.

Summary of Literature Review

Thus the literature concludes that more or less, most of the pregnant women with GDM goes through the same circle over and over throughout their pregnancies. From stressful pregnancies, with complications, control over diabetes and diet affects the women and their mental health. This study not look at these factors but explores it from the

perspective of Pakistani society, the challenges a women face, to see whether or not there is a new emerging theme found in this society.

RATIONALE

Women are quite concerned about their health especially when they are pregnant and are being diagnosed with such conditions. Pregnancy itself is a major transition for a women. Not only women are going through internal change including hormonal changes but their It eventually effects them and put them at risk for many health issues. Being suddenly diagnosed with a condition leads to shock, fear and confusion in the mothers' leads to negative effects. Another major reason for selecting this topic is to explore the negative effects and mental struggles of a pregnant women. Previous literatures shows lack of work from the perspective of how being diagnosed affect the mental health of pregnant women as a healthy mindset or mental health plays a vital role in the a healthy being.

The study also explore women's experiences on diet control and monitoring of blood glucose in Pakistani settings as it gets quite problematic for the women to follow due to living in a strict society. The study is interesting as it even explores whether or not family plays a role as a caretaker for the women suffering from GDM. Pakistani society overlooks this factor of taking care of pregnant women. Even though the times have changed, but many families are still living in their bubble of conservative thinking. Previous studies done in Pakistan haven't targeted much on this subject and experiences of the pregnant women. In this present study, we explored the women's lived experiences with GDM and to understand the challenges they face including balancing the blood glucose levels, diet and coping with the mental health.

OBJECTIVES

- To explore the lived experiences of pregnant women with GDM.
- To explore the challenges faced by the pregnant women with GDM.
- To examine the effect of GDM on mental health of pregnant women with GDM.

- To find out the experiences of pregnant women with GDM about self-monitoring of blood glucose and diet control.

RESEARCH QUESTIONS

The aim of the study was framed by the following questions:

1. What are the lived experiences of pregnant women with GDM?
2. What are the challenges faced by pregnant women with GDM?
3. What effect does getting diagnose with GDM has on mental health of pregnant women?
4. How pregnant women with GDM feels about self-monitoring of glucose and controlling of diet?

CHAPTER II

METHOD

The purpose of this phenomenological study is to explore lived experiences of women in Pakistan with GDM and to gain in-depth understanding of their experiences.

Research Paradigms

Philosophical Assumptions

The philosophical assumption used in this context is Ontology. Ontology is known as nature of reality and its characteristics. It helps in embracing multiples realities of people with different experiences. Ontological approach helps in gaining an in-depth understanding of an individual's experience thus providing the researcher with rich descriptions about a specific phenomenon, with different perspectives from individuals. The ontological approach hence used multiple forms of evidence in the form of multiple realities by using the actual words of the individuals and their experiences. It gives the study a great in-depth as it helps in a greater understanding of an individual's perspective. Researchers need to consider the fact that the world they live in is surrounded by various opinions, thoughts, interpretations and perspectives of other human beings (Ahmed, 2008).

On the other hand, another assumption is used in the current study is the Epistemological Assumption. The researchers try to get as closely possible to the participants as much as they can. They tend to conduct the research near the area the participants live. It helps in grasping first-hand information for the researcher. Subjective views are assembled from different participants as the researcher tries to get close to them. The epistemological assumption is dependent on the relationship of the knower and the known. In simple terms, it is known as theory of knowledge and deals with sources of how knowledge is gathered. The

researchers try to stay in the “field” and to know the participants more as through firsthand information (Creswell, 2013).

Paradigms

The paradigm used in this research study is social constructivism, also known as interpretivism as the research focuses on IPA (Interpretative phenomenological analysis). Under the branch of social constructivism, individuals seek the understanding of the world through their subjective analysis and experiences. The meanings are multiple, giving researcher an open view for different perspectives from the people rather than narrowing too few categories. The constructivists focuses on the meaning is created, sustained, negotiated and adjusted (Schwandt, 2003). Hence this paradigm tries to understand the world through the lived experiences of the people who are within it. The goal is to rely on individuals subjective experiences, as the experiences are not simply imprinted on individuals but are formed through interaction with others and through historical and cultural norms that operate in individuals’ lives (Creswell, 2013).

Hence according to the nature of the current study, Social constructivism fits the best as the study looks into the subjective and lived experiences of multigravida females with GDM with impact of their own personal, cultural and historical perspectives playing a vital role in their experience.

Method of Inquiry

Thematic Analysis

In order for the researcher to extract a rich and well textural description of the experience, IPA (Interpretative phenomenological analysis) or phenomenology as it is the best approach to use as it focuses on the lived experiences of the people, on how real, lived

and experienced they are. IPA is particularly beneficial in qualitative studies as methodology places a strong emphasis on being open to experience and having the ability to really evaluate subjective concepts, (Schweitzer & Steel, 2008). Interpretative phenomenology, which is influenced by symbolic interactionism, investigates the pre-existing social and interpersonal processes and how this influences how one interacts with their surroundings and community.

The type of phenomenology that best fits in for this current study transcendental phenomenology by Husserl (Moustakas, 1994). Transcendental phenomenology focuses less on the interpretation of the researchers and more on the descriptions of the experiences of the participants. The method of bracketing or in other terms known as “epoche” is used in the current study to study from a fresh perspective rather than relying on the researchers experiences. Hence the perspectives and narratives of the participants are essential with the use of textural description of their experiences.

Through this process, subjective meaning, based upon objective observations is created and interpreted (Ashworth, 2008). This process is not rigid, as each interaction can influence and extend meanings depending on the social context one is immersed in (Ashworth, 2008). IPA’s aim is to help investigate in how participant make the sense of their environment. It is a very suitable approach as it also helps in gaining an “insider’s perspective” with specific situations and how the participants’ make sense of it. For this research, semi-structured interviews are used to collect the required information.

Sample & Sampling Strategy

The sample size is equally important in deciding with the sampling strategy. According to Dukes (1984), recommends of using 3 to 10 participants in the phenomenological research (Creswell, 2013). On the basis of this, for this current study

purposive sampling has been used. Five participants were recruited who were willing to give an interview and share in-depth information and experiences about GDM.

Then targeted sampling was used to take samples in qualitative research. According to Creswell (2012), targeted sampling means that a researcher intentionally selects people and places in order to learn or understand the essential phenomenon. In addition, a homogeneous sample was used in this study. Homogeneous sampling means that the researcher selects participants based on belonging to a subgroup that exhibits distinctive characteristics (Creswell, 2012, p. 208). Because of this, the participants in this study had more difficulties in writing their thesis. Hence, homogeneous sampling has been considered as one of the targeted sampling strategies to select the participant.

Purposive sampling is a type of non-probability sampling method and it is used when elements of a sample is selected by the researcher him or herself. Participants were approached through their willingness and consent whether or not they are willing to partake or not in the study. The techniques used for data collection gathering are in-depth interview with semi-structured approach from all five participants, who are multigravida females currently pregnant and diagnosed with GDM. The participants are 18 years or older. The sample is taken from different clinics and hospitals including Hameed Latif Hospital and Arif Memorial Hospital. Face to face interviews are conducted to collect the required data from the females.

Inclusion Criteria

- Females who are currently pregnant.
- The female participants are diagnosed with GDM.
- The females are multigravida females who suffered from GDM more than once.
- The age of the female participants is 18 years or older.

- The participants willing to share and express their experience with gestational diabetes.

Exclusion Criteria

- The females should not have any known fetal anomalies.
- The females should not be from any additional pregnancy related complications.
- Non-Pakistani women were not eligible to participate.

Exclusion criteria is known as the characteristics of the participants on which they will not be included in the study. It disqualifies the participants according to the nature of the inclusion criteria. For this current study, the participants who fall under the above mentioned exclusion criteria were excluded. As the main purpose of the research is to solely check the impact of GDM on females, ones with fetal anomalies were excluded, also known as congenital anomalies or birth defects. As GDM can cause affect the baby, but having congenital anomalies can impact the mother negatively, overlooking the factor of GDM on them. Secondly, same criteria applies to women not having any other pregnancy complications as their experience not be solely based upon of issue they are facing in their pregnancies. As the current study took place in Pakistani settings, it was important to exclude women who were non-Pakistani as cultural and religious implications can also impact the experiences of the women.

Table 2.1*Psychometric properties of participants*

SR #	Age	Education	Occupation	BMI	No. of pregnancies	No. of Miscarriages	No. of Abortions	No. of Cesareans	Medication for Diabetes	Family History of diabetes
1	27	B.COM	Housewife	Obese	2	1	-	-	Tablet Glucophage	Yes
2	35	B.A	Housewife	Normal	3	1	-	1	Insulin	Yes
3	28	Masters	Housewife	Overweight	5	2	1	-	Insulin & Tablet	Yes
4	26	FA	Housewife	Overweight	2	1	-	-	Glucophage	Yes
5	29	Bachelors	housewife	Overweight	2	1	-	-	Tablet Glucophage	Yes

The SR# stands for serial number for each participants, indicating total of five participants.

The psychometric property table cover the education, occupation of the participant's previous history of pregnancies, miscarriages, abortions and cesareans. It also covers history of medication for diabetes and family history of diabetes.

Measures

Demographic Information Sheet Form:

A demographic information sheet provides data about research participants and is important for them to determine whether the participants represent the targeted criteria for the study. It helps in allowing the researcher to understand certain characteristics of the participants such as age, education, class, ethnicity, marital status, occupation etc.

For this study, the demographic information sheet is used to collect demographic information which were filled out by individuals separately. The demographic sheet includes demographic variables such as name, age, education, occupation, BMI (Body mass index), number of pregnancies, current trimester of pregnancy, history of diabetes etc.

No of previous abortions, miscarriages etc. is essential to know whether GDM caused this in their previous pregnancies. Information about diabetes in family history is important as it can help in understanding the causes for diabetes in pregnant females. The following form attached is the demographic form:

Table 2.2

Demographic Information Sheet Form

Variables	Category (Range)	Participant 1
Name		
Age in Years	<ul style="list-style-type: none"> ➤ >18 ➤ 21-30 ➤ 31-40 ➤ 41-50 ➤ <50 	
Education	<ul style="list-style-type: none"> ➤ O/A Levels, Fsc/FA ➤ Bachelors ➤ Masters 	
Occupation	<ul style="list-style-type: none"> ➤ Government Job ➤ Private Job ➤ House Wife 	
Body Mass Index (BMI)	<ul style="list-style-type: none"> ➤ Underweight Normal Weight ➤ Overweight ➤ Obese 	
Number of pregnancies	<ul style="list-style-type: none"> ➤ 1-2 ➤ 2-4 	
Number of Miscarriages	<ul style="list-style-type: none"> ➤ 0 ➤ 1-3 	
Number of Abortions	<ul style="list-style-type: none"> ➤ 0 ➤ 1-3 	
Number of Vaginal Delivery	<ul style="list-style-type: none"> ➤ 1-2 	

- 2-4
 - Number of C-Section**
 - 1-2
 - 2-4
 - Average weight of babies**
 - < 3 kgs
 - 3kgs
 - > 3kgs
 - Medication for Diabetes**
 - Insulin
 - Tablets
 - Supplements**
 - No supplements
 - Multivitamins
 - Calcium and folic acid
 - Diabetes Aggravate**
 - Yes
 - No
 - Diabetes Persist**
 - Yes
 - No
 - Family History of Diabetes**
 - Yes
 - No
-

Method

Semi-structured Interviews

Semi-Structured interviews are one of the way of data collecting in Qualitative researches. It involves asking participants a set and mixture of open ended and close ended questions, following with probe questions in order to explore their response and get an in-depth analysis of the participant's perspective. The interviews are conducted through face to face or one to one discussion with the participant's. This method helps in creating a great rapport with the participant which makes them to feel quite comfortable in order to answer the questions comfortably.

Semi structured interviews helps in gaining an insight of a participant. People aren't very expressive when it matter comes to health. Either they are in denial or they develop a good strategy of coping. Women are easier to approach as they have that tendency to share their experiences due to their sympathetic and empathetic nature. For this research, the research questions were used in creating rapport with the female participants' but also to gain the emotional knowledge as well as to get to know about state of their mental health.

Interviews were either be conducted face to face in hospital and on phone call, whatever way was feasible for the participants. Their consent for audio recording the interview was taken beforehand. The interviews vary between 40-45 minutes per individual. Further interviews were conducted as per required. A set of questions according to the topic was prepared beforehand which the interviewer hopes to cover during the course of an interview. These set of Questions are known as "Interview Guide". It helps in constructing a structure of discussion beforehand. The structure helps in creating a guideline and outline of an interview, as it becomes easier for the interviewer to stay on a format and what sort of questions to ask. Even though the interviewer can ask more questions midway in the

interview if indeed, but to have an outline beforehand is considered to be very important. Other than that it is very cost affective as well as time saving for the interviewer.

In an interview guide, there are supposed to be an array of different types of questions being asked. But before asking the questions, it is important for the interviewer to make an outline and divide the questions in categories, which defines each question according to the domains. The following categories helps in creating good interview questions:

- **Opening Questions**
- **Key Questions**
- **Closing Questions**

Opening questions

Opening questions basically a series of introduction related questions. Opening questions are known as “**ice breakers**” used in an interview to build a good rapport between the interviewer and interviewee. These questions are asked in the start of the interview for the first few minutes. As every individual is different, the opening questions vary from individual to individual according to the rapport building being done. The importance of good opening questions encourages self-expression as there is no right or wrong answers, as well as build a personal contact between the interviewer and interviewee. Another important thing to be noted is that the interviewer should avoid yes/no direct questions as it cause hindrance in getting to know the client. The following are few types or examples of ice breakers which can be introduced:

- **What’s something that interest you recently?**
- **How was your day?**
- **How many siblings do you have?**

The following are the questions used in the Research interview:

- **Ajj bahir ka mausam kaisa hai?**
- **How long you've been married?**
- **How many kids do you have?**
- **How many times you've been pregnant before?**

Key Questions

Key questions are the questions used to collect or get more in-depth information from the interviewee. These questions are asked when the interviewer feels like he/she have developed a good rapport with the interviewee. It is instructed not to ask direct questions in the start of the interviews. Types of key questions includes: **What, how, when, why etc.** Even **probes and motivational probes** are used which are types of probing questions to get or obtained a good detailed information. The following are few types or examples of key questions/probes which can be asked during the interview:

- **What happened during the incident?**
- **What feelings you felt afterwards?**
- **Why do you think it happened only with you?**
- **How would you define endometriosis?**
- **What sort of issues you faced in conceiving?**

The following are the questions used in the Research interview:

- **When were you diagnosed with GDM? In what Trimester?**
- **Appka reaction kaisa tha jab appko pata chala appko GDM hai?**
- **What complications you face in controlling GDM?**

Closing questions

Closing questions are the most essential part of an interview. One cannot leave the interview in between even though the interviewer have enough information. It is not ethical to leave the interviewee in between especially if they are disturbed after sharing their problems. One should at least recommend them to therapist or psychologist or stay with them until they are stabilized. It is also important to be thankful while wrapping up the interview. The interviewer can even ask the interview to add in any other information they want to add up. The following are few types or examples of closing questions which can be asked during the interview:

- **Is there anything you would like to add in at the last moment?**
- **I am very thankful for your time and cooperation.**
- **Is there anything you need to ask me?**

The following are the questions used in the Research interview:

- **Acha before wrapping up the interview, I have a few Questions left to ask.**
- **Okay then. Thank you so much for the interview. For taking out your time especially in this state of pregnancy. I'm very thankful to you.**

Interview Guide

Table 2.3

Interview Guide

Research Questions

1. What are the experiences of pregnant women with GDM?
2. What are the challenges faced by pregnant women with GDM?
3. What effect does getting diagnose with GDM has on mental health of pregnant women?
4. How pregnant women with GDM feels about self-monitoring of glucose and controlling of diet?

Interview Questions

Neutral Initial Questions

- How long you've been married?
- So you are living in a nuclear family or a joint family?
- How is your pregnancy going? How are you feeling?
- How did you respond to learning that you had been diagnosed with GDM?
- How was your pregnancy journey with GDM with all of your kids?
- Which sort of physical changes have you experienced after you got GDM?
- Which emotional and mental changes have you experienced after you got GDM?
- During your last pregnancy & current pregnancy, have you often been bothered by feeling depressed, down or hopeless?

- Being diagnosed with GDM, do you fear giving birth (tokophobia), knowing that GDM affects the unborn baby as well?
 - During your pregnancy, did you ever feel like a failure, guilty, ashamed, worthless etc?
 - Do you ever feel anxious and worries keep coming to your mind about your diabetes and your baby being affected by this?
 - On the scale of 1-5, how would you rate your mental health in this pregnancy as well as the previous one?
 - Are you able to cope with your mental health during pregnancy with GDM?
 - How did you manage your GDM?
 - How does GDM affect you and your relationship with family and work?
 - What did you feel at the beginning when you got diagnosed with GDM?
 - What is your routine now for breakfast, lunch and dinner?
 - Do you think diet is effective in controlling your diabetes?
 - How active you are? On scale of 1-5, how active and fit would you describe yourself?
 - How often do you check you self-check your blood-sugar?
 - Do you keep a track of blood sugar on a log book?
 - Okay then. Thank you so much for the interview. For your time and cooperation.
-

Procedure

Pilot Study

A pilot study is a brief version of the planned research. It is also called a “Feasibility study”, as it is a small scale preliminary study conducted before the main large scale research. Pilot study helps in refining the procedures of the project.

For this research, a pilot study on face to face interviews with 2 individuals were conducted before the main research. The pilot phase of the research helped in the pre testing of the research instruments such as questions in interview guide, whether or not there is any need for changes in it. It also helped in having a clear vision and approach for the study, with clearly described techniques and methods that were be used.

The extracted information from the 2 individuals had gave the insight from participant’s perspectives as they were not able to understand few things. The information retrieved was not enough to be used in the current study. Thus, the interview was thoroughly revised and checked by the supervisor.

Main Study

The main structure of the study consists of five participants’, who were approached if they fell into the previously defined inclusion and exclusion criteria. Different gynecologists were approached in order to get help in data collecting for the interviews. For this current study, the data is collected from Hameed Latif hospital and Arif memorial hospital located in Lahore. Purposive sampling was used in order to find the participants fitted to the inclusion criteria for the study. The agreed participants for the interview were checked whether they qualify for the interview according to the inclusion/exclusion criteria. The participants were then briefed about the aim of the research and whether or not they are willing to give an interview or not. Their consent and confidentiality was the first priority while approaching

the participants. A demographic information sheet form was used to extract the basic information such as age, occupation, education etc and within the context of Pregnancy and GDM including no. of pregnancies, no. of abortions, family history of diabetes etc.

Interviews were either conducted face to face in hospital or on phone call, whatever way was feasible for the participants. It was difficult to conduct interviews with the females due to their state of pregnancy and having kids, making it quite difficult for them to give time. So the maximum limit of interview exceeds to 35- 45 minutes. Their consent for audio recording the interview was taken beforehand.

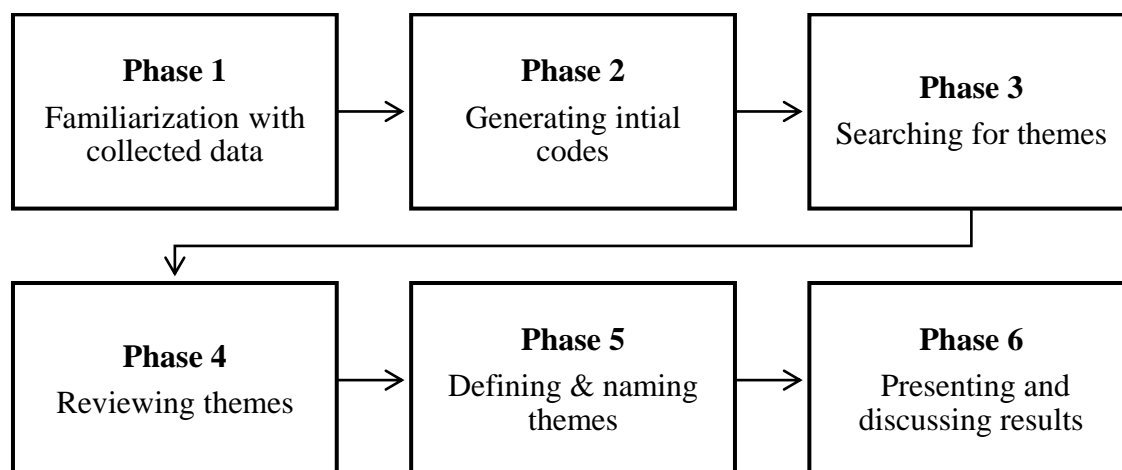
Data Analysis

Data Analysis is known to be one of the most crucial stages of a qualitative research, as it consists of types of methods used to observe the collected data. Previous literature lack in the information methods used in data analysis, as it is the least discussed topic. But it should be considered very important as it leads to transparency. For the researchers to interpret and readers to read. Thus, type of research used matters a lot.

This research covers the phenomenological approach, which was introduced by Edmund Husserl. A phenomenological study gives an in-depth analysis of the lived experiences of several individuals about a specific phenomenon. This type of design helps in extracting the common experiences of participants. The extracted experiences are converted into themes, through thematic analysis. It is known to be one of the most effective methods for analysis as it helps in understanding experiences, behaviors and thoughts of the Participants. It is the most widely used method and its framework consists of the following six steps defined by Braun & Clarke:

Figure 2.1

Six Phase Framework of Thematic Analysis by Braun and Clarke (2006)



The steps for thematic analysis has been divided into 6 steps according to Braun & Clarke (2006). Step consists of reading and re-reading the transcripts or the transcribed

interviews. This helps the researcher to get familiarized with the data. It helps in making roughs notes on the extract, making it easier for the researcher (Maguire et al., 2017).

In the second phase, which is generating initial codes, the data is organized in a systematic way by the researcher. The data is converted into codes or smalls chunks of meaning. Codes are basically building blocks on which the further main themes are dependent. The initial codings are brief but sufficient details that are understand and in relation with the data.

The third phase begins with searching for themes, generated from the initial themes. The small chunks of themes are categorized into major master themes, which characterized its significance. For example, initial themes of this current research includes reaction to the diagnosis, emotional disturbance & fear of birth, which combined together is converted into one major theme named as Disrupted mental health. The themes are descriptive and the initial codes are associated with them.

During the fourth phase, it includes reviewing themes which we identified in the previous step 3. The data is thoroughly checked and re-read by the researcher. Questions like whether the themes make sense, or they fit together perfectly, does the data supports it, or are there any overlapping themes is raised by the researcher.

The fifth stage is of defining the themes generated. It is the final refinement of the themes and identifying the essence of each theme. What the theme exactly is saying? Does it relates with the subtheme? How does it relates with it? The themes are proven by presenting verbatim of the participants to show the relation between the themes and the subthemes.

In the last step, which is the end-point, this is the final phase and consists of producing the report. A write-up of the analysis is written, with it being the completion and final inspection of the whole report (Maguire et al., 2017).

While following these steps one by one, researcher can easily switch back to phases if they find any flaw while doing the analysis. At times during phase 4, the researcher might miss out some theme and go back to phase 3 to search more. It helps in reviewing and modifying the themes which were identified in the phase 3. Thematic Analysis gives a researcher an edge of flexibility, as it is easier to go back and forth to during data analysis.

Data Verification Method

Peer Review

Verification is a process of confirming, certifying, checking and being certain. In Qualitative research, data verification helps ensure the quality, validity and reliability of the research. In this type of method, peer review, as the name suggests, is a way to check the work done by the researcher by another person who is an expert in that particular field. It helps in balancing out reliability and validity as well as authenticity of the research.

For this research, expert supervisor was hired for this job, to seek the credibility and feedback on the results of the research. Interview guide was also reviewed by the supervisor.

Ethical Considerations

- Full informed consent was be taken from the participants of the research. The participants were informed and assured about any concerns they have about the research. They were allow to freely question whatever they wanted to ask.
- Research participants were not harmed or put at risk in ways whatsoever.
- The protection of the privacy of the participants' was ensured.
- Voluntarily participation of the participants is important. Moreover, they were given rights to withdraw from the research at any given time.
- Adequate amount of confidentiality was used to be ensured as the participant's details was not be shared.

- Anonymity of the participants was ensured.
- The data collected was only be used for research purposes.
- Deception of any sort is avoided in the research.
- Participants were provided with any psychological treatment of any sort, in case the participants gotten emotionally disturbed at the end of the interview.
- Misleading information or any sort of biases was avoided in order to ensure the participants safety.

CHAPTER III

RESULTS

The aim of the present study is to understand the lived experiences of multigravida females with GDM. The main objectives of the research includes to explore the lived experiences, challenges, impact on mental health with management of diet and blood glucose. Participants included 5 multigravida females with previous history of miscarriages and GDM. We identified five major themes including: Disrupted mental health, GDM management, Facing challenges, network support & spirituality.

Table 3.1

Initial Themes and verbatim of each participants

Initial Themes	Verbatim Per Participant
	<p>MF: “Nhi mujhe pehlay nhi maloom thi. Jab mainay pehlay saare tests karwaye thay na. Na blood pressure ka masla tha or na sugar ka. Jab nine month start hua haina tu mainay check bhi nhi karwaya kay mujhe hai he nhi. Meri dono he level khatrnak thay kay meri bachi bhi mar gyi”</p>
Reaction to the diagnosis	<p>HU: “Acha tu nhi lagta, Lekin jo cheez Allah nay de hoti hai who qabool karni parti hai theek hai. Mere miyay nay mera bohat saath dia hai. Mere ghr waloon nay, susral waloon nay bohat saath dia hai. Unho nay kaha kuch sooche ki zaroorat nhi hai.”</p> <p>AR: “Main bohat ziada depressed hogai thi. 1 dhair mahina main aisi he rhi hoon. Mujhe saath bp ka bhi issue hai and jab dono cheezain saath hogai tu baby main bhi complications arahi thin jaisay kay baby ki heartbeat nhi aati thi bilkul. Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.”</p> <p>M.A: “Mental health tu no doubt bohat ziada affect hoti hai. Two factors hote hain. App insecure feel karte ho aur bohat ziada conscious hoti ho.”</p>

WR: (laughs) reaction umm second month pata chal gia tha pregnancy kay. Pehlay tu pareeshani hui kaafi pehlay lekin jo pehlay six months guzare thay diet plan main conceive karne se pehlay tu main ready thi face karne kay liyay.

MF: “Nhi pata bhi tha lekin woh pregnancy bohat mushkil thi. Na mera khamne ko dil karta than a mujhe neend aati thi. Main nhi sooti thi. Kabhi dil kharab hota tha kabhi kuch”

AR: “Phir yay sab kuch demagh par sawaar karlia. Raatoon ko so nhi pati thi. Depressed rehti thi. Usske liyay bhi dr nay medicine de thi.”

M.A: “Mental health tu no doubt bohat ziada affect hoti hai. Two factors hote hain. App insecure feel karte ho aur bohat ziada conscious hoti ho. Aur isski wajah se na chahte way bhi appke mizaaj aur tabyat main chir chira pan ata hai.” appni mental health rate karain with 1 being the lowest and 5 the highest, tu kia hai? **M.A:** 3 neutral sa.

Emotional
Disturbance

WR: “Ho jata hai. Pregnancy ka aik affect hota hai depression tu hota hai lekin ziada nhi hai.” “agar main yay kahoon appki jo mental health hai ussko kia rate karaingi? 1-5 umm, 2 tak.”

MF: “Normal tu mainay appni himmat par karwai thi. Delievery se 2 din pehlay meri beti meray pait main foat hogai thi. Meri na sugar level bohat ziada tha. 2 din delivery se pehlay bacha bikyl theek tha. Wazan bhi usska acha tha lekin pait main who issi liyay foat hui kiunke doctor nay bataya kay mujhe sugar or blood pressure ka masla tha.”

Obstetric
History

HU: “First wali tu ceaseren thi aur dosra miscarriage tha. Abb dekheain teesri main kia hota hai.”

AR: “Haan jee last pregnanacy mera miscarriage he tha.”

M.A: “Mera bas aik he beta hai. Mere miscarriages and premature birth hui wi hai babies ki.”

WR: “Haan jee teen saal pehlay miscarriage hua tha.”

	<p>MF: “Main tu kehti hoon jisko Allah aulad de sehat wali zindagi wali de.”</p>
	<p>AR: “Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.”</p>
<p>Fear of birth (Tokophobia)</p>	<p>M.A: “Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.” “Tu idhr udhr se batain sun sun kar depression hona shuru hojata kay baby overweight na hojayay.”</p> <p>WR: “Haan ayi thi. 2 months mere liyay bohat mushkil aur challenging thay. Yay hai meri mental health disturb hui thi lekin dr nay bohat acha handle kia. Mera bhai Lahore main hota hai tu dr kay pass aati thi tu sara sahi checkup hota and diet plan waghera. Waisay he plan follow kia jaisay unho nay bataya. Phir jaisay jaosay waqt guzarta gia yay cheez balance hogai. –Lekin start main kaafi kaafi pareeshani thi.”</p>
<p>Family & Husband Support</p>	<p>HU: “Mere ghr waloon nay, susral waloon nay bohat saath dia hai. Unho nay kaha kuch sooche ki zaroorat nhi hai.” “Mera miyaan bohat khiyal rakhta hai tu sara credit unko jata hai.”</p> <p>AR: “Basically yay hai kay meri family itni koi bari nhi hai tu saare bohat understanding hain. Meri mother in law and sab.” “Husband poochte thay. Unko lagta tha kay jaisay kisi nay ghr main kuch keh dia ho. Dubara poochte thay kay koi aur problem hai. Main kehti thi nhi. Kehte thay mama ki side par koi problem hai aur main kehti thin hi (laughs).”</p> <p>M.A: “Nhi nhi aisa koi issue nhi aya everyone is supportive.”</p> <p>WR: “Actually yay family main itna kisi kay saath disscuss nhi kia and mere husband mere saath bohat cooperative hain. 6th year main kaafi ziada mere saath rhay hain support kia hai. Jab se sugar ka pata chala hai tu who kehte thay kay tum karloogi pehlay bhi kia hai.”</p>

Dependent On God	<p>MF: “Main tu kehti hoon jisko Allah aulaad de sehat wali zindagi wali de.” “Nhi mujhe abb koi as such tension nhi hai. Bas Allah se yahi dua hai kay mujhe sehat wala day.” “Banda appne zehan main yay baat betha lay na kay wohi hona hai jo Allah nay chahna hai. Jab hamara imaan kamzoor hota haina tu ham bolte hain”. “Mujhe itna yaqeen tha kay Allah ko kaha tha umrah karne jaongi tu aulaad de dain aur main umrah karne jane se 2 months pehlay he pregnanant hogai halakay mujhe koi umeed nhi thi. Dr par gyi and ussko bataya kay tabyat nhi theek rehti. Ussne ultrasound kia tu pata chala kay dosra month hai. Pcos ki wajah se pata nhi chalta.”</p> <p>HU: “Lekin jo cheez Allah nay de hoti hai who qabool karni parti hai theek hai.”</p> <p>M.A: “Like iss pregnanacy main itni ziada nhi feel kr pa rhi halakay normal hain mere scans Alhamdulillah. Tu yay sooch kar hota hai kay Allah khair rakhay baby ko kuch na ho.”</p> <p>WR: Jee exactly ki hai. Mainay namazain bohat regularly parhi hain aur Surah Muhammad nay bohat help ki hai.” “Yes kaafi sakoon mil jata tha.”</p>
GDM is difficult	<p>MF: “Nhi pata bhi tha lekin woh pregnancy bohat mushkil thi. Na mera khamne ko dil karta than a mujhe neend aati thi. Main nhi sooti thi. Kabhi dil kharab hota tha kabhi kuch. Allah ka shukr hai iss dafa system theek hai.”</p> <p>HU: “Haan kaafi time par controlled hoti hai lekin choor doon tu sugar upper neeche ho jati hai.” “Abhi jo test karwaya tha ussmain ziada ayi thi.”</p> <p>AR: “Starting main bohat he ziada aggravate karti thi jab pata chala. Mujhe insulin recommend ki gyi thi kiunke fasting main 119 arahi thi meri blood sugar. Tu phir usske baad control kia mainay Lekin abhi bhi bohat dehan rakhna parta hai.”</p>

M.A: “Jab merit hid pregnancy thi jab diagnose hui thi tu meri fasting main high he rehti thi lekin insulin waghera use nhi ki thi and Glucophage. Aur jo premature baby hui thi uss waqt bhi thin aur iss dafa bhi dono use kar rhi hoon insulin after five months kiunke aggaravte kar jati hai kabhi kabhi.”

WR: “Balance main rehti hai bas duphar kay khaane kay baad thori se ziada ajati hai. Abhi main daily walk na karoon half and hour tu control nhi hoti.”

MF: “(Laughs) roti. Zahir hai fruit tu khas nhi sakti. Bas kinnow kha sakti hoon uss main sugar nhi hoti.” “1 he pait bhaar ke.”

HU: “Juices waghera mana hain, cold drinks mana hain. Shehad main leti nhi. Chai bhi pheeti peeti hoon. Subha nashte main egg boil karke le leti hoon. Kabhi dil karay tu paratha bhi half le leti hoon. Isske elawa duphar ko aik roti saadi with salan aur salad. Dr nay yay kaha wa hai. Shaam ki chai phir hoti hai aur saath kuch bhi nhi. Aur raat ko bhi aik roti aur salan.” “Ajj kal main fruits nhi le rhi. Sugar ziada ho jati hai lekin musami achi hai. Kabhi apple kha leti hoon kabhi banana.” “Haan kaafi time par controlled hoti hai lekin choor doon tu sugar upper neech ho jati hai.”

Diet & Control

AR: Acha woh aisay hai kay main subha dahi khati hoon. Kiunke pehlay mujhe constipation ki problem rhi hai tu main woh drops uss main dal kar lati thi. Warna koi fruit le leti hoon. Subha itna koi dil nhi karta. Halakay main chai ki bari koi addictive thi lekin abb bardasht nhi hoti. Doodh pati se kuch hona shuru hojata hai. Thandi cheez doodh, dahi, fruit ziada acha lagta hai. Fruit jin main sugar ziada thi who unho nay mana kit hi lekin waisay I am allowed to eat.

M.A: Mujhe dr nay proper diet chart dia wa hai jo mujh se bilkul bhi follow nhi kia jata. Aur jo hai khaane ki routine wohi jo hota hai. Subha nashta in between kabhi kuch snack le lia. Bas yahi hai proper teen time ka khana.

Physical Activity	<p>MF: “Thakan tu as such nhi mehsos hoti.” “Haan jee main walk karti hoon addha ghanta aur bohat relax feel karti hoon koi zehni dubao.”</p> <p>HU: Last month tak main sahi thi. Abhi mera 8th month chal raha hai. 7th month tak mujhe kuch bhi feel nhi ho raha tha. Abb mujhe dard hoti hai. Ziada dair tak beth nhi sakti. Abb thakawat mehsos hoti hai. “Actually mera room na upper wale portion main hai, tu who siriyaaan char kar he bohat warzish ho jati hai.”</p> <p>AR: “Dr nay bas kaha tha app chalain phirrain bohat ziada.”</p> <p>M.A: “Nhi kuch bhi nhi, Already baby hai aur family hai tu busy rehti hoon. Fursat nhi milti.” “Last pregnanacy main bilkul active nhi thi. Abhi main hoon active again 3.”</p> <p>WR: “4.Kiunke by nature he main active hoon.”</p>
Health Problems	<p>MF: “Bhook piyass bohat lagti hai. Raat kay time haath paon main suiyaan si chubti hain.”</p> <p>HU: “pains hoti haina jism main jaisay mujhe abhi bhi back pain hai, yay rehti hai.”</p> <p>AR: “Waisay tu mujhe morning sickness bohat zida thi. Aisay lagta tha kay utha nhi jar raha. Neend aati bhi nhi thi lekin lagta tha kay arahi hai. Aur isske elawa jaisay thakawat eventhough aisa nhi tha kay main kahoon kahin body main pain thi lekin aisay lagta tha kay pata nhi mainay kitna koi kaam karlia ho. Fatiguness thi. Ajeeb se tabyat thi. Samjh nhi aati.”</p> <p>M.A: “Aur physically baat ki jayay tu diabetes ki wajah se bohat ziada physical body pains hoti hain. Joint main hoti hai pain.” “Mera jab sugar level high hota hai tu meray hands kay joints haina mujhe uss main takleef hoti hai jaisay uric acid ki wajah se hoti hai. Yah meri body bohat he ziada fatigued hoti hai yah tabyat ajeeb se bhujhal pan mehsos hota hai tu idea ho jata hai kay diabetic level up and down hai.”</p> <p>WR: Aghr pehlay koi cut waghera lag jata that tu jaldi cover ho jata tha. Abb time lagta hai.</p>

-
- MF:** “Haan jee karti hoon. Regular nhi check kr rhi, har dosre teesre din. Haan jee log book hai.”
- HU:** “Khud he check karti hoon.” Glucometer rakha wa hai. “Haan jee main saath saath lehkti hoon”
- AR:** “Haan jee khud check karti hoon.” “Haan yes. Who dr ko dekhana hota haina tu main sara pura chart banati hoon.”
- WR:** Chart hai aur yes khud he check karti hoon aur insulin bhi khud inject karti hoon.
- MF:** Meray abu ko hai, meri ammi ko nhi hai. Abu ko hai, susar ko hai, jhait ko hai.
- HU:** Haan jee meri mother ko hai.
- AR:** Haan jee hai. Meray parents dono diabetic hain. Acha isske elawa mere husband ko bhi rhi hai. Like unki borderline par hai lekin hai.
- M.A:** Haan jee meri mother ko thi. Father ko nhi.
- WR:** Mere father ko kaafi thi abb unki death ho chuki hai aur mother ko bhi hai.

Interpretation

All the initial themes were compared and contrasted in order to find similarities in between the participants' and what they said about GDM with concerns and challenges. All the participants shared their own experiences and challenges they faced during this time and still currently they are facing now. Twelve subthemes were contributing with the main five themes.

The participants' agreed with similar answers to the questions asked. Disturbed mental health was more or less same for all the five participants. Two of them were concerned about fearing another loss of the baby because of the diagnosis. Same reaction, emotional disturbance with hidden fear of birth and similar obstetric history with miscarriages was associated in all the participants and emerged as main initial themes under mental health disturbance.

“Nhi mujhe pehlay nhi maloom thi. Jab mainay pehlay saare tests karwaye thay na. Na blood pressure ka masla tha or na sugar ka. Jab nine month start hua haina tu mainay check bhi nhi karwaya kay mujhe hai he nhi. Meri dono he level khatrnak thay kay meri bachi bhi mar gyi” - Reaction to the diagnosis

“Mental health tu no doubt bohat ziada affect hoti hai. Two factors hote hain. App insecure feel karte ho aur bohat ziada conscious hoti ho. Aur isski wajah se na chahte way bhi appke mizaaj aur tabyat main chir chira pan ata hai.” appni mental health rate karain with 1 being the lowest and 5 the highest, tu kia hai? M.A: 3 neutral sa” - Emotional

Disturbance

“Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.” “Tu idhr udhr se batain sun kar depression hona shuru hojata kay baby overweight na hojayay.” - Fear of birth (tokophobia)

The participants' talked about how they are facing different challenges with GDM is difficult to cater with. Health problems were one of the main stream issue observed any many participants faced some health issue after their GDM diagnosis. Valid concerns were presented by them. A similarity of family history of diabetes was found to be common in all the participants. Other than that, a pattern of miscarriages before the current pregnancy was noted with GDM being the underlying cause behind the previous miscarriages in the participants.

*“Starting main bohat he ziada aggravate karti thi jab pata chala. Mujhe insulin recommend ki gyi thi kiunke fasting main 119 arahi thi meri blood sugar. Tu phir usske baad control kia mainay Lekin abhi bhi bohat dehan rakhna parta hai.” – **GDM is difficult***

*“Aur physically baat ki jayay tu diabetes ki wajah se bohat ziada physical body pains hoti hain. Joint main hoti hai pain.” “Mera jab sugar level high hota hai tu meray hands kay joints haina mujhe uss main takleef hoti hai jaisay uric acid ki wajah se hoti hai. Yah meri body bohat he ziada fatigued hoti hai yah tabyat ajeeb se bhujhal pan mehsos hota hai tu idea ho jata hai kay diabetic level up and down hai.”- **Health Problems***

*“First wali tu ceaseren thi aur dosra miscarriage tha. Abb dekheain teesri main kia hota hai.”- **Obstetric History***

*“Meray abu ko hai, meri ammi ko nhi hai. Abu ko hai, susar ko hai, jhait ko hai.”- **Family history of diabetes***

Positive support from husband and family was observed in all cases.

*“Basically yay hai kay meri family itni koi bari nhi hai tu saare bohat understanding hain. Meri mother in law and sab.”- **In laws support***

“Husband poochte thay. Unko lagta tha kay jaisay kisi nay ghr main kuch keh dia ho. Dubara poochte thay kay koi aur problem hai. Main kehti thi nhi. Kehte thay mama ki side par koi problem hai aur main kehti thin hi (laughs).”

*“Mera miyaan bohat khiyal rakhta hai tu sara credit unko jata hai.” - **Husband’s support***

The participants’ highlighted on different ways they use to control their diabetes through diet and management. For some participants it was easy to adjust with the new routine and physical activity. Even to keep check in balance on the glucose levels was also important for them. One of the participants’ even inject the insulin herself.

“Chart hai aur yes khud he check karti hoon aur insulin bhi khud inject karti hoon.”-

Glucose monitoring

*“Juices waghera mana hain, cold drinks mana hain. Shehad main leti nhi. Chai bhi pheeki peeti hoon. Subha nashte main egg boil karke le leti hoon. Kabhi dil karay tu paratha bhi half le leti hoon. Isske elawa duphar ko aik roti saadi with salan aur salad. Dr nay yay kaha wa hai. Shaam ki chai phir hoti hai aur saath kuch bhi nhi. Aur raat ko bhi aik roti aur salan”- **Diet & Control***

*“Last month tak main sahi thi. Abhi mera 8th month chal raha hai. 7th month tak mujhe kuch bhi feel nhi ho raha tha. Abb mujhe dard hoti hai. Ziada dair tak beth nhi sakti. Abb thakawat mehsos hoti hai. “Actually mera room na upper wale portion main hai, tu who siriyaan char kar he bohat warzish ho jati hai.”- **Physical activity***

One of the participants’ also shared how the role of Spirituality plays as motivational resort for the participant as they rely on the God only:

*“Jee exactly ki hai. Mainay namazain bohat regularly parhi hain aur Surah Muhammad nay bohat help ki hai.” “Yes kaafi sakoon mil jata tha.”- **Dependent on God***

The master themes were derived from the initial themes including: disrupted mental health, GDM management, facing challenges, network support & Spirituality.

Table 3.2*Master themes and subthemes of each code*

MASTER THEMES	INITIAL THEMES/CODES
Disrupted Mental Health	<ol style="list-style-type: none"> 1. Reaction to the diagnosis 2. Emotional Disturbance 3. Fear of birth
GDM Management	<ol style="list-style-type: none"> 1. Diet & Control 2. Glucose monitoring 3. Physical Activity
Facing Challenges	<ol style="list-style-type: none"> 1. GDM is difficult 2. Obstetric History 3. Health Problems 4. Family History of Diabetes
Network Support	<ol style="list-style-type: none"> 1. Family & Husband's Support
Spirituality	<ol style="list-style-type: none"> 1. Dependent On God

Disrupted Mental Health

Reaction to the diagnosis

When an individual is diagnosed with a specific illness or disease, it is natural for them to give some sort of reaction in return and in most cases it is being overwhelmed by negative emotions. In this present study, many of the women were shocked to be diagnosed with GDM even though all of them family history of diabetes from their parental sides, making it as one of the causes behind the development of GDM. It was difficult for them to accept it as few of the participants said the following:

“Acha tu nhi lagta, Lekin jo cheez Allah nay de hoti hai who qabool karni parti hai theek hai. Mere miyay nay mera bohat saath dia hai. Mere ghr waloon nay, susral waloon nay bohat saath dia hai. Unho nay kaha kuch sooche ki zaroorat nhi hai.”

“Pehlay tu pareeshani hui kaafi pehlay lekin jo pehlay six months guzare thay diet plan main conceive karne se pehlay tu main ready thi face karne kay liyay.”

“Nhi mujhe pehlay nhi maloom thi. Jab mainay pehlay saare tests karwaye thay na. Na blood pressure ka masla tha or na sugar ka. Jab nine month start hua haina tu mainay check bhi nhi karwaya kay mujhe hai he nhi. Meri dono he level khatrnak thay kay meri bachi bhi mar gyi”

Fear of birth

Pregnant women tend to show morbid fear in their pregnancy, fearing the event of childbirth. This pathological fear is known as tokophobia (Bhatia & Jhanjee, 2012). In this current study, the fear of childbirth was prominent as the females had previous history of miscarriages due to GDM and had developed fear of childbirth due to their previous bad experiences and by learning experiences of other people. A fear like this eventually develops

in anxiety and with lack of monitoring by the healthcare can develop this fear further into them. As many shared their by saying:

“Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.”

“Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.” “Tu idhr udhr se batain sun sun kar depression hona shuru hojata kay baby overweight na hojayay.”

Emotional disturbance

Emotional disturbance in the context of mental health in which an individual is disturb to an extent that they are not able to function properly in the daily tasks showing impairment, and are under general pervasive mood of being depressed or anxious. Women found this diagnosis of GDM unexpected as they showed fear for the unborn baby and the GDM will have on it as uncontrolled blood glucose levels can cause the baby to grow too large, which may result in complications during delivery, such as shoulder dystocia. It can also increase the risk of the baby developing low blood glucose levels, jaundice, and respiratory distress syndrome after birth. Emotional disturbances eventually leads to individuals feeling hopeless and frustrated. The participants shared their views as the following:

“Nhi pata bhi tha lekin woh pregnancy bohat mushkil thi. Na mera khamne ko dil karta than a mujhe neend aati thi. Main nhi sooti thi. Kabhi dil kharab hota tha kabhi kuch”

“Phir yay sab kuch demagh par sawaar karlia. Raatoon ko so nhi pati thi. Depressed rehti thi. Usske liyay bhi dr nay medicine de thi.”

“Mental health tu no doubt bohat ziada affect hoti hai. Two factors hote hain. App insecure feel karte ho aur bohat ziada conscious hoti ho. Aur isski wajah se na chahte way bhi appke mizaaj aur tabyat main chir chira pan ata hai.” appni mental health rate karain with 1 being the lowest and 5 the highest, tu kia hai? M.A: 3 neutral sa.

“Ho jata hai. Pregnancy ka aik affect hota hai depression tu hota hai lekin ziada nhi hai.”

“agar main yay kahoon appki jo mental health hai ussko kia rate karaingi? 1-5 umm, 2 tak.”

GDM Management

Diet control

Diet control is essential in controlling GDM. Balanced diet is important as it is one of the very first treatments doctors recommend to the patients to control the glucose level. Most of the women do end up controlling their diabetes through diet control. The participants shared variety of strategies they were suggested by their doctors. Participants described snacking one of the ways to deal with hunger, especially mid night cravings. The experiences they shared as it follows:

“Acha woh aisay hai kay main subha dahi khati hoon. Kiunke pehlay mujhe constipation ki problem rhi hai tu main woh drops ussmain dal kar lati thi. Warna koi fruit le leti hoon. Subha itna koi dil nhi karta. Halakay main chai ki bari koi addictive thi lekin abb bardasht nhi hoti. Doodh pati se kuch hona shuru hojata hai. Thandi cheez doadh, dahi, fruit ziada acha lagta hai. Fruit jin main sugar ziada thi who unho nay mana kit hi lekin waisay I am allowed to eat.”

“Mujhe dr nay proper diet chart dia wa hai jo mujh se bilkul bhi follow nhi kia jata. Aur jo hai khanne ki routine wohi jo hota hai. Subha nashta in between kabhi kuch snack le lia. Bas yahi hai proper teen time ka khana.”

Physical activity

Physical activity is considered to as one of the most active ways to optimize blood sugar levels. Even though moderate physical activity such as daily routine work, doing chores isn't considered as helpful as walking, aerobic or swimming is as it helps in controlling GDM (Padayachee, 2015). As the present study takes place in Pakistani settings, household chores are common for females to do even in their pregnancy. With prescribed roles and duties, the participants described walking and household chores as their everyday physical activity as the following states:

“Thakan tu as such nhi mehsos hoti.” “Haan jee main walk karti hoon addha ghanta aur bohat relax feel karti hoon koi zehni dubao.”

“Last month tak main sahi thi. Abhi mera 8th month chal raha hai. 7th month tak mujhe kuch bhi feel nhi ho raha tha. Abb mujhe dard hoti hai. Ziada dair tak beth nhi sakti. Abb thakawat mehsos hoti hai. “Actually mera room na upper wale portion main hai, tu who siriyaan char kar he bohat warzish ho jati hai.”

“Dr nay bas kaha tha app chalain phirrain bohat ziada.”

“Nhi kuch bhi nhi, Already baby hai aur family hai tu busy rehti hoon. Fursat nhi milti.”

“Last pregnanacy main bilkul active nhi thi. Abhi main hoon active again 3.”

“4.Kiunke by nature he main active hoon.”

Glucose monitoring

It is seldom to monitor all of the blood sugar levels in pregnancy with gdm 4 times a day as per health professional's advices. The doctors also recommended to monitor in the state of fasting, in the morning, empty stomach and throughout the day, 1 hour after the three meals per day. The participants showed satisfaction with how they monitored their blood glucose levels throughout the day. They did not report any difficulties in taking readings from

the blood glucose meter and in-fact had a log book with them to note down the daily levels.

As the participants said:

“Haan jee karti hoon. Regular nhi check kr rhi, har dosre teesre din. Haan jee log book hai.”

“Khud he check karti hoon.” Glucometer rakha wa hai. “Haan jee main saath saath lehkti hoon”

“Haan jee khud check karti hoon.” “Haan yes. Who dr ko dekhana hota haina tu main sara pura chart banati hoon.”

“Chart hai aur yes khud he check karti hoon aur insulin bhi khud inject karti hoon.”

Facing Challenges

GDM is difficult

GDM combined together with different problems the women faced throughout the pregnancy is considered as difficult, which has been defined under the theme of facing challenges. According to health professionals and women, pregnancy itself is a difficult journey and being diagnosed with GDM, makes it harder. Every women have had their own experience and individual difficulties they faced throughout their pregnancy. This subthemes collects the difficulties under one umbrella. As the women explained their difficulties as following:

“Starting main bohat he ziada aggravate karti thi jab pata chala. Mujhe insulin recommend ki gyi thi kiunke fasting main 119 arahi thi meri blood sugar. Tu phir usske baad control kia mainay Lekin abhi bhi bohat dehan rakhna parta hai.”

“Nhi pata bhi tha lekin woh pregnancy bohat mushkil thi. Na mera khanne ko dil karta than a mujhe neend aati thi. Main nhi sooti thi. Kabhi dil kharab hota tha kabhi kuch. Allah ka shukr hai iss dafa system theek hai.”

“Jab merit hid pregnancy thi jab diagnose hui thi tu meri fasting main high he rehti thi lekin insulin waghera use nhi ki thi and Glucophage. Aur jo premature baby hui thi uss waqt bhi thin aur iss dafa bhi dono use kar rhi hoon insulin after five months kiunke aggaravte kar jati hai kabhi kabhi.”

Obstetric history

Obstetric history usually consists on questions related to the previous and current pregnancies. It includes abortions, miscarriages, history of mensurational cycle, family history of diabetes, hypertension etc. A common cycle of miscarriages was seen in the present study as all of the 5 participants had once or twice history of miscarriages in their previous pregnancies due to GDM. The women shared their stories as following:

“Normal tu mainay appni himmat par karwai thi. Delievery se 2 din pehlay meri beti meray pait main foat hogai thi. Meri na sugar level bohat ziada tha. 2 din delivery se pehlay bacha bikyl theek tha. Wazan bhi usska acha tha lekin pait main who issi liyay foat hui kiunke doctor nay bataya kay mujhe sugar or blood pressure ka masla tha.”

“First wali tu ceaseren thi aur dosra miscarriage tha. Abb dekheain teesri main kia hota hai.”

“Haan jee last pregnanacy mera miscarriage he tha.”

“Mera bas aik he beta hai. Mere miscarriages and premature birth hui wi hai babies ki.”

“Haan jee teen saal pehlay miscarriage hua tha.”

Health Problems

With GDM, women experience different health problems throughout their pregnancy. Even though there is a chance for them to develop type 2 diabetes in future, they face other health problems including body pains, fatigued, insomnia etc. With mental well-being

affected, it started to affect the physical condition of then patient. Health problems the participants faced includes:

“Waisay tu mujhe morning sickness bohat zida thi. Aisay lagta tha kay utha nhi jar raha. Neend aati bhi nhi thi lekin lagta tha kay arahi hai. Aur isske elawa jaisay thakawat eventhough aisa nhi tha kay main kahoon kahin body main pain thi lekin aisay lagta tha kay pata nhi mainay kitna koi kaam karlia ho. Fatiguness thi. Ajeeb se tabyat thi. Samjh nhi aati.”

“Aur physically baat ki jayay tu diabetes ki wajah se bohat ziada physical body pains hoti hain. Joint main hoti hai pain.” “Mera jab sugar level high hota hai tu meray hands kay joints haina mujhe uss main takleef hoti hai jaisay uric acid ki wajah se hoti hai. Yah meri body bohat he ziada fatigued hoti hai yah tabyat ajeeb se bhujhal pan mehsos hota hai tu idea ho jata hai kay diabetic level up and down hai.”

Family History of diabetes

A recurrent pattern of having previous history of diabetes in the family was seen in all of the participant’s family history. It is supported by research evidence by Moosazadeh et al., (2017) in his meta-analysis study that family history of diabetes is an important risk factor for GDM in females in future. As the participants shared their family history:

“Meray abu ko hai, meri ammi ko nhi hai. Abu ko hai, susar ko hai, jhait ko hai.”

“Haan jee meri mother ko hai.”

“Haan jee hai. Meray parents dono diabetic hain. Acha isske elawa mere husband ko bhi rhi hai. Like unki borderline par hai lekin hai.”

“Haan jee meri mother ko thi. Father ko nhi.”

“Mere father ko kaafi thi abb unki death ho chuki hai aur mother ko bhi hai.”

Network Support

Family & Husbands support

Socials support is very important. Having a very supportive network or close family, husband and friends matters a lot, especially for females in their pregnancy as they are going through many major changes. Having support not only helps the psychological but physical supports like helping them out also is helpful for them. It gives them a perception that they are in safe hands of the people who care for her. The participants of the present study have had positive experiences with support from the family as they explained:

“Mere ghr waloon nay, susral waloon nay bohat saath dia hai. Unho nay kaha kuch sooche ki zaroorat nhi hai.” “Mera miyaan bohat khiyal rakhta hai tu sara credit unko jata hai.”

“Basically yay hai kay meri family itni koi bari nhi hai tu saare bohat understanding hain. Meri mother in law and sab.” “Husband poochte thay. Unko lagta tha kay jaisay kisi nay ghr main kuch keh dia ho. Dubara poochte thay kay koi aur problem hai. Main kehti thi nhi. Kehte thay mama ki side par koi problem hai aur main kehti thin hi (laughs).”

“Nhi nhi aisa koi issue nhi aya everyone is supportive.”

“Actually yay family main itna kisi kay saath discuss nhi kia and mere husband mere saath bohat cooperative hain. 6th year main kaafi ziada mere saath rhay hain support kia hai. Jab se sugar ka pata chala hai tu who kehte thay kay tum karloogi pehlay bhi kia hai.”

Spirituality

Dependant on God

Being religious means that one way or another first and last resort is relying on God. As the present study is conducted in Pakistan, all of the participants belong to Islamic

religion, making them Muslims. All of them have reported have strong sense of spirituality and relying on God especially in these hard times, as reported:

“Lekin jo cheez Allah nay de hoti hai wo qabool karni parti hai theek hai.”

“Like iss pregnancy main itni ziada nhi feel kr pa rhi halakay normal hain mere scans Alhamdulillah. Tu yay sooch kar hota hai kay Allah khair rakhay baby ko kuch na ho.”

“Jee exactly ki hai. Mainay namazain bohat regularly parhi hain aur Surah Muhammad nay bohat help ki hai.” “Yes kaafi saakon mil jata tha.”

Figure 3.1

Showing main theme disrupted mental health with three subthemes

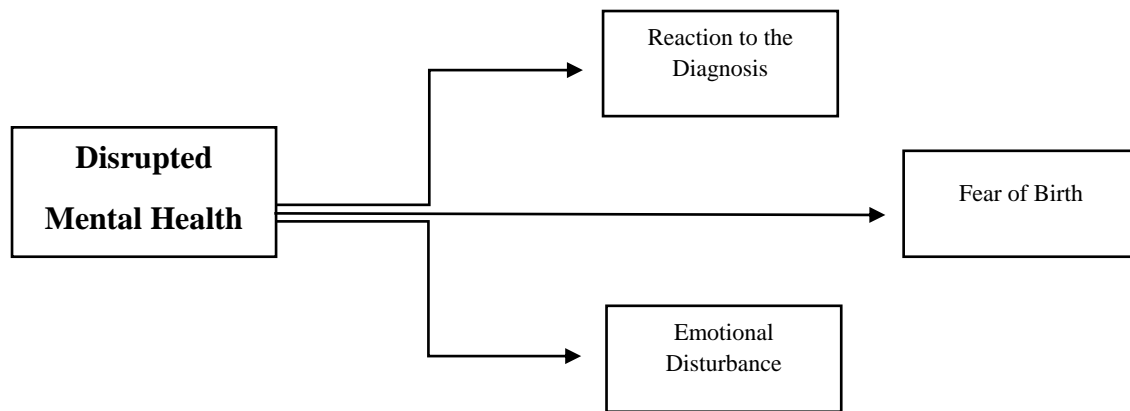


Figure 3.1 shows the master theme and subthemes related to the disrupted mental health women had faced due to GDM. The participants experienced various emotions regarding their diagnosis of GDM including shock, anxiety and being depressed. Women showed fear as they were concerned about the impact of GDM on their unborn child as uncontrolled blood glucose levels can cause the baby to grow too large, which may result in complications during delivery, such as shoulder dystocia. It can also increase the risk of the baby developing low blood glucose levels, jaundice, and respiratory distress syndrome after birth. All there of the categories have caused disrupted mental health in women.

Figure 3.2

Showing main theme GDM management with three subthemes

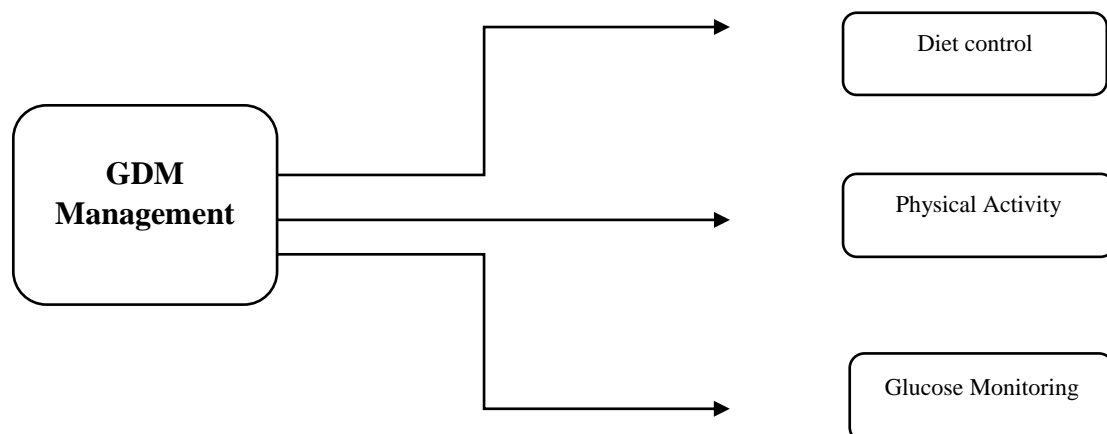


Figure 3.2 shows Diet control, physical activity and glucose monitoring of GDM has shown to play a vital role in the management of GDM in females. Before suggesting insulin or any medication, dietary management is known to be the first line of defense for GDM women. It ends up failing, the second approach taken is medication and then insulin as the last resort.

Figure 3.3

Showing main theme Facing challenges with four subthemes

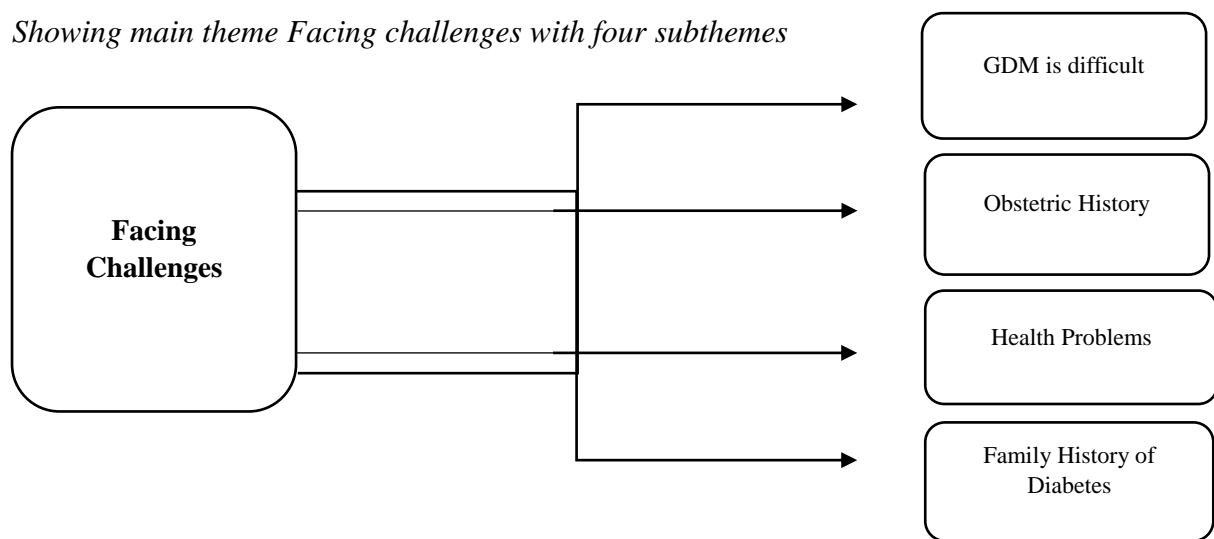


Figure 3.3 shows the challenges Women have explained they had to face whilst being diagnosed with GDM. They've felt many barriers in their journey from GDM itself being difficult to having previous history of miscarriages and family history of diabetes as an aggravating factor. Not only that, but various health problems with a challenging pregnancy itself has made the females feel frustrated, anxious and stressed out.

Figure 3.4

Showing main theme Network Support with one subtheme

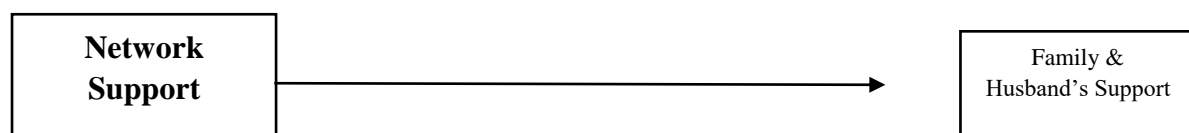


Figure 3.5

Showing main theme Spirituality with one subtheme

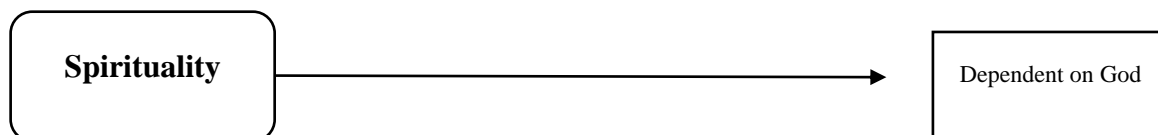


Figure 3.4 and 3.5 shows the major subthemes extracted from the coding of the interviews of all of the participants. The women explained on how support from family, especially from their laws and their husband with relying on Allah has given them a constant support and encouragement throughout the pregnancy.

CHAPTER IV

DISCUSSION

Discussion

The present study explores on how multigravida females experienced GDM in Pakistani settings, with its impact on mental health, diet control and challenges they have faced. The women's stories have provided a very significant insight in their experiences.

Previously in many literatures, stress, depression and anxiety have been associated with GDM. Hui et al., (2014) study on the psychosocial aspects of gestational diabetes mellitus (GDM) and found that women with GDM expressed high levels of stress related to their diagnosis and anxiety related to the fear of maternal and infant complications. Another study by Pluess et al., (2010) have shown how anxiety and stress plays a significant role when women feel lack of control on their glycemic control, with experiencing difficulties throughout pregnancy and managing gdm. The current study more or less has shown the same results as the literature that women ends up experiencing anxiety at the time of their diagnosis. The anxiety has shown to increase due to previous obstetric history of miscarriages in relation with fear of birth as women are concerned about the impact of gdm on their baby. All the females viewed this experience as something significant, not minimal as they said:

“Mental health tu no doubt bohat ziada affect hoti hai. Two factors hote hain. App insecure feel karte ho aur bohat ziada conscious hoti ho.”

“Phir yay sab kuch demagh par sawaar karlia. Raatoon ko so nhi pati thi. Depressed rehti thi. Usske liyay bhi dr nay medicine de thi.”

“Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.” “Tu idhr udhr se batain sun sun kar depression hona shuru hojata kay baby overweight na hojayay.”

“Mental health tu no doubt bohat ziada affect hoti hai. Two factors hote hain. App insecure feel karte ho aur bohat ziada conscious hoti ho. Aur isski wajah se na chahte way bhi appke mizaaj aur tabyat main chir chira pan ata hai.”

The women in the study has shown to be feeling distressed even due to the strict diet plan they had to follow with other aggravating factors. But few women didn't felt gdm as challenging as the other women felt. One of the reasons includes is that the previous experience and perception matters a lot. One of the participants even said as reaction to the diagnosis:

“Reaction umm second month pata chal gia tha pregnancy kay. Pehlay tu pareeshani hui kaafi pehlay lekin jo pehlay six months guzare thay diet plan main conceive karne se pehlay tu main ready thi face karne kay liyay.”

Dolatkhah et al., (2018) research on literature related to nutritional management of GDM women, has mentioned and proved that the appropriate healthy dietary plan for females with GDM can help in effectively control the glucose levels and hence can improve the fetus growth and probability of fetal defects.

GDM self-management in this current study has shown its various sides including difficulties and adjustment the females had to face. For some of the participants, adjusting to the new dietary plan was quite easy and for few it was hard. Use of medications such as Glucophage and insulin were seen as the common treatment plan as most of the cases were severe of gdm. Some women experienced struggles with social restrictions that prevented them from eating foods that were norms, particularly during special occasions. They've

expressed how hard it gets for them to avoid midnight cravings especially it is a need of two, not for one.

“Mujhe aksar raat ko 12 bajay kay baad bhook lag jati hai tu main phir kuch khati hoona tu theek rehti hai warna khali pait down jati hai.”

Exercise has also proven to be quite effective for females with GDM as it prevents and delay the need for insulin. Its advantages does not ends here but it is also conducive for future delivery of Diabetes, postpartum life changes as well. Different studies have shown that how physical activity especially in the form of exercise e.g. yoga, aerobics, jogging etc. is helpful is keeping the mother and the baby safe. (Hordern et al., 2012) has Continuous movements of the large muscles is the most effective through different means of exercises such as walking, jogging, climbing stairs etc as one of the participants said:

“Actually mera room na upper wale portion main hai, tu who siriyaan char kar he bohat warzish ho jati hai.”

Considering the history of physical activity, cardiovascular health, and strength is essential. After the early stages of pregnancy, nausea and fatigue are usually stabilized making it more suitable for those who have been inactive for an extended period of time. Women with little activity can begin with moderate aerobic exercise from 15 minutes 3 times a week to 30 minutes 4 or more times a week. However, exercises greater than 45 minutes could increase the fetus temperature so it's best to keep exercise intervals no more than two days apart. Exercise can also enhance insulin action and glucose uptake for 48 hours afterwards.

Women who experienced GDM as difficult complained about how aggravating the diabetes used to be in the starting of their diagnosis. With insulin administration, it was quite frustrating to get started with as one said:

“Starting main bohat he ziada aggravate karti thi jab pata chala. Mujhe insulin recommend ki gyi thi kiunke fasting main 119 arahi thi meri blood sugar. Tu phir usske baad control kia mainay Lekin abhi bhi bohat dehan rakhna parta hai.”

With having previous history of miscarriages and abortion and stillborn birth, the participants expressed their concerns about fetus being harm again due to GDM related complications. The majority of participants were concerned about the potential negative effects of GDM on themselves and the baby, which included having a large baby, having a cesarean section, developing diabetes after delivery, and having a preterm or premature birth. Bawah et al., (2019) study on GDM and relation of pregnancy outcome supports the concerns of the women as the study concludes that women with GD are more prone to delivering stillborn and macrosomic babies in their pregnancy.

All of the participants had family history of Diabetes either from the maternal or paternal side. According to research done by Alazmi AAF, et al. (2021) on meta-analysis, it was concluded that family history of Diabetes mellitus plays a significant role in the development of gestation diabetes in from parents to children, especially females in future. The current study has proven this fact completely right as all of the participants either had both diabetic parents and one of them. The females also complained about having body pains in their pregnancy due to GDM including joint pains.

“Aur physically baat ki jayay tu diabetes ki wajah se bohat ziada physical body pains hoti hain. Joint main hoti hai pain.”

The women were able to feel at ease, cared for, and in charge of their diabetes management when they had the support of others. The majority of women said that their partners, friends, and family gave them good support and encouraged them towards

betterment for their own self and the baby. The participants explained how being tolerating, expressive, empathetic, helpful their partners and family has been in this journey.

Some women mentioned that their partner's support affected them positively as it made it easier for them to cope and manage their GDM.

“Mera miyaan bohat khiyal rakhta hai tu sara credit unko jata hai.”

“Actually yay family main itna kisi kay saath discuss nhi kia and mere husband mere saath bohat cooperative hain. 6th year main kaafi ziada mere saath rhay hain support kia hai. Jab se sugar ka pata chala hai tu who kehte thay kay tum karloogi pehlay bhi kia hai.”

Even few of the participants felt that receiving support from the doctor or the healthcare was very valuable for them as it also showed the side of concern from the doctor and also helped in increasing their knowledge about GDM and its affects. One of the participants said the following during the stage of trying to conceive:

“Haan jee. Aksar log conceive karne kay liyay medicine waghera lete hain tu main dr ko kehti thi kay medicine use karwayain conceive kay liyay. Tu who manti nhi thi. Woh kehti thi jaisya he weight kaam hoga tu app conceive karloogi. Tu mainay medicine kay beghair he conceive kia hai.”

As the current study took place in the Pakistani settings, all of the participants were Muslims. The reaction to the diagnosis also showed the acceptance from the females according to Allah's will. They've shown being more spiritually and closer to Allah as well as a sign of peace with mental health for them. Muslim patients believe that illness, suffering, pain, and death are tests from God and consider illness as a trial in which one's sins are washed away so that whatever the conditions are all return to God. It has shown to increase their beliefs and provided them with relief as one of the participants said:

“Jee exactly ki hai. Mainay namazain bohat regularly parhi hain aur Surah Muhammad nay bohat help ki hai.” “Yes kaafi sakoon mil jata tha.”

CONCLUSION

To conclude, Gestational Diabetes Miletus (GDM), is a very common obstetric complications found in the Pakistani settings. Understanding Pakistani women's lived experiences of GDM is a beginning step that provides further insight into their situation. Overall, the Pakistani women with GDM shared similar lived experiences and similar themes were drawn as results. The main purpose of the research was to find out the factors involved in the lived experiences of each women with GDM. Its purpose was to find out how women reacted to GDM and how did the cope up with it, especially keeping their mental health at balance with taking care of the unborn baby and monitoring the glucose. As Pakistani cultural norms are different from the western ones, the study helped in finding out how different are the experiences of the women who live in Pakistan and are facing GDM in pregnancy.

GDM is a very difficult, different yet similar experience for the women. With managing it and making changes in one's lifestyle including making peace with what one's diagnosis it and balanced diet and physical activity, the findings of the study reemphasize the importance of all these factors as essential for a pregnant women to have a good, healthy and safe pregnancy with GDM.

Many different researches conducted including the ones in literature review has shown different experiences of the women with GDM including problems with health care facilities, lack of guidance, unpredictability with the diagnosis and development of the unborn baby affected by this. The current study covered these issues as subthemes, with women sharing their experiences and how they coped up with it.

Overall, the women had their concerns about their health and unborn child, but the results has shown that most women adapted easily to their diabetes after some time, changed

their lifestyle and ways on how to manage it. One of the important factors behind is the family support especially from the husband and in laws they got during this process.

The study can be presented as Pakistan lacks in research work regarding GDM in research and educational sector as well as in health care to understand and reduce the complications women face during GDM. Mental health professionals can also work on this as women with GDM have a higher chance to develop depressive or anxiety disorders during this process.

STRENGTHS

This current qualitative study has several strengths. First, the participants of the study represents homogeneity as it includes pregnant with different ages, BMI but with previous experiences of GDM and current pregnancy with GDM. All the women belonged to an educational background and did not suffer from any known fetal anomalies additional pregnancy related complications. Secondly, the participants spoke fluent Urdu and had a good understanding of English, which helped in conducting the interview easily as the participants spoke freely and vividly shared their lived experiences. Thirdly, Pakistan lacks in the research work on the topics related to GDM. According to our knowledge, there are few researches on this topic. Hence, this current study is one of the few researches to explore the lived experiences of multigravida females with GDM in Pakistan, making its importance more validate. As pregnancy is considered as a Taboo topic to discuss openly in Pakistani, the current study has given a platform to the females to share their experiences regarding GDM in pregnancy more openly with full ethical considerations taken. The findings can be applicable to other socio economic groups as the participants had the majority of the participants had a master's, bachelors or inter as their educational background.

LIMITATIONS

However this study also has its own setbacks as well. First, even though GDM is a very common obstetric complication, it was quite hard to find females participants who fulfill the inclusion and exclusion criteria. Secondly, as the women are multigravida females, which means being pregnant more than once, the women had previous experiences of pregnancy with GDM and were interviewed a few months or year or so after their previous pregnancy, causing a chance of recall bias. Thirdly, few of the interviews were conducted through phone calls, hence all of the verbal and non-verbal expressions couldn't be observed nor any visual aids were used to assist the participants. The amount of interview time, which was 35-45 minutes per participant is also counted as a limitation as the women were in the state of pregnancy in which it was harder for them to sit comfortably and answer the questions. As the participants were informed about the type of research work and information beforehand through consent form, the findings of the current research could be affected by the self-report and social desirability bias by the female participants.

Implications

Clinical Implications

These findings suggest that lived experiences of the Multigravida women are similar as they have shared more or less similar experiences. According to one of the researches in literature by Helmersen et al., (2021), showed the disrupted mental health and reaction to diagnosis were similar to the results found in the current study, making this study to support this theme. Hence, mental health is crucial for pregnant women and for future, it should be targeted in the treatment management of pregnant women with GDM. Women should be encouraged to develop an active lifestyle with physical activity and a healthy eating habits. The current study showed this differently in Pakistani settings as being active means "taking

care of the house and kids rather than any physical exercise such as walk or exercise". In a study by Hegaard et al., (2007) studied the effects of physical activity on pregnancy as the women who performed physical activity not only had a better and healthy outcome but also helped in improving the emotional wellbeing and decreased the stress and anxiety level of the women. The current research also found the having family history of diabetes is one of the prognostic factors behind the development of GDM in pregnant women. This could be helpful in clinical settings as screening for GDM should be essential in finding out the history of diabetes in the patient's family. The current is supported by one of the studies from literature by Moosazadeh et al., (2017) meta-analysis study reveals that having a family history is an important factor behind the development of GDM.

Research Implications

There is a lack of research investigating the lived experiences of the women with GDM especially in the context of its impact on mental health. However, the implications of the current study as a results of the present findings can guide future researchers and mental health professionals to target this to promote well-being of the women with GDM. Our study can be further used on GDM and experiences of pregnant women. As mentioned before, the research lacks in this field, so it could become a more exploratory topic in future.

RECOMMENDATIONS

Future recommendations are necessary in order to explore this context of GDM. One of the future recommendations is to conduct an extensive research in relation with mental health as the current research is focused more on the lived experiences including mental health impact with glucose monitoring and diet, challenges etc. However, we were not able to explore the relation of self-efficacy or self-esteem in the study. As the current study took place in Pakistani settings, women had full support from their family members in this crucial

time of pregnancy. However, it is important to give proper counseling sessions regarding GDM care to the family members as there isn't much awareness about this to the family members. One of the participants shared their experience about the poor quality of care by the doctors, as lack of screening caused her miscarriage. It is recommended that a proper screening for GDM must be compulsory for all the pregnant mothers. The pregnant women should be explained the proper ways on how to manage their GDM and should be prescribed important medications and supplements. It is hoped that these findings will effectively inform policy in delivering health care.

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APPENDIX/ANNEXURES

Appendix A

Interview Guide

Research Questions

5. What are the experiences of pregnant women with GDM?
6. What are the challenges faced by pregnant women with GDM?
7. What effect does getting diagnose with GDM has on mental health and self-efficacy of pregnant women?
8. How pregnant women with GDM feels about self-monitoring of glucose and controlling of diet?

Interview Questions

Neutral Initial Questions

- How long you've been married?
- So you are living in a nuclear family or a joint family?
- How is your pregnancy going? How are you feeling?
- How did you respond to learning that you had been diagnosed with GDM?
- How was your pregnancy journey with GDM with all of your kids?
- Which sort of physical changes have you experienced after you got GDM?
- Which emotional and mental changes have you experienced after you got GDM?
- During your last pregnancy & current pregnancy, have you often been bothered by feeling depressed, down or hopeless?

- Being diagnosed with GDM, do you fear giving birth (tokophobia), knowing that GDM affects the unborn baby as well?
 - During your pregnancy, did you ever feel like a failure, guilty, ashamed, worthless etc?
 - Do you ever feel anxious and worries keep coming to your mind about your diabetes and your baby being affected by this?
 - On the scale of 1-5, how would you rate your mental health in this pregnancy as well as the previous one?
 - Are you able to cope with your mental health during pregnancy with GDM?
 - How did you manage your GDM?
 - How does GDM affect you and your relationship with family and work?
 - What did you feel at the beginning when you got diagnosed with GDM?
 - What is your routine now for breakfast, lunch and dinner?
 - Do you think diet is effective in controlling your diabetes?
 - How active you are? On scale of 1-5, how active and fit would you describe yourself?
 - How often do you check you self-check your blood-sugar?
 - Do you keep a track of blood sugar on a log book?
 - Okay then. Thank you so much for the interview. For your time and cooperation.
-

Appendix B

Demographic Information Sheet Form

Variables	Category (Range)	Participant 1
Name		
Age in Years	<ul style="list-style-type: none"> ➤ >18 ➤ 21-30 ➤ 31-40 ➤ 41-50 ➤ <50 	
Education	<ul style="list-style-type: none"> ➤ O/A Levels, Fsc/FA ➤ Bachelors ➤ Masters 	
Occupation	<ul style="list-style-type: none"> ➤ Government Job ➤ Private Job ➤ House Wife 	
Body Mass Index (BMI)	<ul style="list-style-type: none"> ➤ Underweight Normal Weight ➤ Overweight ➤ Obese 	
Number of pregnancies	<ul style="list-style-type: none"> ➤ 1-2 ➤ 2-4 	
Number of Miscarriages	<ul style="list-style-type: none"> ➤ 0 ➤ 1-3 	
Number of Abortions	<ul style="list-style-type: none"> ➤ 0 ➤ 1-3 	
Number of Vaginal Delivery	<ul style="list-style-type: none"> ➤ 1-2 	

- 2-4
 - Number of C-Section**
 - 1-2
 - 2-4
 - Average weight of babies**
 - < 3 kgs
 - 3kgs
 - > 3kgs
 - Medication for Diabetes**
 - Insulin
 - Tablets
 - Supplements**
 - No supplements
 - Multivitamins
 - Calcium and folic acid
 - Diabetes Aggravate**
 - Yes
 - No
 - Diabetes Persist**
 - Yes
 - No
 - Family History of Diabetes**
 - Yes
 - No
-

Appendix C

Informed Consent

 Kinnaird College for Women	FOR OFFICIAL USE ONLY
	Participants Initials <input data-bbox="1145 555 1216 609" type="text"/> <input data-bbox="1232 555 1302 609" type="text"/>

INFORMED CONSENT FOR CLINICAL INTERVIEW

INTERVIEWER: Sibra Amjad

My name is Sibra Amjad. I am a Student working on an undergraduate degree in Applied Psychology from Kinnaird College for Women. By agreeing to this consent form, you have given permission to me to conduct a clinic interview with you. Please fill out this consent form. Your honesty will allow me to begin to understand your unique and personal needs. Will make sure that the information that you a share with me, stays private and confidential.

WHAT IS AN INDEPTH INTERVIEW?

An in-depth interview is a conversation set between an interviewer and an interviewee that intends to explore different perspectives and viewpoints of interview on a particular topic. The interview can be structured, semi-structured, or unstructured. Emphasis is usually placed on open-ended questions with the focus being on the interviewee. The questions can be changed throughout the flow of the interview.

PURPOSE OF RESEARCH:

The purpose of this study is to explore the lived experiences of multigravida females with gestational diabetes mellitus. You have been asked to participate in this research study. You will be required to give an interview with personal questions about your pregnancy etc. The results will be used in my honors thesis and may be included in an article submitted in an academic or medical journal.

CONFIDENTIALITY:

Any information about the participant regarding the interview will remain confidential and will be disclosed by your permission as disclosed by the law. The participants name apart from the consent form will not be recorded in any other form e.g. questionnaires or even in computer files. The participants name will recorded with just a digit code or alphabetical initials which will be used in other forms or any of computer files. The Participants name and personal information won't be revealed in any form.

RIGHT TO WITHDRAW:

You have full right to withdraw at any moment if you don't want to be a part of this interview. You'll just have to inform it beforehand to the interviewer and Information regarding you will be deleted.

PLEASE TICK THE FOLLOWING INFORMATION:

I can confirm that I have thoroughly read and understood the information sheet and have had the opportunity to ask questions.

I am aware that my participation is entirely voluntary and that I may withdraw at any time without giving a reason and any negative consequences. In addition, I am free to decline if I do not wish to answer any particular question or questions.

I am aware that my responses will be kept completely private. I understand that my name will not be associated with the research materials and will not be mentioned or identified in any of the research reports.

I consent to the recording of this interview on tape. I am aware that the audio recording of this interview will only be used for analysis, and that extracts from the interview, from which I would not be personally identified, maybe used in conference presentation, report, or journal article produced as a result of the research, I am aware that the recording will not be used in any other way without my written consent and that the original recording not be accessible to anyone outside of the research team.

I completely agree to take part in this interview.

_____	_____	_____
Name of participant/Interviewee	Date	Signature
_____	_____	_____
Interviewer	Date	Signature

Copies: *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form. A copy of the signed and dated consent form should be placed in the main project file which must be kept in a secure location.*

Appendix D

Transcribed Interviews

PARTICIPANT 1

INTERVIEWER INFORMATION:

Name: SA

Gender: Female

Age: 23

Marital Status: Single

Occupation: Student

Education: Bsc.H in Applied Psychology

Religion: Islam

Nationality: Pakistani

INTERVIEWEE/PARTICIPANT INFORMATION:

Name: MF

Gender: Female

Age: 26

Marital Status: Married

Occupation: Housewife/Mother

Education: FA

Religion: Islam

Nationality: Pakistani

TRANSCRIBED INTERVIEW:**Interviewer:** SA**Interviewee:** MF**Date of interview:** 21/01/2023**Medium of interview:** Face to Face

[Begin Transcript 00:01:30]

SA: Acha app mujhe yay batayain appki umer kia hai?**MF:** 26**SA:** 26. Theek hai aur appki education?**MF:** Meri FA.**SA:** Aur housewife hain?**MF:** Jee**SA:** Aur appka weight kia aya hai abhi?**MF:** 96-97 kgs,**SA:** Acha yay appki second pregnancy hai?**MF:** Jee.**SA:** Aur isse pehlay koi abortion, miscarriage hua wa ho?**MF:** Nhi nhi.**SA:** Acha tu appki peechli pregnancy thi woh normal thi yah C-section?**MF:** Normal tu mainay appni himmat par karwai thi. Delievery se 2 din pehlay meri beti meray pait main foat hogai thi. Meri na sugar level bohat ziada tha. 2 din delievery se pehlay bacha bikyl theek tha. Wazan bhi usska acha tha lekin pait main who issi liyay foat hui kiunke doctor nay bataya kay mujhe sugar or blood pressure ka masla tha.**SA:** Nhi tu appko yay baat pehlay nhi maloom thi?

MF: Nahi mujhe pehlay nahi maloom thi. Jab mainay pehlay saare tests karwaye thay na. Na blood pressure ka masla tha or na sugar ka. Jab nine month start hua haina tu mainay check bhi nahi karwaya kay mujhe hai he nahi. Meri dono he level khatrak thay kay meri bachi bhi mar gyi.

SA: Oh acha sahi.

MF: Phir mujhe doctor nay kehna, aik hoti hai pre-diabetes jo pregnancy main hoti hai.

SA: Gestational diabetes issko kehte hain.

MF: Haan jee tu baad main jab doctor kay pass ayi tu mere stiches nahi khol rhay thay halakay normal he hua tha or unho nay stiches ziada laga diyaya thay. Main pehlay kahin aur jati thi lekin end time par tabyat ziada kharab hogai. Mujhe pata nahi chala meri movement nahi ho rhi tu jab main gyi tu unho nay kaha kay bacha 1-2 ghante pehlay he pait main foat hogia hai. Sirf 2 din rehte thay delivery main. Doctors bhi hairaan thay kay itna sehat mand bacha tha phir bhi nahi bacha.

SA: Diabetes thina. Allah taala appko himmat de. Appki yay wali pregnancy bhi khariat se guzre. Ameen

MF: Haan jee ameen. Mainay who nine months kaisay nikale woh mujhe pata hai.

SA: Main khud yahi kehti hoon kay app itna arsa appne adnr palte ho aur aisay kuch hojayay.

MF: Main tu kehti hoon jisko Allah aulaad de sehat wali zindagi wali de. Phir main usske baad yahan ayi tu unho nay kaha kay appne sugar kay tests karao. Sugar level ana tha 7.0. Mera 7.1 tha. Tu unho nay kaha tha kay ho chuki hain diabetes.

SA: Yay unho nay peechli dafa kaha tha yah abb?

MF: Yay peechli dafa kaha tha.

SA: Tu abb appki kia chal rhi hai?

MF: Woh abb tu mere saare tests waghera ja rhay hain. Khali pait wala fasting main mera 141 mg aya tha, tu who keh rhi thin kay ziada hai yay.

SA: Haan ziada hai Acha appko kuch yaad hai tu peechli appki beti hui thi usska wazan kia tha?

MF: Usska wazan tha shaid 4 ½ kg kehte thay.

SA: Theek hai.

MF: Aam bache se who ziada sehat mand thi.

SA: Haan hoti hai pregnancy main with GDM. Acha peechli dafa appko pata chala that tu bohat end tha appki pregnancy ka tu iss dafa koi medicine, inusilin hai?

MF: Insulin tu abhi filhaal nhi le rhi Glucophage le rhi hoon.5 mg.

SA: Aur usske saath koi supplements yah multiviatmins le rhi hain?

MF: Haan jee who bhi le rhi hoon.

SA: Acha theek hai abhi appka konsa mahina chal raha hai?

MF: Aabhi teen din hoyi hain 6 month start hoye way.

SA: Acha tu jo appki diabetes abhi hain woh bohat ziada hain yah normal rehti hai?

MF: Kabhi tu 120, kabhi 150, 180, Khanna kha kar itni ajati hai.

SA: Tu subha fasting kay time par tu nhi?

MF: Main fasting main itni check nhi karti. Khamne kay baad karti hoon. Kiunke fasting main kaam he aati hai.

SA: Fasting main logon ki ziada he aati hai aksar. Appki peechli pregnancy kay baad appko rhi hai diabetes?

MF: Meri theek hogai thi. Abb preganancy main dubara shuru hogai hai.

SA: Acha family history main tu nhi hai, ammi abu ko?

MF: Meray abu ko hai, meri ammi ko nhi hai. Abu ko hai, susar ko hai, jhait ko hai.

SA: Family main ho tu for sure aati hai.

SA: Appki shadi ko kitne saal hogaye hain?

MF: Meri shadi ko teesra saal ka start hai.

SA: Aur joint family main rehti hain?

MF: Jee jee, joint family. Cousin marriage hai.

SA: Acha tu jo abhi apki diabetes diagnose hui hain tu appka kaisa experience raha hai? Din kaisa guzarta hai? Koi masail tu nhi ayay?

MF: Nhi Allah ka shukr hai peechli pregnancy kay baneesbad yay achi hai.

SA: Kiunke appko diabetes ka pata tha?

MF: Nhi pata bhi tha lekin woh pregnancy bohat mushkil thi. Na mera khamne ko dil karta tha a mujhe neend aati thi. Main nhi sooti thi. Kabhi dil kharab hota tha kabhi kuch. Allah ka shukr hai iss dafa system theek hai.

SA: Acha iss dafa aur peechli dafa app zehni toar par upset tu nhi hui thin?

MF: Zahir si baat hai last time jab last month main main iss sadme main guzre tu hua mujhe. Upper se pehla bacha tha aur itni mehnat lagi wi ho aur uska phal na mile.

SA: Iss dafa tu koi zehni dubao ka shikaar? Like jab diabetes waghera diagnose hoon tu woh upset ho jati hain.

MF: Nhi mujhe abb koi as such tension nhi hai. Bas Allah se yahi dua hai kay mujhe sehat wala day.

SA: Acha koi jismani changes mehsos hui hain iss pregnancy main diabetes kay baad?

MF: Bhook piyass bohat lagti hai. Raat kay time haath paon main suiyaan si chubti hain.

SA: Acha iss dafa jo masail hooyain aur pehle hui hain isse family main tu koi issue nhi bana?

MF: Nhi nhi aisay koi issue nhi hoye.

SA: Appka kia reaction tha jab apko pata chala kay appko diabetes hain?

MF: Haan hui hai tension kion nhi hui. Abhi tub ache bhi nhi hue.

SA: Yay aik khamooshi bemari hai. Chup kakrke kaam karti hai.

MF: Haan jis par guzarti hai ussko he pata hota hai.

SA: Bp ka masla tu hi hua?

MF: Haan bp ka bhi thora bohat issue chalta rehta hai.

SA: Acha app sara din kia khati hain? Subha, duphar sham ko?

MF: (Laughs) roti. Zahir hai fruit tu khas nhi sakti. Bas kinnow kha sakti hoon ussmain sugar nhi hoti.

MF: Kinnow, musami aur who green colour wala apple yah amrood.

SA: Aur roti waghera kitni leti hain?

MF: 1 he pait bhaar ke.

SA: Aur bheech main bhook tu nhi lagti?

MF: Yay jo main goli khati hoona yay bhook ko kaam karti hai.

SA: Acha isse pehlay lagti thi.

MF: Haan lagti thi. Actually isse pehlay mujhe pcos ka masla bhi hua tha jiski wajah se mujhe conceive karne main issue aya thora. Mainay treatment karwaya.

SA: Pehle bache ki bari yah dossri?

MF: Dosre kay bari.

SA: Acha appka yay sixth month hai tu usske hisaab se batayain app kaisa mehsos karti haiin tawanai yah thakan?

MF: Thakan tu as such nhi mehsos hoti.

SA: Aghr main appko kahoon 1-5 number hai, 1 sabse kaam aur 5 sabse ziada, tu appne appko kitna physically fit mehsos karti hain?

MF: 3.

SA: App appni sugar check karti hain?

MF: Haan jee karti hoon. Regular nhi check kr rhi, har dosre teesre din.

SA: Doosre teesre din check karti hain tu lekh kar rakhti hain?

MF: Haan jee log book hai.

SA: Acha aur koi aisa zehni dubao yah kuch?

MF: Mujhe ghussa ajata hai. Like mere bas main nhi hai.

SA: Acha diabetes hain tu appne appko kaisay chala rhi hain isske saath?

MF: Itna masla nhi hota abb handle karleti hoon. Pehlay hota tha lekin abb samjh agai wi hai. Lekin meri vein bohat bariq hai tu zindagi moat kay barabar wala hisaab hai jab mainay appna test karwana hota hai. Kiunke vein nhi milti kisi ko.

SA: Pehle bhi tha yah abb?

MF: Pehle bhi tha lekin abb thora ziada hogiya hai after sugar.

SA: Dr nay appko koi diet plan waghera tu nhi dia wa?

MF: Nhi nhi abhi sirf itna kaha hai kay goli se kaam chalao kiunke yay ziada tar last main tang karti hai.

SA: Koi aur baat app mujhe batana chahe? Wrazish waghera karti hain?

MF: Haan jee main walk karti hoon addha ghanta aur bohat relax feel karti hoon koi zehni dubao.

SA: Acha appko aisa lagta hai kay app appne appko ko buara bhala kaehta hian naraz hote hain?

MF: Banda appne zehan main yay baat betha lay na kay wohi hona hai jo Allah nay chahna hai. Jab hamara imaan kamzoor hota haina tu ham bolte hain. Toone se bhi kuch nhi hona. Bas Insaan Allah se madad mange use nay he sab karna hai. Mujhe itna yaqeen tha kay Allah ko kaha tha umrah karne jaongi tu aulaad de dain aur main umrah karne jane se 2 months pehlay he pregnanant hogai halakay mujhe koi umeed nhi thi. Dr par gyi and ussko bataya kay tabyat nhi theek rehti. Ussne ultrasound kia tu pata chala kay dosra month hai. Pcos ki wajah se pata nhi chalta.

SA: Haan pcos main pata nhi chalta. Hormonal imbalance tha?

MF: Haan hormonal inbalance tha aur phir 6 months ka treatmenet tha aur main 3 main he pregnant hogai.

SA: Ahaan theek theek. Chalain bohat shukria interview ka appka bohat.

PARTICIPANT 2**INTERVIEWER INFORMATION:**

Name: SA

Gender: Female

Age: 23

Marital Status: Single

Occupation: Student

Education: Bsc.H in Applied Psychology

Religion: Islam

Nationality: Pakistani

INTERVIEWEE/PARTICIPANT INFORMATION:

Name: HU

Gender: Female

Age: 36

Marital Status: Married

Occupation: Housewife/Mother

Education: BA

Religion: Islam

Nationality: Pakistani

TRANSCRIBED INTERVIEW:**Interviewer:** SA**Interviewee:** HU**Date of interview:** 24/01/2023**Medium of interview:** Face to Face

[Begin Transcript 00:02:30]

SA: Acha app appni umer bata sakti hain?**HU:** Yes 35-36.**SA:** Acha appka abhi weight kia aya tha?**HU:** 72 kgs.**SA:** Pechli pregnancy se abb compare karain tu ziada hai yah kaam hai?**HU:** Thora sa ziada hai.**SA:** Acha yay appki konsi pregnancy hai?**HU:** 3rd pregnanacy. Miscarraige hua tha aik.**SA:** Miscarriage aik he hua wa hai?**HU:** Jee.**SA:** Koi abortion waghera?**HU:** Nhi nhi.**SA:** Aur jo peechli saari delieveries hui hain who normal thin yah Ceasearean?**HU:** First wali tu ceaseren thi aur dosra miscarriage tha. Abb dekheain teesri main kia hota hai.**SA:** Acha appki pehli beti hui hai?**HU:** Haan jee.**SA:** Tu usska kia weight tha jab who paida hui thi?

HU: Underweight he thi. 3 pounds kuch iss trhan kit hi.

SA: Aur abhi app koi dawaiyaan yah insulin waghera le rhi hain?

HU: Haan insulin le rhi hoon 3 time.

SA: Dwaiyaan kha rhi hoon pregnancy ki. Diabetes kin hi hai. Sirf insulin.

HU: Multivitamins calcium waghera dia wa hai?

SA: Aur appki jo diabtes hain who ziada rehti hain yah aik he jagha?

HU: Normal nhi rehti. Kuch points upper chali jaati hai.

SA: Abhi kis tarhan ki jar hi hai?

HU: Abhi jo test karwaya tha ussmain ziada ayi thi.

SA: Appki family main bhi hai?

HU: Haan jee meri mother ko hai.

SA: Acha pehli beti kia bari hua that u kaisa raha tha appka experineece?

HU: Controlled rehti thi lekin jab pata chala tha uss waqt nhi samjh aati thi.

SA: Tu appko jab pata chala tu uss waqt kaisa mehsos hua?

HU: Main samjhti thi kay shaid mera bp low hai, bhook lagti thi lekin who sugar nikali.

SA: Acha, appki third pregnancy hai tu appki jab se diabetes diagnose hui hain and bheech main isske saath kaisa experineece raha with pregnancy.

HU: Haan yay hota tha kay koi masla na ho yah aisi waisi baat sewaye uss miscarriage kay. Miscarriage kay time main theek he thi lekin appne routine checkup kay liyay gyi tu pata chala masla hai. 3rd month tha.

SA: Aur usski wajah diabetes he thi?

HU: Haan jee diabetes thi.

SA: Acha jab appko pata chala tha kay appko diabetes hain shaid kay 8-9 mehane baad, tu appko kaisa mehsos hua tha kay iss umer main aisa masla who pregnancy main?

HU: Acha tu nhi lagta, Lekin jo cheez Allah nay de hoti hai who qabool karni parti hai theek hai. Mere miyay nay mera bohat saath dia hai. Mere ghr waloon nay, susral waloon nay bohat saath dia hai. Unho nay kaha kuch sooche ki zaroorat nhi hai.

SA: Koi appne tension tu nhi le? Depressed feel kia ho?

HU: Haan hua tha jab miscarriage hua thana.

SA: Appki shadi ko kitne saal hogaye hain?

HU: 9 saal h gaye hain.

SA: Joint family main rehti hain yah alag?

HU: Joint main he.

SA: Jo physical body changes hote hain throughout appki saari pregnancies main woh kaisay rhay?

HU: Weight main tu as such koi aisa asar nhi parha lekin pains hoti haina jism main jaisay mujhe abhi bhi back pain hai, yay rehti hai. Bhook bohat mehsos hoti hai, khanne kay 2 ghanton baad aik dam bhook lagti hai tu hota hai halka phulka kuch kha loon.

SA: Fasting aur non-fasting main appni sugar check kiwi hai?

HU: Kiwi hai. 100 se bhi neeche chali jati hai yahan tak kay 36 tak bhi gyi wi hai.

SA: Pregnancy main jati hai normally bhi?

HU: Dono main jati hai. Abhi mainay jo kal test karaya haina ussmain thi. Mujhe aksar raat ko 12 bajay kay baad bhook lag jati hai tu main phir kuch khati hoona tu theek rehti hai warna khali pait down jati hai.

SA: Meetha ziada pasnd hai?

HU: Fruits juices waghera.

SA: App zehni toar par tu upset nhi hui?

HU: Nhi nhi as such nhi kiunke banda soochoon main par jayena tu baat agay se agay nikali aati hai. Mera miyaan bohat khiyal rakhta hai tu sara credit unko jata hai.

SA: App issko manage kaisay karti hain? Ki akhati peeti hain? Kia mana hai kia kha sakti hain?

HU: Juices waghera mana hain, cold drinks mana hain. Shehad main leti nhi. Chai bhi pheeki peeti hoon. Subha nashte main egg boil karke le leti hoon. Kabhi dil karay tu paratha bhi half le leti hoon. Isske elawa duphar ko aik roti saadi with salan aur salad. Dr nay yay kaha wa hai. Shaam ki chai phir hoti hai aur saath kuch bhi nhi. Aur raat ko bhi aik roti aur salan.

SA: Abhi aisy kha pee rhi hain lekin app keh rhi hain kay main thaaki thaaki hoon?

HU: Ajj kal main fruits nhi le rhi. Sugar ziada ho jati hai lekin musami achi hai. Kabhi apple kha leti hoon kabhi banana.

SA: Diet se kia appko lagta hai appki diabetes contolled rehti hain?

HU: Haan kaafi time par controlled hoti hai lekin choor doon tu sugar upper neeche ho jati hai.

SA: Insulin laga kar kitni rehti hai?

HU: Insulin laga kar khanne kay thori dair baad 200 tak hoti hai. Raat ko 100 smth thi. Fasting main bhi ziada hoti hai lekin 200 se kaam.

SA: Khud he check karti hain yah ghr main appko koi yaad karata hai?

HU: Khud he check karti hoon. Glucometer rakha wa hai.

SA: Kahin record rakha hota hai?

HU: Haan jee main saath saath lehkti hoon.

SA: Kitna appne appko active mehsos karti hain with pregnancy and gdm?

HU: Last month tak main sahi thi. Abhi mera 8th month chal raha hai. 7th month tak mujhe kuch bhi feel nhi ho raha tha. Abb mujhe dard hoti hai. Ziada dair tak beth nhi sakti. Abb thakawat mehsos hoti hai.

SA: Diabetes kay saath appko aisa lagta hai pregnancy ziada tough ho jati hai?

HU: Nhi nhi as such nhi kuch.

SA: Exercise waghera dr nay de wi hai appko koi?

HU: Actually mera room na upper wale portion main hai, tu who siriyaan char kar he bohat warzish ho jati hai.

SA: Acha chlain end he hai discussion ka, aur koi aisi baat app batana chahe appne experience ki? Abhi wale checkups kaisay chal rhay hain?

HU: Ache chal rhay hain shukr Alhamdulillah.

SA: Allah khair ka waqt late ameen. App appna khud bhi bohat khiyal rakh rhi hai tu achi baat hai kay app positive hain.

PARTICIPANT 3**INTERVIEWER INFORMATION:**

Name: SA

Gender: Female

Age: 23

Marital Status: Single

Occupation: Student

Education: Bsc.H in Applied Psychology

Religion: Islam

Nationality: Pakistani

INTERVIEWEE/PARTICIPANT INFORMATION:

Name: AR

Gender: Female

Age: 27

Marital Status: Married

Occupation: Housewife/Mother

Education: B.com

Religion: Islam

Nationality: Pakistani

TRANSCRIBED INTERVIEW:**Interviewer:** SA**Interviewee:** AR**Date of interview:** 25/01/2023**Medium of interview:** Face to Face

[Begin Transcript 00:01:15]

SA: Appka weight abhi currently kia chal raha hai?**AR:** 132kgs. Overweight hai in this pregnancy.**SA:** Hojayga theek IA. Isse pehlay appki kitni pregnancies rhi hain?**AR:** Isse pehlay sirf 1 he.**SA:** Usske elwa koi misscarge yah abortion hua wa ho?**AR:** Haan jee last pregnancy mera miscarriage he tha.**SA:** Iss pregnancy main with GDM, App konsi medications le rhi hain as in inlsuin yah koi tablet?**AR:** Iss dafa mujhe dr nay glucophage de hai jo din main 2 baar leti hoon, subha sham.**SA:** Aur isske elawa koi aur supplments koi vitamins waghera?**AR:** Aisay tu yaad nhi hai lekin mentioned hain meri file main.**SA:** Appki diabetes persist karti hain yah aggravate?**AR:** Starting main bohat he ziada aggravate karti thi jab pata chala. Mujhe insulin recommend ki gyi thi kiunke fasting main 119 arahi thi meri blood sugar. Tu phir usske baad control kia mainay Lekin abhi bhi bohat dehan rakhna parta hai.**SA:** Lekin usse bohat better hai?**AR:** (laughs) zahiri se baat hai.**SA:** Family history hai diabetes ki?

AR: Haan jee hai. Meray parents dono diabetic hain. Acha iske elawa mere husband ko bhi rhi hai. Like unki borderline par hai lekin hai.

SA: Acha actually I want to ask your experience about pregnancy with gdm like jab appko diagnose hui tu what was your reaction about it?

AR: Main bohat ziada depressed hogai thi. 1 dhair mahina main aisi he rhi hoon. Mujhe saath bp ka bhi issue hai and jab dono cheezain saath hogai tu baby main bhi complications arahi thin jaisay kay baby ki heartbeat nhi aati thi bilkul. Pehlay bhi miscarriage hogia wa that u bas zehan main baat aati thi ay baby ko abb na kuch ho jayay.

SA: Yay kabki baat hai?

AR: Jab meri preganancy ka 3 month tha. Wisay 2. Something that u dr nay kaha tha aghr third month tak heartbeat na ayi tu phir hamain dekhna parega kay kia issue hai. Na bp control ho raha tha aur na sugar. Phir yay sab kuch demagh par sawaar karlia. Raatoon ko so nhi pati thi. Depressed rehti thi. Usske liyay bhi dr nay medicine de thi.

SA: Acha konsi wali?

AR: Yaar mujhe yaad nhi hai. Mainay who one week khai thi tu mujhe yaad nhi hai.

SA: Like how did you cope with it?

AR: Bas yaar mujhe neend nhi aati thi aur main bohat ziada roti thi. Mujhe samjh nhi aati thi kay main kion itna roti hoon. Jab doctor kay saath discuss kia tu unho nay yahi kaha kay appki yahi tension hai aur koi nhi. Yahi kaha kay app koshish karain aur iss baray main na soochain aur.

SA: Koi family pressure tu nhi aya na appko?

AR: Basically yay hai kay meri family itni koi bari nhi hai tu saare bohat understanding hain. Meri mother in law and sab.

SA: Acha after your gdm, appko koi physically changes lagay internally externally?

AR: Waisay tu mujhe morning sickness bohat zida thi. Aisay lagta tha kay utha nhi jar raha. Neend aati bhi nhi thi lekin lagta tha kay arahi hai. Aur iske elawa jaisay thakawat eventhough aisa nhi tha kay main kahoon kahin body main pain thi lekin aisay lagta tha kay pata nhi mainay kitna koi kaam karlia ho. Fatiguness thi. Ajeeb se tabyat thi. Samjh nhi aati.

SA: It was a mixture of everything na.

AR: Yes aisay he.

SA: Kabhi kisi se koi kuch sare kia ho?

AR: Husband poochte thay. Unko lagta tha kay jaisay kisi nay ghr main kuch keh dia ho. Dubara poochte thay kay koi aur problem hai. Main kehti thi nhi. Kehte thay mama ki side par koi problem hai aur main kehti thi nhi (laughs).

SA: Pregnancy main waisay he bohat ziada mood swings hote hain.

AR: Haan exactly bohat ziada. Emotional changes bhi itne.

SA: Frequent rehte thay mood swings and all, abb kaisay hain?

AR: Abb tu main bilkul theek hoon. Abb nhi hote itne mood swings. Abb sab set hai. Abb main ussi zone main hoon. Pehlay chill thina. Abb chill he rehti hoon dubara. I am a chill person.

SA: Yay tu bohat achi baat hai.

SA: GDM jab diagnose hua that u id it affect your relationship with your family and husband at all?

AR: Nhi nhi aisa kuch nhi hua.

SA: Acha appki routine kia hai khanne peenay ki?

AR: Acha woh aisay hai kay main subha dahi khati hoon. Kiunke pehlay mujhe constipation ki problem rhi hai tu main woh drops ussmain dal kar lati thi. Warna koi fruit le leti hoon. Subha itna koi dil nhi karta. Halakay main chai ki bari koi addictive thi lekin abb bardasht nhi hoti. Doodh pati se kuch hona shuru hojata hai. Thandi cheez doadh, dahi, fruit ziada acha lagta hai. Fruit jin main sugar ziada thi who unho nay mana kit hi lekin waisay I am allowed to eat.

SA: Aur waisay lunch dinner main kia khati hain?

AR: Duphar ko tu wohi jo bana hota hai wohi khati hoon. Roti chawal etc. Aur dinner main bhi yahi. Dinner main aghr koi craving ho tu usske accordingly.

SA: Yay jo appki diet control karwai hai issne role play kia ho in controlling your diet?

AR: Haan jee yes definitely.

SA: Physical exercise koi dr nay batai hui ho?

AR: Dr nay bas kaha tha app chaplain phirrain bohat ziada. Abb bola hai kay bed rest karain lekin pehlay chalne phir ka kehte thay.

SA: Aur blood sugar khud check karti hain?

AR: Haan jee khud check karti hoon.

SA: Aur koi log book rakhi wi hai?

AR: Haan yes. Who dr ko dekhana hota haina tu main sara pura chart banati hoon.

SA: Koi lifestyle changes kiyay hoon appne?

AR: Bas raat ka he hota hai. Neend nhi aati tu usske liay karti hoon kuch na kuch.

SA: Acha end par koi aur cheez app batana chayay?

AR: Bas yahi tha kay first pregnancy mushkil thi who phase mushkil tha.

SA: Acha chaplain thank you so much for the interview. Appke pregnanacy khariat se guzre.

PARTICIPANT 4**INTERVIEWER INFORMATION:**

Name: SA

Gender: Female

Age: 23

Marital Status: Single

Occupation: Student

Education: Bsc.H in Applied Psychology

Religion: Islam

Nationality: Pakistani

INTERVIEWEE/PARTICIPANT INFORMATION:

Name: M.A

Gender: Female

Age: 28

Marital Status: Married

Occupation: Housewife/Mother

Education: Masters

Religion: Islam

Nationality: Pakistani

TRANSCRIBED INTERVIEW:**Interviewer:** SA**Interviewee:** M.A**Date of interview:** 14/03/2023**Medium of interview:** Through phone call

[Begin Transcript 00:00:47]

SA: Appka abhi current weight kia hai?**M.A:** Abhi mera 101kg. Overweight hoon main**SA:** Yay iss baby kay bari hua yah peechli pregnancy main?**M.A:** Main takreeban shuru se he obese hoon.**SA:** Acha yay appki second pregnancy hai? Isse peglay koi misscaraige yah abortion hua ho?**MA:** 5th pregnancy hai yay meri.**SA:** Oh acha 5th hai. Tu appke kitne bache hain?**M.A:** Mera bas aik he beta hai. Mere miscariages and premature birth hui wi hai babies ki.**SA:** Acha jo isse pehlay baby hua wa hai usski kia thi normal delieevry kay through yah C-Section?**M.A:** Jo shuru ki pregnancies thi yah baby jo hai?**SA:** Abhi jo beta hai appka.**M.A:** 12 hours labour pain kay baad yay nhi hua that u emergency C-section hua tha.**SA:** Aur appka jo beta hai pehlay usska weight kia tha jab woh paida hua tha?**M.A:** 3.5kg**SA:** Acha appko iss baby ki bari bhi diabetes hai and bete kay bari bhi tu usse pehlay miscarriages dnc hui uss main bhi thi?**M.A:** Diagnose mujhe third pregnancy main hui thi.

SA: App peechle baby ki bari koi insulin yah tablet waghera leti thin?

M.A: Haan jee Glucophage bhi thi aur insulin bhi thi.

SA: Supplements waghera tu hoongay na. Multi-vitamins folic acid waghera.

M.A: Haan jee thay.

SA: Acha jab jab bhi gdm diagnose hui hai tu kia who ziada rehti thi yah persist karti thin?

M.A: Jab meri third pregnancy thi jab diagnose hui thi tu meri fasting main high he rehti thi lekin insulin waghera use nhi ki thi and Glucophage. Aur jo premature baby hui thi uss waqt bhi thin aur iss dafa bhi dono use kar rhi hoon insulin after five months kiunke aggaravte kar jati hai kabhi kabhi.

SA: Insulin se tu balance out ho jati?

M.A: Haan lekin jo ham food lete hain usska bohat participate ho jata hai issmain jaisay rice hain startchy food hote hain carbohydrate hote hain tu usse sugar tu obviously high hoti hai.

SA: Appki koi family history hai diabetes ki?

M.A: Haan jee meri mother ko thi. Father ko nhi.

SA: Theek hai. App pregnancy main pehlay he stressed out hote ho tu with gdm appka kaisa experience raha aur appki menta health kaisi rhi?

M.A: Mental health tu no doubt bohat ziada affect hoti hai. Two factors hote hain. App insecure feel karte ho aur bohat ziada conscious hoti ho. Aur isski wajah se na chahte way bhi appke mizaaj aur tabyat main chir chira pan ata hai. Aur physically baat ki jayay tu diabetes ki wajah se bohat ziada physical body pains hoti hain. Joint main hoti hai pain. Phir yay bhi stress hota hai kay kia khayain kia na kahayain. Dr ko hota hai kay app appni diet strictly follow karain. Upper se tabyat aisi ho jati hai kay kabhi kuch kahany ko dil kr raha hota hai aur kabhi bilkul bhi nhi. Cravings hoti hain. Routine se haat kar kha loon tu diabetes level up down hota hai. Baby kay hawale se bohat ziada pareeshani hoti hai kay yay theek rhay. Peechli dafa tu end kay 9th month main main depression main chali gyi thi kay pata nhi kia hoga. Pehlay tum era baby normal delivery se hua tha. Tu idhr udhr se batain sun sun kar depression hona shuru hojata kay baby overweight na hojayay. Even phir yay bhi suna aurtoon kay baby weight ziada hota hai aur diabetic level up and down bhi ho sakta hai

bachoon ka. Tu issi liyay main bohat ziada pareeshan rehti thi aur 9th month main depressed. Tu issi liyay 38th week main labour pain induce karwai thi.

SA: Inhi wajoohaat ki wajah se?

M.A: Haan jee kiunke mujhe baby kay hawale se kay khariat se ho. Main first time 9th month main pohanchi thi. Usse pehlay 6th month main miscarriage hua tha.

SA: Appki shadi ko kitne saal hogaye hain?

M.A: Six years.

SA: Ma sha Allah Ma Sha Allah. Nuclear family main rehti hain yah joint family?

M.A: Main joint family main.

SA: Acha app appni current pregnancy ka bata sakti hain kay kaisi chal rhi hai? Konsa month hai and all?

M.A: Abhi mera 5th month start hai. Theek ja raa hai Alhamdulillah. Pehlay ki baneesbat behter hai. Pehlay ki baneesbat samjh bhi pa rhi hoon cheezoon ko. Aur diabetic level with Glucophage and insulin theek ja raha hai Alhamdulillah.

SA: Matlab app yay kehti hain kay peechli dafa jo experience lia who aik learning experience tha aur isse seekha hai?

M.A: Haan jee kaafi kuch seekha hai.

SA: Waisay appka jab first time diagnose hua that u aisa he response tha kay app depressed thi aur demagh main aisay he khiyal arahay thay aur upper se baby ko na kuch hojayay?

M.A: Itna mujhe experience he nhi tha. Na family main kisi ko kabhi severe hua tu pata nhi tha kay itni khatarnaak cheez hogi. Meri ammi 2 years pehlay foat hoyi hain tu unnko itni aisi nhi thi kay idea ho kay yay itni harmful ho.

SA: Woh kehte haina diabetes aur bp aisi 2 bemariyaan hain jo chuph kay andr he andr appna kaam kar rhi hoti hain.

M.A: Jo pehlay pregnancy thi jis main time se pehlay pain shuru hoyi thi mujhe idea nhi tha aur na he main koi aisi medicine le rhi thi. Itna serious bhi nhi thi aur na idea tha kay itna serious hona chhayay. Maybe issi wajah se he pain start hogai thi aur dilation.

SA: Possibility hai kay inhi causes ki wajah se hua ho. Acha app mujhe app physical changes kay baray main bata rhi thi tu aisa aur kiya physical change mehsos hua appko?

M.A: Mera jab sugar level high hota hai tu meray hands kay joints haina mujhe uss main takleef hoti hai jaisay uric acid ki wajah se hoti hai. Yah meri body bohat he ziada fatigued hoti hai yah tabyat ajeeb se bhujhal pan mehsos hota hai tu idea ho jata hai kay diabetic level up and down hai.

SA: Theek hai during your last pregnancy with your baby boy and abhi current main kabhi, dperessed down yah hopeless feel karti hain?

M.A: Ummm nhi last main bohat depressed thi but not hopeless. Bbay ko le kar obviously jo first time mother hoti hai tu natural cheez hai depressed hona. Iss pregnancy main iss lehaz se yay saari cheezain behtr hai Alhamdulillah.

SA: Acha aur jab pehlay bhi diagnose hua aura bb bhi tu kabhi appko koi fear mehsos hua hai in others words we say it as tokophobia, fear of birth kay kahin gdm baby ko affect na kar jayay aisay cases main hota hai jaisay appne baat ki kay overweight ho jata hai baby yah aur koi medical issues ajate hain.

M.A: Bilkul hota hai jaisay iss dafa main iss baat se iss dafa pareeshan hoon kay meri movement iss dafa itni koi start nhi hui I mean 20 weeks kay around feel hona shuru ho jata hain. Like iss pregnanacy main itni ziada nhi feel kr pa rhi halakay normal hain mere scans Alhamdulillah. Tu yay sooch kar hota hai kay Allah khair rakhay baby ko kuch na ho.

SA: Bohat saari duas for you. App mujhe yay bata sakti hain kay appne app guilt mehsos ho like at times females ko appne app se worthless mehsos hota hai guilty mehsos hota hai pehlay yah abb?

M.A: Guilt kis hawalay se? Eating habits kay hawalay se yah yay ho sakta hai kay main overweight hoon tu iss wajah se guilt hai kay iss wajah se gdm hogia ho. Overweight ki wajah se bhi ho jata hai. Isse pehlay mainay 9 kg reduce bhi kia tha. Lekin abhi bhi determined hoon kay baby kay baad appna weight lose karoongi. Aur mere khiyal se sabse bara factor overweight hona he hota hai diabetes kay hawalay se.

SA: Possibility hai. Har kisi ka case different hai kuch logon ka weight se link bhi nhi hai lekin diabetes hain. Aksar log appne appko blame karna shuru ho jate hain kay main yay na khati yah yay na karti tu aisay na hota. Self blaming ajati hai.

M.A: Jab rice or pottatoes kha leti hoon tu guilt hota hai. Usske beghair raha nhi jata aur kha leti hoon tu tension hoti hai.

SA: Achi baat hai kay appko iss cheez ka pata hai. Warna aisay loag bhi dekehain hain jinko iss cheez ka pata bhi nhi. Who kehte hain kay hamany meetha tu nhi khaya na.

SA: Acha aghr main appse yay poochoon on the scale of 1-5, appni mental health rate karain with 1 being the lowest and 5 the highest, tu kia hai?

M.A: 3 neutral sa.

SA: Acha aur kuch aisa appni mental health kay liyay kr rhi hoon cope karne kay liyay yah jaisay loag meditation karte hain. Spitality ka element un main ajata hai jisse unhe zehni sakoon mile appne appko emotionally bakance out karain?

M.A: Nhi kuch bhi nhi, Already baby hai aur family hai tu busy rehti hoon. Fursat nhi milti.

SA: Abb app mujhe yay batayay kay gdm kay diagnosis kay baad appka relationship with your husband yah family kharab hua ho?

M.A: Nhi nhi aisa koi issue nhi aya everyone is supportive.

SA: Appki khane peene ki routine kia hai? Kia khati hain aur dr nay kia bataya wa hai?

M.A: Mujhe dr nay proper diet chart dia wa hai jo mujh se bilkul bhi follow nhi kia jata. Aur jo hai khanne ki routine wohi jo hota hai. Subha nashta in between kabhi kuch snack le lia. Bas yahi hai proper teen time ka khana.

SA: Khud jo kha rhi hain without following the diet plan usse sugar balance rehti hai?

M.A: Controlled hai. Maybe because of the medicines.

SA: Ajj kal kitni aati hai fasting aur non fasting?

M.A: Haan jee 101 or 103.

SA: Koi log book banai wi hai kay uss par track rakh thi hoon app?

M.A: Haan jee.

SA: Khud check karti hain?

M.A: yes.

SA: Acha aur aghr main appko kahoon again on the scale of 1-5, 1 sabse kaam aur 5 sabse ziada, appne appko kitna active mehsos karti hain after gdm?

M.A: Last pregnanacy main bilkul active nhi thi. Abhi main hoon active again 3.

SA: Aur isske elawa koi aisi baat yah experience koi aisi baat dr nay koi physical activity batai ho yah mental health se related?

MA: Mainay jaisay kay bataya hai kay last wali bohat depressed thi compare tu abhi bas iss dafa baby movement ka hai kay who tu feel ho. App befikr ho jate ho kay babay hai andr. Premature baby girl ki birthday kay baad aur last pregnancy main mera stitch tha. Tu usske hawalay se thora extra conscious rehna parta hai. Diabetes ka bhi khiyal bhi.

SA: Chalain umm I think everything is covered. Thank you so much for your time.

PARTICIPANT 5**INTERVIEWER INFORMATION:**

Name: SA

Gender: Female

Age: 23

Marital Status: Single

Occupation: Student

Education: Bsc.H in Applied Psychology

Religion: Islam

Nationality: Pakistani

INTERVIEWEE/PARTICIPANT INFORMATION:

Name: WR

Gender: Female

Age: 29

Marital Status: Married

Occupation: Housewife/Mother

Education: Graduation

Religion: Islam

Nationality: Pakistani

TRANSCRIBED INTERVIEW:**Interviewer:** SA**Interviewee:** WR**Date of interview:** 22/03/2023**Medium of interview:** Through phone call

[Begin Transcript 00:01:00]

SA: App mujhe yay batayain kay appke shadi ko kitne saal hogaye hain?**WR:** Shadi ko 6 saal hogaaye hain.**SA:** Acha Ma Sha Allah. Aur app nuclear family main rehti hain yah joint family main?**WR:** Joint family main.**SA:** App mujhe yay batayain kay appki age kia hai?**WR:** 29 years.**SA:** Aur appki education?**WR:** Graduation hai.**SA:** Aur app housewife he hai yah koi job waghera karti hain?**WR:** Housewife he hoon.**SA:** Appka jo abhi current weight hai who underweight hai, overweight hai yah normal hai?**WR:** Abhi jo weight haina who 80kg he hai, tu 10kg ziada hai.**SA:** Tu according to dr yay weight theek jar aha hai?**WR:** Thora sa hai kiunke start se he thyroid ka problem tha aur saath yay sugar ka issue, even conceive karne se pehlay bhi mainay Glucophage use ki hai. Diet ka bhi role hai issmain aura bb situation he aisi hai kay weight obviously ziada hai.**SA:** Woh tu factual si baat hai. Issmain pareeshani wali baat nhi. Acha app mujhe yay batayain kay appki isse pehlay koi pregnancy yah miscarriage waghera hua wa hai?**WR:** Haan jee teen saal pehlay miscarriage hua tha.

SA: Tu reason kia tha miscarriage?

WR: Yay dr nay he test kia sugar wala pata chala kay yay masla hai. Tab bhi yahi tha kay sugar and overweight thi main tu baby ki growth nhi hui.

SA: Acha tu abhi appki pregnancy chal rhi hai. Tu konsa month hai?

WR: Yay 8th month chal raha hai.

SA: Allah kahir o afiyat wala mamla karay Ameen. Acha tu abhi bhi gdm ka issue hai tu appko insulin aur tablets waghera tu nhi di gyi?

WR: Start main tablet thi phir jab test hua tu dr nay aur meicines thi. Usse khanay se pehli wali sugar kaam hoti thi aur Lekin duphar ko ziada aati thi khanne kay baad. Tu abb Glucophage 500mg leti hoon main khanne kay end par.

SA: Aur isske elawa koi aur supplements, multi vitamins, folic acid waghera?

WR: Haan woh use kr rhi hoon jo dr nay de hain.

SA: Appki diabetes pregnanacy main he hoti hain yah pehlay bhi?

WR: Pregnancy main he. Pehle nhi thi.

SA: Aur jo pregnanacy kay eight months guzre hain unmain kabhi khudwana khusta aggravate karti hain diabetes yah persist karti hain?

WR: Balance main rehti hai bas duphar kay khanne kay baad thori se ziada ajati hai. Abhi main daily walk na karoon half and hour tu control nhi hoti.

SA: Appki koi family history hai diabetes ki?

WR: Mere father ko kaafi thi abb unki death ho chuki hai aur mother ko bhi hai.

SA: Acha app mujhe yay batayain jab appko pata chala tha yani konse month main diagnose hui aur jab pata chala issue hai tu kia reaction tha iss baat ki taraf?

WR: (laughs) reaction umm second month pata chal gia tha pregnancy kay. Pehlay tu pareeshani hui kaafi pehlay lekin jo pehlay six months guzare thay diet plan main conceive karne se pehlay tu main ready thi face karne kay liyay.

SA: Theek hai. Abhi appki pregnanacy kaisi chal rhi hai? Appka kaisa mehsos kr rhi hain?

WR: Bohat acha. Sahi jar aha hai Ma Sha Allah aur reports bhi theek hain.

SA: Matlab app satisfied hain job hi diet plan exercise appko de gyi hai usse?

WR: Jee jee bilkul.

SA: Konse aisay koi physical changes ayay hoon weight gain kay elawa?

WR: Aghr pehlay koi cut waghera lag jata that tu jaldi cover ho jata tha. Abb time lagta hai.

SA: Aur kahin dard waghera tu nhi hoti jaisay aksar patients complain karte hain gdm kay baad kay pain hoti hai?

WR: Nhi aisa koi masla nhi hai. Sahi hai.

SA: Theek hai. Aghr main appse poochon kay jo appka pehlay teen saal pehlay hua aur jo abhi appki pregnancy chal rhi hai tu kabhi aisay laga kay app depressed feel kar rhi hoon yah dil appne choora ho yah banda hopeless sa feel karta hai aisa kabhi hua ho?

WR: Ho jata hai. Pregnancy ka aik affect hota hai depression tu hota hai lekin ziada nhi hai.

SA: Aur kabhi jaisay ham aik term use karte hain tokophobia kay naam se kay jaisay females jab expect kr rhi hoti hain tu unke andr aik khauf sa ajata hai kay jab unko pata hota hai gdm hai aur aksar aisay cases hote hain jinmain gdm bache ko affect krti hai. Kabhi appke zehan main aisi koi baat ayi ho?

WR: Haan ayi thi. 2 months mere liyay bohat mushkil aur challenging thay. Yay hai meri mental health disturb hui thi lekin dr nay bohat acha handle kia. Mera bhai Lahore main hota hai tu dr kay pass aati thi tu sara sahi checkup hota and diet plan waghera. Waisay he plan follow kia jaisay unho nay bataya. Phir jaisay jaosay waqt guzarta gia yay cheez balance hogai. Lekin start main kaafi kaafi pareeshani thi.

SA: Appka yay wala factor bhi thana pehlay app plans waghera leti thin tu apko hoga kay main yay bhi karleti hoon?

WR: Diet plan jo pehlay follow kia tha who bohat sakht tha.

SA: Bari achi baat hai appne jo appne appko pehlay rakha bohat balanced rakha.

WR: Mainay pehlay 5 kg kaan kia tha.

SA: Bara mushkil kaam hai weight kaam karna. Acha appko kabhi appni pregnanacy main laga ho jaisay koi guilt mehsos hota hai yah sharminda hoti hain? Jiasay depression kay bhi sympoms atay hain tu aisay laga ho kay guilty feel karti hoon yah worthless?

WR: Worthless, umm actually six years jo mere thay na who pregnanacy kay beghair thay tu yay mere liyay bara blissful sa tha. Tu aisi koi feeling nhi ayi.

SA: Matlab appne positively lia hai issko?

WR: Haan jee. Aksar log conceive karne kay liyay medicine waghera lete hain tu main dr ko kehti thi kay medicine use karwayain conceive kay liyay. Tu who manti nhi thi. Woh kehti thi jaisya he weight kaam hoga tu app conceive karloogi. Tu mainay medicine kay beghair he conceive kia hai.

SA: Acha Ma Sha Allah Ma Sha Allah, yay tu bohat he achi baat hai.

WR: Tu phir sugar ka pata chala. Mother father sabko tha. Tu idea tha kay kaisay handle karna hota hai aur best kia hai. Insulin best hai.

SA: Acha jo insulin hai app dawai ki baat kr rhi hain tu insulin liyay?

WR: Jee jee.

SA: Acha aghr main apse yay pochoon kay appko kuch numbers main de rhi hoon 1-5 tak, 1 sabse kaam aur 5 sabse ziada aur aghr main yay kahoon appki jo mental health hai ussko kia rate karaingi?

WR: 1-5 umm, 2 tak.

SA: Theek hai. Aur appne appni pregnancy main aisi koi cheez ki ho jissay app mentally better feel kar rhi hoon jaisay log spirituality ki taraf ziada ho jate hain yah kuch logoon kay liyay meditation waghera hoti hai yah yoga tu appne aisa kuch ki wa hai?

WR: Jee exactly ki hai. Mainay namazain bohat regularly parhi hain aur Surah Muhammad nay bohat help ki hai.

SA: Calm rhi hain?

WR: Yes kaafi sakoon mil jata tha.

SA: Acha jab appko gdm ka pata chala tu kabhi appka relationship with your husband iss wajah se kharab tu nhi hua yah with family?

WR: Actually yay family main itna kisi kay saath disscuss nhi kia and mere husband mere saath bohat cooperative hain. 6th year main kaafi ziada mere saath rhay hain support kia hai. Jab se sugar ka pata chala hai tu who kehte thay kay tum karloogi pehlay bhi kia hai.

SA: Acha yay tu bohat achi baat hai.

WR: Ghr waloon nay bohat calm rakhne ki koshish ki hai. Unko tha pehlay he bohat depressed rhi hai tu abb calm rakhne ki koshish karte hain.

SA: Theek hai. Acha aghr main appse appki routine poochon kay app din main kia kia khati hain tu app bata sakti hain?

WR: Abb tu bohat kuch kha rhi hoon. Subha boil eggs 2 aur 11 bajay koi bhi amrod saib. Abb 2 hain warna pehlay 1 piece he kehti thin. 12 bajay kay baad isphagol peena hai paani main.

SA: Acha appko koi issue hai jo saath yay le rhi hain?

WR: Weight kay liyay bhi, bp bhi basically stomach copestor hai.

SA: Bp ka issue ziada hai yah normal?

WR: Itna nhi hai. Shuru main thora ziada tha. Abb jaisay he 7th yah 8th month hua hai tu abb nhi hai.

SA: Aur duphar kay time kia leti hain?

WR: Aik chapatti aur salan with salad aur phir 4 bajay tak koi jaisay khali doodh withut sugar. Dr nay kaha hai 4-7 bajay main sirf saadha doodh peena hai.

SA: Aur raat ka khana?

WR: Wohi raat ki chapatti aur salan with salad. Aur raat ko wohi aik cup doodh.

SA: Raat ko kisi cheez ki craving tu nhi hoti?

WR: Hoti hai lekin usske liyay fruit he bataya hai.

SA: Karleti hain meetha control?

WR: Bas karleti hoon control. Dr bohat ache se samjhati hain kay bohat issue ho jata hai aghr sugar intake ziada kia.

SA: Mujhe aisa lagta hai situation aisi hoti hai. Aik maa hai aur who bachoon kay liyay bohat extend tak ja sakti hai.

WR: Jee bilkul. Iss dafa dr nay rice bhi skip karwa diyay hain for 2 months. Duphar ki sugar sahi set hojayagi. Diet plan pehlay jot ha tu chawal kha leti thi lekin abb nhi.

SA: Bas 2 months reh gaye hain phir jitney marzi chawal khayega. Acha aghr main appse poochon kay diet he aisi cheez hai jisne appki diabetes ko control kia ho?

WR: Diet best hai matlab 2 chapati kha kar meal kay 2 ghante baad check karo tu sugar 200 he ayegi. Jitni marzi dose laga loo insulin ki.

SA: Fasting main sugar kia jar hi hai before and after?

WR: Fasting skip hai kiunke theek aati hai meri.

SA: Acha aur pehlay jaisay question ki tarhan aik sawal yay poochoon kay 1-5, 1 sabse kaam aur 5 sabse ziada kay app appne appko kitna active mehsos kaarti hain?

WR: 4.

SA: Matlab acha?

WR: Kiunke by nature he main active hoon.

SA: Acha yay tu achi baat hai. Aur blood sugar khud check karti hain? Log book rakhi wi hai?

WR: Chart hai aur yes khud he check karti hoon aur insulin bhi khud inject karti hoon.

SA: Acha bas end he hai sawaloon ka. Koi aisi baat dr nay batai ho yah appne ki ho yah internet se parhi ho aur apply ki ho? Mental health, diet kuch bhi?

WR: Khud se umm normal se cheezain ki hoongi kiunke ziada dr wali follow ki hain.

SA: Acha koi aur aisi baat yah challenge with gdm appne face kia ho?

WR: Hmmm isska bas jo number blood sugar kay ziada atay hain pareeshani hai bas.

SA: In Sha Allah appka yay time khariat se guzar jayega. Thank you so much for the interview.

Appendix E

Permission letters

KINNAIRD COLLEGE FOR WOMEN



Date: 10-03-2023

PERMISSION LETTER

To, Hameed Latif Hospital

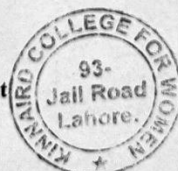
Our student, Sibra Amjad of B.Sc. (Hons) Applied Psychology Program, Kinnaird College for Women, Lahore, is conducting her research on:

Lived experiences about gestational diabetes mellitus among females.

She is interested to carry out the study in your institution/organization/hospital with female patients. She will be administering her research questionnaire to identify the lived experiences of females with GDM. I request you to grant her permission to conduct research work at your prestigious institute. Your cooperation/help in providing the necessary facilities for collecting data will be highly appreciated. Your support in this respect will also promote research work in Pakistan.

Thanking in anticipation

Dr. Afsheen Gul
Head of Applied Psychology Department
Kinnaird College for Women, Lahore



Reviewed & Forwarded
Rubina Sohal

93, Jail Road, Lahore-54000 Pakistan. Tel: 92-42-99203781-84 Fax: 92-42-99203788 Email: rukhsana.david@kinnaird.edu.pk

DR. RUBINA SOHAIL
MBBS, MChS, FCS, DCPs, (HPE)
Professor of Obstetrics & Gynecology
Services Institute of Medical Sciences
Hospital

KINNAIRD COLLEGE FOR WOMEN



Date: 05/03/2023

PERMISSION LETTER

To,

Arif Memorial Hospital

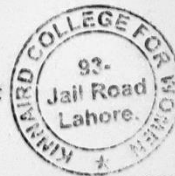
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Thanking in anticipation


Dr. Afsheen Gul
Head of Applied Psychology Department
Kinnaird College for Women, Lahore



For Prof. Aina Yasir
DR. MADHA AFZAL
Associate Professor
Obstetrics and Gynaecology
Arif Memorial Teaching Hospital

Appendix F

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