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Abstract

While research has demonstrated that exercise is healthy for pregnant women (Ramirez-Velez et al., 2017), many pregnant women do not meet medical recommendations and hesitate to engage in exercise. This may be related to the dominant discourses circulating in society and popular media. For this study, I selected a sample of top-selling pregnancy books to explore the attitudes, beliefs, and ideas circulating in these texts surrounding exercise during pregnancy. I conducted a discourse analysis to deconstruct the meaning of the language used and the advice given. Throughout the analysis, a postmodern feminist epistemology is employed to consider the implications this discourse may have on a pregnant woman. I discovered evidence within the books that represents the current social constructions which may contribute to the lack of participation in exercise amongst pregnant women.

Keywords

exercise, pregnancy, social construction, discourse analysis

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A Discursive Approach to Analyzing the Social Construction of Exercise During Pregnancy

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While research has demonstrated that exercise is healthy for pregnant women (Ramirez-Velez et al., 2017), many pregnant women do not meet medical recommendations and hesitate to engage in exercise. This may be related to the dominant discourses circulating in society and popular media. For this study, I selected a sample of top-selling pregnancy books to explore the attitudes, beliefs, and ideas circulating in these texts surrounding exercise during pregnancy. I conducted a discourse analysis to deconstruct the meaning of the language used and the advice given. Throughout the analysis, a postmodern feminist epistemology is employed to consider the implications this discourse may have on a pregnant woman. I discovered evidence within the books that represents the current social constructions which may contribute to the lack of participation in exercise amongst pregnant women.

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Introduction

Despite pregnancy being an autonomous phenomenon for a woman and her body, it seems there are many social constructions around pregnancy that govern how women should or should not act (Sutton et al., 2011). There are many beliefs regarding appropriate diets, alcohol and nicotine intake, coffee consumption, birthing methods, and physical activity, all of which have dominant discourses informing women on how to behave during pregnancy (Atkinson et al., 2016). However, when that discourse has conflicting views or perceptions, this may provoke anxiety and negatively affect a woman's health (Bogers et al., 2020).

Society's dogma on major health topics can lead to established information that may not be the most accurate or reliable (Cioffi et al., 2010). Exercise during pregnancy is one behavior about which dominant discourses have produced conflicting guidance (Wagnild & Pollard, 2020). Inconsistencies are present in the discourses regarding the types of exercise that are acceptable, the recommended duration of exercise, and the perceived dangers of exercise during pregnancy (Vamos et al., 2019). Furthermore, this ambiguity within the discourse surrounding exercise during pregnancy can result in hesitancy around this behavior (Clarke & Gross, 2004).

Research has shown that many women avoid exercise in part because they are uncertain about the types and duration of exercise that is acceptable to perform (Ramirez-Velez et al., 2017). Research also shows that women experience discouragement from social communities and lack of social approval due to the social expectation for expecting mothers to 'take it easy' (van-Mulkin et al., 2016). For example, Clarke and Gross (2004) found that 63% of their participants ceased exercise during pregnancy and 55% claimed this was due to advice they had received or the fears they had associated with the behavior. Other research has found women will prioritize the fetus' needs over their own due to their preconceived perceptions to continually minimize risks during pregnancy; resulting in an unnecessary fear to exercise and

overall poorer well-being (Atkinson et al., 2016). Moreover, research shows that only 15.8% of women were sufficiently active during pregnancy compared to 26.1% of non-pregnant women (Gaston & Cramp, 2011). The lack of engagement in exercise during pregnancy can be related to a variety of factors; however, the way society views and discusses exercise during pregnancy can play a large role in influencing women's physical activity (van-Mulkin et al., 2016).

Before the 21st century, there were many misconceptions around pregnant women exercising (Guelfi et al., 2015). Doctors and the lay public thought working out could cause problems with preterm birth, or in worst-case scenario, a miscarriage (Macio et al., 2016). However, today, researchers and doctors know that exercising during pregnancy has many benefits. Exercise can lower the rates for pre-eclampsia, gestational diabetes, and chronic hypertension (Ramirez-Velez et al., 2017), it promotes good maternal posture and reduces lower back pain (Clarke & Gross, 2004), and it can help with antenatal and postnatal depression (Beetham et al., 2019). Additionally, exercise can benefit the fetus by increasing stress tolerance and development (van-Mulkin et al., 2016). Nonetheless, there is still a major social construction that pregnant women are fragile and weaker, fostering the discourse that physical activity could cause harm to the unborn baby (Atkinson et al., 2016). The beliefs assumed to be true prior to the 21st century have now set a precedent for the conflicting discourses today around exercising during pregnancy.

The dominant social norm, found in the media, through family members, or society, for expecting mothers is to reduce physical activity during pregnancy to low impact and low intensity activities to prevent injury and overexertion (van-Mulkin et al., 2016). However, this is contradictory to the current medical recommendations. The ACOG recommends roughly 30 minutes or more of moderate exercise on most days during the week, or 150-200 minutes per week (Krans & Chang, 2012). They specify that exercises like aerobics, running, or swimming being performed for 35-90 minutes, 3-4 times a week, leads to no complications or preterm birth (Macio et al., 2016). Researchers have even found that strenuous and vigorous exercise is okay for pregnant women and fetuses (Beetham et al., 2019; Szymanski & Satin, 2012), and that vigorous intensity exercise throughout all trimesters presents no complications, such as preterm birth (Beetham et al., 2019). Regardless, the social construction of expecting mothers to 'take it easy' prevails in popular media and public discourses.

These discourses can influence people to think that pregnant women are more susceptible to harm; so, to prevent these theoretical harms, the solution is to restrict women's engagement in exercise and free choice (Sutton et al., 2011). Sutton and colleagues (2011) call this "benevolent sexism," which is, "the active ingredient in perceptions of risk and willingness to restrict pregnant women's choices" (p. 602). In other words, by believing pregnant women will put themselves and the baby in danger by exercising, it becomes socially acceptable to then restrict their autonomy and prevent their engagement in certain behaviors. Consequently, even though exercise during pregnancy is proven to be beneficial for the woman and her fetus, the majority of pregnant women do not meet recommendations for exercise during pregnancy (Ramirez-Velez et al., 2017).

Previous research has studied the way women access, understand, and apply health information during pregnancy, and has found that health information regarding exercise during pregnancy leads to confusion (Vamos et al., 2019), restricts a women's autonomy (Sutton et al., 2011), and creates anxiety in women over whether they should listen to their bodies or to the narrative surrounding exercise during pregnancy (Atkinson et al., 2016). The resources available for pregnant women may vary in their messages on exercise, the perceived risks, and the maternal responsibility (Wagnild & Pollard, 2020), and these conflicting messages have many implications for women wishing to engage in exercise during pregnancy. Therefore, it is

important to know how the social constructions causing these feelings of anxiety or confusion are being discussed throughout society.

The topic of how language surrounding exercise during pregnancy is being disseminated and to what extent has not been thoroughly studied. Therefore, the aim of this paper is to analyze how specific types of discourse, in this case best-selling pregnancy books, help to frame the narrative surrounding exercise during pregnancy. This issue is important to address in order to empower women to confront these discourses and avoid false information. Discursive and feminists' frameworks were used to analyze the role popular print media plays in creating and shaping the ideology around exercising during pregnancy. The discourse analysis here will analyze the language used throughout the best-selling books and how it may be associated to the larger ideals. Likewise, the Postmodern Feminist Theory is used in the analysis to deconstruct the meaning of the language and connect it to shared realities. Postmodern feminism focuses on how social discourse and language creates the public's knowledge of women and thereby challenges claims of a unified idea (Sharma, 2019). This position allows for questioning of the "objective" points made by the authors to uncover the structure guiding certain ideologies surrounding women (Wolff, 2007). A postmodern feminist epistemology is important to this study because it recognizes women can come to learn and interpret information through dominant discourses in society (Wolff, 2007). These influential discourses can create ideologies and beliefs about health behaviors and ultimately impact pregnant women's decision making in relation to exercise (van-Mulkin et al., 2016).

My position in health communication and being a feminist myself connected me to the idea of empowering women, especially women in an important stage of life, to defy the social norm and do what they know to be right for their bodies. I have seen and heard several messages discouraging and shaming pregnant women for exercising and I grew aware these discourses may influence the women and others to believe exercise is unhealthy during pregnancy. As an active woman myself, I will want to exercise during my own pregnancy one day without the fear of criticism and social constructions holding me back. As a result, the question of how these discourses are being circulated into society arose.

Methodology

To explore the attitudes, beliefs, and ideas circulating in popular media regarding exercise during pregnancy, I conducted a discourse analysis on top selling pregnancy books. A discourse analysis views ideologies not so much as a subjective nature of humans but influenced by the discourses circulating in society (Locke, 2004). Therefore, a discourse analysis is the preferred method for this study as I am attempting to understand the ideologies held in society by way of examining languages used in popular print media. I am asking how information surrounding exercise during pregnancy is being disseminated, what is being claimed, and who is benefiting from the information.

Sample Selection and Rational

Print media is an effective choice for studying the chosen discourse because it is easy to access for many different groups of people. Research shows that books have consistently been a common resource amongst pregnant women throughout the years (Clarke & Gross, 2004; Cioffi et al., 2010; Vamos et al., 2019), suggesting that women from a variety of environments and cultures have access to read and interpret these texts in some way.

The books chosen were the amongst the top 10 best-selling pregnancy books on Amazon. The inclusion criteria were that the books needed to be designed for pregnancy, not post pregnancy, and they must discuss exercise. After deciding on five best sellers, I cross-

checked multiple sites, such as Forbes and the New York Times, to ensure the "best-seller" designation of the selected books. Amazon was chosen as the site for selecting the data sources because it is currently the front runner of the e-commerce industry, is easy to access, and books can be bought used, making them affordable. The five books are ranked as follows with No. 1 listed first: *What to Expect when You're Expecting* (Heidi Murkoff, 2016), *Expecting Better: Why the Conventional Pregnancy Wisdom is Wrong – and What You Really Need to Know* (Emily Oster, 2018), *We're Pregnant! The First-Time Dad's Pregnancy Handbook* (Adrian Kulp, 2018), *The Expectant Father: The Ultimate Guide for Dads to Be* (Arim Brott, 2015) and *Mayo Clinic Guide to a Healthy Pregnancy – 2nd Edition* (Dr. Myra J. Wick, 2018).

Two books directed at fathers were included due to the spousal/partner influence in women's decision-making during pregnancy (Evenson et al., 2009). With the lingering existence of a patriarchal social order, the husband being against exercise is a predominant factor for women not adopting healthy behaviors like exercise (Fathnezhad-Kazemi & Hajian, 2019). Research has shown that women professed if their spouse was against exercise, there was little likelihood they would participate in exercise during their pregnancy (Thornton et al., 2006). Therefore, I posit the inclusion of books directed to fathers could give insight to what might be informing the fathers' ideologies on exercise during a pregnancy.

Furthermore, these books all represent current ideologies, having either been revised and updated with new editions or published within the last five years. Murkoff's (2016) book has now five editions, Oster's (2018) book has now three editions, and Wick's (2018) book has now two editions. Each book also views pregnancy from a different standpoint. *What to Expect When You're Expecting* (Murkoff, 2016) was originally written in 1984 from the perspective of an activist mother looking for answers. Within every revision, Murkoff added more content, pages, and answers to new questions. This has led her to the 5th edition book that has sold more than 19 million copies. Oster, who received her PhD in economics, wrote her book *Expecting Better: Why the Conventional Pregnancy Wisdom is Wrong – and What You Really Need to Know* with the goal to answer questions with numbers, statistics, and graphs using her economist perspective. Kulp (2018) and Brott (2015) both wrote their pregnancy guideline books from the perspective of expecting fathers, attempting to help men help women through pregnancy, and tell fathers of all the things women will and should be going through. *Mayo Clinic Guide to a Healthy Pregnancy – 2nd Edition* was first written by Roger Harms and Myra Wick in 2004. Since, Wick has now re-written and edited the book to publish the 2nd edition. Dr. Wick is a specialist in the Department of Obstetrics and Gynecology at the Mayo Clinic. She wrote and edited this book from the perspective of a medical professional.

Analytical Approach

For the analysis, I examined the text, advice, and overall messages to draw conclusions about the discourse being relayed and how it may influence a woman's decision to engage in exercise. The process to uncovering themes started by reading the texts and asking questions with the postmodern feminist lens such as, who is benefiting from this discourse, who are the gatekeepers, is there evidence of the shared realities surrounding exercise during pregnancy, and does the text represent these realities. To answer these questions, I looked for prosody, or the emphasis on certain actions, tone, cohesion, and organization. I looked for relationships between ideas and paradigms used in the text that created the authors' facts, assumptions, or ideas. I looked to see how different kinds of evidence were used, if any. For example, when looking at text that was stated as a fact, I would investigate the author's research behind the statement and find how they came to that point. Then I looked for personal testimonies and the type of argument being made. This then helped me locate values embedded in the text via the words that hung together to form the author's point.

The guiding literature used during my analytic process was Terry Locke's (2004) book on the art of critical discourse analysis. Additionally, an assertion by Fairclough, that an inquiry into discourse analysis cannot be separated from the researchers' interpretations (Locke, 2004), drove me to be consistent and use thoroughness during my analysis, so as to ensure reliability. To that end, my aim here was to confront the supposed objectivity in the discourse used by other authors and make claims on how this may be constructing the social order around exercise during pregnancy.

Throughout my results, I present themes and give examples of how these themes were embedded in the text. After each example, I will expand upon the theme with supporting literature and describe my interpretation of how this may affect a woman's decision to engage in exercise during pregnancy. Then I will connect and discuss all my findings in the discussion.

Results

While each book references exercise and physical activity during pregnancy, the amount of material and pages allocated to the topic varies. While *What to Expect When You're Expecting* (Murkoff, 2016) and *Expecting Better: Why the Conventional Pregnancy Wisdom is Wrong – and What You Really Need to Know* (Oster, 2018) had entire chapters dedicated to physical activity, *We're Pregnant! The First-Time Dad's Pregnancy Handbook* (Kulp, 2018) and *The Expectant Father: The Ultimate Guide for Dads to Be* (Brott, 2015) only mentions exercise in passing. *Mayo Clinic Guide to a Healthy Pregnancy – 2nd Edition* (Wick, 2018) mentions exercise several times throughout the book by first addressing exercise in general, then by giving a recommended exercise for each month during the course of a pregnancy. At any rate, comparable to their length, each book's conversation on exercise approximates to 3-5% of the book. In other words, of the 1,986 pages that comprise all five books, only 64 pages discuss exercise during pregnancy. Despite the small number of pages devoted to exercise, shown in Figure 1, evident themes still emerged.

Figure 1

Book	Number of Pages	Percentage of Book
What to Expect When You're Expecting	22 of 603	3%
Expecting Better: Why the Conventional Pregnancy Wisdom is Wrong - and What You Really Need to Know	9 of 270	3%
We're Pregnant! The First Time Dad's Pregnancy Handbook	5 of 292	2%
The Expectant Father: The Ultimate Guide for Dads to Be	6 of 301	2%
Mayo Clinic Guide to a Healthy Pregnancy - 2nd Edition	22 of 520	4%

The first, and major, theme was that although the texts look to be encouraging at first, the caveats, warnings, limitations, and/or prohibitions to engaging in exercise during pregnancy loomed over every discussion. When exercise was encouraged, every author said approval from the doctor must happen first. Kulp (2018), for example, told the audience, or men, reading his book to ask the doctor first, “is she allowed exercise and for how long?” (p. 48). Just as well, Wick (2018) told her audience to, “always talk first to your care providers” (“Staying Active,” para. 1), multiple times throughout the text. Requesting that a woman get approval first from her doctor emphasizes the construction that society must regulate pregnant women to prevent anticipated harm. Arguably, the medical warnings may be in place to prevent liability issues; however, this may also only contribute to society’s normative view that any behavior during pregnancy is potentially unsafe (Sutton et al., 2011).

Along with the caveat for approval first, the warnings and limitations to exercise during pregnancy followed right behind, thus making exercise seem just as risky as beneficial. For example, Brott (2015) had a page dedicated for “Workout No-Nos” (p. 34), and Murkoff (2016) often said, “avoid pregnancy inappropriate moves” (p. 237) in multiple variations throughout her text. Additionally, Murkoff (2016) adds, “but tone down the intensity” (p. 237) after every exercise recommendation. The root of the theme was exercise during pregnancy is okay, but pregnant women must exercise the “right way.” The “right way,” in this context being to first get approval and make sure it is “allowed,” and then by toning down the workout and taking it easy.

Secondly, there was a theme around who the discourse was underlyingly aimed for. Specifically, the guidelines and benefits were tailored more for the sake of the baby than for the woman herself. As Murkoff (2016) said, “(n)ow that you’re exercising for two, you’ll need to make doubly sure you’re exercising the right way” (p. 231). The texts were more concerned with the baby’s health than the mother’s, as the dangers for exercising primarily revolved around the perceived dangers to the baby. For example, Oster (2018) said,

Your baby is actually pretty well protected by the womb, but common sense suggests that there may be a limit... There is also some evidence that exercising really hard during pregnancy could compromise blood flow to the baby. (p. 155)

Oster’s assertion here stems from the social construction that pregnant women need to take it easy during pregnancy and implies that a woman should have “common sense” to avoid certain exercises that may cause harm to her baby. Likewise, the dangers to high intensity exercise here are not to both the women and baby, but solely focusing on the risks to the baby. For example, all authors emphasize the dangers of reduced blood flow and increased body temperatures to the baby during moderate to high intensity exercise. Here, it is worth noting that Wick (2018) does mention, “concerns of preterm labor due to strenuous exercise and reduced blood flow to the baby have not been proved” (“Athletes and Pregnancy,” para. 1). Regardless, she still recommended taking it easy to avoid the possibility of harm to the baby. The continued stress of potential dangers is on the pregnant body and what lies inside, and the alluding message is, as Murkoff (2016) put it, “take a break until after the baby’s born” (p. 238). Overall, the concerns for the baby are not coupled with concerns for the mother. Similarly, benefits given followed a similar pattern.

When benefits were given, again they were often tailored for the sake of the baby. For example, “babies of moms who exercise during pregnancy are born at healthier weights... are smarter... sleep better” (Murkoff, 2016, p. 231). As Brott (2015) said, women who exercise “give birth to healthier babies... had babies with more mature cerebral activation... and those babies could acquire speech more rapidly and reach developmental milestones sooner” (p. 32-

33). Benefits were not listed unless they included benefits for the baby. As Kulp (2018) wrote, “encouraging some daily exercise is great for her and for the baby's health” (p. 46).

In addition, within this theme emerged another beneficiary - the partners. Along with the benefits Brott (2015) listed for the baby, he also mentioned exercise benefits such as, “enhances her mood, keeps her energy levels high, and improves sleep” (p. 32). Here the partner benefits from pregnant women who are “more energized, rested, and in better moods.” Similarly, Kulp (2018) says “a prenatal yoga class might be just what the daddy ordered.” This commentary illustrates that the true benefit is so a man can reduce the negative aspects of pregnancy for himself. What is more, they have healthier babies too. While these benefits are, undoubtedly, positive aspects of exercise engagement, they ignore who really benefits from exercise during pregnancy.

The third theme within this sample discourse is that when exercise encouragement was aimed toward the woman, it primarily focused on the benefit for weight loss/maintenance. For example, this was the only benefit recognized by Oster (2018), “(f)or the most part, exercise more leads to slightly less weight gain during pregnancy” (p. 153). She assumes that this is why women normally work out, ignoring all other benefits such as increased mental health, strength, or mobility. Similarly, Brott (2015) recommended beginning exercise “if she’s overweight, and the doctor will tell you, now it’s the time to start slimming down” (p. 68). When an author was less forward about the message, the ideology still delivered. For example, as Wick (2018) said, “(exercise) can also set you up to lose the baby fat more easily after the baby arrives” (“Staying Active,” para. 2). Focusing on weight loss or maintenance as the major benefit neglects other important benefits, thus encouraging exercise for the sole reason to keep a woman looking good on the outside.

Lastly, while the themes in these books share a reality around exercising during pregnancy, some present worse cases than others. Oster (2018), for example, questions research and is predominantly negative towards engaging in exercise during pregnancy, or as she says, “the very idea is exhausting” (p. 155). Whereas Wick (2018) is much more encouraging and offers several different types of recommendations for women of different fitness levels. It is important to note here, if women judge purchasing the book by its ranking, Oster’s (2018) book is ranked No. 2, while Wick’s (2018) book is No. 10 on Amazon’s best seller list. When considering ranking, two books written by men about pregnancy rank above one written by Dr. Wick, an obstetrician, indicating that either men are taking an interest in their partner's pregnancy, or that they want to know how and what they can do to be a part of the decision-making processes.

Discussion

Applying the postmodern feminist standpoint to this discursive analysis showed that much of the discourse in the books reinforced the constructions held within society. Other feminist analyses on the surveillance of pregnant women have shown similar results (Gaston & Cramp, 2011; Wagnild & Pollard, 2020), such as how the accepted norm that women should modify practices during pregnancy to protect the vulnerable state of the fetus from all risks can have an impact on a woman’s decision to engage in exercise (Wagnild & Pollard, 2020).

Furthermore, the criticism from a feminist lens helped reveal the conflicting messages between the social constructions and the benefits of exercise during pregnancy. For example, while the authors told women that exercise can lead to harm and to tone down the workouts to protect the baby, they also encouraged exercise for the sake of a healthy baby. This back and forth on exercise may result in many women giving up the idea altogether to avoid stress and the anxiety of “doing it properly” (Atkinson et al., 2016).

The readers of any of these books are continuously led to believe pregnant women are helpless or vulnerable. The idea of performing as a “good mother” in the eyes of society was promoted, potentially leading a woman to focus more on the perceived risks to the baby than the recognized benefits for herself. Other research has shown women with this perception on exercise are 2-3 times more likely to abstain from exercise than women who recognized the benefits (Gaston & Cramp, 2011).

What is more, the books written for men reinforced the belief that men should be as involved, if not more involved, than their partner in the decision making during the pregnancy. This type of benevolent sexism can exhort the idea that women are in need of protection from harm (Sutton et al., 2011), and thus, lead to decisions against exercise. A pregnant woman may be left feeling as if her body is weak or that she “needs” additional guidance from her partner during pregnancy, thereby influencing a woman to reduce her exercise behaviors.

Women’s health issues have always been treated differently than men’s because of the ideology that women are frail and weak (Sutton et al., 2011). For this reason, pregnant women are not only seen as weaker and fragile, but because they are going through a unique (to women) phenomenon, they are under constant surveillance. This then creates a “need” for pregnant women to seek approval from doctors and spouses first before any activity/health behavior, such as engaging in exercise. These attitudes represent the authors’ understanding that women should take it easy during pregnancy to avoid harm because they are now pregnant with babies. While my findings cohere with previous research, there are some limitations to the current study. Due to the absence of a second examiner, there is no inter-rater reliability. This leaves room for some error in consistency when finding and rating the themes of the text. Additionally, while the medium chosen for analysis is a popular way women find information, exercise was not the main topic in any book, nor was it covered extensively in any of the books. Therefore, this eliminates the possibility for this paper to be generalizable to all contexts. To that end, it is important then that more studies analyze the language used in discourse to understand the relationship between the lack of women’s participation in exercise and social constructions.

To decrease the anxiety of performing as a “good mother” and increase exercise engagement among pregnant women, there needs to be an improved understanding of the benefits and guidelines for exercising during pregnancy. Therefore, the most reliable resource must develop a strategy to increase women’s knowledge of exercise recommendations. In other words, instead of a doctor telling a woman what she can or cannot do, the doctor may want to address what false information could be within both verbal and written popular discourse. Addressing the identified social constructions around exercise during pregnancy early on can give a woman more autonomy to make her own decisions, avoid false information in the dominant discourses, and make her feel more confident about engaging in exercise.

Conclusion

This study used thorough discursive and postmodern feminist methods to analyze the language used within best-selling pregnancy books and its relation to the social constructions surrounding exercise. The findings demonstrate how discourses in these popular pregnancy books mirror many of the current problems and social constructions surrounding pregnancy that have been noted in prior research. What is surprising about the texts is how little exercise is discussed in the books. Nonetheless, the themes in these discursive works, mediated through the authors’ language and organization, reveal the ideologies that guided the writing of the books. In the texts, women were told to get approval first, tone everything down to accommodate for their weaknesses due to pregnancy, and that everything during pregnancy concerns the baby more than themselves.

With these social constructions being circulated throughout society, more research should examine and address the ways in which health information for pregnant women is being disseminated. Additionally, it is important that health professionals who are in contact with pregnant women address the harmful dominant discourses in patient encounters and give each woman quality health information, thereby, providing her the autonomy to make her own informed decision to engage in exercise. This can help women navigate around the social constructions that permeate the behavior of exercise during pregnancy.

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