



Article

Food, Motherhood and Foodwork: Eating Practices During Pregnancy

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Abstract

This study aims to examine eating practices during pregnancy as socially organized everyday labor (foodwork) embedded in daily life. Drawing on the sociology of food, it analyzes how pregnancy reshapes eating routines, food classifications, procurement practices, and care responsibilities. The research is based on in-depth qualitative interviews conducted with 38 pregnant women living in Türkiye. The findings demonstrate that eating during pregnancy becomes a multilayered social practice shaped by normative expectations, structural inequalities, and identity construction. First, eating routines emerge as a central site for the construction of maternal identity, as women regulate their food practices through expert advice, risk discourses, and norms of “good motherhood.” Second, body-related norms concerning aesthetics and weight control discipline eating practices under conditions of public surveillance and self-monitoring, shaping everyday eating arrangements. Third, pregnancy functions as a social lens that intensifies concerns related to food safety and food security; pesticides, additives, regulatory uncertainty, and economic access become central elements of everyday foodwork. By moving beyond medical and ideological approaches to pregnancy nutrition, this study foregrounds eating practices as foodwork and contributes to the sociology of food by linking motherhood, care labor, and food systems.

Keywords: foodwork; pregnancy and eating practices; care labor; food safety and food security; sociology of food

1. Introduction

Eating has long been addressed in the sociological literature not merely as a biological necessity but as a social practice organized within everyday life. Beyond what is eaten, how eating is planned, under what conditions food is procured, on which sources of knowledge it is regulated, and who assumes responsibility for this process are closely related to cultural norms, class positions, care relations, and structural inequalities. Fischler emphasizes that food constitutes “one of the most concrete and bodily interfaces between the individual and society,” arguing that the biological and cultural dimensions of eating cannot be separated from one another (Fischler 1988, pp. 275–78). Similarly, Mintz and Du Bois contend that eating must be examined together with historical, economic, and cultural processes, demonstrating that everyday food practices are deeply intertwined with broader social arrangements (Mintz and Du Bois 2002, pp. 99–104).

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This approach reveals that eating cannot be reduced solely to the moment of consumption but must be considered as a holistic labor process encompassing multiple activities such as planning, procurement, preparation, monitoring, and evaluation. In the literature, this holistic labor process is conceptualized through the concept of foodwork. DeVault's (1991, pp. 52–58) seminal study defines foodwork as one of the invisible labor domains of everyday life, showing that the preparation and organization of food are not merely technical tasks but practices that reproduce social relations. According to DeVault, decisions related to food are shaped not only by nutritional needs but also by care responsibilities, moral obligations, and social expectations (DeVault 1991, pp. 61–64).

Subsequent studies have expanded the concept of foodwork by demonstrating that eating is not limited to domestic labor alone but constitutes a multilayered practice that must be considered together with health knowledge, risk assessment, ethical choices, and strategies of economic access. Cairns and Johnston argue that in contemporary societies “eating properly” requires intensive cognitive and emotional labor, and that individuals are constantly involved in processes of information gathering, evaluation, and self-monitoring (Cairns and Johnston 2015, pp. 12–16).

Pregnancy offers a distinctive life stage in which foodwork intensifies both quantitatively and qualitatively. During this period, eating practices are not based solely on individual preferences; rather, they are more tightly regulated through medical discourses concerning fetal health, expert knowledge, family expectations, media representations, and social norms. Copelton notes that eating during pregnancy is framed as “an early performance of motherhood,” and that everyday food routines are reorganized within a framework of heightened attention and responsibility (Copelton 2007, pp. 45–48). Similarly, Gracia Arnaiz emphasizes that eating during this period becomes not only a bodily necessity but also a moral obligation (Gracia-Arnaiz 2010, pp. 221–24).

The existing literature shows that the pregnant body is not only undergoing a biological process but is also surrounded by a powerful ideological framework that prescribes how women should behave, how they should look, and perhaps most insistently, what and how they should eat. This culture of surveillance has intensified further with the spread of digital technologies. As Lupton notes, the digitalization of parenting and pregnancy has produced new forms of visibility, accountability, and self-monitoring (Lupton 2013, pp. 97–100). Similarly, Faircloth and Gürtin (2017, pp. 12–15) emphasize that contemporary parenting—particularly during pregnancy—has become a social field in which cultural and medical expectations accumulate and women are subjected to continuous public scrutiny.

Nevertheless, sociological studies that directly address eating practices during pregnancy from a foodwork perspective remain quite limited. A significant portion of the relevant literature approaches nutrition during pregnancy through medical guidelines, risk discourses, and dietary recommendations, leaving the organization and lived experience of eating within everyday life in a secondary position. Yet the sociology of food enables an analysis of pregnancy nutrition not only through the question of “what is eaten,” but through how eating arrangements are established, sustained, and monitored.

The Turkish context provides a distinctive and analytically productive social ground for examining eating practices and foodwork during pregnancy. In Türkiye, pregnancy is socially constructed as an experience surrounded by intense normative expectations of motherhood and transformed into a moral field of evaluation through discourses of nutrition, care, and responsibility (Bora 2011; Ecevit 2014). The central role of family and kinship relations in everyday life leads to pregnant women's eating practices being continuously monitored, guided, and evaluated by their close social environment. This process shifts nutrition from an individual choice to a socially organized field of care labor (Gündüz and İlkcaracan 2019).

This normative framework becomes even more visible when it intersects with the deepening problems of food security and food safety in Türkiye in recent years. Rising food prices and increasing difficulties in accessing basic food items sharpen risk perceptions, particularly during periods such as pregnancy when care responsibilities intensify (CEİD 2022). Moreover, the lack of institutional transparency regarding food safety in Türkiye directly shapes everyday eating practices. In this context, the court ruling issued in 2024–2025 following a lawsuit filed by Greenpeace Türkiye, which mandated the public disclosure of pesticide inspection results, clearly demonstrated that concerns about food safety are not merely subjective perceptions but are grounded in governance, legal, and structural conditions (Greenpeace Türkiye 2025). This legal development provides a critical context for understanding why pregnant women's everyday foodwork practices involve intensified risk management, information seeking, and care responsibilities.

Against this structural and normative background, where food safety, food security, and care responsibilities intersect, this study draws on in-depth interviews conducted with 38 pregnant women living in Türkiye to examine eating practices during pregnancy through a foodwork perspective.

Theoretical Framework: Thinking about Eating Practices during Pregnancy as Foodwork

The theoretical framework of this study is based on an understanding of eating as a social practice. Fischler (1988) argues that eating involves a form of social regulation over time. This approach makes it possible to conceptualize eating behavior not merely as nutrient intake but as a domain of meaning making and normative regulation.

Bourdieu's conceptualization of habitus holds central importance for explaining the relationship between eating practices, class positions, and cultural capital. Bourdieu emphasizes that food preferences are not the result of individual tastes but of socially acquired dispositions (Bourdieu 2015, pp. 94–101). From this perspective, eating constitutes one of the arenas in which class differences and social positions become visible through the body in everyday life.

The foodwork literature deepens this discussion by foregrounding the dimension of everyday labor. While DeVault (1991) conceptualizes the planning and organization of food as an invisible domain of labor, Murcott (1982, pp. 204–6) emphasizes that eating gains particular significance within care relations. According to Murcott, “feeding” does not merely mean satisfying hunger but also implies caring, protecting, and assuming responsibility.

In the context of pregnancy, foodwork is not limited to food preparation practices alone. Food safety assessments, label reading, avoidance of “risky” foods, balancing expert knowledge with everyday experience, and strategies of economic access become fundamental components of eating during pregnancy. In this process, eating is experienced as a continuously reorganized everyday practice requiring increased attention and self-monitoring.

Motherhood norms transform eating practices during pregnancy into a field of responsibility organized around the needs of the fetus rather than individual preferences. In this context, eating becomes not merely a health-related behavior but an intensive foodwork practice involving everyday forms of labor such as planning, selecting, avoiding, and monitoring. Copelton (2007) and Gracia-Arnaiz (2010) show that the “good mother” is defined as someone who eats properly, avoids risk, and prioritizes the fetus, while deviations from this norm are coded as moral failure (Gracia-Arnaiz 2010, p. 223). Similarly, Lee (2014, p. 8) demonstrates that the pregnant body is frequently classified by health professionals as “risky” and “inadequate,” producing a constant need to monitor, evalu-

ate, and correct eating practices. Within this medicalized framework, eating during pregnancy ceases to be an individual choice and becomes a domain of everyday labor woven together with normative expectations and moral burdens.

This foodwork process intensifies further under neoliberal body politics, understood here as a framework in which individuals are made responsible for continuously regulating, optimizing, and monitoring their bodies in line with dominant norms of health, productivity, and self-discipline. Within neoliberal body politics, the body is conceptualized as an individual project that requires continuous self-management, discipline, and optimization through everyday practices. Gill (2007); McRobbie (2015) and Elias et al. (2017) demonstrate that under neoliberalism the body is constructed as a “project” that must be continuously optimized and monitored. According to Gill, the neoliberal subject is expected to manage her body like a work project, remaining in a constant state of self-evaluation (Gill 2007, pp. 149–55). This understanding leads to tighter control over eating arrangements during pregnancy through ideals such as “fit pregnancy,” low weight gain, detox diets, and idealized representations of pregnancy on social media. McRobbie (2020, pp. 31–32) argues that this process reconstructs motherhood under a regime of personal responsibility and flawless performance, rendering eating behaviors a visible component of this performance. Thus, eating during pregnancy is constituted as a multilayered foodwork practice linked not only to fetal health but also to body aesthetics and social acceptance.

Finally, concerns surrounding eating during pregnancy are closely connected to debates on risk society and food insecurity. Beck (1992) and Giddens (1999) argue that individuals in modern societies are increasingly confronted with invisible risks, particularly through food, and that these risk discourses profoundly shape everyday practices. The food regimes literature demonstrates that eating behaviors are structured by market dynamics, class inequalities, and industrial food systems (Patel 2009; Winson 2013; Koç 2020). While Patel (2013, pp. 26–28) shows that structural inequalities within the global food system shape perceptions of “right choice” and generate intense anxiety, especially among vulnerable groups such as pregnant women. Winson (2013, pp. 28–33) emphasizes that access to healthy food is structurally constrained for low-income groups. For this reason, eating during pregnancy emerges not as an individual choice but as a foodwork domain intertwined with risk discourses, global food regimes, and structural insecurity—an argument that is also clearly reflected in the findings of this study.

2. Materials and Methods

This study draws on qualitative in-depth interviews conducted with 38 pregnant women residing in the city of Batman, located in Southeastern Türkiye. Data were collected between October 2023 and January 2024 through a gynecology clinic, which provided access to participants at different stages of pregnancy. The selection of Batman as the research site was primarily based on the researcher’s access to the clinic and the opportunity to reach a diverse group of pregnant women. The participants were between 26 and 37 years of age, reflecting the typical age distribution of patients attending the clinic.

Ethical approval for the study was obtained from the Ethics Committee of Batman University (Decision No: 2024-02/28). Prior to participation, all respondents were fully informed about the aims, procedures, and voluntary nature of the study, and written informed consent was obtained from all participants. The written consent form used in the study is provided as Supplementary Material. Interviews were conducted in locations chosen jointly by the researcher and participants, including participants’ homes, the researcher’s office, and other mutually agreed settings. Each interview lasted approximately 70 min.

Most interviews were audio-recorded with participants' permission and subsequently transcribed verbatim. In cases where participants did not consent to audio recording, detailed written notes were taken during the interview and expanded into full transcripts immediately afterward. To ensure confidentiality, all personal identifiers were removed, and participants were anonymized using codes such as P1, P2, and so forth.

The interviews focused on everyday eating practices during pregnancy, including meal routines, food classifications, food procurement strategies, risk perceptions, and care-related responsibilities. Particular attention was paid to how participants organized, evaluated, and adjusted their eating practices in daily life.

Data were analyzed using thematic analysis. Initially, all transcripts were read multiple times to gain familiarity with the data, followed by open coding to identify recurring patterns related to eating routines, decision-making processes, normative expectations, and structural constraints. These codes were then grouped into broader themes through an iterative process, allowing connections between everyday food practices and broader social contexts to emerge. To enhance analytical rigor, the coding process was conducted at two different stages, and the resulting themes were compared to ensure consistency. This analytical process resulted in three main themes: Eating Routines and Foodwork in the Construction of Maternal Identity, Body-Related Norms and the Regulation of Foodwork during Pregnancy, Food Safety and Food Security Concerns in Everyday Foodwork.

3. Results

In this section, participants' narratives regarding their eating practices are analyzed through the lens of foodwork. The data show that nutrition during pregnancy constitutes a multilayered social domain in which everyday food-related labor—such as food selection, planning, preparation, avoidance, and control—is shaped by motherhood ideology, biopolitical surveillance, beauty norms, and broader food systems. Accordingly, the themes identified through the analysis are discussed by situating participants' accounts within relevant theoretical debates on foodwork, care labor, and the social organization of everyday life.

The qualitative analysis resulted in three main themes. An analytical overview of these themes and their relation to foodwork is presented in Table 1.

Table 1. Analytical Overview of Eating Practices during Pregnancy as Foodwork.

Main Theme	Sub-Themes	Analytical Interpretation (Foodwork Dimension)
Eating Routines and Foodwork in the Construction of Maternal Identity	Self-regulation of diet; sacrifice and restriction; expert knowledge and advice; moral responsibility	Eating practices function as a form of everyday foodwork through which maternal identity is constructed. Food becomes a site of moral labor, where women demonstrate responsibility, care, and “good motherhood” by regulating and monitoring their eating routines.
Body-Related Norms and the Regulation of Foodwork during Pregnancy	Weight control; body visibility; public surveillance; self-monitoring; aesthetic expectations	Foodwork is shaped by neoliberal body politics that frame the pregnant body as a project requiring continuous regulation. Eating practices are disciplined not only for health reasons but also to conform to norms of bodily control, visibility, and respectability in public space.
Food Safety and Food Security Concerns in Everyday Foodwork	Pesticides and additives; distrust in inspections; affordability of healthy food; access inequalities	Pregnancy intensifies food-related risk perceptions, transforming structural problems of food systems into everyday care labor. Foodwork expands to include risk management, information seeking, and economic strategies, highlighting the gendered burden of navigating food insecurity and safety concerns.

3.1. Eating Routines and Foodwork in the Construction of Maternal Identity

Eating behaviors are among the fundamental everyday practices through which individuals express their social belonging. Although these practices are often associated with ethnic or cultural identity, they also make visible class positions, regional differences, gender roles, and transitions across the life course. Just as specific dietary regimes such as veganism may signal affiliation with a social movement, distinctive life stages such as pregnancy also constitute critical thresholds at which eating behaviors are reorganized.

The sociology of food has long discussed the role of eating in the construction of class, culture, and identity (Mintz and Du Bois 2002; Beardsworth and Keil 2011; Bourdieu 2015). What is distinctive in this study, however, is that during pregnancy, eating ceases to be merely a nutrition-related behavior and becomes a domain through which women construct the process of “becoming a mother” through everyday practices. In this sense, pregnancy can be read not only as a biological transformation but also as a transitional period in which motherhood is rehearsed through eating routines (Murcott 1982).

How food is cooked, when and with whom it is consumed, how it is procured, how the table is set, and the everyday arrangements that take shape around eating all carry important clues about identity. As Bourdieu emphasizes, food functions as a “social declaration” in everyday life (Bourdieu 2015, p. 126). For Barthes, foods—together with the ways they are prepared and consumed—produce a system of meanings; thus, a language and identity are constructed through food (Barthes 2018, pp. 14–15). Brillat-Savarin’s famous statement—“Tell me what you eat, and I will tell you who you are” (Brillat-Savarin 2009, p. 14)—succinctly summarizes this strong connection between eating and identity.

This research shows that food becomes a central component in the construction of maternal identity. Participants largely built their self-narratives of motherhood through nutrition practices. All participants defined healthy eating as one of the main indicators of being a “good mother,” and they stated that by monitoring and restructuring their eating routines during pregnancy, they began to construct their maternal identities already within the pregnancy period. With the exception of only two participants in the sample (approximately 95%), all pregnant women reported that they experienced noticeable changes in their daily eating behaviors. Participants incorporated certain foods they had not previously consumed into their daily routines “for the baby’s health,” while removing foods and beverages they enjoyed from their lives for the same reason.

P19, a teacher in her third trimester, stated that although she loved coffee, she drank only one cup throughout her pregnancy and explained this by saying, “It’s not good for my baby.” P11, a judge, said, “I never liked boiled eggs, but now I force myself,” and although she loved chicken and offal, she stated that she stopped consuming them during pregnancy. Some participants who did not consume meat, garlic, kefir, avocado, broccoli, or fish before pregnancy added these foods to their regular diet plans. Participants generally reported that they avoided carbonated beverages, industrially processed and ultra-processed food products (such as packaged snacks and ready-to-eat foods), sugar—especially chips and junk food—processed meat products, herbal teas, starchy foods, and pastries, and that they focused on foods high in iron, potassium, calcium, and protein.

Motherhood is widely defined as a central component of womanhood and is frequently associated with sacrifice (Miller 2005); however, the findings of this study show how this ideal is operationalized through everyday eating practices during pregnancy. Participants positioned themselves as caregivers already in the prenatal period and framed nutritional responsibility as primarily theirs, thereby translating the abstract expectation of maternal sacrifice into concrete routines of dietary restriction and self-denial. Reconstructing eating practices around the fetus’s needs thus emerges not simply as a personal choice but as a normative mechanism through which women enact responsibility and moral commitment in everyday life. While twenty participants stated that they

worked with a dietitian, those who did not receive dietitian support reported that they attended childbirth preparation courses or closely followed expert recommendations. P1, a security officer who struggled to follow her diet list at work, said, “Still, I feel like I’m accountable to an expert, so I will continue with my dietitian until the end of my pregnancy.” This preference for professional dietary support reflects participants’ heightened risk perceptions regarding fetal health, uncertainty created by conflicting nutritional advice, and the normative expectation to act as a responsible and “good” mother.

These narratives suggest that eating during pregnancy relocates eating from the realm of preference to a regime of accountability in which food practices are organized around anticipated evaluation and moral responsibility. Copelton’s (2007) argument that pregnant women make their diets answerable to both medical authority and the ideal of the “good mother” clarifies the normative infrastructure of this accountability; in our material, this infrastructure becomes visible in the routine disciplines of avoidance, monitoring, and justification. DeVault’s (1991) concept of foodwork further allows us to analytically name what is happening: the core labor is not consumption itself but the continuous planning, selecting, and controlling of food as a form of gendered care labor. Thus, eating during pregnancy is experienced as intensified foodwork precisely because it requires sustained cognitive, emotional, and moral effort to produce “responsible” motherhood in everyday life.

Participants’ narratives also show that pregnancy is perceived as a gradual distancing from previous social identities and as a threshold toward motherhood. During this transition, women attempted to align their eating routines with social expectations. While P32, a food engineer, said that “Protecting the baby’s microbiota is my responsibility,” P9, a banker, stated that she had already planned her postpartum nutrition program and would not allow her baby to eat bread for the first three years. These statements indicate that eating behaviors are framed not only in relation to the present but also as an investment in the child’s future.

All participants stated that they were aware of a cultural framework in which foods and beverages are classified as “good” and “bad” during pregnancy. This classification is based not only on nutritional value but also on moral meanings. As Lupton notes, “good food” is seen not only as healthy but also as an indicator of self-control, whereas “bad food” is associated not only with being unhealthy but also with moral weakness (Lupton 1998, p. 37). This moral framework strongly shaped participants’ eating behaviors. Pregnant women who used the phrase “eating for two” drew a direct connection between eating well and being a good mother; even though they did not explicitly define bad food as “bad motherhood,” they regarded it as at least an indicator of failing to fulfill maternal responsibilities fully.

Pregnant women’s tendency to describe nutrition in detail during interviews indicates that foodwork functions as a key site of identity work rather than merely a topic of reporting. Read through Goffman’s (2014) framework, these detailed accounts can be understood as strategic acts of self-presentation through which women actively position themselves as “responsible” and “caring” mothers-to-be. Importantly, this positioning is relational: participants repeatedly evaluated their own eating practices by implicitly or explicitly contrasting them with those of other pregnant women, thereby drawing normative boundaries around proper maternal conduct. These narrative comparisons suggest that foodwork operates not only as everyday care labor but also as a performative arena in which maternal legitimacy is continuously negotiated and displayed.

Badinter, who argues that the motherhood myth has today turned into a strong normative framework (as cited in Hewett 2013), notes that women who do not comply with these norms may experience intense feelings of guilt. In this study as well, some partici-

pants were observed to develop judgmental and restrictive reactions toward other pregnant women. P32's statement, "I want to kill a mother who smokes," or P14's comment about her friend who smoked while pregnant—"How can a mother smoke? I can't believe it"—shows how sharply these moral boundaries can harden. P1 reinforced these boundaries with the following words: "If we want to be mothers, we must eat well. Ignorance is one thing, but if she eats badly knowing it's harmful, then she is a bad mother."

Feelings of guilt and sacrifice emerge as central organizing principles of pregnancy-related foodwork. Participants who equated good motherhood with good eating consistently prioritized fetal needs over personal desire, framing dietary restriction as a moral obligation rather than a health preference. P3's narrative about coffee—"I will have to sacrifice it for my baby"—illustrates how self-denial is articulated as evidence of maternal commitment, transforming everyday consumption into a site of moral evaluation. Similarly, P22, P26, and P1, who quit smoking during pregnancy, described this process as an intense experience of sacrifice rather than a simple behavioral adjustment, emphasizing responsibility and devotion toward the fetus. The fact that 83% of the sample associated giving up coffee with a clear sense of loss and self-denial suggests that such sacrifices function as normalized markers of good motherhood, positioning guilt not as an individual emotion but as an internalized mechanism through which maternal adequacy is continuously assessed.

When nutritional norms were violated, feelings of guilt became more pronounced. P1 described the first days after learning she was pregnant—when she could not quit smoking immediately—by saying, "I felt so guilty." P33, who completely eliminated bread during pregnancy, stated that she cried on the days she ate bread, while P8 reported that she felt intense guilt after eating chips and chocolate. P17, in her thirty-fourth week, said "I wish I hadn't eaten it" about the single hamburger she ate during her entire pregnancy. P29, a dietitian, used the following expression: "I know how important this is for the embryo and I would never recommend it, but I drank cola because I craved it. I can't explain how I felt afterward."

A large part of these feelings of guilt stems from equating good motherhood with good eating. However, it is also evident that this is intertwined with concerns about body measurements and weight gain. Anxiety about going beyond bodily boundaries culturally accepted as "reasonable" emerged as another important factor shaping eating practices during pregnancy. This issue is discussed in detail under the next set of findings.

3.2. Body-Related Norms and the Regulation of Foodwork During Pregnancy

In contemporary societies, the body functions not only as a biological entity but as a central site through which identity, social position, and cultural value are continuously produced and evaluated (Baudrillard 1997; Giddens 2008). The findings of this study show that during pregnancy, this evaluative regime extends beyond bodily appearance and directly reorganizes everyday eating routines. Surrounded by discourses of health, diet, and self-care, pregnant women experience the body as a surface of moral scrutiny, where eating practices become key instruments of bodily regulation. In this sense, pregnancy-related foodwork emerges as a mechanism through which body norms are translated into daily practices of planning, restriction, and monitoring, rather than remaining at the level of abstract ideals. Eating during pregnancy is not limited to "what is eaten," but involves an intensive form of everyday labor in which what is consumed, where it is obtained, on the basis of which knowledge, how frequently, and under what conditions is constantly planned and reorganized (DeVault 1991; Cairns and Johnston 2015; Warde 2016).

In this study, the fact that all participants raised concerns about their bodies, weight, and appearance without any prompting from the interviewer clearly demonstrates how eating routines during pregnancy are reshaped through bodily norms. More than half of

the participants reported engaging in weight management prior to pregnancy and stated that they became pregnant only after reaching their ideal weight—or even falling below it. These narratives suggest that the idea of “preparing” the pregnant body is not merely an aesthetic desire but operates through everyday practices of planning, control, and monitoring embedded in daily life—that is, through the foundational components of foodwork.

For example, P33 stated that she had always been careful, but before pregnancy she began waking up at 5:00 a.m. every day, walking 10,000 steps, and calculating calories in order to “prepare” her body for pregnancy. P27, an electrical engineer, reported that she attended Pilates classes, lost weight, drank more water than ever before, and prepared for pregnancy by becoming thinner. P5, a midwife, explained that she visited a dietitian before pregnancy to lose weight and, for the first time in her life, strictly adhered to diet lists. These examples show that eating routines during pregnancy are constructed even before pregnancy begins, shaped by expectations of the “proper body,” and that eating, drinking, movement, and monitoring practices become articulated into a coherent regime of everyday discipline (Cairns and Johnston 2015).

Participants’ accounts indicate that weight management during pregnancy is shaped not only by health considerations but by the social visibility and symbolic value of the body. As P7’s narrative illustrates: “Compared to the averages in our country, I’m considered tall. I’ve always been thin. Since I’ve always maintained my ideal weight, my friends and relatives envy me. They ask for advice. When you get used to constant compliments, you inevitably develop anxiety.”

This account shows that thinness operates as a socially valued attribute sustained through external validation and comparison, rather than as a neutral bodily condition. In line with discussions of the body as a central site of reflexive identity construction and social evaluation (Baudrillard 1997; Giddens 2008), continuous visibility produces anxiety rather than reassurance. This anxiety, in turn, intensifies self-monitoring and dietary control, positioning foodwork as a compensatory mechanism through which women attempt to maintain bodily legitimacy and manage the pressure of social recognition during pregnancy.

This narrative illustrates how the body functions as an object of social approval, while also clarifying how eating routines during pregnancy become an “accountable” everyday practice. Maintaining weight, appearing “proper,” and staying within “normal” boundaries intensify and render more visible processes such as meal planning, food shopping and procurement, portion control, strategies for eating outside the home, and continuous information monitoring. In this sense, eating during pregnancy is experienced not as a momentary act of consumption but as a form of foodwork characterized by planning and surveillance (DeVault 1991; Warde 2016).

In participants’ accounts, weight control during pregnancy was described as a process in which norms of the “ideal body” intersected with expectations of “proper care.” This intersection leads eating routines to be organized simultaneously with reference to bodily appearance and fetal health. Consequently, eating during pregnancy turns into a series of practices adjusted to two concurrent goals—body and care—continuously recalculated and sustained through small, everyday decisions.

Environmental interventions play a decisive role in this transformation. All participants reported receiving at least one critical comment about their bodies during pregnancy. Remarks from family members, neighbors, or relatives—such as “Your belly isn’t growing,” “Aren’t you eating enough?”, or “Your baby will be born small”—were described as disturbing by most participants. P32 recounted her mother in law’s insistence that her belly “should be bigger,” while P29, a dietitian, described her experience as follows:

“My family and acquaintances sometimes tell me what I should eat. What they suggest is usually traditional and often incorrect information. If I feel this pressured, I don’t even want to imagine how other pregnant women feel.”

Taken together, these accounts suggest that public and familial commentary functions as a mechanism of everyday surveillance, through which eating practices are externally monitored and women are compelled to continuously justify and regulate their foodwork during pregnancy. Such comments intensify the “knowledge” dimension of foodwork during pregnancy: women are required to manage family and community knowledge while simultaneously aligning their everyday practices with expert recommendations. As a result, eating routines become not only a domestic task but also a form of everyday labor negotiated, defended, and legitimized within social relationships (DeVault 1991). In the Turkish context, Ecevit’s (2014) argument that the female body functions as a constantly surveilled site of social performance, along with Bora’s (2011) analyses of normative motherhood, align directly with these findings. Pregnancy appears as a period in which surveillance networks operate with greater intensity.

One of the most striking findings of the study concerns the ambivalent public status of the pregnant body in Türkiye. Participants described pregnancy as a condition in which the body becomes simultaneously valorized and problematized. On the one hand, the pregnant body is symbolically elevated through discourses of motherhood, fertility, and sacrifice; on the other hand, it is rendered morally sensitive due to its visible association with sexuality and reproduction. In this sense, pregnancy does not neutralize the sexualized female body but rather makes it more publicly legible, exposing it to intensified moral scrutiny. This ambivalence resonates with feminist analyses of the maternal body as a site that is simultaneously celebrated and disciplined. As Bordo (1993, pp. 71–95) argues, the female body is rendered socially valuable precisely through regimes of control, while Shildrick (1997, pp. 30–55) conceptualizes the maternal body as a “leaky” and boundary-transgressing form that invites both reverence and moral unease. In this sense, pregnancy legitimizes bodily visibility while at the same time intensifying moral regulation and scrutiny.

Participants’ accounts suggest that the pregnant body is often implicitly framed as something that should remain discreet, controlled, and partially hidden in public space. The visible markers of pregnancy—such as the growing belly—are read not only as signs of motherhood but also as reminders of sexual activity, which can trigger discomfort within dominant moral frameworks. This tension contributes to the classification of the pregnant body as “too visible” or “out of place” in certain public settings, leading some women to experience shame or embarrassment when appearing in public while pregnant.

Some participants stated that they avoided public spaces during pregnancy or felt uncomfortable eating outside the home and moving freely. As P37 stated, “When I go outside, I feel like everyone is looking at me.” This feeling reflects not merely self-consciousness but an awareness of being positioned at the intersection of idealized motherhood and moral regulation of female sexuality. In this context, the pregnant body becomes both celebrated and subtly abjected: honored as a maternal vessel yet simultaneously subjected to norms of modesty and restraint.

This ambivalence directly shapes everyday eating practices. Concerns about visibility and judgment influence where, when, and with whom women feel comfortable eating. Some participants avoided eating in public spaces, while others reorganized their daily routines to limit bodily exposure. Thus, public moral evaluations of the pregnant body extend into the organization of daily foodwork, affecting not only dietary choices but also the spatial and social conditions under which eating takes place (Warde 2016). Pregnancy-related foodwork, therefore, is structured not only by health and care considerations but also by cultural norms governing sexuality, visibility, and respectability in public life.

In conclusion, this set of findings shows that eating routines during pregnancy are reconfigured through the combined effects of bodily norms, public commentary, family and community interventions, and care responsibilities. In Türkiye, pregnancy emerges not merely as a biological process but as a social experience in which women's everyday eating practices—shopping, planning, avoidance, monitoring, and strategies for eating in social contexts—are intensely regulated and rendered highly visible.

3.3. Food Safety and Food Security Concerns in Everyday Foodwork

One of the most striking findings of this study is that pregnancy functions as a powerful social lens through which food-related risks become both more visible and more consequential. While pregnancy introduces new concerns, it also amplifies and reorganizes existing anxieties surrounding food safety and food security by anchoring them to fetal vulnerability and maternal responsibility. In line with risk sociology, these concerns are not experienced as abstract probabilities but as embodied and moralized obligations that must be actively managed in everyday life (Lupton 1999). Thus, ordinary uncertainties related to food production, inspection, and safety are transformed into an intensified field of care labor, where managing risk becomes a central component of pregnancy-related foodwork, structured through normative expectations and the organization of everyday eating practices (DeVault 1991; Cairns and Johnston 2015; Warde 2016).

In the Turkish context, this lens effect is particularly pronounced. In recent years, deaths caused by counterfeit alcohol, as well as food poisoning incidents linked to street-sold chicken döner, mussels, or homemade tomato paste sold in open markets, have received wide public attention and made the institutional fragility of food safety visible. In this context, the concerns articulated by participants are not merely individual; rather, they should be read as social reactions shaped within an atmosphere of deepening structural food insecurity in Türkiye.

This finding demonstrates that pregnancy is a period in which everyday relationships with food are fundamentally reorganized through practices of care and risk management. Rather than being mediated primarily through abstract health knowledge, food-related risks are experienced and negotiated through everyday foodwork practices that require continuous decision making. As risk sociology suggests, risk is lived not as information but as a practical and moral responsibility embedded in daily routines (Lupton 1999). In this context, concerns about pesticide residues, hormonally produced foods, additives, GMOs, irregular import regimes, and insufficient inspections become integral components of foodwork, shaping how food is selected, avoided, and justified during pregnancy.

This situation is clearly reflected in the narratives. P2, an academic participant, drew particular attention to pesticides and described the situation by stating that “there is food terror.” P37 noted that she only acquired the practice of reading labels during pregnancy and described glucose syrup as “a deadly substance.” P18, who lives in an olive-producing region of the Aegean, expressed distrust toward production and inspection processes by stating that the olive oil produced in her region “no longer smells like olive oil.” P5, identifying herself as a midwife, stated that she experienced insecurity not only toward the final product but toward the entire food chain, from seed to consumption. Indeed, reports published in recent years indicate a sharp increase in pesticide use, demonstrating that these concerns have a structural basis (TMMOB 2023).

This perception of risk can be read, in line with Lupton's (1999), 2013 risk approach, as an evaluative regime that circulates through the body and everyday life during pregnancy. However, the findings of this study show that risk is experienced primarily not as an ethical motherhood discourse but as a workload that must be managed within every-

day care labor. Shopping, product selection, label reading, searching for reliable producers, and cooking processes constitute a field of foodwork that intensifies during pregnancy.

Although this intensification overlaps with Hays's (1996) concept of "intensive motherhood," what is most determinative in the narratives is not motherhood ideology per se but rather the increasing demands for time, attention, and cognitive labor associated with food-related care work. Tronto's (1993) ethics of care framework is functional in explaining why this burden is largely concentrated on women: decision-making processes regarding food are embedded in the domain of care labor, which in everyday life remains largely women's responsibility.

Parallel to concerns about food safety, food security also emerges as a determining problem area in participants' everyday lives. Rising prices of meat, dairy products, eggs, legumes, and especially protein-based foods directly affect nutritional practices during pregnancy. FAO's recent data show that per capita meat consumption in Türkiye is far below the OECD average (FAO 2023). P38, as a public employee, drew attention to the fact that "quality products are more expensive." P29, identifying herself as a dietitian, stated that economic conditions shape not only her own kitchen but also the nutrition lists she prepares for her clients. While P19 stated that "protein has become a luxury," P4, identifying herself as a physician, emphasized class-based inequalities by saying, "I wish at least we could be equal when it comes to food."

These narratives directly align with the core arguments of the foodwork literature. DeVault's (1991) conceptualization of "invisible foodwork" demonstrates how responsibility for accessing, selecting, and preparing food becomes naturalized and unquestioned within everyday care labor. Analyses by Counihan and Kaplan (1998) on gender food relations also explain why nutritional responsibility during pregnancy is experienced in a more intense and constraining manner. Problems in access to food therefore become not merely an economic issue but a domain of everyday experience in which the adequacy of care labor is implicitly evaluated.

All of these findings demonstrate that food safety and food security are not problems that can be resolved through individual efforts alone. Food constitutes a structural domain intertwined with the reproduction of everyday life. Regulating pesticide use, strengthening inspection mechanisms, developing accessible pricing policies, and protecting vulnerable groups should be addressed not only as matters of agricultural or economic policy but also as integral components of the social organization of care labor.

In conclusion, the finding that pregnancy functions as a social lens that renders issues of food safety and food security visible constitutes one of the distinctive contributions of this study. Pregnancy is a period in which structural problems in the food system are felt most intensely within everyday foodwork practices. In the Turkish context, this finding powerfully demonstrates that food policies must be discussed not only along the axes of production and consumption but also in relation to everyday care labor, inequalities, and public health.

4. Discussion

This study demonstrates that pregnancy constitutes a critical social moment in which foodwork becomes intensified, expanded, and morally charged. The findings show that eating during pregnancy cannot be understood solely as an individual health behavior but must be situated within broader normative, biopolitical, and structural frameworks that organize care labor, bodily regulation, and everyday life. In this respect, pregnancy emerges as a social knot where food regimes, motherhood ideologies, and body politics intersect, rendering foodwork both highly visible and deeply consequential.

The first set of findings shows that foodwork intensifies during pregnancy within a powerful normative framework that links eating practices to moral responsibility and maternal competence. Consistent with Murcott's (1982) early observations on dietary advice in pregnancy and Copelton's (2007) analysis of prenatal nutrition as a moralized domain, participants' narratives reveal how eating routines are reorganized around expert knowledge, risk discourses, and norms of "good motherhood." Food selection, avoidance, planning, and monitoring thus become everyday practices through which women actively rehearse motherhood and demonstrate care. In this sense, foodwork functions as a key site where abstract ideals of maternal sacrifice are translated into concrete, routinized forms of care labor, aligning with Hays's (1996) concept of intensive motherhood.

The second set of findings resonates with analyses of neoliberal body politics, which conceptualize the body as an ongoing project subject to constant self-surveillance, discipline, and optimization (Gill 2007; McRobbie 2015; Elias et al. 2017). Pregnancy does not suspend this regime; rather, bodily regulation is rearticulated through foodwork. Eating practices are shaped not only by concerns for fetal health but also by expectations surrounding weight control, bodily appearance, and post-pregnancy recovery. As Bordo (1993) argues, the female body operates as a privileged site of moral regulation, while Shildrick's (1997) work on bodily permeability highlights how pregnancy intensifies anxieties around control, leakage, and vulnerability. In this context, foodwork becomes a practical mechanism through which bodily boundaries are managed, justified, and made socially accountable.

In Türkiye, this bodily regulation takes on a distinctive ambivalence. Pregnancy is culturally celebrated as a transition into motherhood, yet the visible pregnant body simultaneously evokes sexualized meanings that render it morally sensitive and, at times, abjected. This tension shapes everyday foodwork by influencing where, how, and under what conditions women feel comfortable eating and appearing in public. Foodwork thus operates not only as care labor directed toward the fetus but also as a strategy for navigating competing expectations of respectability, modesty, and maternal virtue within public and familial spaces.

The third set of findings shows that pregnancy functions as a powerful lens through which food safety and food security concerns become sharply visible. Risks related to pesticide residues, additives, hormonally produced foods, GMOs, hygiene problems, irregular import regimes, and insufficient inspections—often backgrounded in everyday life—move to the center of foodwork during pregnancy. The vulnerability of the fetus transforms these risks from abstract concerns into intensive care responsibilities, reinforcing women's responsibility for managing uncertainty within everyday routines. This finding aligns with feminist analyses emphasizing how environmental and institutional vulnerabilities within food systems are disproportionately absorbed into women's care labor.

Food insecurity further emerges as a fragile dimension of foodwork during pregnancy. Rising food prices and unequal access to protein-rich and "healthy" foods shape everyday nutritional practices, revealing how foodwork is structured not only by time and labor but also by classed access to economic resources. During pregnancy, access to adequate nutrition becomes a question of social justice, linking foodwork directly to broader inequalities.

Recent legal developments reinforce this structural reading of food-related risk. The 2025 court ruling, following a lawsuit filed by Greenpeace Türkiye which mandated the public disclosure of pesticide inspection results, demonstrated that food safety concerns are grounded in governance, institutional accountability, and public transparency rather than individual paranoia. By making inspection data publicly accessible, this ruling rendered visible the structural conditions under which everyday food-related risk is produced and managed, providing a crucial context for understanding why pregnant

women's foodwork involves intensified risk assessment, information seeking, and care-related responsibility.

Taken together, these findings show that foodwork during pregnancy is not merely intensified but reconfigured as a socially organized form of care labor shaped by normative expectations, bodily regulation, and structural inequalities. By foregrounding foodwork as the analytical lens, this study contributes to the sociology of food by demonstrating how pregnancy operates as a key moment in which care, risk, and governance are absorbed into women's everyday lives.

5. Conclusions

This study offers an original contribution to the sociology of food by demonstrating that pregnancy is one of the social moments in which foodwork becomes most visible, intensive, and morally charged. By approaching eating during pregnancy as socially organized everyday labor rather than as a biological necessity or individual choice, the study extends foodwork theory beyond domestic food preparation and positions pregnancy as a key analytical site for understanding the social organization of care, risk, and food in contemporary societies.

Empirically grounded in in-depth qualitative interviews with pregnant women in Türkiye, the study shows how structural vulnerabilities in food systems—such as regulatory opacity, price instability, and unequal access—are translated into everyday care labor borne primarily by women. In doing so, it bridges debates on motherhood, body politics, and food regimes, revealing how eating practices operate as a central arena where normative expectations, structural inequalities, and identity construction converge.

The findings further underscore that foodwork during pregnancy functions as both a disciplinary and a negotiable field of practice. While women are subject to powerful norms of good motherhood, bodily control, and risk avoidance, they also develop everyday strategies of negotiation, adaptation, and selective compliance. Food thus emerges not only as a site of social pressure but also as a domain through which subjective positioning and everyday agency are enacted.

Beyond its theoretical contributions, the study has clear policy implications. Strengthening food inspection mechanisms, regulating pesticide use, supporting transparent and sustainable production, developing access policies for vulnerable groups, and controlling food prices are essential for reducing the burden of foodwork during pregnancy. Such measures are crucial not only for women's health but also for child health, family well-being, and broader efforts to address social inequalities within food systems.

The main limitation of the study lies in its focus on a single city in southeastern Türkiye. Future research may expand this framework by examining pregnancy and foodwork across different regional contexts, rural–urban settings, migrant populations, and by incorporating the roles of fathers and other family members in food-related care labor.

In conclusion, this study makes visible how pregnancy, food, care, and the body are intertwined through foodwork, offering a context-sensitive and theoretically grounded contribution to both the sociology of food and the international literature. Pregnancy emerges as a period in which women encounter structural risks, gendered expectations, and neoliberal body politics most intensely, making it a particularly powerful lens for understanding contemporary food systems and care relations.

5.1. Key Conclusions

1. By conceptualizing eating during pregnancy as foodwork, this study demonstrates how everyday nutritional practices operate as a form of care labor through which responsibility, risk management, and moral accountability are actively produced, extending foodwork theory into the domain of pregnancy.

2. Food safety and food security concerns are translated into everyday care labor during pregnancy, shifting structural risks from institutions to women's daily foodwork practices.
3. In the Turkish context, pregnancy functions as a social lens that renders normative motherhood expectations, body politics, and food-related risks particularly visible.

5.2. Strengths and Limitations of the Study

This study has several limitations that should be acknowledged. First, the research is based on in-depth qualitative interviews conducted in a single city in southeastern Türkiye; therefore, the findings are not intended to be statistically generalizable. Rather, the study prioritizes contextual depth over breadth in order to capture the everyday meanings and practices through which foodwork is organized during pregnancy. Second, the analysis focuses on pregnant women's narratives and does not include the perspectives of partners or other family members involved in food-related care labor.

Despite these limitations, the study has several important strengths. Its qualitative design offers rich, context-sensitive insights into the everyday organization of foodwork during pregnancy, a domain that remains underexplored in the literature. By foregrounding foodwork as a form of care labor rather than a set of individual dietary choices, the study extends foodwork theory by demonstrating how structural risks related to food safety, food security, and bodily regulation are absorbed into women's daily lives rather than mitigated at the institutional level. Situating pregnancy at the intersection of food sociology, care labor, and body politics, the study provides a theoretically grounded contribution that highlights how maternal identity, risk management, and inequality are reproduced through everyday eating practices.

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