

# Self Concept and Anxiety in Pregnant and Non Pregnant Married Women

## Abstract

The main purpose of this research was to find out the mean difference between pregnant and non pregnant women in self concept and anxiety. The total 60 women pregnant and non pregnant (28 pregnant 32 non pregnant) were taken as a sample. The research tool for self concept scale Ahuwallia (2002) was used. Anxiety was measured by Sinha & Sinha (2002) anxiety test was used. t- test was applied to check significance of self concept and anxiety in pregnant and non pregnant women. Check the relation Karl Person Co-relation method was used. Result reveals that no significant difference in self concept and anxiety with both married pregnant and non pregnant women. Whiles co-relation between self concept and anxiety reveals -0.43 negative co relations.

**Keywords:** Self concept, Anxiety

## Introduction

A person's self-concept is his knowledge about himself. Similar to how he can know other people, and know facts about how they tend to think, and what they enjoy doing, and what their temperament is like, he can also know these things about himself. Some people have much stronger self-concepts than others, probably because possessing a self-concept in much detail requires reflection on one's own self and behavior.

Self Esteem and Educational Attainment of Pregnant Adolescent Self esteem could be defined as the emotional evaluation teenagers make about themselves, which is generally in the form of approval or disapproval. A self evaluation expressed as an attitude of approval or disapproval. It indicates the extent to which persons believe themselves to be capable, significant, successful, and worthy. Self esteem could be conceptualized as a component of the overall self concept. According to **Holl and Andre (1994)**, while self concept refers to the complex set of beliefs about one's self; self esteem refers to the value or sense of worth one perceives about one's self. Hence, individuals exhibiting high self esteem respect themselves and consider themselves worthy. Low self esteem, on the other hand, implies rejection, self dissatisfaction, and self contempt. Self esteem is solidified in adolescence (**Neel, Jay, & Lit, 1985**). It is pertinent to note that due to the psychological subjection pregnant adolescent go through they are often the preservation of low self esteem. Experts have established a relationship between low self esteem and adolescent pregnancy **Elkes & Crocitto, 1987; Robbins, Kaplan, & Martin, 1985; Thompson, 1984**).

Pregnancy can be both an exciting and worrying time for parents-to-be. Pregnant women experience a range of physical and emotional changes, all of which may trigger anxiety. Fear of the unknown, stress, feelings of insecurity over work or money, and daily pressures add to hormonal changes during pregnancy and may make women feel overwhelmed. Couple this with the constant worry over the baby's health, and anxiety becomes a real possibility. Boston-area researchers looked at the rates of detection and treatment of maternal anxiety by obstetricians during pregnancy and at six weeks postpartum. They screened nearly 500 women and compared the results with each woman's medical records. More than 20 percent of tested positive for an anxiety disorder, depressive symptoms, or both prenatally, and 17 percent screened positive at six weeks postpartum. But "the majority of women who screened positive were not identified by their providers during pregnancy or postpartum," say the experts A further study focused on mothers older than 35. The researchers, from Finland, reviewed women's attitudes to the risks associated with pregnancy in this maternal age group. They write, "Being 'at risk' (due to age) causes anxiety and concern, which older pregnant women try to ease by preparing themselves for pregnancy and seeking information. "While these women want to be as well-informed and prepared as possible, the information they receive can cause more anxiety rather than alleviate their



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concerns. It is important for healthcare providers to be aware of the different feelings and experiences of older pregnant women in order to meet their individual needs." A separate team from the University of British Columbia investigated the medical treatment of anxiety disorders in the months surrounding birth. They found complex results in which both drug and non-drug treatments were associated with positive and negative outcomes. "No treatment decision was found to be risk-free," they write. "The detrimental effects of untreated mental illness on the mother, as well as on the baby, highlight the need for treatment intervention. But the long-term effects of exposure to either medications or maternal mental illness are unknown, as yet."

Adolescent pregnancy can have serious health consequences for mothers and babies. These women suffer from poorer mental health for a period of three years after giving birth (Liao, 2003). Teenage pregnancy represents risks for the baby as well as Hamlyn et al. (2002) showed that mothers under the age of 20 breastfeed in less than 50 % compared to older mothers (25- 29 years old ) who breastfeed in almost 70 % Breastfeeding represents an ideal nutrition for the baby as well as important antibodies helping the child to fight infections. Black and De Blasi (1985) focused on personal life consequences finding higher rate of unstable marriages and feelings rate of unstable marriages and feeling of isolation, stress, guilt. Both teenage mother and child are prone to suffer from educational deprivation as teenage mothers are less likely to continue with education and their children have a higher rate of learning difficulties. In other words teenage mothers struggle to go back to school which is detrimental to their future professional life. Apart from that teenage mothers are more likely to have a partner poorly qualified and are themselves more likely to suffer unemployment, hence prone to a significant reduction in their standard of living (**Ermish&Pevalin, 2003**). Taken in consideration how vast impact teenage pregnancy has on individuals and society, UK government developed strategies targeted on decreasing the rate of teenage pregnancy. Current measures to decrease teenage pregnancy rates such as education and widely available health services didn't prove to be sufficiently effective and government's Teenage Pregnancy Strategy struggles to achieve the main aims for the 2010 target (**Teenage Pregnancy and Sexual Health Marketing Strategy, 2009**).

To develop more efficient tools it is necessary to search literature for risk factors with a view to prevent them. Harden Brunton, Fletcher and Oakley (2009) identified three main themes associated with early parenthood such as dislike of school, unhappy childhood and poor material circumstances. Allen et al. (2007) supported their conclusion by finding that easy communication with parents or guardians as well as education at school reduces risk of teenage pregnancy. According to **Emler (2001)** there is an obvious correlation between low self – esteem and higher rate of teenage pregnancies, possibly up to 50%. The evidence of why this is happening and what are the factors related to low self – esteem contributing to pregnancy is yet unknown. Orr,

Wilbrandt, Brack, Rauch and Ingersoll (1989) researched in relation between sexual behaviour and self – esteem showing that sexually active teenage girls had lower self – esteem than those who did not. Boys on the other hand showed higher self – esteem after starting sexual life. **Keddie (1992)** published a Jamaican study on teenage pregnant and non – pregnant girls finding significantly higher self – esteem in non – pregnant girls. These two papers support hypothesis of the relation between low self – esteem and teenage pregnancy but don't give an answer to causality, if teenage pregnancy leads to lower self – esteem or if low self – esteem stands as a risk factor for teenage pregnancies. It is possible to argue that low self – esteem in these girls can be related to low education as **Botting, Rosato and Wood (1998)** showed that the rate of teenage mothers is significantly higher in girls with unskilled manual background compared to professional background. Also pupils scoring below average at school are at higher risk of becoming a teenage parent (**Kiernan 1995**).

### **Anxiety Attacks During Pregnancy**

Pregnancy may represent something genuinely happy and exciting, but pregnancy itself can be very stressful. Your body goes through considerable hormonal changes. You feel aches and pains you never felt before. You have to worry about your own health, worry about the health of the fetus, and worry about how you're going to live your life once you bring a baby into this world. Pregnancy may also increase your risk of developing anxiety attacks, and when you're pregnant these attacks can be an incredible challenge. This article explores the relationship between pregnancy and panic attacks and suggests possible treatment options.

### **Control Panic Attacks during Pregnancy**

Anxiety attacks may affect as many as 10% of all pregnant women or more, and that level of stress can be unhealthy for you and for your baby. Control panic attacks with healthy, safe anxiety strategies. Find out more with my free 7 minute anxiety test.

### **The Health of Anxiety Attacks**

Any time you experience some of the stresses of an anxiety attack, it's never a bad idea to visit a doctor just in case. Pregnancy does have many complications, and it can often be hard to tell the difference between an anxiety attack and something more serious. But once you've ruled out more serious options, you still need to get your anxiety attacks under control. Take my free 7 minute anxiety test to get started.

### **What is an Anxiety Attack**

Anxiety attacks are extremely stressful events – especially for pregnant women. Often referred to as "panic attacks," anxiety attacks are moments of intense anxiety that manifest in physical symptoms. During an anxiety attack, you're likely to experience:

- Rapid heartbeat.
- Lightheadedness or feeling faint.
- Chest pains.
- Leg and muscle weakness or tingling.
- Trouble thinking.
- Shortness of breath.
- Dizziness.

These are the same symptoms that anyone with an anxiety attack experiences, regardless of pregnancy. What tends to cause more problems is the feeling of doom. During an anxiety attack (which usually peaks about 10 minutes in), there is often this incredibly intense feeling of doom, usually about your health. That's why so many of those with anxiety attacks end up visiting a doctor. When you are pregnant, your concerns about the health of the child can increase the effects of your anxiety attack dramatically, because now you're worrying about the health of two, not just your own. That's why anxiety attacks represent such a serious issue for those that are pregnant. That level of anxiety can be devastating and make your quality of life worse, and since doctors recommend trying to be as stress free as possible when you're with child, controlling your anxiety attacks becomes very important.

What Causes Anxiety Attacks in Pregnant Women?

Every person is different. What makes pregnancy unique is that there are several different issues that may occur when you go through pregnancy that may bring on anxiety attacks:

- You may have anxiety attacks as a result of hormonal changes during pregnancy.
- You may have anxiety attacks as a result of the stress and worries of pregnancy.
- You may have already suffered from anxiety attacks and they become worse during pregnancy.
- You may simply be at an age when a developing anxiety attack is more common.

Some doctors have found that those that normally have anxiety attacks actually stop having anxiety attacks while pregnant, only to find that they come back once the child is born. It's amazing the way pregnancy can affect the mind and body both in physical and mental ways. So claiming a cause and effect with pregnancy and anxiety attacks is not that simple, and certainly cannot be done through the Internet. But there are plenty of possible causes of anxiety attacks related to your pregnancy. How to Prevent Future Anxiety Attacks: When anxiety attacks are caused by hormonal changes, controlling them is possible but a bit more difficult. You cannot and should not stop these hormonal changes from happening, and that means that when your brain creates these panic attacks as a result of your hormones, it's going to continue to do so until your hormones return to normal.

But that doesn't mean that you need to live with anxiety attacks throughout your pregnancy. There are several important things to note:

- Preventing Recurrence Post-Pregnancy – It's important to realize that some people that develop anxiety attacks never lose them, even when they are the result of pregnancy hormonal changes. That is because the fear of an anxiety attack and the experience of an anxiety attack can be severe enough that you increase your risk for triggering them in the future. Dealing with anxiety attacks should always be a priority.
- Reducing Severity – There are strategies that reduce the severity of an anxiety attack even if

they do not cure it altogether. The less severe your anxiety attacks, the less they'll affect the quality of your life and the comfort of your pregnancy, and in some cases they may be easier to control.

- Stress Control – Even though anxiety attacks may feel as though they come from nowhere and that your hormonal issues may be solely to blame, the truth is that stress does play a role in triggering your anxiety attacks. Control your stress and anxiety, and your likelihood of experiencing an attack is reduced.

It should be a room that is as quiet as possible that you can go into and experience nothing but a relaxing, quiet experience. This can be beneficial not only for dealing with your own stresses, but also for handling being a parent. Still, you'll need something more effective to cure anxiety attacks altogether. For that, start with my free 7 minute anxiety test. It's a test dedicated specifically to examining your systems and recommend an effective treatment.

#### Review of Literature

Research on the influence of self-esteem on adolescent pregnancy and parenthood has produced inconsistent and inconclusive findings. Some researchers (**Elkes & Crocitto, 1987; Horn & Rudolph, 1987; Lineberger, 1987**) have established a correlation between low self-esteem and adolescent pregnancy. Others **McCullough & Scherman, 1991; Robbins, Kaplan, & Martin, 1985; Medora, Goldstein & von deer Hellen, 1993**) have found no differences or differences in the opposite direction. This study would determine if the self-esteem held by the pregnant adolescent influence their educational attainment. *International Journal of Humanities and Social Science*.

Only 15 percent of positively screened participants had evidence of any mental health treatment during pregnancy. In the postpartum period, only 25 percent of positively screened postpartum women received treatment," they report, adding that care is "seriously lacking and needs to be addressed." Elevated anxiety can affect mother-infant interactions, warn researchers from Michigan State University. They write, "Many postpartum women experience emotional deregulation, often involving elevated anxiety." A range of brain and hormone factors could contribute to this anxiety. They add that recent contact with infants seems to mitigate this anxiety.

Women who have suffered adverse outcomes in previous pregnancies are at particular risk. Miscarriage, fetal death, and preterm birth reduce women's quality of life scores and significantly raise their anxiety scores during subsequent pregnancies. One study found that "health anxiety" was only elevated in pregnant women who had experienced earlier complications during pregnancy. However, anxiety relating to childbirth is widespread among pregnant women. A team from the University of British Columbia, Canada, surveyed 650 women at 35 and 39 weeks gestation, with low-risk pregnancies. Twenty-five percent of women reported high levels of childbirth fear, and this was positively correlated with anxiety, daily stressors, and less available help. "Fear of childbirth appears to be part of a complex picture of

women's emotional experiences during pregnancy," say the team.

### Objectives

The main objectives of study were as under:

1. To measure the self concept among pregnant and non pregnant women.
2. To measure the anxiety among pregnant and non pregnant women.
3. To Check correlation between self concept and anxiety.

### Hypothesis

To related objectives of this study null-hypothesis were as under:

1. There is no significant difference in self concept among pregnant and non pregnant women.
2. There is no significant difference in pregnant and non pregnant women.
3. There is no correlation between self concept and anxiety.

### Method Tools

For this purpose the following test tools were considered with their reliability, validity and objectivity mentioned in their respective manuals. In present study two inventory used in research.

**(A) Scale of Self concept:** The scale was made by **Ahuwalia (2002)**. This test contains 80 items with 'yes' or 'no' responses. It also includes 16 lie items. This scale consists of 6 subscales behavior, intellectual and school status, physical appearance and attributes, Emotional maturity, Popularity, Happiness and satisfaction. It has high test-retest reliability and the concurrent validity range from 0.397 to 0.621.

**(B) Scale of Anxiety:** The scale was made by **Sinha & Sinha (2002)**. 90 statements in the scale. Every statement has two responses. The test-retests and internal consistency (Spiarman & Brown) was found 0.85 and 0.92. The validity was found 0.62 respective.

### procedure

The testing was done on pregnant and non pregnant women. The whole procedure of fill the inventory was explained to them fully and clearly. The instructions given on the questionnaire were explained to them. It was also made clear to them that their scores would be kept secret. It was checked that none of the subjects left any questions unanswered or that no subject encircled both the answers given against a question.

### Samples

According to the purpose of present study total 60 samples has been selected. There were 28 pregnant and 32 non pregnant women were taken as a sample in Rajkot City (Gujarat).

### Research Design

The aim of present research was to a study of self concept and anxiety among pregnant and non pregnant married women. For these 60 women were taken as a sample. Here to measure self concept in them **Ahuwalia (2002)** was used. Check anxiety in them, anxiety scale was used which was made by **Shinha & Sinha (2002)**. To check the difference between groups t- test and to check the relation Karl-person co-relation 'r' method was used. The result discussion of self concept and anxiety is as under:

### Result and Discussion

The main objective of present study was to study of self concept and anxiety in pregnant and non pregnant married women. In it statistical 't' method was used and to check the relations Karl-person correlation 'r' method was used. Result discussion of present study is as under.

According to table-1 the result obtained on the basic area of self concept reveals not significant difference among pregnant and non pregnant women. In Self concept pregnant women received high mean score **58.70** as compare non pregnant women **55.57** (table 1).there has mean difference was **3.13**. The t-value was **3.29** (table -1) there was not significant difference of women pregnant and non pregnant in Self concept. So we can say that first hypothesis was rejected. Evidences of research finding given by **Sangeeta Rath Sumitra Nanda (may,2012)**.conducted study in Self Concept: A psychological study on Adolescents. Result was same as present study. Therefore we can say that present finding are supported by **Sangeeta Rath Sumitra Nanda (may,2012)**.

According to table -2 the result obtained on the basic area of anxiety reveals not significant difference of pregnant and non pregnant married women.

In Anxiety pregnant women received high mean score **16.80** as compare non pregnant women **13.11** (table 2).there has mean difference was **3.69**. Here t-value was **2.48** (table -2) There was not significant difference of women pregnant and non pregnant in anxiety. So we can say that second hypothesis was rejected. This is conformity with the findings of **Jogsan (2012)**.

According to table -3 the result obtained that negative correlation between self concept and anxiety. The -0.43 negative correlation between self concept and anxiety. It means self concept increases anxiety decreases.

### Conclusion

We can conclude by data analysis as follows:

There not significant difference in self concept and anxiety of married pregnant and non pregnant women. There were significant difference in self-conce and anxiety. There were - 0.43 negative correlations are seen between self concept and anxiety. It means as the adjustment increases stress decrease.

### Limitation

In the research work taken sample was not achieved with concentration on particular area. The study was restricted to only women. Therefore other person is not affected with the result. The present research includes 60 samples. So generalization of the result might be unfell here. No other adjustment except questionnaires had been adopted in the present research work for the collection of information. In sample selection for this research random method was followed. The present research is only a part of the study, thus generalization should not be consummated, and the scientific is not approached in the selection of sample. The contusions of the present research are both significant and not significant. Therefore in this practical world all persons take differently and act differently. So it is inevitably complicated task to determine the

proportion of self concept and anxiety in person's character.

### Suggestions

Endeavour can be executed to analyze more than 60 data of sample with efficacy to attain better results. For the accumulation of information, variegated methods except questionnaires can be used. Selection of sample can be accomplished with the intake of different peoples from different state and district to ascertain their self concept and anxiety. To crown the edifice of the research work, other method of selecting sample can be appropriated.

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### Result Table

**Table - 1**  
Showing Mean, S.D. and 't' Value of self concept (N=60)

Sr. No.	Sample Group	n	Mean	t
1	Pregnant	28	55.57	3.29*
2	Non pregnant	32	58.70	

\* P < 0.05

\*\* P < 0.01

NS = Not Significant

**Table - 2**  
Showing Mean, S.D. and 't' Value of Anxiety (N=60)

Sr. No.	Sample Group	n	Mean	t
1	Pregnant	28	16.80	2.48**
2	Non pregnant	32	13.11	

\* P < 0.05

\*\* P < 0.01

NS = Not Significant

**Table - 3**  
Showing The Correlation Between Self concept and Anxiety

Sr. No.	Variables	N	R
1	Self concept	60	-0.43
2	Anxiety	60	