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ASSESSMENT OF SELF ESTEEM AND AFFECTING SOCIO-DEMOGRAPHIC FACTORS AMONG PREGNANT WOMEN OF A DEVELOPING COUNTRY

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# ABSTRACT



**OBJECTIVE**

To assess the self-esteem and affecting demo­ graphic and social factors among the pregnant women.

# STUDY DESIGN

Descriptive study

# PLACE AND DURATION OF STUDY

The study was conducted at a tertiary care hospital between the months of January and March 2016.

# SUBJECTS AND METHODS

120 women during their pregnancy coming for ante natal checkup al an antenatal unit wereassessed for this study. Self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSES). Relationship of age,gestation period, parity, planned or unplanned pregnancy, previous loss or complication, occupation, education, level of family income, worry about future, partner support and tobacco smoking was assessed with level of self-esteem using the chi­ square testand binary logistic regression.

# RESULTS

Out of 120 women screened through the RSES during pregnancy, 45%had satisfactory self-esteem while 55% had dissatisfactory self-esteem. We observed that unplanned pregnancy, previous loss or complication and low level of family income had significant relationship with dissatisfactory self­ esteem among these pregnant women.

# CONCLUSION

About half of the women had dissatisfactory self­ esteem during pregnancy. Women with previous loss or complication during pregnancy, unplanned pregnancy and low income should be screened on priority basis for the self-esteem and other mental health issues.

# KEYWORDS

Self-esteem, Pregnancy, Socio-demographic factors.

# INTRODUCTION

Pregnancy involves a lot of hormonal, physical and psychological changes that can directly affect the woman'soverall condition.1 Women areexposed to intense physical and emotional challenges during this important phase of life. Studies from the countries across the world support this assertion and confirmed the presence of different psychological issues during pregnancy.'·'

Self-esteem is a broad term which signifies one's own point of view about him or her in all dimensions of life. It is defined as how much one likes, accepts and respects himself overall as a person.' To keep the baby in the body for 40 weeks and then passing through theprocess of labor is a uniqueanddifficult experience. Feelings of worthlessness or negative thoughts about own self make this task

more strenuous and troublesome. In recent times researchers have observed that self-esteem may decline among pregnant women due to negative thoughts about bodyimage.'

A study done by Jomeen et al. concluded that positive self esteem acts as protective factor against mental health issues among pregnant women.' Another study done on Brazilian women showed thattheprevalence of dissatisfactoryself­ esteem was high among pregnant ladies.' Psychological problems during pregnancy affect both maternal and fetal outcomes'·' and low self-esteem predisposes the individuals towards a lot of psychological problems'·" therefore enhancement of self esteem among women becomes necessary for smooth pregnancy.

Various studies in the past have reported the correlation of self-esteem with age, gender, education, destitution," BMI," mental health issues,'·" smoking," family income," unplanned pregnancy and inadequate partner support during pregnancy.'

Pregnant women in Pakistan have not been assessed for self-esteem problems in any study so far so this study has been designed to assess the self-esteem of the women during pregnancy and associated socio-demographic factors.

# SUBJECTS AND METHODS

**Participants**

120 pregnant women participated in the study. All the women presenting for routine prenatal care at a variety of trimesters during the period of study were screened. Exclusion criteria were females who were non consenting or those with a past or current history of chronic physical illness (OM, IHD, HTN, RA or other diseases of chronic nature) "or with a past or current history of any psychiatric disease. Active substance users were excluded from the study.Females who were unable to understand or fill thequestionnaire were also not included in the study.



#### Table 2

The correlated factors relating to self-esteem in the binary logistic regression

|  |  |  |  |
| --- | --- | --- | --- |
|  | **B** | **p-value** | **OR (9S•;. Cl)** |
| **Agc(ref. is 35ycars or less)** | -1.222 | 0.081 | 0.295 (0.075-1.162) |
| **Gcstation(rcf. is early**  **pregnancy)** | 1.003 | 0.066 | 2.726 (0.937 -7.929) |
| **Nulliparous**  Parity(rcf. is) | -0.826 | 0.249 | 0.438 (0.108-1.780) |
| **Planning(ref. is planned**  **pregnancy)** | 2.316 | 0.003 | I0.13I (2.180 -47.087) |
| **Family incomc(ref. is more**  **than or equal to outgoings)** | 1.517 | 0.003 | 4.557(1.650 -12.58 I) |
| **Smoking**  **(ref is non smoker)** | 21.633 | 0.999 | 0.458 (12.95 -22.202) |
| **Education (ref. is above matriculation)** | 0.815 | 0.267 | 2.259 (0.536-9.526) |
| **Worry about future**  **(ref. is no worry)** | -0.734 | 0.272 | 0.480(0.130 -1.778) |
| **Occupation**  **(ref. is house wife)** | 0.106 | 0.873 | I.I 12 (12.95 -22.202) |
| **Partner support(ref. is presence of support)** | 2.113 | 0.045 | 8.276 (1.046 -65.492) |
| **Previous Loss or complication(rcf. is no previous loss or complication}** | 1.397 | 0.065 | 4.044(0.917 -17.835) |

been performed on Pakistani pregnant women. Using RSES, 55% of the pregnant women showed low self esteem which is similar to the studies done in the past regarding the assessment of self-esteem among pregnant women.'·'° Some of the factors that may affect self­ esteem during pregnancy have been reported as feeling of bulkiness, negative body image perception and psychological issues." Reason behind these may be related to increase in BM! due to growth of baby'°·" or lack of knowledge about course of the pregnancy, health of baby and birth related events."·"

Presence of high psychiatric morbidity among women during pregnancy is supported by local as wellas foreign data.'·' Self-esteem and psychiatric problems have a strong correlation.'·'° Low self­ esteem and psychiatric morbidity may become linked in a vicious cycle and that situation really becomes disabling for the individual andaffects hisroutine activities andemotional state." Though scope of our study is not to look for any psychiatric morbidity during pregnancy as it is an established fact by now that pregnancy increases the risk of mental health problems but self-esteem issuch a vast phenomenon with physical, physiological, psychological and social dimensions that it needs discussion from this point of view as well. Negative perception about the body image and psychological issues if picked up early during ante natal checkup can benefit the mother and improve the outcome of pregnancy.

Various studies in the past concluded that unplanned pregnancy is associated with high psychiatric morbidity and low self-esteem.'" Results in our study were similar and showed strong association of low self-esteem with unplanned pregnancy. Stepping into a new, important and demanding phase of life without prior planning by both the partners can be possible cause of psychological issues.

Low family income was strongly related with dissatisfactory self­ esteem. It is in accordance with the other literature."·"Women with

lowincome may beprone to more mental health issues andconcerns regarding life ahead due to expected increase in family size with limited income resources. Lack of partner support and history of previous loss or complication during pregnancy also had strong correlation with low self-esteem. Such association of these factors is previously documented too.'·" Support of the partner may strengthen the pregnant women during this difficult phase and previous bad experiences will naturally increase the worry and lead to low psychological parameters.

There are many limitations in our study. Target population was not screened for self-esteem prior to pregnancy. Study design was not prospective so it cannot be hypothesized that low self-esteem was due to the pregnancy. The use of self administered questionnaires and size of the sample population also pose methodological issues. Asthiswas not a population based study so it lacks generalisability. A specific population groupof pregnant women in a specific antenatal unit was included instead of a randomized sample of all pregnant women reporting for antenatal check up at various antenatal units of Pakistan. Study participants may under or over report the symptoms on self-administered questionnaires like RSES. Further studies on a more representative sample size and a broader base using standardized and locally developed psychometric tools will be helpful in understanding this under explored phenomenon.

## CONCLUSION

This study concludes that a major portion of pregnant women had dissatisfactory self-esteem. Pregnant women with previous loss or complication during pregnancy, unplanned pregnancy and low income should be screened on a priority for mental health problems. The findings of our study also call for a greater degree of understanding of the physical and psychological state of women during pregnancy.

## DISCLOSURE STATEMENT

Nofinancial support availed or anyconflict of interest.

## REFERENCES

1. Camacho RS,Cantinelli FS, Ribeiro CS, Cantilino A, Gonsales BK, Braguittoni E, Renno Jr J. Psychiatry disorders in pregnancy and puerperium: classification, diagnosis and treatment. Rev PsiquiatrClin.2006;33(2): 92-102.
2. Zubair UB, Ansari A, Khan RU. Depressive symptoms in pregnancy: Frequency and Association among wives of deployed Military soldiers. Pak Armed Forces Med J.2015;65(6): 803-808.
3. Ali S, Naseem F, Khan RSY. Prevalence and Pattern of Prenatal Psychiatric disorders among Obstetrics Patients. Ann.Pak.Inst. Med.Sci. 2013;9(3):110-113.
4. Cybersynce S(2001). Definition of self-esteem. Retrieved from <http://www.teenhealthcenter.com/teens/self-esteem/raising/> raising.html.
5. Kamysheva E, Skouteris H, Wertheim EH, Paxton SJ, Milgrom J. Examination of a multi-factorial model of body-related experiences during pregnancy:the relationship amongphysical symptoms, sleep quality, depression, self-esteem, and negative



### Instruments

Rosenberg Self-Esteem Scale (RSES) which is validated in pregnancy in the studiesdone in past' was usedto assess the level of self esteem. Urdu version was selected for the target population. The RSES is an effective instrument for subjective measure of self-esteem. It has 10 items which are rated on 4 point Likert scale. A score less than 30 indicates low self-esteem.'·"

### Procedure

All the subjects were included in the study after providing detailed description of the study and taking written informed consent. Confounding variables like presence of chronic physical or psychiatric illness or substance use were confirmed by detailed history taking and were not included in the study as aim of the study wasto look for a relationship between pregnancy andself-esteem, so presence of chronic illnesses could make the desired relationship unclear." The RSES questionnaire was administered to the subjects and they were asked to fill the questionnare according to their thought processin last one month.Social anddemographic variables were also asked. Socio-demographic factors included in the study were age, gestation, parity, planned or unplanned pregnancy, previousloss or complication, occupation, education, level of family income, worry about future, tobacco smoking and partner support. Subjectsaging more than35yearswere classified as highrisk group." First and second trimesters were taken as early pregnancy and third trimester as late pregnancy. On the basis of recent economic survey in Pakistan and a recent study done on pregnant women family income was classified on the basis of outgoings i-e lower than outgoings or equal to or higher than it ."·" Tobacco smoking was inquired in detail. Question was asked that "Have you been using tobacco or tobacco products daily or nearly daily at present or in recent past?" Those who answered "yes" were classed under the category of smokers. Variable of planned/unplanned pregnancy was added in the study due to its positive relationship with the psychological wellbeing in the studies done in past."·"' A structured Performa was used to enter all the social and demographic detailsof the study participants.

## STATISTICAL ANALYSIS

StatisticsPackage for Social Sciences version 21.0 was used for all the statistical analysis. Descriptive statistics were used to describe the distribution of the RSESscoreand the demographic characteristicsof the participants. Differences among the categorical correlates were determined by the Chi-square test. To assess the factors related to self-esteem, binary logistic regression analysis was performed. p­

value < 0.05 was used as a standard to consider the difference

between the groups significant.

## RESULTS

Initially 151 pregnant women were targeted to become the part of this study. 18 did not consent and 6 were meeting the exclusion criteria (1 was using a psychoactive substance, 1 had valvular heart disease, 1 had RA, 1 had HTN and 2 had DM). 7 pregnant woman did not complete the proforma or questionnaire properly, leaving 120 participants who completed the study. From these 120, 45% had

satisfactory self-esteem while 55% had dissatisfactory self-esteem. As shown in Table 1 unplanned pregnancy, history of previous lossor complication, low level of family income and lack of partner support were significantly related with dissatisfactory self-esteem on chi- square test.

Table 2 showed that previous loss or complication, unplanned pregnancy and low level of family income were strongly associated with dissatisfactory self-esteem whenregression analysiswasdone.

#### Table I

Characteristicsof the study group and iheir RSESscores

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Socio demographic**  **factors** | **Subjects with**  **Satisfactory selfesteem** | | **Subjects with**  **dissatisfactory**  **selfesteem** | |  | |
|  | **(RSES 30-40)** | | **(RSES 0-29)** | | **x2 p•value** | |
| **Total** | N %  54 45 | | **N** %  66 55 | |  | |
| Age |  |  |  |  |  |  |
| **35 yearor less**  **>35** | 42  12 | 77.8%  **22.2%** | 52  14 | 78.8%  **21.2%** | 0.018 | 1.000 |
| **Gestation** |  |  |  |  |  |  |
| **Early pregnancy**  **Late pregnancy** | 28  26 | 51.8%  48.2% | 26  40 | 39.4%  60.6% | 1.862 | 0.199 |
| **Family income Less**  **than outgoings More than orequal to** | 14  40 | 25.9%  74.1% | 38  28 | 57.6%  42.4% | 12.116 | 0.001 |
| **outgoings** |  |  |  |  |  |  |
| **Worry about future** |  |  |  |  |  |  |
| No Yes | 08  46 | 14.8%  85.2% | 16  50 | 24.2%  75.8% | 1.650 | 0.254 |
| **Parity**  **Nulliparous Muhiparous** | 16  38 | 29.6%  70.4 % | 18  48 | 27.3%  72.7% | 0.081 | 0.840 |
| **Planning Planned** Unplanned | 50  04 | 92.6%  **7.4** % | 36  30 | 54.5%  45.5% | 21.173 | 0.000 |
| **Previous Loss or** |  |  |  |  |  |  |
| **Complication**  No  **Yes** | 48  06 | 88.9%  11.1% | 46  20 | 69.7%  30.3% | 6.445 | 0.014 |
| **Tobacco smoking** |  |  |  |  |  |  |
| **Nun S111ukc1**  **Smoker** | 54  00 | **100%**  **00%** | 62  04 | **93.9%**  06.1% | 3.386 | 0.126 |
| **Occupation Housewife Working woman** | 24  30 | 44.4%  55.6% | 34  32 | 51.5%  48.5% | 0.595 | 0.468 |
| **Education** |  |  |  |  |  |  |
| **Less than I0th grnde I0th grade or more** | 10  44 | 18.5%  81.5% | 20  46 | 30.3%  79.7% | 2.200 | 0.203 |
| **Partner support** |  |  |  |  |  |  |
| **Yes**  No | 52  02 | 96.3%  3.7% | 46  20 | 79.7%  30.3% | 14.035 | 0.000 |

## DISCUSSION

This study was unique in a sense that it was carried out on the pregnant women of Pakistan to evaluate their self-esteem in the unique phase of life and to identify the risk factors associated with low self-esteem among these women. Psychiatric morbidity and low self-esteem has been associated with pregnancy in various studies done in past'·'·' but no subjective assessment of self-esteem has

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body attitudes.BodyImage.2008;5(2):152-163.

1. Jomeen J, Martin CR. Self-esteem and mental health during early pregnancy. Clinical Effectiveness in Nursing 2005;9(1):92- 95.
2. Macola L, Nogueira do Vale I, Carmona EV. Assessment of self­ esteem in pregnant women using Rosenberg's self-esteem scale. Rev. esc. Enferm. 2010 Sep; 44(3). <http://dx.doi.org/> 10.1590/50080-62342010000300004.
3. Okun, M.L.; Luther, J.; Prather, A.A.; Perel, J.M.; Wisniewski, S. & Wisner, K.L. (2011). Changes in sleep quality, but not hormones predict time to postpartum depression recurrence. J Affect Disord.Vol.130, No.3,pp. 378-384.
4. Ajinkya S, Pradeep R. Jadhav,Nimisha N. Srivastava. Depression

during pregnancy: Prevalence and obstetric risk factors among pregnant women attending a tertiary care hospital in Navi Mumbai.Ind Psychiatry J.2013Jan-Jun; 22(1): 37-40.

1. Bahaadinbeigy K, Garrusi B, Etminnen A, Nematallahee VR. Contributing Factors Affecting Body Satisfaction among Pregnant Women with an Emphasis on Self-Esteem and Depression. International Journal of Caring Sciences 2014May­ August;7(2):530-537.
2. Maqbool 5, Akram M, ljaz S, Asif M, Jahanzeb M. An analysis of self esteem between destitute and non-destitute women. International Journal of Innovation and Scientific Research. 2014Sep;9(2):363-375.
3. Habib F, AIFozan H, Barnawi N, Almotairi W. Relationship between body mass index, self esteem and quality oflifeamong adolescent Saudi female. Journal of Biology, Agriculture and Healthcare. 2015;5(10):130-139.
4. Saari AJ,Kentala J,Mattila KJ.Weaker selfesteem in adolescence

predicts smoking.BioMed Research International.Volume 2015, Article ID 687541, 5 pages. <http://dx.doi.org/10.1155/> 2015/687541.

1. Bannink R, Pearce A, Hope S. Family income and young adolescents' perceived social position: associations with self­ esteem and life satisfaction in the UK Millennium Cohort Study. Arch Dis Child 2016; 0:1-5. doi: 10.1136/archdischild-2015- 309651.
2. Allison KC, Wrotniak BH, Pare E, Sarwer DB. Psychosocial characteristics and gestational weight change among over weight, African American pregnant women. Obstetrics and Gynecology International Volume 2012, Article ID 878607, 9 pages.doi:10.1155/2012/878607.
3. Simonetti VMM.Revisao criticadealgumas escalaspsicossociais utilizadas no Brasil [disserta ao]. Rio de Janeiro: Universidade Gama Filho; 1989.
4. Hanif HM. Association between maternal age and pregnancy outcome:implications for the Pakistani society.JPak Med Assoc 2011 Mar;61(3):313-319.
5. Poverty and social safety nets. Chapter 15. Pakistan economic survey2013-14.
6. Yanikkerem E,Ay S,Piro N. Pianeed and un planned pregnancy: Effects on health practice and depression during pregnancy. J. Obstet.Gynaecol 2013 Jan;39(1): 180-187.
7. Chung MY, Hwang KH, Cho OH. Relationship between Fatigue, Sleep Disturbance, and Gestational Stress among Pregnant Women in the Late Stages. Korean J Women Health Nurs. 2014 Sep;20(3):195-203. <http://dx.doi.org/10.4069/> kjwhn.2014.20.3.195
8. lnanir 5,Cakmak B, Nacar MC et al. Body image perception and

self-esteem during pregnancy. International Journal of Women's Health and Reproduction Sciences . 2015 Oct; 3(4): 196-200.

1. Zahra MS, Bita F, Khadige E et al. The study of knowledge and attitude of pregnant women concerning physiologic delivery at Fatemiyeh hospital Hamadan, Iran. Journal of Medical Research 2014Oct; 3(5):62-67.
2. Hall WA, Hauck YL, Carty EM,Hutton EK, Fenwick J,Kathrin Stoll (2009). Childbirth Fear, Anxiety, Fatigue, and Sleep Deprivation in PregnantWomen.JOGNN2009; 38:567-576.
3. Falcone VM, Mader CV, Nascimento CF, Santos JM, Nobrega FJ. Atua ao multiprofissional ea saude mental de gestantes. Rev Saude Publica.2005;39(4):612-8.
4. Lamb EH. The Impact of Previous Perinatal Loss on Subsequent Pregnancy and Parenting. J Perinat Educ. 2002 Spring; 11(2): 33-40.doi: 10.1624/10S812402X88696.

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