ORIGINAL ARTICLE

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 demographic 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 at an antenatal unit were assessed 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 test and 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.

KEY WORDS
Self-esteem, Pregnancy, Socio-demographic factors.

INTRODUCTION

Pregnancy involves a lot of hormonal, physical and psychological changes that can directly affect the woman's overall condition.1 Women are exposed 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.[1-3]

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.[4] To keep the baby in the body for 40 weeks and then passing through the process of labor is a unique and difficult 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 body image.[5]

A study done by Jomeen et al. concluded that positive self esteem acts as protective factor against mental health issues among pregnant women.[6] Another study done on Brazilian women showed that the prevalence of dissatisfactory self-esteem was high among pregnant ladies.[7] Psychological problems during pregnancy affect both maternal and fetal outcomes[8,9] and low self-esteem predisposes the individuals towards a lot of psychological problems[6,10] 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,[11] BMI,[12] mental health issues,[6,10] smoking,[13] family income,[14] unplanned pregnancy and inadequate partner support during pregnancy.[7]

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 (DM, IHD, HTN, RA or other diseases of chronic nature) [15] 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 the questionnaire 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 (95% CI)
Age(ref. is 35years or less)	-1.222	0.081	0.295 (0.075–1.162)
Gestation(ref. is early pregnancy)	1.003	0.066	2.726 (0.937 –7.929)
Nulliparous Parity(ref. is)	-0.826	0.249	0.438 (0.108 –1.780)
Planning(ref. is planned pregnancy)	2.316	0.003	10.131 (2.180 –47.087)
Family income(ref. is more than or equal to outgoings)	1.517	0.003	4.557(1.650 –12.581)
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	1.112 (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(ref. 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.[7,10] 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.[21] Reason behind these may be related to increase in BMI due to growth of baby[10,21] or lack of knowledge about course of the pregnancy, health of baby and birth related events.[22,23]

Presence of high psychiatric morbidity among women during pregnancy is supported by local as well as foreign data.[1,2] Self-esteem and psychiatric problems have a strong correlation.[5,10] Low self-esteem and psychiatric morbidity may become linked in a vicious cycle and that situation really becomes disabling for the individual and affects his routine activities and emotional state.[24] 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 is such 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.[7,19] 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.[14,21]Women with low income may be prone to more mental health issues and concerns 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.[7,25] 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. As this was not a population based study so it lacks generalisability. A specific population group of 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

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Instruments

Rosenberg Self-Esteem Scale (RSES) which is validated in pregnancy in the studies done in past[7] was used to 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.[7,16]

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 was to look for a relationship between pregnancy and self-esteem, so presence of chronic illnesses could make the desired relationship unclear.[15] The RSES questionnaire was administered to the subjects and they were asked to fill the questionnare according to their thought process in last one month. Social and demographic variables were also asked. Socio-demographic factors included in the study were age, gestation, parity, planned or unplanned pregnancy, previous loss or complication, occupation, education, level of family income, worry about future, tobacco smoking and partner support. Subjects aging more than 35 years were classified as high risk group.[17] 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 .[18, 19] 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.[19,20] A structured Performa was used to enter all the social and demographic details of the study participants.

STATISTICAL ANALYSIS

Statistics Package for Social Sciences version 21.0 was used for all the statistical analysis. Descriptive statistics were used to describe the distribution of the RSES score and the demographic characteristics of 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 loss or 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 when regression analysis was done.

Table 1
Characteristics of the study group and their RSES scores

Socio demographic factors	Subjects with Satisfactory selfesteem		Subjects with dissatisfactory selfesteem			
	(RSES 30-40)		(RSES 0-29)		$\chi 2$	p-value
Total	N 54	% 45	N 66	% 55		
Age 35 year or 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 or equal to outgoings	14 40	25.9% 74.1%	38 28	57.6% 42.4%	12.116	0.001
Worry about future No Yes	08 46	14.8% 85.2%	16 50	24.2% 75.8%	1.650	0.254
Parity Nulliparous Multiparous	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 Non Smoker 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 10th grade 10th 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 [2, 3, 7] but no subjective assessment of self-esteem has

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