



RESEARCH ARTICLE

SELF CONCEPT AND STATE TRAIT ANXIETY OF PREGNANT JOBHOLDERS AND HOMEMAKERS

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ABSTRACT

The present study examines self concept and state trait anxiety of pregnant jobholders and homemakers, 120 samples attending OPD and maternity clinics at Bijapur and Dharwad district of North Karnataka are selected, among them 60 are pregnant jobholders and 60 are pregnant homemakers. Self-concept scale developed by Mukta Rani Rastogi (1979) and State Trait Anxiety Test scale developed by Sanjay Vohra (1992) are used for data collection. The data is computed using Mean, SD, 't'-test and Karl Pearson's coefficient of correlation. The results revealed that pregnant job holders have high level of self-concept compared to pregnant homemakers which is significant at 0.01 level. Whereas, there is no significant difference found in the level of state trait anxiety between pregnant jobholders & homemakers. There is no significant correlation between Self concept and anxiety of pregnant jobholders and homemakers.

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INTRODUCTION

"Labour pain is the most intense of all pains". It is believed that this labour pain leads to the most loving bondage between mother and child. Pregnancy is a transition period in a woman's life and is acknowledged to be associated with heightened levels of emotion and psychological status (Lee, 2000). This period includes experiences that have reflective and long lasting effects on women and babies. Therefore, health professionals have felt that education and preparation are key ingredients to successful pregnancy and birth experiences (Dehorah *et al.*, 2009). It is a period of changeover from women to mother. Discomfort and changes due to pregnancy can cause anxiety to woman, which requires a proper attention and a reasonable plan for teaching self-care measures to her and family. Self-concept is the image individual has of him, including his physical appearance and personality characteristics. Many factors influence person's self-concept, including childhood experiences, how other people respond to him, and how he relates himself with other people. Psychologists have suggested that there are a number of different components of self-concept, including our social behavior, physical condition, emotional awareness, family

relationships, and life changing events. According to Pastorino & Doyle-Portillo, (2013) "Self-concept is our perception or image of our abilities and our uniqueness, at first one's self concept is very general and changeable but as we grow older, these self-perceptions become much more organized, detailed, and specific." According to Spiel Berger and Rickman, (1990) anxiety is defined as a psychobiological emotional state or reaction that can be distinguished most clearly from other emotions such as anger or sadness by its experiential qualities. An anxiety state consists of unpleasant feelings of tension, apprehension, nervousness, and worry, and activation of the autonomic nervous system.

There are two types of anxiety called state & trait. State anxiety is can be refered as fear, nervousness, discomfort, etc., induced by different situations that are perceived as dangerous. State anxiety has been defined as an unpleasant emotional response while coping with threatening or dangerous situations (Spielberger, 1983). This type of anxiety refers more to how a person is feeling at the time of a perceived threat and is considered temporary. Trait anxiety can be referred to feelings of stress, worry, discomfort, etc. that one experiences on a day-to-day basis. Spielberger (1999) characterized trait anxiety as a general disposition to experience transient states of anxiety. This is usually perceived as how people feel across typical situations that everyone experiences on daily basis.

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Objectives of the study

- To study Self-concept of pregnant jobholders and homemakers.
- To study State, Trait Anxiety of pregnant jobholders and homemakers.
- To know the correlation between state, trait anxiety and self-concept of pregnant jobholders and homemakers.

Review of literature

Alpers, (1998) Studied Self-concept which has been recognized and researched as a powerful variable in relation to teenage pregnancy. This study found that pregnant and parenting teens had a higher self-concept than the normative data on non-pregnant teens reported by the research instrument authors. Also, this study found that self-concept varies according to the pregnant and parenting teens; ages, years of schooling, types of schools attended, income sources, and receipt of public assistance. **Robert, P. Curran (2005)** investigated that the teen pregnancy, self-esteem, and their relationship in an Urban High School. A prospective study examining the relationship between teen pregnancy and self-esteem was taken with 113 urban upstate New York students aged between 12 to 19 years. Utilizing the Rosenberg Self-Esteem Inventory and a questionnaire of demographic and attitudinal information yielded a limited, to no significant relationship between pregnancy and self-esteem.

Raja Lexshimi et al. (2007) conducted a study on anxiety and depression level among high risk inpatient pregnant women in an obstetric ward. The study involved a self assessment questionnaire "Hospital Anxiety Depression scale" and it was used to measure the level of anxiety and depression among high risk pregnant women. Of the 38 participants, 16 (42.1%) women experienced a mild level of anxiety and 22 (57.9%) experienced a severe level of anxiety. The factors contributing to the level of anxiety include those related with "lack of information on disease", "family matters" and "finance". Results revealed that high risk pregnant women in this study experienced a significant level of anxiety during their stay in hospital.

Shilpa Kumari et al. (2013) have examined the relationships between religiosity, anxiety and pregnancy outcomes. The study was conducted on a sample of 200 pregnant women (aged 20-30 years) in the third trimester of their pregnancy. Results indicated that religiosity is significantly negatively correlated with anxiety and positively correlated with pregnancy outcomes, indicating that more-religious women would experience less anxiety and would have healthy pregnancy outcomes. Results also revealed that anxiety is negatively related to healthy pregnancy outcomes.

Urmila et al. (2007). investigated the role of psycho-social factors in pre-term delivery and low birth weight: a critical review and the results revealed that the anxiety was positively associated with the pregnancy outcome, is having strongly influenced during the pregnancy the women have anxiety feeling and the authors have strongly suggested that to reduce the incidence of pre-term delivery and low birth weight there is

a need to describe in greater detail the socio cultural, psychological and behavioral influences of mental health during pregnancy.

MATERIALS AND METHODS

Design/Sample

This study will be investigating the influence of self concept and state trait anxiety in pregnant jobholders and homemakers attending OPD and maternity clinics. The sample of the present study consists of 60 pregnant jobholders and 60 pregnant homemakers from Bijapur and Dharwad district of North Karnataka. Purposive sampling method is applied here.

Tools

Self-concept scale developed by Mukta Rani Rastogi (1979) is administered to assess the person's self concept. State Trait Anxiety Test developed by Sanjay Vohra (1992) provides separate state, trait and total anxiety score.

RESULTS

The above table illustrates overall self-concept and its sub dimensions scores of pregnant job holders and homemakers. The overall self concept of jobholders mean =53.01 & SD=11.23 & homemakers mean=46.98 & SD=7.54 and the t-value is 3.45 which is significant at $p < 0.01$ level. This result indicates that there is a significant difference in overall self-concept between job holders and homemakers. The mean score suggests that job holders have high level of self-concept compared to homemakers, which states that jobholders are more sociable, worth, able and had better self concept towards their appearance, sex appropriateness of body. Alpers, R.R. (1998) also found high level of self concept among pregnant women. The sub dimension wise analysis reveals that health and sex appropriateness dimension of jobholders mean=51.94 & SD=9.44 & homemakers mean= 48.05 & SD=10.03 & t-value is 2.166, which is significant at 0.05 level states that jobholder had a better outlook towards their physical self concept compared to homemakers. The abilities dimension of pregnant jobholders mean=55.86 & SD=9.84 & homemakers mean=44.13 & SD=5.90 & the t-value is 7.90, which is significant at 0.001 level and the worthiness dimension of jobholders mean=53.48 SD=8.91, & homemakers mean=46.51 & SD 9.87 & the t-value is 4.061, which is significant at 0.001 level, the sociability dimension of jobholders mean=52.14, SD=10.30 & homemakers mean=47.85 & SD =9.28 and the t-value is 2.39, which is significant at 0.05 level reveals that jobholders scored high in these dimensions which states that jobholders had better psychological concept in terms of their abilities, sociability and worthiness. Where as, sub-dimensions such as self-confidence of jobholders mean=45.76 & SD is 9.84 & homemakers mean=54.23 & SD=7.30 and the t-value is 5.10, which is significant at 0.001 level, the self-acceptance dimension of jobholders mean=47.91 SD=11.21 & homemakers mean=52.08 & SD= 8.19 and the t-value is 2.32, these results reveal that homemakers had higher levels of self confidence and self acceptance towards their pregnancy compared to jobholders.

Table 1. Mean SD and t-value of Self concept of Pregnant Jobholders and Homemakers

S. No.	Self-concept	Job Holders (N=60)		Homemakers (N=60)		t-value
		Mean	SD	Mean	SD	
1	Health and sex appropriateness	51.94	9.44	48.05	10.23	2.16*
2	Abilities	55.86	9.84	44.13	5.90	7.90***
3	Self-confidence	45.76	10.57	54.23	7.30	5.10***
4	Self-acceptance	47.91	11.21	52.08	8.19	2.32**
5	Worthiness	53.48	9.87	46.51	8.91	4.06***
6	Present past and future	51.08	11.12	48.91	8.68	1.18 NS
7	Beliefs and convictions	49.29	12.08	50.70	7.39	0.77 NS
8	Feeling of shame and guilty	49.95	11.45	50.04	8.39	0.04 NS
9	Sociability	52.14	10.30	47.85	9.28	2.39*
10	Emotional	48.47	11.15	51.52	8.51	1.68 NS
Overall self-concept		53.01	11.23	46.98	7.54	3.45**

NS: not significant, significant at *0.05, **0.01 and ***0.001 levels

Table 2. Mean SD and t-value of State anxiety & Trait anxiety of Pregnant Jobholders and Homemakers

Anxiety & sub-dimensions	Job Holders (n=60)		Homemakers (n=60)		t-value
	Mean	SD	Mean	SD	
State anxiety	49.26	10.15	50.74	9.87	0.80 NS
Trait anxiety	50.74	9.94	49.67	10.13	0.35 NS
Total Anxiety	49.68	10.01	50.32	10.05	0.34 NS

NS: Not significant

Table 3. Correlation between anxiety and self-concept in pregnant job holders and homemakers

Variables	r-value
Anxiety and Self-concept of Jobholders	.085
Anxiety and Self-concept of Homemakers	.026

NS: not significant

The other dimensions past present and future of jobholders mean=51.08 & SD=11.12 & homemakers mean=48.91 & SD=8.68 and the t-value is 1.18, which is not significant at 0.05 level, beliefs and convictions dimensions of jobholders mean=49.29 & SD =12.08 & homemakers mean=50.70 & SD=7.39 and the t-value is 0.77, which is not significant at 0.05 level., feeling of shame and guilt dimensions of jobholders mean=49.95 & SD =11.45 & homemakers mean=50.04 & SD=8.39 and the t-value is 0.77, which is not significant at 0.05 level, and emotional dimension of jobholders mean=48.47 & SD =11.15 & homemakers mean=51.52 & SD=8.51 and the t-value is 0.77, which is also not significant at 0.05 level. All the above factors indicate that there is no significant difference between jobholders and homemakers.

The Table 2 reveals that the pregnant jobholders total anxiety mean=49.68, SD=10.01, and pregnant homemakers mean=50.32, SD=10.05 & the t value= 0.34 which is not significant. It means that there is no significant difference in total anxiety level of pregnant jobholders & homemakers, but anxiety is present in both pregnant jobholders and homemakers. Urmila *et al.* (2007) found that during pregnancy women had anxiety feeling.

The pregnant jobholders state anxiety mean=49.26, SD=10.15, & pregnant homemakers mean=50.74, SD=9.87 & the t value= 0.80 which is not significant, pregnant jobholders trait anxiety mean=50.74, SD=9.94 & pregnant homemakers mean=49.67, SD=10.13, & the t value=0.35 which is not significant either.

This clearly suggests that there is no significant difference in the state & trait anxiety of pregnant jobholders & homemakers.

Table 3 indicates the correlation between self-concept and anxiety of pregnant jobholders r-value = .047, and homemakers r-value=.026 which is not significant at 0.05 level. Thus, it suggests that there is no significant correlation between self-concept and anxiety in pregnant jobholders and homemakers.

Conclusion

Thus the above results can be referred and measures can be designed for better training and counselling methods for pregnant women to improve their self concept. Programs to overcome the anxiety during pregnancy for better physiological and psychological outcomes in pregnant women can be taken up during maternity camps and in hospitals. This field being new and emerging, future work should be taken up to clarify the relationship between the variables.

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