Self-Esteem in Relation to Body Image Acceptance among Primigravida and Multigravida

Ahlam A.T¹, Hena Joy²

¹M. Sc. Student, Department of Psychology, St. Mary’s College, Thrissur, India
²Assistant Professor, Department of Psychology, St. Mary’s College, Thrissur, India

Abstract: Motherhood is an identity shift for women. Primigravida and multigravida are those populations who undergo sudden changes in body which may persist up to at least 1 year of delivery. After delivery primigravida and multigravida faces more responsibilities with their body changes. Because of increasing responsibility they can’t concentrate their own body image and shape, so generally they become unsocial for particular time period. Some of them become introvert after delivery this may because of low self confidence, worthlessness and low self esteem. Physical changes results negative evaluation about body image and self esteem and lack of time to care their body causes dissatisfaction in life. So the negative body image acceptance results low self esteem. So it is necessary to find out the self esteem in relation to body image among primigravida and multigravida. The sample consists of 120 individuals, comprised of 60 Primigravida and 60 Multigravida. The variables Self-Esteem and Body Image Acceptance were measured by using Rosenberg Self-Esteem Scale and The Body Image Acceptance and Action Questionnaire. The obtained data was analyzed by t-test and Pearson’s correlation co-efficient. The results indicated no significant difference in Self-Esteem and Body Image Acceptance among Primigravida and Multigravida. The results also revealed that there is no correlation between Self-Esteem and Body Image Acceptance. These results implied on counseling settings, EBT, behavioral therapy, group therapy and awareness programs for mothers on body image is not a factor of self-esteem.

Keywords: Self Esteem, Body Image, Primigravida, and Multigravida

1. Introduction

‘Mother’ is an identity shift and that time women experience both physiological and psychological changes. Most of researchers focus on how the baby turns out instead of women identity shift. Women’s identity shift is also important as birth of a baby. For most of women, motherhood is precious and joyful. But sometime they experience worry, fear, frustrations, completion, disappointment and even anger due to the normal changes and other psychological changes.

Every carrying mothers wish for a healthy baby so they maintain perfect health without concerning their body changes. In India motherhood is tied with concept of marriage. Generally women reported mixture of anxiety and nausea in pregnancy. During child birth they feel extreme pain and fear of dangerous.

Primigravida are those who become new mothers and have less than two years of experience in motherhood. Because of less experience they have lot of worries and doubts when comparing with multigravida. Comparatively primigravida shows more anxieties and fear because of lack of health education. Being mother is a big responsibility for primigravida. After, delivery primigravida faces identity transition. So they have difficulty in adjustment, emotional control than multigravida.

Multigravidas are those pregnant two or more kids. They are experienced primigravida stage and accept their new identity so they are fewer challengers when comparing to primigravida. After delivery they also faces changes in body that are hair falls, breast changes, body weight changes, stretch marks, urinary and bowl problems, back pain etc. Multigravidas have to take both responsibilities of new child and elder children so they not have enough time to spend for their own health care.

Self esteem is a person’s overall evaluation of his or her own worth. Self esteem is the critical psychological factor that is closely related to mental and or physical health and social behavior (Mann, Hosman, Schaalma and Devries, 2004). Rosenberg (1965) defined self esteem as “a favorable or unfavorable attitude towards the self. Always high self esteem results good health, success, life satisfaction, positive behavior. Whereas low self esteem is closely related to social problems like depression, anxiety, suicide tendencies and eating disorders.

Early theories explain self esteem is a basic human need or motivation. Abraham Maslow includes self esteem in his hierarchy of need. Maslow described two type of self esteem. The need for respect from other and inner self fulfillment of self esteem a person unable to obtain self actualization.

Socimeter theory explains that self esteem is found out one’s level of acceptance and status is one’s social group. According to terror management, self esteem service a protective function and reduces anxiety about life and death (Green berry,2008).In humanistic psychology Carl roger explain that low self esteem is the origin problems in many people that is people consider themselves to be unvalued and unworthy of being lover. In these conditions Carl Rogers increase self esteem by unconditional acceptance of the client.

People do self esteem assessment to obtain knowledge about them. Having high self esteem means people like themselves; this positive evaluation is done by on the basis of others opinion and experiences. The individual who have low self esteem is easily predictable by their nature. They
usually view them negatively, and they always talk about their rejection and failures.

The body image prediction or body image perception is a product of personality, past experience, and socio cultural effects. Body image is also representing countries and various cultures.

The female body shape is formed by the skeleton structure and distributing fats on them. Every woman has unique body shape or figure. Female body shape is source of aesthetic pleasure, sexual attraction, fertility and reproduction.

Child birth are associated with changes in women these changes are perceived negatively that are negative body image acceptance can be defined as an individual’s internal representation of his or her own body features usually during pregnancy and after delivery women gain weight. So they become disappointed with body image. Body image acceptance related factors are excessive gestational weight gain, breast changes, vaginal changes, hair falling, stretch marks, some of women shows weight reducing.

The self-esteem of primigravida and multigravida fluctuates because of body image acceptance. Hence body image acceptance have key role in prediction of self-esteem in primigravida and multigravida. The rapid body changes in primigravida and multigravida may results low self-esteem.

The present study has been designed to find out the self-esteem in relation to body image among primigravida and multigravida. Motherhood is an identity shift for women. Primigravida and multigravida are those populations who undergo sudden changes in body which may persist up to at least 1 year of delivery. After delivery primigravida and multigravida faces more responsibilities with their body changes. Because of increasing responsibility they can’t concentrate their own body image and shape, so generally they become unsocial for particular time period. After a break if they come back to a society they feel difficulty to become social this may because of low self confidence, worthlessness and low self esteem. A study done Zara Husaini (1992) reported that new mothers are being judged even more these days due to their body proportions. But multigravida faces more responsibilities than primigravida. They are not much concerned about their body image because of lack of time and they accept their motherhood because of early experience. Both primigravidas and multigravidas faces physical and emotional disturbance. Psychological and physiological changes affect their life especially they cause lack of self esteem and self confidence.

Physical changes due to delivery results bad evaluation about their body image and self esteem. Lack of time to give proper care of their body texture causes dissatisfaction in life. So the negative body image acceptance results low self esteem. So it is necessary to find out the self esteem in relation to body image among primigravida and multigravida.

2. Statement of the Problem
- To compare the level of self-esteem between primigravida and multigravida.
- To compare the level of body image acceptance between primigravida and multigravida.
- To compare the self esteem in relation to body image acceptance between primigravida and multigravida.

3. Objectives
- To understand the difference between primigravida and multigravida on self esteem.
- To understand the difference in the body image acceptance between primigravida and multigravida.
- To identify whether there exists any relationship between self esteem and body image acceptance among primigravida and multigravida.

4. Hypothesis
- There will be no significant difference in self-esteem in primigravida and multigravida.
- There will be no significant difference in body image acceptance among primigravida and multigravida.
- There will be no significant difference between body image acceptance on self-esteem among primigravida and multigravida.

5. Method
The sample selected for the study is 120 gravidas including 60 primigravida and 60 multigravida. The sample was collected from various hospitals, health centers and several areas of Thrissur. Random sampling is used in this present study.

1) Rosenberg Self-Esteem Scale by Morris Rosenberg (1965):
This self esteem scale was developed by Morris Rosenberg in 1965 to collect quantitative data about self-esteem of an individual. This scale is a self-report measure of self-Esteem. This 10-item scale assesses an individual’s feelings of self-worth when the individual compares himself or herself to other people by measuring both positive and negative feelings about self. It was designed to represent a continuum of self-worth, with statements that are endorsed by individuals with low self-esteem to statements that are endorsed only by persons with high self-esteem.

2) The Body Image —Acceptance and Actions Questionnaire (BI-11Q) by Emily K. Sandoz & Kelly G. Wilson
The BIAQ is a 29 item self-report scale that has been designed to measure the extent to which an individual exhibits an accepting posture toward negative thoughts and feelings about his or her body shape and or weight

3) Personal data sheet
The personal data sheet was developed by the investigator to gather data regarding the participant’s name, age of children, socio economic status, education, type of delivery,
pregnancy complications, age of children year of marriage and delivery, residence and income. The investigator administered the personal data sheet along other scale.

Statistical Analysis
Mean, Standard Deviation and t test was used to ascertain the data using SPSS Package.

6. Result and Discussion

Table 1: Mean, Standard Deviation and t-value of Self-Esteem among primigravida and multigravida

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sample</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Sig(2-tailed)</th>
<th>T value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self esteem</td>
<td>Primigravida</td>
<td>60</td>
<td>11.68</td>
<td>2.983</td>
<td>.587</td>
<td>.545</td>
</tr>
<tr>
<td></td>
<td>Multigravida</td>
<td>60</td>
<td>11.45</td>
<td>1.43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 indicates the mean, standard deviation, t value and level of significance among primigravida and multigravida in self esteem. The mean scores obtained by primigravida and multigravida 11.68 and 11.45 respectively. The standard deviation for primigravida is 2.983 and for multigravida is 1.43. The t-value for the same is .545 with a significance level of 0.000 (t=9.265, P<0.05). Since the P value is greater than 0.05, the null hypothesis is accepted. Thus, it can be inferred that there is no significant difference in Self-Esteem among primigravida and multigravida.

In the scoring schedule of self esteem mentioned that below 15 score obtained individuals has low self esteem. Here the mean value is 11.68 and 11.45 so it indicates that both primigravida and multigravida has low level of self esteem. It may because of they are in identity shifting and they experience new responsibilities as mother. Because of these reason they not get enough time to spend time for their own needs and wants may this cause’s negative evaluation about self dissatisfaction and lack of respect on themselves.

When comparing the slight variation of mean value. The level of self-esteem in multigravida is little smaller than primigravida. It is May because of multigravidas shares more responsibilities than the primigravida because of they have 2 or more kids. So they engage most of time in homes and not have enough time to spend for entertainment, friendships and social parties. These factors may influence their evaluation of self.

Table 2: Mean, Standard Deviation and t-value of body image acceptance among primigravida and multigravida

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sample</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Sig(2-tailed)</th>
<th>T value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body image</td>
<td>Primigravida</td>
<td>60</td>
<td>120.67</td>
<td>20.131</td>
<td>.760</td>
<td>.306</td>
</tr>
<tr>
<td></td>
<td>Multigravida</td>
<td>60</td>
<td>119.65</td>
<td>16.060</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2 indicates the mean, standard deviation, t value and level of significance among primigravida and multigravida in body image acceptance. From the table, it is seen that there is no significant difference (t = .760, p > 0.05) in body image acceptance among primigravida (mean = 120.67; SD=20.131) and multigravida (mean=119.65; SD=16.060).

Therefore the null hypothesis stands accepted i.e., there is no significant differences in the level of body image acceptance among primigravida and multigravida. After delivery both primigravida and multigravida experience same body changes. Multigravida mothers shows less body image acceptance when comparing to primigravida. It may be because of they experience delivery two or more times so their body image is more challenging than the primigravida. Primigravidas have hoped to change their body texture but multigravidas have busy schedules so they not found any hope in their body change.

Table 3: Correlation between Self-Esteem and body image acceptance among primigravida and multigravida

<table>
<thead>
<tr>
<th>Variables</th>
<th>Self esteem</th>
<th>Body image acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self esteem</td>
<td>Pearson correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>significance (2-tailed)</td>
<td>385</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>120</td>
</tr>
</tbody>
</table>

Table 3 shows the correlation between self esteem and body image acceptance among primigravida and multigravida. The correlation value is .080. Thus the null hypothesis is accepted. There is no significant difference between the two variables Self esteem and Body image acceptance among primigravida and multigravida. In case of primigravida and multigravida body image is not have role in self esteem. Gravidas are not conscious about their body appearance because of their identity shifted to motherhood from young adults. Motherhood is very precious for every woman so they not concern about their body feature as much it affect their self esteem. So body image acceptance is not a factor to determine the self esteem.

7. Summary and Conclusion

The present study is to compare the self esteem in relation to body image acceptance among primigravida and multigravida. The sample consists of 120 gravidas with 60 primigravida and 60 multigravida. The data were taken from hospital, health center and different areas of Thrissur district. The tools used for the study were Rosenberg self esteem scale which contain 10 questions and the body image acceptance and action questionnaire (BI-AAQ) developed by Emily k, Sandoz & Kelly G. Wilson which is a 29 item self report. T test and, Pearson’s product moment correlation were the statistical techniques.

The major finding of study was there was no significant difference in self-esteem in primigravida and multigravida. There is no significant difference in body image acceptance in primigravida and multigravida. And the body image acceptance not predict self-esteem on primigravida and multigravida.

This study is useful in counseling settings that body image is not related to self esteem and it is not predicting self esteem. Can arrange awareness program for mothers on body image is not a factor of self esteem. Can apply in behavioral therapy and EBT.

The limitation of study was the sample size was small and rare especially primigravida. Samples are collected in
Thrissur locality so can’t generalize this results. The samples are not at all cooperative.

References


