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Comparative Study



Exploring The Impact of Employment Status on Maternal Self- Esteem: A Comparative Study

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ABSTRACT

According to the definition, pregnancy is a time of psychological growth, including the emergence of motherhood. Numerous physical and psychological changes are occurring at this time. Pregnancy can be a time of hardship, development, and change, just like other developmental phases. Pregnant women must assess themselves and control their feelings and emotions because even slight psychological changes during pregnancy may or may not have an impact on the unborn child. The level of self-esteem among pregnant women who work and those who don't is examined in this study. Eighty pregnant women make up the sample, including forty who are employed and forty who are not. The self-esteem of women during their pregnancy was assessed by Morris, who developed Rosenberg's Self-Esteem Scale, which is commonly called the RSES in short form. The scale includes ten items, each with a 4-point Likert scale. A deliberate sampling approach was used to collect the data. An independent sample T-test was utilized to analyze the gathered data. This study indicates a substantial difference in the self-esteem of working expecting mothers compared to nonworking expectant mothers. It's interesting to learn that, according to study findings, pregnant women who worked had better levels of self-esteem than those who did not. The study's scope allows it to guide pregnant women who experience difficulties with their self-worth.

Keywords: Employed Pregnant Women, Unemployed Pregnant Women, Self-Esteem

Pregnancy is a time of joy, happiness, and optimism! When a lady learns she is pregnant, she is at her happiest point in life. With so many ups and downs and other discomforts that are bad for the health of the baby developing inside the womb, this time of life can be difficult. From the day of conception to the day of delivery, pregnancy is a time of adventure. Therefore, the chapter aims to highlight the definition, importance, and so on, of self-esteem and emotional maturity and their necessity during pregnancy. At the end of the chapter, the significance and use of the study are presented.

Self-esteem:

In most areas of psychology, including clinical, personality, developmental, and some other fields of psychology, self-esteem is a key concept. Self-esteem has a crucial role in everyone's life, but it is more sensitive for pregnant women. The concepts of self-worth,

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self-acceptance, kindness, and self-respect have been used to characterize self-esteem. Having poor self-esteem makes it difficult for pregnant women to accept their bodies. Self-esteem related to pregnancy is that they have low self-acceptance about their body image because of weight gain during the course of pregnancy and the bump that becomes larger and larger every day. According to Constantin (2004), the evaluative aspect of self is the emotion and feelings that a person experiences. Low self-esteem results from the physiological symptoms experienced by pregnant women throughout the initial trimester of their pregnancy (Davis, 1996). Self-esteem is the measurement of one's self-confidence. Pregnant women should be aware of their pride in order to prevent unwarranted views about them at this time.

History of Self-Esteem:

The 18th century is when the idea of self-esteem first appeared. David Hume was the first to put it into words. The study of self-esteem has roots in the fields of philosophy, psychology, geology, and anthropology. The way an individual gains self-esteem is protracted. There is a relationship between how one's self-image and self-conscience are set up. Owing to this status shift, it has undergone fallow periods as well across time, especially when shifting from one stage to another (Orth, Trzesniewski, and Robins, 2010). Tsai, Ying, and Lee (2001) found that adolescents typically have lower self-esteem while young adults tend to have better self-esteem.

According to Brown et al. (2001), they postulated that responses to temperament develop during the initial stages of childhood. Self-esteem is formed by the capacity to restore, promote, and safeguard self-worth in a person. The importance of the family environment in several studies has focused on character formation, especially in the early years (Talib, Mohamad, and Mamat, 2011).

In 1965, Rosenberg and Coopersmith demonstrated a positive correlation between the participation of parents and their willingness to provide adolescents with independence, freedom, and increased levels of teenage self-esteem. Both parents and instructors can provide encouragement and optimism for the increase in self-worth. Their attitude and the way they behave at both school and home reflect their self-esteem level.

Elements of self-esteem:

Theorists claim that types of self-esteem that are distinguishable include explicit versus implicit, global versus domain-specific, authentic versus false, and stable versus unstable. While certain theorists contend that self-esteem is a single, universal trait, others hold that it has multiple dimensions, including subcomponents like performance, social, and physical self-esteem. Self-esteem, according to Braden (1969), may be broken down into two parts: 1) believing in oneself, which is much more effective 2) believing in the capacity for thinking, learning, and making wise decisions. Reasoner (2005) distinguished between two elements of self-esteem: one is competence, and the other is worth. Self-assurance, self-identity, a sense of belonging, and competence are further factors. According to Cattell (1966), personality is characterized by traits and states. Some scholars expand on this by stating that trait self-esteem is more stable over an extended length of time. According to Gilovich, Keltner, and Nisbett (2006), a variety of external influences can cause changes in the condition of self-esteem.

The distinguishable difference between false and genuine types of self-esteem was given by Deci & Ryan (1995). A person's attitude towards themselves depends upon meeting certain

criteria of brilliance or livelihood up to certain intrapsychic expectations, which is referred to as having contingent self-esteem. It is a form of self-aggrandizement related to having one's ego invested in certain types of results and diligently accomplishing them. A narcissistic sense of self is associated with comparison on a regular basis in society. On the other hand, true self-esteem is based on a solid, authentic sense of self and is more consistent. Their value would be mirrored in one's agency, proactiveness, and vigour and would be an integral part of one's self.

Implicit self-esteem is defined as the impact of one's attitude toward oneself on the evaluation of self-associated and self-dissociated things that are introspectively unknown. It has been distinguished from explicit self-esteem by writers (Greenwald and Banaji, 1995). Genetics, personality, life experiences, age, thoughts, social circumstances, and how other people react are all elements that affect self-esteem.

Constructive effectiveness:

Self-image and conscience are the traits in personality connected with self-esteem. Different personality traits, along with self-esteem, are included in it. Self-esteem helps individuals shield themselves against various kinds of stressors and negative life experiences.

To attain the sensation of pleasure, one needs to score high in self-esteem. Baumeister, Campbell, Krueger, and Vohs (2003) propose that a crucial determinant of emotional wellbeing is one's self-esteem. William James, a prominent figure in Western psychology, maintained that the primary indicator of mental health is self-esteem. People with a low sense of self-esteem report feeling melancholy, nervous, and in a bad mood, whereas those with a strong sense of self-worth report feeling joyful and enthusiastic. High self-esteem in people makes them face more complex and challenging situations, whereas people, possess low self-esteem, according to Baumeister & al. (2003). People with higher self-esteem are more willing to deal with life's adverse circumstances.

It also enhances the ability to accept positives and negatives in various walks of life, along with successful coping and relationship building in various walks of life. There is a huge positive impact on self-esteem with regard to irrational schema and symptoms of depression. (Marini, Dikeos, Lazaratou, and Stavropoulos (2015). Studies show that those who have high self-esteem are better equipped to overcome challenges and disappointments. According to Di Paula and Campbell (2002), they have the ability to control their behavior in order to get the desired results. It promotes the development of personal and societal adjustments.

Destructive outcomes of low self-esteem:

A miserable life might result from having low self-esteem since it causes an individual to feel more negative emotions (Ha, 2006). Additionally, people with poor self-esteem tend to view their and other's lives negatively (Mackinnon, 2015). Violence, depression, anxiety and various other mental health conditions are connected to poor self-esteem, which effect the well-being of the individual adversely Holden and colleagues (2015). According to Weber's (2001) theory, college students who take emotional abuse into account are expected to have lower self-esteem than those who do not. This notion received widespread approval from people who identified as men alone. According to Aydin and Sari (2011), Internet addiction is closely linked to low self-esteem.

It is observed that adolescents who criticize themselves and lack trust in themselves and others are seen to have low levels of self-esteem. Evidence proves that several suicide cases have been reported due to a lack of confidence, worry, and fear, which are part of a reduced level of self-esteem. Cognitive distortions, societal stigma, discrimination, conformity, and family and peer pressure add fuel to it. The condition may prolong to make it a mental health disorder such as Depression, Eating disorder, Anxiety, phobia, etc. Starting from adolescence until old age, self-esteem affects the whole population.

Theoretical background:

Carl Rogers says that self-discovery is one of the most important components for an individual to have a happy and successful life. Self-esteem has a huge contribution to the development of a positive personality in an individual. The wave of humanistic psychology believes in humans and enriches the self-present in every individual. According to the hierarchy of needs developed by Abraham Maslow, 'Esteem' comes in two flavors: the desire for recognition, success, and adoration from other people. The requirement for self-respect is expressed by self-love, self-assurance, ability, and talent. He contends that without satisfying the demand for self-esteem and the inability to grow and achieve self-actualization, people will be forced to look for it. More than acclaim, fame, or flattery, he adds. Showing people the respect we deserve is a healthy way to demonstrate one's self-esteem. Modern theories of self-esteem investigate why people are motivated to have a positive self-perception.

The sociometer hypothesis said that a person's degree of status and recognition could be guaranteed by cultivating their sense of self-worth. According to the terror management theory, feeling good about oneself protects against fear of the afterlife. According to Carl Rogers, a proponent of humanistic psychology, many people's issues stem from their self-hatred and belief that they are unlovable and unworthy of anything. Rogers enhanced client-centered therapy because of this.

REVIEW OF LITERATURE

Darwish et al. conducted a study based on the relationship between social support among mothers and depression symptoms, stress, and self-esteem. The study aimed to investigate the impact of social support on the depression symptoms, stress levels, and self-esteem of pregnant Jordanian women. A cross-sectional study enrolled 358 pregnant Jordanians between 2019 and 2020. A cluster-stratified random sampling strategy was used to get samples. The study used other tools, such as (RSES), to look at other characteristics. To test, both descriptive and inferential statistics were employed. Self-esteem is predicted by depressive symptoms.

The relationship between self-esteem and views regarding pregnancy, motherhood, and body image was examined in a study by Mirghafourvand et al. This study looked at how pregnant Iranian women's opinions toward pregnancy and parenthood, as well as their body image, related to their self-esteem. In this cross-sectional study, 228 Iranian women participated. Cluster sampling is the sample technique applied in this instance. RSES was used. The general linear model with adjustment and the Pearson correlation test were used for analysis. The results suggested that mental health counselling be used to increase pregnant women's self-esteem.

Brazilian women's attitudes on their bodies, symptoms of depression, and sense of self-worth during pregnancy and after giving birth. Participants between the ages of 18 and 42

were chosen by the authors of the study Fernandes et al., and they were asked to answer questions regarding their sense of self-worth, symptoms of depression, and appreciation for their bodies. The postpartum period, the first, second, and third trimesters were compared using descriptive and nonparametric covariance analysis. Women in their third trimester consequently displayed noticeably higher levels of body adoration. Self-esteem did not change in the given study throughout pregnancy; however, it did considerably decrease in the postpartum group. According to the data, women may experience difficulties in the postpartum phase. It was evident that they had low self-esteem and a negative body image.

A 2021 study by Moyano et al. examined sexual aggression, attitudes about love, and sense of self in adolescent pregnant women. Examining the relationships between sexual assertiveness, attitudes toward love, and self-esteem in teens who were not pregnant and those who were pregnant was the aim of the study. A total of 225 women from Ecuador participated in the research. RSES was used. Compared to women who had unplanned pregnancies, teenagers who planned their pregnancies had higher self-esteem. Pregnant and non-pregnant youths differ in sexual assertiveness, attitudes toward love, and self-esteem, according to the study.

A study by Calpbinici et al. found a relationship between a pregnant woman's dread of childbirth and her perception of social support, personality attributes, and self-worth. It will be published by Health Care for Women International in 2021. The study examined how a pregnant woman's fear of giving birth and her sense of social support were correlated with her personality and sense of self-worth. 128 expectant mothers between the ages of 28 and 40 weeks took part in the research. There was a negative link found between the pregnant women's perceived level of social support and their fear of childbirth, whereas a positive correlation was found between the fear of childbirth and self-esteem.

In 2021, a study was carried out by Ghezi et al. to investigate the elements that contribute to anxiety during pregnancy. A descriptive-analytical study with a cross-sectional design included 322 pregnant women who had health center registrations. Eight city health centers were selected through the use of a random selection technique. To familiarize participants, the Farsi Anxiety Scale for Pregnancy (F-ASP-R) was employed. The data were evaluated using multiple regression analysis, analysis of variance, and the student t-test using SPSS software version 18. The findings demonstrated that pregnant anxiety needs to be reduced by interventions for unplanned pregnancies, prior hospital stays or dysmenorrhea, a lack of emotional support from spouses, and a feeling of poor health.

A study conducted in 2015 by Inanir et al. focused on "Body Image Perception and Self-esteem during Pregnancy". The study sought to look into how pregnant women's perceptions of their bodies and levels of self-esteem changed. Fifty-five pregnant patients participated in the trial. Self-esteem was assessed using the RSES. The analysis of all the data was done with PASW Statistics version 18.0. The parametric variables' group differences were examined using ANOVA. There is no relationship between one's self-esteem and BMI or categories.

Objectives

- To investigate the differences in self-esteem between pregnant women who work and those who do not.
- To determine whether pregnant women who work and those who do not have a significant association between self-esteem.

Hypotheses

- H0 The self-esteem of pregnant women who work and those who do not differs statistically significantly.
- H1 The self-esteem of pregnant women who work and those who do not differ significantly.

METHODOLOGY

Both employed and unemployed pregnant women participated in the study which was conducted using a quantitative methodology, and participants' responses were individually gathered with the approval of the maternity hospitals in Madurai and the surrounding area, as well as in the city's basic health care facilities. In front of the administrator, the volunteers completed the questionnaire. After obtaining the hospitals' approval, the study conducted a cross-sectional analysis. In the study, a random sampling method was employed. A written consent form was obtained and participation was voluntary. The self-esteem of pregnant women who were working and those who were not was evaluated using Rosenberg's Self-Esteem Scale. A consent form, demographic information, and the Rosenberg Self-Esteem Measure were included. The participants for gathering primary data were expectant mothers in any trimester. Before beginning to fill out their forms, which took an average of twenty minutes to complete, the respondents granted their consent.

Sampling method – The data was collected from 80 pregnant women among which 40 Working and 40 Non-working of age group 18-35 were selected. N = 80.

Inclusion Criteria: Age -18-35 years

Pregnant women

Exclusion Criteria: Age – Below 18 years and above 35 years

Non pregnant women.

Applied Tool:

The tool applied in the research was Morris Rosenberg Self-Esteem Scale also called as RSES in short form. The founder of the RSES is Morris Rosenberg. Self-esteem scale is a measurement tool commonly used in social science research especially in the field of positive psychology. This famous self-report questionnaire evaluates an individual's feeling and opinions of self-worth or self-esteem.

- Scoring: RSES is a type of Guttmann scale which includes 10 items. Items 2, 5, 6, 8, and 9 indicate "strongly disagree" or "agree," but items 1, 3, 4, and 7 indicate "disagree" or "strongly disagree".
- Interpretation: The range of the scale is considered to be 0 to 30. The normal range falls under the category between 15 and 22. Low self-esteem falls below the range 15. High self-esteem falls above the range 22.
- Reliability: A coefficient of 0.92 indicates that RSES has a very good reliability. The test-retest reliability of RSES is .85 and .88 which denotes strong stability.
- Validity: It illustrates temporal, prediction, and construct validity by using well-known organizations. The RSES have strong correlation with other self-esteem inventories.

Procedure:

Both working and non-working pregnant women's self-esteem were measured using RSES. The papers include Rosenberg's Self-esteem Scale questionnaire, demographic information,

and a consent form. The responders provided their approval before completing their forms, and the average time to complete them was roughly twenty minutes.

Statistical Analysis:

Following are the statistical method used – Independent Sample Test.

RESULTS

Group Statistics

Table 1: Displaying the findings of a group study on pregnant women who are employed versus those who are not.

Group statistics

Pregnant women	N	M	SD	
Non-working	40	18.9500	3.37373	
Working	40	21.1500	3.23879	

Table 1 shows the N value of non-working pregnant women and working women which is 40. The mean value of both samples is 18.95 for non-working and 21.15 for working and the standard deviation is 3.37373 for non-working and 3.23879 for working.

Table 2: Displaying the findings of the Independent Samples Test on the self-esteem of expectant mothers who are employed and those who are not.

Independent Samples Test

Levene's test for equality Variance										
t-test for Equality of Means										
	F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference			
Equal variances assumed	.800	.374	-2.975	78	0.004	-2.20000	.73946			
Equal variances not assumed			-2.975	77.870	0.004	-2.20000	.73946			

^{**}t=2.975, sig (2-tailed) =0.004, level of significance at 0.05.

As the above table demonstrates, pregnant women who work have much better self-esteem than those who do not. The table can be used to determine whether 0.004 is significant at the 0.05 level. It has been discovered that there are notable disparities in the levels of selfesteem between pregnant women who work and those who do not.

DISCUSSION

As the above table demonstrates, pregnant women who work have much better self-esteem than those who do not. The table can be used to determine whether 0.004 is significant at the 0.05 level. It has been discovered that there are notable disparities in the levels of selfesteem between pregnant women who work and those who do not. One study found that pregnant women who work have much greater self-esteem than those who do not. The mean comparison of two independent groups—working and non-working pregnant women—was investigated using the Independent Sample T-test. The results of Tables 1 and 2 indicate that

there is significance at the 0.05 level and that neither of the independent groups is equal. As a result, the alternative theory is accepted and the null hypothesis is refuted.

According to Table 1, working pregnant women had a mean value of 21.15, which is greater than non-working pregnant women's, suggesting that they had a higher degree of self-esteem. Because of their age, background, and education, they might feel very good about themselves. The working samples exhibit a higher level of education, suggesting that education could boost the confidence of working expectant mothers. Teachers and other academics make up more than half of the study's sample.

As teachers, they deal with many kids who have various features and characteristics that helps them to become more patient, which in turn makes them more self-assured. Due to the lack of education and other personal circumstances, the pregnant non-working women exhibit lower levels of self-esteem in the study. They could have negative self-perceptions, amplify their inadequacies, and struggle to develop confidence.

Attitudes about conception, pregnancy, and motherhood are correlated with one's sense of self-worth. In this study, Mirghafourvand et al. discovered that as self-esteem rose, views about parenthood and body image significantly improved (p 0.001). These findings corroborate the suggestion that mental health therapy be utilized to boost pregnant women's self-confidence. The findings of this study confirm previous research's recommendations that pregnant women with poor self-esteem, particularly those without jobs, should seek therapy. Hatice Kumcagz and Ondokuz may conducted the study with a focus on pregnant women, body image, and self-esteem. Self-esteem levels and the association between education level and body image are significantly (p 0.05) associated. This finding is consistent with recent research showing the critical role education plays in shaping the self-esteem of expectant mothers.

Eun Joo Lee's study, "The Effects of Self-Esteem and Spouse Support on Prenatal Depression in Pregnant Women," found a significant negative association (r=-0.39, p=0.001) between spousal support and prenatal depression.

CONCLUSION

The current study "EXPLORING THE IMPACT OF EMPLOYMENT STATUS ON MATERNAL SELF-ESTEEM: A COMPARATIVE STUDY" demonstrates evidence of a significant variation in self-esteem between working and non-working pregnant women. Future studies could look into how pregnant women's self-esteem is affected, especially if they are not employed. The study examines the differences in high self-esteem between working and non-working pregnant women. This is one instance when the study helps assess the level of self-esteem among pregnant mothers. It investigates if the variable altered during the course of the pregnancy. The study's conclusions indicate that, based on the participants' scores and levels, it may be simple to offer advice on how to boost their self-esteem while pregnant (if necessary).

Recommendation

The results of this study suggest that everyone should be aware of the pregnancy phase and the difficulties faced by expectant mothers. According to the result self-esteem of pregnant women who were not working is low, this might due to the situation of her family, educational background and so on. So everyone of her family should take care of her to

boost her self-esteem. When self-esteem is low she can go to counselling centers and get guidance from psychologists.

Limitations

This study possesses small sample size generalization occurs. In addition, only pregnant women are targeted in this study included hospitals in and around Madurai city. Only selfesteem is chosen as a variable. Future studies should target non-pregnant women around different city and other variables. The limitations of the study are the study is only limited to 80 pregnant women, ages 20-40 and their responses was collected personally. For the study, only expectant mothers were included. For the investigation, only quantitative methods were used. For the study, only primary data were gathered. In this study, only RSES was employed. The only method used to collect the data was a random sampling strategy. There was just a three-month trial period. The Madurai District and its surroundings were the only areas covered by this investigation. Language, age, and education were a few more unrelated variables that affected the research.

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Conflict of Interest

The author(s) declared no conflict of interest.

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