

Anxiety and Subjective Well Being of Pregnant Job Holders and Home Makers

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ABSTRACT

The present study aims to investigate the level of anxiety and subjective well being of pregnant jobholders and Homemakers attending clinics in Obstetrics and OPD department aged between 20–35 years were selected using purposive sampling technique. The sample consists of 120 pregnant women, (jobholders=60 and homemakers=60) from government and private maternity hospitals at Bijapur and Dharwad district of North Karnataka. The data was computed using Mean, SD, 't'-test. The results reveal that there is no significant difference in the level of anxiety of pregnant jobholders & homemakers. Further, pregnant women who are job holders have higher level of Subjective well being compared to homemakers.

Keywords: *Pregnant women, Anxiety, Subjective well-being*

Pregnancy is the period of time from implantation until delivery also known as gravidity / gestation, it is the time of development and fertilization during which one or more offspring develops inside a woman. Both physiological and psychological changes take place in a woman during the period of pregnancy. "*Pregnancy is a time of growth and hope*" (Schroeder, 1996).

There is a growing body of literature showing that anxiety is related and distinct conditions. Research has focused increasingly on the pregnant period, and it is now known that pregnant anxiety frequently precedes and may even be more common than postnatal anxiety. There is considerable interest in the prevalence and impact of anxiety during pregnancy. Therefore the present study aims at assessing the anxiety and subjective well being in pregnant jobholders and homemakers.

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DESIGN

The present study aims to examine the level of Anxiety and Subjective well being of pregnant jobholders and home makers. The sample consists of 120 pregnant women, (jobholders=60 and homemakers=60) from government and private maternity hospitals at Bijapur and Dharwad district of North Karnataka. Pregnant jobholders and homemakers age range is 20–35 years who attended clinics in Obstetrics and OPD were selected using purposive sampling technique.

Hypotheses

There will be significant difference in the level of Anxiety of pregnant jobholders and home makers. There will be significant difference in the level of Subjective well being of pregnant jobholders and home makers.

INCLUSIVE CRITERIA

- The present study includes only working women on permanent basis for central and state government sectors.
- The present study is restricted to Bijapur and Dharwad district of North Karnataka.
- The present study takes into consideration minimum pre university education.

EXCLUSIVE CRITERIA

- The present study will exclude illiterate women.
- The present sample having less than 3 years Job experience and having 35 years and above age will be excluded

Methodology

State Trait Anxiety Test STAT scale is developed by Sanjay Vohra (1992) & Subjective well-being scale developed by Sell.H and Nagapal.R (1992) Present study is taken up to investigate the state trait anxiety and subjective well being in pregnant jobholders and home makers attending clinics. State trait anxiety test & Subjective well-being questionnaires were administered on selected sample following initial permission from the concerned authority and the participants were approached with mutual consent to fulfill the required measurements and questionnaires.

RESULTS

Table.No.1 illustrates level of significance of Anxiety in Pregnant Jobholders and Homemakers

Anxiety	Job Holders (N=60)		Homemakers (N=60)		t-value
	Mean	SD	Mean	SD	
Guilt prones	49.43	104.70	50.56	98.03	0.61NS
Maturity	50.31	97.67	49.68	105.51	0.33NS
Self Control	50.39	99.30	49.60	103.76	0.42NS
Suspiciousness	48.08	105.24	51.91	90.66	2.12*
Tension	49.58	113.85	50.41	89.18	0.45NS
Overall Anxiety	49.68	101.17	50.31	102.00	0.34NS

NS – Not Significant, *P<0.05

Table.No.2 illustrates level of significance of Subjective well being in Pregnant Jobholder and Homemakers

Sl. No	Subjective Well-being & sub-dimensions	Job holders (n=60)		Homemakers (n=60)		t-value
		Mean	SD	Mean	SD	
1	General Well-Being(Positive)	53.12	9.29	46.87	9.77	3.59**
2	Expectation-Achievement congruence	49.76	10.12	50.23	9.94	0.25NS
3	Confidence in Coping	48.36	10.52	51.63	9.24	1.81NS
4	Transcendence	53.09	10.61	46.90	8.34	3.55**
5	Family Group Support	50.00	10.04	50.00	10.04	0.00 NS
6	Social Support	51.85	11.54	48.14	7.84	2.06*
7	Primary Group concern	52.81	10.63	47.18	8.51	3.20**
8	Inadequate mental mastery	50.77	10.55	49.22	9.44	0.85NS
9	Perceived ill health	52.52	9.63	47.47	9.79	2.84*
10	Deficiency in social contacts	54.88	8.59	45.11	8.90	6.11***
11	General Well Being(Negative)	50.00	10.04	50.00	10.04	0.00 NS
Overall subjective Well-being		54.68	9.28	45.31	8.41	5.79***

NS – Not Significant, *P<0.05, **P<0.01, ***P<0.001

DISCUSSION

Anxiety

Since ancient times, scientists have written about beliefs that the emotional state of the pregnant mother may affect her unborn Child. Today, human studies support the notion that maternal anxiety during pregnancy can have both immediate and long-term effects on her offspring. Anxiety during pregnancy is increasingly being recognized as a condition worthy of attention as it is associated with subsequent health problems and developmental difficulties, leading to behavioral and emotional problems in children. 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.

Subjective Well-Being

Subjective Well-Being refers to a person's own assessment of their happiness and satisfaction with life. According to Schwartz & Strack,(1999), “Subjective well-being can be simply defined as the individual’s current evaluation of her happiness. Subjective well-being in pregnant jobholders and home makers is assessed in order to evaluate their well-being in terms of positive and negative emotions.

Pregnancy is a time when families use the health service regularly for several months and when women and their partners are often highly motivated to address issues affecting their health in order to give their baby a good start in life. As well as the chance to improve the outcome of the pregnancy, it has often also been targeted as a time when the long-term health and wellbeing of the baby and others in the family can be influenced, particularly for the most vulnerable or disadvantaged families where the benefits are likely to be greatest.

MAJOR FINDINGS

There is no significant difference in the level of state trait Anxiety of the pregnant jobholders and homemakers. Subjective well being of pregnant jobholders is higher than the pregnant homemakers. **Urmila R. et al. (2007)** found that during pregnancy women had anxiety feeling. The mean score suggests that pregnant jobholders have better subjective Well-being & get more social support & perceive better health compared to pregnant homemakers.Halelga et al (2004) study of pregnant women’s perception of well being during pregnancy to explore their sense of coherence & found that during 34-36 weeks of pregnant women scored significantly worse for well-being compared to 10-12 weeks.

CONCLUSIONS

Working women often find it very difficult after being pregnant. There are lots of responsibilities she has to fulfill both at personal and professional end. But pregnancy doesn’t mean giving up

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your job. Hectic schedule in professional front would tire them immensely and they need to plan everything very carefully. But pregnancy changes the physiological and anatomical conditions of the body that could lead to anxiety during the working time. During the pregnancy time mother should have more rest and nutrition. The present study would concentrate on measuring the anxiety among pregnant jobholders and homemakers during pregnant period to address evidence-based information and support to enable them to make informed decisions regarding their care.

This field being new and emerging, future work should be taken up to clarify the relationship between the variables.

Limitations

The sample collected was restricted to the patients attending clinics in Obstetrics and OPD gynecology.

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