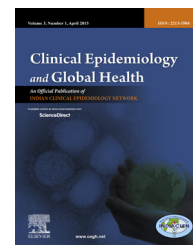


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Original Article

How happy are pregnant women?: A socio-demographic analysis

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ABSTRACT

Problem: The current research paper aims to study the nature and prevalence of happiness among Indian pregnant women, based on relevant socio-demographic variables.

Method: The Oxford Happiness Questionnaire (OHQ) was used as a measure of the degree of happiness. The sample consisted of 100 expectant women chosen randomly from nursing homes, dispensaries and child care clinics in Delhi NCR, India. All the participants belonged to the age range of 21–36 years, from middle income group.

Results: Pregnancy emerged as a period that elicits increase in the emotional states of women, with average happiness of 74.01% among Indian women. More than a quarter of the population (26%) experienced extremely high levels of happiness and none (0%) felt extremely or fairly unhappy. Furthermore, seven variables namely: age of the mother, working status of mother, type of family, family size, order of pregnancy, trimester and past medical complications were studied for varying degrees of happiness.

Conclusion: Majority of Indian women were found to experience high happiness during pregnancy. Bearing children at a younger age, medical fitness without past complications, family support and lesser work duties were variables that contributed the most on positive emotive states among pregnant women. This study raises implications in the area of obstetrics, mental healthcare, training for future doctors, family and couple counseling, healthcare facilities and therapeutic modalities.

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1. Introduction

“To be pregnant is to be vitally alive, thoroughly woman, and undoubtedly inhabited”.¹

Greek philosopher Aristotle² believed that, happiness is the central purpose of human life and existence, and that one's virtues lead to happiness. He, thus, defines happiness as “...the function of man is to live a certain kind of life, and this activity implies a rational principle, and the function of a

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good man is the good and noble performance of these, and if any action is well performed it is performed in accord with the appropriate excellence: *if this is the case, then happiness turns out to be an activity of the soul in accordance with virtue*".² A more recent definition of happiness is "a state of well-being and contentment".³ According to Yang,⁴ happiness involves the feelings of satisfaction and pleasure in various life aspects.

A leading name in the study of happiness is that of Martin Seligman, who is also considered as the father of positive psychology. According to Seligman,⁵ happiness is not derived solely from external and momentary pleasures, but also from internal one. He gave the acronym "PERMA", which summarizes Positive psychology's viewpoint on what makes human beings happy. Here, P = Pleasure (eg: delicious food), E = Engagement (eg: enjoying challenges of daily life), R = Relationships (eg: warm and stable social contacts), M = Meaning (eg: belongingness to a higher pursuit), and A = Accomplishments (eg: achievement of life objectives). He further outlined three dimensions of happiness namely, 'The Pleasant Life' i.e. appreciating basic pleasures such as relationships and physiological needs, the natural environment and our bodily needs, 'The Good Life' i.e. identifying our unique qualities and using them creatively to better our life quality, and 'The Meaningful Life' i.e. arriving at a deep satisfaction by putting our individual virtues towards a greater purpose.

Pregnancy is an experience full of growth, change, enrichment, and challenge. It is a time when to-be parents confront their fears and expectations about becoming parents and begin to determine parenting styles. Pregnancy gives women the pride they experience as they proceed on their way to give birth. It affects all expectant mothers in ways that profoundly affect the early mother-child relationship and the new parenthood. During 40 weeks of pregnancy, the expectant mother undergoes several physical, psychological emotional changes and cognitive changes, particularly in first time mothers.^{6,7} During the first trimester, new mothers are filled with a feeling of anxiety about losing their new baby as it is accompanied by symptoms like nausea, vomiting, dizziness.⁸ This is known as "morning sickness" and affects most of the pregnant women.⁹ Women suffering from greater such physical symptoms reported significantly more undesired pregnancies and negative relationships with their own mothers.¹⁰ Many mothers also begin to feel self-conscious about the weight they are putting on to support their baby, and these feelings can lead to low self-esteem. Worries about labor and childbirth are also common during the last three months of pregnancy. During this trimester, anxiety, emotional distress, depressive feelings¹¹ may be common and are affected by the mother's socioeconomic level and number of previous births. Hence, as has been highlighted above, a woman goes through numerous bodily, mental and social changes during pregnancy. Acceptance of pregnancy affects various aspects of maternal life, such as motivation in adapting to the maternal role, a positive feeling towards the fetus, internal motivation for self-care behavior, and adaptation postpartum.¹²

For a woman, the pregnancy experience includes planning to meet the physical needs of the baby, as well as adapting

herself to the future roles of motherhood. In a study by Messias, DeAnne, & DeJoseph,^{13,14} it was found that a first pregnancy transformed women's work, as they experienced significant shifts and transformations in personal and social identities and in the meanings, values, and priorities they attached to work. Motherhood, due to its cultural implications, is a fascinating social concept. The mother's behavior is heavily influenced by gender expectations. In numerous societies, when a woman does not achieve the status of motherhood, it is perceived as a failure because the woman fails to meet the gender role expectations.¹⁵ Hence, the foundation of these expectations lies within the cultural perceptions of motherhood. Furthermore, Thresia & Mohindra¹⁶ highlight three key gender biases in the southern parts of Asia (South India and Sri Lanka) on the basis of social stratification, such as class, ethnicity and/or caste. They observed a high degree of negligence towards women's health and insufficient interaction between genders as prevalent social influences. Maternal stress may increase the level of corticotrophin releasing hormone (CRH) in pregnancy^{17–19} that might lead to premature delivery. Thus, women under stress are about four times more likely than low-stress counterparts to deliver babies prematurely.²⁰ This may in-turn prove fatal and result in harming the child itself.²¹ On the family front, it is believed that male involvement in maternal health is relatively high, desirable, unique and affected by many factors. These include love, men's work demands, economic concerns and men's knowledge about pregnancy.²² Contrastingly, in a patriarchal society such as Maharashtra, men were excluded from maternal care as the community considers maternal care exclusively women's domain.²³

On the other hand, pregnant women who are optimistic thinkers have less adverse outcomes than pessimistic thinkers.²⁴ Thus, anxiety and life stress were significant contributors to abnormalities of pregnancy.²⁵ Positive appraisal is associated with less distress and a high level of stability in coping throughout pregnancy.²⁶ Furthermore, in healthy pregnant women, Leisure-time physical activity (LTPA) may be a potentially effective low-cost method of enhancing psychological well-being.²⁷

2. Methodology

2.1. Objective

1. To study the nature and prevalence of happiness among Indian pregnant women.
2. To determine the happiness measures of pregnancy based on relevant demographic variables.

3. Material

Oxford Happiness Questionnaire (OHQ) was used as a measure of degree of happiness. It is a highly standardized instrument devised by Hills & Argyle in 2002. It is based on Oxford Happiness Inventory (OHI), originally proposed in 1989 by Argyle, Martin & Crossland. OHQ comprises of 29 items, each statement can be endorsed on a uniform six-point Likert scale from 'strongly

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