

Romantic attachment styles and body satisfaction among pregnant women

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Objective: To explore the relationship of romantic attachment styles (e.g., Avoidant and anxiety) and body satisfaction among working and non-working pregnant women.

Methodology: This cross sectional survey with pregnant women were taken from Al-Shifa Hospital ($n = 30$), Al-Shifa Maternity Care ($n = 30$) and Benazir Bhutto Hospital (BBH) ($n = 40$) from April 2017 to October 2018. One hundred pregnant women were selected with purposive sampling technique using Solvin's Formula. Experience in Close Relationships (ECR) and Body Satisfaction Scale (BSS) were used. To test study hypothesis, Cronbach alpha reliability, Pearson's correlation, T-test and ANOVA were computed.

Results: Women in third trimester experienced more avoidant attachment (79.01 ± 11.08) and anxiety

attachment. Women in third trimester were higher on body dissatisfaction (90.13 ± 14.55). Women in 81 – 100 kg weight were higher on avoidant attachment (75.00 ± 12.56), anxiety attachment (76.66 ± 16.52) and body dissatisfaction (78.80 ± 19.01). Women with a greater number of miscarriages were higher on avoidant attachment (77.00 ± 14.14) and anxiety attachment (76.76 ± 13.46). Multiple regression analysis showed that avoidant attachment and anxiety attachment negatively predicted body dissatisfaction and explained 24% ($R^2 = 0.24$) variance in body satisfaction of the pregnant women.

Conclusion: The less level of romantic attachment styles during pregnancy helps to reduce feeling of body dissatisfaction among pregnant women.

Keywords: Avoidant attachment, anxiety attachment, body satisfaction, body dissatisfaction.

INTRODUCTION

Pregnancy is natural phenomenon of childbirth that is linked with diverse physical changes in body shape and size, but sometime this can have negative effect that result in body displeasure, or negative view about one's own body.^{1,2} In anxiety attachment, individual have fear of abandonment by partner, as individuals scoring high on model of anxiety are inclined to worry about refusal and availability of the partner.^{1,2} Avoidant attachment is fear of reliance and interpersonal closeness, an excessive, and unwillingness to self-disclose.^{3,4} Body satisfaction is both optimistic and unenthusiastic nature of insight, feelings, and how individual have perception about their body figure.⁵ Heavy individuals are more body dissatisfied.⁶

Romantic marital quality serves as a risk or protective factor against development of different mental health problems for several women. Insecure attachment (avoidant and anxiety) was the best forecaster of body dissatisfaction among pregnant women.⁷ Another study found that wives are majorly concerned for spouse remarks regarding body appearance.⁸ Anxious and avoidant attachment as strong predictor of body dissatisfaction.⁹ Weight reduction methods are used by anxious and avoidant females due to low self-esteem. Insecure individual with poor self-worth and higher

rejection expectancy are linked with higher body dissatisfaction.¹⁰

Both styles of insecure attachment (anxious and avoidant) were linked with body dissatisfaction implying that attachment styles are strong aspect in the occurrence of body dissatisfaction among pregnant women.¹¹⁻¹⁴ Only few studies have examined the possible relation of romantic attachment on body satisfaction among working and non-working pregnant women.¹⁵ For that, the present study first objective was to explore the effect of different demographic characteristics on romantic attachment and body satisfaction. Further the study second objective was to explore the predictive effect of romantic attachment on body satisfaction among pregnant women.

METHODOLOGY

This cross sectional survey was carried out at Al-Shifa Hospital ($n = 30$), Al-Shifa Maternity Care ($n = 30$) and Benazir Bhutto Hospital (BBH) ($n = 40$) from April 2017 to October 2018. The study included 100 pregnant women selected through purposive sampling technique using Solvin's Formula. Thirty women were in first trimester (30%) of pregnancy, 40 (40%) in 2nd trimester and 30 (30%) in 3rd trimester. In total sample, 50% women were working and 50% non-working. Pregnant

women with severe medical condition were excluded from the sample. The minimum education of the pregnant women was graduation. The study was approved by the University and informed consent was taken from all participants.

Experience in Close relationships (ECR) was used to assess feature of romantic attachment styles.¹⁶ The scale assesses two dimensions perceived (avoidant and anxiety romantic attachment) with spouse. The ECR is a 36 – Item 7 – point, Likert-type scale fluctuating from 1 = disagree strongly to 7 = agree strongly to respond to the items. In ECR scale, 18 items measured avoidant attachment and 18 items measured anxiety attachment. In total of 36 items, 9 items are reverse items. The second scale used was Body Satisfaction Scale (BSS).¹⁷ The BSS assesses features of body satisfaction/dissatisfaction related to 16 different parts of the body. The BSS is divided into three main areas assessing views about the head area, general body part areas and view about overall shape of body.

Statistical Analysis: SPSS version 21 was used for data analysis. For testing the study hypothesis, correlation matrix, t-test, ANOVA was used.

RESULTS

Table 1 indicates working women were higher on avoidant and anxiety attachment (75.92 ± 11.08) as

compared to non-working women. Mean differences that working women had more body dissatisfaction as compared to non-working women (91.08 ± 17.75). Table 2 shows that women in third trimester experienced more avoidant attachment (79.01 ± 11.08) and anxiety attachment as compare to women in first and second trimester of pregnancy. Women in third trimester were higher on body dissatisfaction (90.13 ± 14.55) as compared to women in second trimester and showing that women in last months of pregnancy experienced more body dissatisfaction.

Table 3 is showing that women in 81 – 100 kg weight category were higher on avoidant attachment (75.00 ± 12.56), anxiety attachment (76.66 ± 16.52) and body dissatisfaction (78.80 ± 19.01). Table 4 indicates that women with a greater number of miscarriages were higher on avoidant attachment (77.00 ± 14.14) and anxiety attachment (76.76 ± 13.46) and were higher in women with 0 – 2 miscarriages. Overall, pregnant women with higher number of miscarriages experienced more body dissatisfaction (93.50 ± 9.19) then other two categories.

Multiple regression analysis showed that avoidant attachment and anxiety attachment negatively predicted body dissatisfaction and explained 24% ($R^2 = 0.24$) variance in body satisfaction of the pregnant women.

Table 1: One Way ANOVA showing mean differences between trimesters of pregnancy on romantic attachment and body satisfaction (n = 100).

	1 st Trimester	2 nd Trimester	3 rd Trimester		
	(n = 30)	(n = 40)	(n = 30)		
Variables	Mean \pm SD	Mean \pm SD	Mean \pm SD	F	η^2
Avoidant attachment	68.98 \pm 11.22	70.23 \pm 11.34	79.01 \pm 11.08	1.74	.66
Anxiety attachment	79.12 \pm 10.23	70.28 \pm 12.45	80.21 \pm 11.20	2.78	.18
BSS	83.13 \pm 14.55	87.34 \pm 13.15	90.34 \pm 14.23	0.89	.07

Table 2: One Way ANOVA showing mean differences between body weight on study variables.

	40 – 60 kg	61 – 80 kg	81 – 100 kg		
	(n = 51)	(n = 43)	(n = 06)		
Variables	Mean \pm SD	Mean \pm SD	Mean \pm SD	F	η^2
Avoidant attachment	74.45 \pm 12.52	71.37 \pm 10.32	75.00 \pm 12.56	0.74	.04
Anxiety attachment	70.37 \pm 13.05	74.48 \pm 14.42	76.66 \pm 16.52	3.49	.11
BSS	75.03 \pm 17.64	73.43 \pm 19.80	78.80 \pm 19.01	0.50	.02

Table 3: One Way ANOVA showing mean differences on year of miscarriages on study variables.

	0 – 2	3 – 4	> 4		
	(n = 69)	(n = 29)	(n = 02)		
Variables	Mean ± SD	Mean ± SD	Mean ± SD	F	η^2
Avoidant attachment	75.89 ± 11.13	72.31 ± 12.28	77.00 ± 14.14	1.02	.09
Anxiety attachment	76.76 ± 13.46	69.62 ± 14.98	73.00 ± 8.84	.42	.04
BSS	90.08 ± 15.32	91.06 ± 13.19	93.50 ± 9.19	2.72	.13

Table 4: Multiple regression analysis to test effects of romantic attachment on body satisfaction.

		Model 1
Variables	B	95 % CI
Constant	23.36	[10.22, 24.78]
Avoidant attachment	.28**	[-.22, 0.33] -.18]
Anxiety attachment	.23**	[.05, .66]
R^2	0.24	
F	18.04	

DISCUSSION

Women in first trimester were higher on body satisfaction as compared to women in second and third trimester showing that women in last months of pregnancy experience more body dissatisfaction.^{11,12,20} The result of the study are consistent with previous researches showing that women with body dissatisfaction during the three trimester is stable, whereas, other study showed that pregnant women tend to worry and are more conscious about weight in last trimester of pregnancy.^{14,21}

The result of this study are in contrary to previous literature which showed that women with higher weight and obesity issues experience romantic attachment issues in pregnancy due to weight concerns.^{12,13,22} The result also highlighted that women with more body weight experienced body dissatisfaction. Recent study also showed that women in pregnancy experienced symptoms of depression, low self-esteem, weight increase and change in eating habits is linked with dissatisfaction with body image.^{18,21}

Weight of body parts like waist, thigh, buttocks, hip, feet, posture, body size, appearance of belly and weight are major concern of body satisfaction.^{23,24} Multiple regression analysis showed that avoidant attachment and anxiety attachment were significant negative predictors of body satisfaction among pregnant women. Increase in insecure attachment pattern among spouse lead to

feelings of body dissatisfaction among the women. Less secure romantic attachment pattern were related to body dissatisfaction, as they assume poor body satisfaction may result in avoidance in social situations.

CONCLUSION

The present study highlighted that women in first and third trimester experienced less romantic attachment and experienced body dissatisfaction. Pregnant women with more number of miscarriages experienced more disruptive level of romantic attachment with partner and had more body dissatisfaction as compare to women with less number of miscarriages.

Author Contributions:

Conception and design: Rabia Zonash, Kehkashan Arouj.
Collection and assembly of data: Rabia Zonash.
Analysis and interpretation of the data: Rabia Zonash, Kehkashan Arouj.
Drafting of the article: Kehkashan Arouj.
Critical revision of the article for important intellectual content: Kehkashan Arouj.
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