

## **Pregnancy and body image in Poland: Gender roles and self-esteem during the third trimester**

Maria Kazmierczak\*<sup>a</sup> and Robin Goodwin<sup>b</sup>

<sup>a</sup>*Institute of Psychology, University of Gdansk, Gdansk, Poland;* <sup>b</sup>*Centre for Culture and Evolutionary Psychology, Social Science, Brunel University, Uxbridge, UK*

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**Objectives:** The study has two main objectives: (1) assessment of the perception of body image among a sample of women in their third trimester of pregnancy; and (2) examination of the relationship between body image, gender role orientation, gender role stress and self-esteem. **Background:** Body image has received much attention in the psychological literature, but little work has been conducted with pregnant women or outside of the United States. Research suggests that women experience both anxieties and positive emotions about their body image during pregnancy, which might be associated with their personal characteristics. **Methods:** 100 pregnant women were approached in seven different ‘Schools of Birth’ in Poland. Participants completed questionnaires assessing body image, feminine gender role stress, psychological masculinity–femininity and self-esteem during their third trimester of pregnancy. **Results:** Pregnant Polish women generally have a positive body image, which is positively associated with self-esteem. Feminine gender role stress was related to a negative body image, masculinity and androgyny positively correlated with body image. Structural equation modelling suggests that body image is a mediator between gender factors and self-esteem. **Conclusion:** Our findings underline the multidimensional nature of the body image and the importance of mediating factors in predicting the psychological outcomes of pregnancy.

**Keywords:** pregnancy; body image; gender role stress; gender role orientation; self-esteem

### **Introduction**

Body self or image is usually perceived as a multidimensional construct with emotional, cognitive, and behavioural components (e.g. Grogan, 1999). Cash (2004) distinguishes between ‘body image evaluation’, which assesses satisfaction or dissatisfaction with the body, and ‘body image investment’, the cognitive–behavioural importance placed on this appearance. However, little previous work has examined the different determinants of body image evaluation in the context of pregnancy, or the relationship between body image and broader self-esteem in pregnant women. In this study we examine key correlates of these aspects of body image in a Polish sample of women in their third trimester.

As a result of its reproductive functions, the female body undergoes great changes across the lifespan. During pregnancy, women undergo substantial

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\*Corresponding author. Email: [psymk@ug.edu.pl](mailto:psymk@ug.edu.pl)

fluctuations in their appearance: these include increasing body size, increasing size of breasts and hips, and changes in the condition of skin, hair and nails. Research in a variety of cultures has demonstrated that female self-esteem is likely to be heavily based on physical attractiveness (Rudman & Glick, 2008), with changes during pregnancy rarely conforming to cultural beauty standards for the female body (Duncombe, Wertheim, Skouteris, Paxton, & Kelly, 2008). Given the close relationship between the body attractiveness and personal self-esteem, such a violation of the beauty standard should potentially challenge a woman's sense of self-worth. However, the evidence on this is mixed. In their study, Skouteris, Carr, Wertheim, Paxton, and Duncombe (2005) report that late pregnancy was associated with greater dissatisfaction with body image. Yet many pregnant women embrace the physical changes that occur as a part of the process of becoming a mother, relishing the chance to break free of beauty standards, and recognising that changes in body size and weight reflect positively on their child's development (Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009). Duncombe et al. (2008) reported that satisfaction with body image was generally stable during the course of pregnancy, and, while participants in late pregnancy preferred a smaller belly, they did not feel as fat as earlier in the pregnancy or at the pre-pregnancy period. These findings suggest that women may experience both anxieties and positive emotions about their body image during pregnancy.

One reason for variations in body image perceptions might be cultural. Cultural socialisation is an important component in the creation of body image schemas and attitudes (Cash, 2004). In a society such as Poland, in which motherhood is venerated (Rostowska, 2008), pregnancy is highly regarded (Blazek, Kazmierczak, Lewandowska-Walter, & Michalska, 2010). Indeed, Polish women rarely try to hide their pregnancy (Maciarz, 2004). This might lead us to expect high levels of self-esteem and a positive body self-image among pregnant women in Poland. A second reason for differences in reported body image among pregnant women might be the variation in personal traits that moderate or mediate the relationship between body image and self-esteem. Such traits might be particularly evident during some of the challenges that women face during pregnancy (Bielawska-Batorowicz, 2006). Personality traits such as immaturity may impact on the quality of the prenatal life of the unborn child (Kornas-Biela, 2009), while trait anxiety, to the extent to which is associated with state anxiety, is likely to negatively influence labour and adjustment to maternity (Podolska & Majewska, 2007). Such personality factors are likely to interact with situational factors (such as previous motherhood experiences or the extent and type of support from others) and demographic factors (e.g. maternal education) in the mother's perception of her newborn child (Bielawska-Batorowicz, 1993, 1995).

In our study we consider two correlates of the relation between body image and self-esteem: gender role stress and gender role orientation. Both variables reflect awareness and influence of gendered social roles, but differ in that while femininity-masculinity is an internalised gender schema, gender role stress is more cognitive-behavioural, describing sensitivity to socially set gender standards in particular social situations (Bem, 1981; Gillespie & Eisler, 1992).<sup>1</sup> Masculinity as a dimension of gender-role orientation, and androgyny as a gender role type, has been related to a positive body image among women (Davis, Dionne, & Lazarus, 1996). Among pregnant women, Berthiaume, David, Saucier, and Borgeat (1996) found that androgyny was associated with better adjustment (i.e. with higher satisfaction with

interpersonal relations). Therefore, we anticipate that masculine, or androgynous pregnant women, will be more satisfied with their bodies. Gender role stress is likely to be more frequent during pregnancy, since biological gender differences are emphasised in this life-stage, and social expectancies are enhanced (Durkin, Morse, & Buist, 2001). Such gender role stress has also been related to a range of psychological disorders (e.g. Martz, Handley, & Eisler, 1995). Therefore, we expect that higher feminine gender role stress will be associated with dissatisfaction with one's body and lower self-esteem during pregnancy.

In this study we first assess perception of body image among a sample of women in their third trimester of pregnancy. We choose this trimester because this is a time when many of the disturbances typical for early pregnancy are over, and when physical changes are most visible (Duncombe et al., 2008). We then examine the relationship between body image, gender role orientation, gender role stress and self-esteem. We summarise this latter research aim in Figure 1.

## Method

### Participants

One hundred pregnant women took part in the study. All women completed the questionnaires during their third trimester of pregnancy (range from 28 to 39 weeks' gestation;  $M$  (Mean) = 32nd week;  $SD = 2.65$ ). Participants were aged between 19 and 41 ( $M = 27.9$ ;  $SD = 3.48$ ). Ninety-one women were married, 9 were in a non-legalised romantic relationship. The reported length of relationship with the baby's father ranged from 1 to 17 years ( $M$  length = 5.84;  $SD = 3.53$ ). For 83 this was their first pregnancy, for 11 their second, and for 6 their third. All participated in classes in seven different 'Schools of Birth' in Poland.

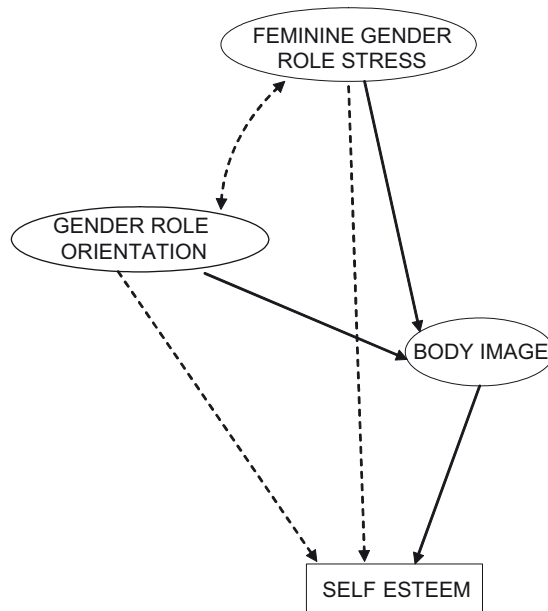


Figure 1. General theoretical model. Solid lines demonstrate hypotheses; dotted lines represent possible additional relations between variables included in the model.

### Measures

The women completed four measures. *The Body Image Questionnaire* (Mirucka, 2005) assesses body image along four dimensions: (1) acceptance of one's body (13 items; in this study: Cronbach's  $\alpha = .89$ ), (2) disclosure of femininity (6 items; Cronbach's  $\alpha = .77$ ), (3) experience of intimate relations with persons of the opposite sex (12 items; Cronbach's  $\alpha = .82$ ), and (4) attitude towards eating and body weight (10 items; Cronbach's  $\alpha = .80$ ). For all subscales, participants described how a given statement described them on a seven-point scale (from 0: 'I totally do not agree', to 6: 'I totally agree').

The 39-item *Feminine Gender Role Stress Scale* (Gillespie & Eisler, 1992; Polish adaptation) describes women's stress levels when conformity to gender stereotypic behaviours is threatened. This scale encompasses five subscales: developing non-emotional relationships (10 items), feeling physically unattractive (8 items), victimisation (6 items), behaving assertively (7 items), and not being nurturant (8 items). Participants determined how stressful a given situation is for them on a six-point scale (from 0: 'not stressful', to 5: 'extremely stressful'). The internal consistency coefficients (Cronbach's alphas) for this study ranged from .75 to .85.

To assess psychological femininity–masculinity (gender role orientation) we used the *Psychological Sex Inventory* (Kuczynska, 1992), based on Bem's gender schema theory (Bem, 1981). This inventory comprises 35 adjectives, 15 assessing femininity (Cronbach's  $\alpha = .67$ ), 15 masculinity ( $\alpha = .80$ ) and 5 neutrality. Answers are given on a 5-point Likert scale; from *I am not like it at all* to *This is exactly what I am like*. Finally, we assessed self-esteem using the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965) (Polish adaptation by Dzwonkowska, Lachowicz-Tabaczek, & Laguna, 2008). The scale includes 10 items to which an answer is required on a 4-point Likert scale, from *I totally agree* to *I totally do not agree* (Cronbach's  $\alpha = .82$ ). All scores were normally distributed with the exception of one scale (not being nurturant): we adjusted for this non-normal distribution in our structural modelling (below).

### Procedure

Participants were approached during their course and invited to participate in a broader psychological project aimed at exploring birth. Participation in the project was voluntary. Women completed questionnaires at home, and returned them to the head of the school (a midwife) or the author herself. No payment was offered to participants.

### Results

In our sample, mean scores for the four factors of body image were: attitude towards eating and body weight,  $M$  (Mean) = 39.6 (SD, 9.64, maximum score = 60); experience of intimate relations with persons of the opposite sex,  $M = 56.37$  (8.35, maximum = 72); disclosure of femininity,  $M = 21.78$  (6.11, maximum score = 36); and acceptance of one's body,  $M = 58.73$  (10.18, maximum score = 78). The overall mean was 176.48 (27.08, maximum score = 246).

We then tested our hypotheses concerning gender role orientation and gender role stress, and body image and self-esteem. Our results indicated a significant correlation between body image and self-esteem – the higher the satisfaction with body image, the higher the self-esteem (Pearson correlation  $r = .52$ ,  $p < .001$ ).

Masculinity was positively associated with general body image ( $r = .37, p < .001$ ), and feminine gender role stress negatively ( $r = -.20, p < .05$ ). Psychological femininity was positively only associated with one component of body image, the disclosure of femininity ( $r = .28, p < .01$ ).

Using Polish norms suggested by Kuczynska (1992), we also created two categories of gender role orientation: 40 women were androgynous, and 42 feminine (6 women were masculine, and 12 were undifferentiated). This distribution of gender role orientation is similar to that described in earlier Polish studies, with Lipinska-Grobelyny and Wasiak (2010) reporting that 48% of her respondents were androgynous, 35% feminine.

*t*-Test comparisons between these two independent groups indicated that androgynous women have higher general satisfaction with their body image ( $t(80) = 2.39; p < .05; d = .53$ ), and are more satisfied with their intimate relations with persons of the opposite sex than feminine participants ( $t(80) = 3.53; p = .001; d = .78$ ).

To test the general theoretical model (Figure 1), structural equation modelling (the AMOS program; Arbuckle, 1995–2007) was carried out using the General Least Squares method. This method was chosen due to the platycurtic distribution for some variables included in the model. In the model body image is defined as a mediator of the relation between psychological factors associated with gender roles and self-esteem.

Figure 2 shows that body image is a mediator of the relation between feminine gender role stress and self-esteem (RMSEA = .08; PCLOSE = .066; ECVI = 1.39). The direct link between feminine gender role stress and self-esteem is insignificant, whereas there are significant correlations between feminine gender role stress and body image (negative), and between body image and self-esteem (positive). Because our research was not experimental, we tested alternative models. A model with a reversed path between self-esteem and body image showed the same fit, but the simple standardised coefficient between these two variables was slightly poorer (.40;  $p < .001$ ), as was the coefficient between feminine gender role stress (FGRS) and body image ( $-.29; p < 0.01$ ). We also compared an alternative model using a single general score of body image. While this model suggests that body image might be a mediator of the association between factors associated with gender roles and self-esteem, the overall fit of the model was not acceptable (RMSEA = .11; PLOSE = .014; ECVI = .94). This suggests a multidimensional model of body image.

## Discussion

In the study we explored body image during pregnancy, and factors associated with this image, in a sample of Polish women in their third trimester. Our study showed that body perception among these pregnant women is generally positive. As predicted, masculinity and androgyny were positively correlated with body image, whereas feminine gender role stress was negatively associated with body image during pregnancy. Structural equation modelling suggested that body image is a mediator between gender factors and self-esteem in pregnant women. Such findings support the idea of the body image as a multidimensional construct, influenced by both proximal and distal cultural factors and personal characteristics (Cash, 2004; Mirucka, 2005).

Our findings replicate previous work by Duncombe et al. (2008) suggesting that body image does not have to be negative among pregnant women. For pregnant women, who may experience both physical and psychological disturbances during

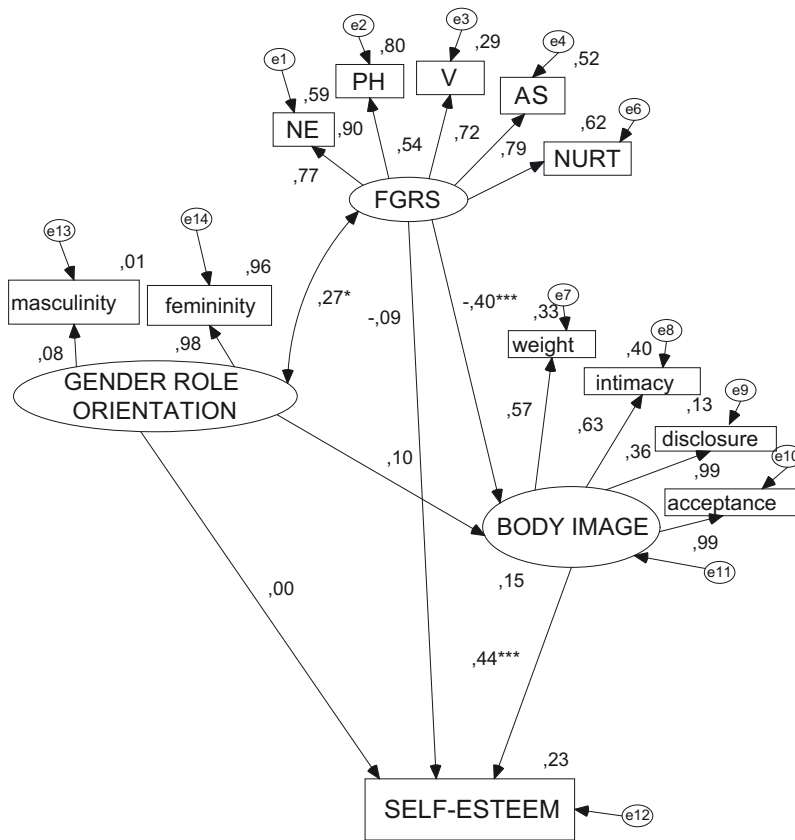


Figure 2. Body image as a mediator between gender roles and self-esteem.

Note. Weight = attitude towards eating and body weight; Intimacy = experience of intimate relations with persons of the opposite sex; Disclosure = disclosure of femininity; Acceptance = acceptance of one's body; Body image = the sum of four subscales.

FGRS = Feminine Gender Role Stress, NE = developing non-emotional relationships, PH = feeling physically unattractive, V = victimisation, AS = behaving assertively, and NURT = not being nurturant.

In order to stabilise the covariance matrix, residual variables less than 0 were set to equal 1. Significance of associations between body image, self-esteem, FGRS, and gender role orientation: \*\*\*  $p < .001$ , two-tailed; \*  $p < .05$ , two-tailed.

their pregnancy, a positive body image might be an important protective factor against depressive symptoms (Symons Downs, DiNallo, & Kirner, 2008). The high levels of intimacy with the opposite sex reported by our pregnant women suggests that pregnancy can challenge the concept of firm body boundaries (Young, 2005), allowing women to enjoy a heightened sexuality which questions cultural images of female beauty (Young, 2005). Future research could consider additional potential correlates of body image among pregnant women, among different cultural groups.

In our study, body image mediated the relationship between FGRS and self-esteem. This suggests that while psychological factors connected with gender roles might shape self-esteem, they do so via perception, emotions, and attitudes towards one's body (see also Durkin et al., 2001). As a result, those women who follow the cultural norms set for female roles in everyday life are prone to lower satisfaction



with their body while pregnant. This result replicates previous research indicating that feminine gender role stress is associated with lesser functioning, reflected in lower self-esteem and eating disorders (e.g. Martz et al., 1995). In addition, our correlational data indicate that FGRS was negatively associated with those aspects of body image that were generally higher among pregnant women. Pregnant women's social functioning may, however, be more positive among androgynous women, as having both feminine and masculine traits is a positive correlate of good psychological health and social adaptation (e.g. Lefkowitz, & Zeldow, 2006). We therefore suspect that for androgynous pregnant women it may be easier to adapt to situations in which gender stereotypes of beauty are challenged.

### ***Limitations***

This study had several limitations. First, our participant group was not large, and consisted of women who attended classes at birthing schools. Inevitably, such women may be more committed to, and satisfied with, their pregnancy. Most of our women were married, and satisfaction with pregnancy may not be so high among those who have not formally legalised their relationship, particularly in more traditional society such as Poland. Second, we did not control for, or directly assess, negative states, e.g. depressive symptoms. Anxiety and depression should certainly be addressed in further work. We also did not assess the positive and negative aspects of femininity and masculinity, an omission that should be addressed in future studies. Third, given that relationship between body image, self-esteem and body weight future studies might usefully measure weight and body mass index before conception and at the third trimester. Finally, larger, cross-cultural studies would be helpful in defining the importance of cultural influences on the perception of one's body during pregnancy.

### ***Concluding remarks***

Pregnancy is an important and sensitive time for most women, and a period during which the body undergoes a number of major transformations. Our study indicated that Polish women are largely happy with their body image during their pregnancy, but their self-esteem is also influenced by important aspects of their gender role orientation, and by gender role stress. An awareness of these factors should help practitioners identify those most at psychological risk during pregnancy, and to devise interventions aimed at minimising difficulties during this often challenging time.

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### ***Note***

1. We also conducted additional analyses of our respondent's scores on all four body image dimensions, comparing our data to 272 Polish female students reported by Mirucka (2005). Although these are of course quite a different population, it is notable that the pregnant women in our study reported a significantly higher body image score overall (Cohen's  $d$  .38), with significantly higher scores on experience of intimate relations ( $d$  .58) and acceptance of one's body ( $d$  .44), and (non-significantly) higher scores on the other two dimensions.

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