

PSYCHOLOGICAL WELL-BEING OF PREGNANT WOMEN IN THE CONTEXT OF EDUCATION AND AREA

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Abstract

When lives are going well, psychological well-being is achieved. It is the result of both feeling well and performing well. However, when negative emotions are severe or persistent and interfere with a person's capacity to carry out daily tasks, psychological well-being is compromised. The prime aim of the study was to explore psychological well-being in education and other areas. All this information was collected by the Tapovan Centre of Children's Research University and Gandhinagar District. Psychological Wellbeing Scale has been developed by Dr. Devendra Singh Sisodiya and Ms. Pooja Chaudhary (2012) and Gujarati standardized by Prajapati A. and Raval P. (2019). 120 pregnant women from Gujarat's Gandhinagar district and Tapovan Centre of Children's Research University participated in the current study. This study divided Pregnant women into two groups: Education and Area. According to the specifications of the research design for this study, the sample was chosen at random from the Gandhinagar district of Gujarat using the sampling technique. Present study t-test statistics were used and applied, both groups are not significant.

Keywords: Psychological well-being, Education, Area, Tapovan Centre

INTRODUCTION

One of the most crucial things that people and cultures aim for is well-being. The phrase indicates that something is going well. What the 'something' is and what is meant by 'good' are not specified. There are two methods to define well-being: first, by defining the "what," and second, by outlining the requirements for wellness. Psychological well-being is the subjective feeling of contentment, satisfaction with life's happiness, experiences, and one's place in the world of work, sense of achievement, utility, belongingness, and no discomfort, dissatisfaction or concern, etc. Since it is challenging to assess these factors objectively, the word "subjective" well-being is emphasized. In unfavorable circumstances, it might be preserved, and in favorable ones, it might be lost. Although it is not reliant on the physiological or physical factors, it is related to them.

Accordingly, general well-being may be somewhat positively correlated with factors like quality of life, level of contentment, sense of accomplishment, etc., and adversely correlated with traits like neuroticism and psychoticism. However, if this idea of a distinct, autonomous entity is to be regarded as legitimate, there shouldn't be a lot of overlap with such factors. Additionally, it should exhibit relative consistency across time—that is, a fair time with no notable life events in between. These relationships, or a network of relationships with other factors, will determine its usefulness. The phrase "psychological well-being" (PWB) has several different connotations and is typically connected to well-being. The majority of earlier research characterized "wellness" as not being ill and as the lack of anxiety, depression, or other mental health issues. According to Bhogle and Prakash (1995), the PWB encompasses the following: meaning in life, lack of physical symptoms, self-esteem, positive affect, daily activities, satisfaction, lack of suicidal thoughts, personal control, social support, lack of tension, and overall efficiency.

Operational Definition:

Education

A person's life is significantly impacted by their education. Here, two categories of education are covered. Both are undergraduates and postgraduates.

Pregnant Women

According to the World Health Organization, most women experience a great degree of joy and pleasure throughout the roughly nine months that they carry a developing embryo and fetus inside their womb. However, there are several health

hazards associated with pregnancy for both the expectant mother and her unborn child. Because of this, all pregnancies must be observed by qualified medical professionals.

Tapovan Centre

For the full development of the mother's unborn child, the Tapovan complex offers an excellent environment (Thanki, 2013). Creative abilities, painting, prayer, music, pranayama, exercise, prayer, sewing, reading discussions, pregnant meditation and prenatal dialogue, postpartum education, and more are all offered at the Tapovan Centre.

REVIEW OF LITERATURE

According to Prajapati and Raval's (2017) research, pregnant women's engagement and education at the Tapovan Research Centre are significantly impacted by anxiety.

Prenatal meditation and prayer have a major impact on pregnant women's anxiety, according to Thaker (2017). In other words, pregnant women who practise meditation and prayer report feeling less anxious than those who do not.

The psychological well-being of secondary school-aged boys and girls with physical limitations differs significantly, according to Savaliya's (2015) research findings.

According to Bhatt's (2010) research, those who meditate have better mental health than those who don't follow meditation.

According to a study by Parmar (2010), blind people's mental health did not differ significantly from that of normal people. In terms of gender, men also have better psychological health than women.

The findings of Suvera's (2004) research, younger older individuals had higher psychological well-being than middle-aged and older persons.

OBJECTIVES OF THE STUDY

The current study was conducted to accomplish the following goals:

- To investigate the difference between the scores obtained from Psychological Wellbeing in relation to Education of Pregnant women.
- To explore the difference between the scores obtained from Psychological Wellbeing in relation to an area of Pregnant Women.

Hypothesis

1. There will be no significant difference between Education in Psychological Well-being among graduate and postgraduate Pregnant women.
2. There will be no significant difference between Areas of Psychological Well-being among Urban and Rural Pregnant women.

Variable:

Sr. No.	Variable Name		Level	Name of Level
1	Independent	Education	2	1. Graduate 2. Post Graduate
2	Independent	Area	2	1. Urban 2. Rural
3	Dependent	A score of Psychological Wellbeing Scale	1	Measurement of Psychological Wellbeing

Method

Sample

A total of 120 pregnant women from Gujarat's Gandhinagar district and Tapovan Centre of Children's Research University participated in the current study. Pregnant women are split into two groups in this study: education and area. According to the specifications of the research design for this study, the sample was chosen at random from the Gandhinagar district of Gujarat using the sampling technique.

Tools

Personal Data Sheet:

The researcher created a personal data sheet to gather details on pregnant women, including their area, education, and other details.

Psychological Wellbeing Scale

A valid and dependable instrument seems to be the Psychological Well-being (PWB) Scale, which was created by Dr. Devendra Singh Sisodiya and Ms. Pooja Chaudhary (2012) and standardized in Gujarati by Prajapati A. and Raval P. (2019). It is quick and simple, and while it is largely independent, it exhibits a strong association with other relevant factors. It can be used to assess results in these situations because it exhibits a strong correlation with therapeutic intervention. It is very consistent and dependable. It will probably be a helpful tool in every circumstance.

Reliability

The reliability of the scale was determined by the test-retest method and the internal consistency method. The test-retest reliability was 0.87 and the consistency value for the scale was 0.90.

Validity

The scale has great content validity in addition to face validity because every item addresses the variable that is being studied. The scale's coefficient was 0.94 after it was verified using external standards.

Statistical Analysis:

The "t" test was used for statistical analysis in the present study.

RESULTS AND DISCUSSION

As previously said, the study's main goal is to look into psychological well-being in relation to education and the area. I should also note that the Gujarati standard was created by Prajapati A. and Raval P. (2019), and the psychological well-being score was created by Dr. Devendra Singh Sisodiya and Ms. Pooja Chaudhary (2012). The "t" test was used to characterize the interpretation of research findings from a study that was conducted on a sample of education and area, which included 120 pregnant women with psychological well-being in Tapovan Centre and Gandhinagar district.

Ho 1: There will be no significant difference between Education in Psychological Well-being among graduate and postgraduate Pregnant women.

Table 1: Shows Mean, SD, and 't' value on Psychological Well-being between Graduate and Postgraduate Education in Pregnant Women.

Education	N	Mean	SD	t	Significant Level (0.05)
Graduate	30	196.37	23.89	0.92	NS
Postgraduate	30	201.73	21.87		

Significant level of 't' value: 0.05 level 2.00 (df=58), 0.01 level 2.66 (df=58)

A graduate group in education has a lower mean score (M=196.37) than the postgraduate group (M=201.73), as shown in Table 1, and the "t" value of 0.92 suggests that the differences in psychological well-being between the two groups are statistically not significant. According to the mean score of the two educational groupings, postgraduate education has a higher mean score than graduate education. Given that the difference is not statistically significant, it can be concluded that graduate and postgraduate education have no bearing on the psychological health of expectant mothers at Tapovan Centre.

Ho 2: There will be no significant difference between Areas of Psychological Well-being among Urban and Rural Pregnant women.

Table 2: Shows Mean, SD, and 't' value on Psychological Well-being between Urban and Rural Areas Pregnant Women.

Area	N	Mean	SD	t	Significant Level (0.05)
Urban	30	200.47	22.77	1.09	NS
Rural	30	206.67	22.13		

Significant level of 't' value: 0.05 level 2.00 (df=58), 0.01 level 2.66 (df=58)

According to Table 2, the urban group in the area has a lower mean score (M=200.47) than the rural group (M=206.67). The "t" value of 1.09 suggests that the psychological well-being disparities between the two groups are not statistically significant. The rural haven has a higher mean score than the urban region, according to the mean score of the two groups in the area. Given that the difference is not statistically significant, it may be concluded that pregnant women's psychological health is unaffected by their urban or rural surroundings.

CONCLUSION

1. The difference between the psychological well-being of graduate and postgraduate pregnant women concerning education was found to be not significant. Therefore, the pre-formed hypothesis is not rejected. It's possible that education level (graduate vs. postgraduate) does not significantly impact psychological well-being during pregnancy, at least in the specific context of the study.
2. In terms of psychological well-being, there are no significant differences between urban and rural pregnant women. The reason of urban and rural populations may share certain cultural attitudes, values, or socioeconomic factors that minimize differences in psychological well-being. For example, both urban and rural women may experience similar levels of stress related to pregnancy, work, or family responsibilities.

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