Educational Administration: Theory and Practice
2024, 30(1), 4153-4157
ISSN: 2148-2403
https://kuey.net/

Research Article

Emotional Intelligence And Anxiety Related With First Pregnancy- A Correlational Study

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Citation: Dr. Neerja Pandey (2024) Emotional Intelligence and Anxiety Related With First Pregnancy- A Correlational Study, Educational Administration: *Theory and Practice*, 30(1), 4153-4157
Doi: 10.53555/kuey.v30i1.7822

ARTICLE INFO

ABSTRACT

This research explores the relationship between Emotional Intelligence (EI) and Pregnancy-related Anxiety (PRA) among 50 first-time pregnant women residing in Lucknow, Uttar Pradesh. Utilizing the Trait Emotional Intelligence Questionnaire-Short form (TEIQUE-SF) and Pregnancy-Related Anxiety Questionnaire-Revised (PRAQ-R), the study employed purposive sampling. Descriptive statistics revealed a Mean EI value of 133.28 (SD = 27.07) and Mean PRA value is 29.56 (SD = 8.44). Correlation analyses demonstrated a weak negative correlation (-0.204) between trait emotional intelligence and anxiety-related with pregnancy indicating weak relationship between these variables. It means many women with high emotional intelligence may still experience pregnancy related anxiety, and vice versa. This implies that emotional intelligence might be a protective factor against pregnancy related anxiety, but other factors likely play a significant role too. Overall, the study contributes insights for healthcare professionals to incorporate emotional intelligence and psychological interventions training in prenatal care programs.

Keywords: Emotional Intelligence, Pregnancy, Anxiety, first pregnancy, and pregnant women.

INTRODUCTION

Although pregnancy is a very happy and joyful phase of a woman's life, it is also a period of physical and emotional change in women. In psychoanalytic literature, pregnancy is described as "a period of crisis involving profound psychological as well as somatic changes." (Bibring1959). Henderson and Gillespie (1956) clearly articulated the significant psychosomatic aspect of motherhood. They emphasized that during these period, physiological and psychological functions profoundly interact and mutually influence each other. Factors such as worry, anxiety, fear, prior nervous breakdowns, social and economic challenges, unwanted pregnancy, and family issues contribute to emotional complexities during pregnancy and childbirth. The authors observed that any condition occurring during this period increases the mental strain on expectant mothers. They characterized motherhood as a critical and vulnerable phase in a woman's life. The necessity for continuous medical supervision during pregnancy may induce feelings of discomfort and confinement. Even in the absence of extraordinary pressure, pregnant women may encounter risks and adjustment difficulties due to uncertainty about labor outcomes. Successfully navigating the developmental challenges of pregnancy is vital for the mental wellbeing of both the mother and the foetus. Pregnancy, even when desired and planned, inherently brings disruption due to various factors: significant physical, hormonal, neurochemical, and neurobiological changes in the body and brain occur during this time; in addition, there's a reevaluation of identity and activation of internal representations of self, others, attachment, and care giving, all of which are integral to impending parenthood (Slade et al 2009). "Anxiety is an uncontrollable, diffused, unpleasant, and persistent state of negative affect, characterized by apprehensive anticipation regarding unpredictable and unavoidable future dangers, and accompanied by physiological symptoms of tension and a constant state of heightened vigilance" (Barlow, 2002). Anxiety or stress experienced during

pregnancy can impact the outcome of childbirth, potentially leading to premature birth and potentially smaller size relative to gestational age. Additionally, there are indications of potential long-term behavioral issues. Anxiety during pregnancy is linked to shorter gestation and can negatively impact fetal neurodevelopment and child well-being. Anxiety specifically related to a particular pregnancy can have a particularly strong effect. Persistent stress, encounters with racism, and signs of depression in expectant mothers during pregnancy are connected to lower birth weights in infants, with potential repercussions for infant's development. These distinct risk factors and the pathways leading to different birth outcomes warrant further examination (Schetter et al 2012). Mayer and Salovey (1990) defined emotional intelligence as the "ability to monitor one's own and others' feeling and emotions, to discriminate among them and to use this information to guide one's thinking and actions." The term 'Emotional Intelligence' (EI) is widely employed in common language, but its definition, variations, and ability to predict outcomes are subjects of ongoing dispute in psychology. Nevertheless, the construct of EI encompasses a range of emotional skills, such as identifying emotional states in oneself and others, using emotions to inform thoughts and actions, comprehending the impact of emotions on behavior, and regulating emotions. These abilities undeniably play a significant role in shaping important social and personal outcomes (Hogeveen et al 2016).

State anxiety is a temporary emotional condition marked by sensation of unease, tension, and accompanying physiological changes like heightened heart rate and breathing. Trait anxiety, on the other hand, denotes a consistent inclination to focus on, undergo, and communicate negative feelings like apprehensions, concerns, and nervousness across various situations. This characteristic aligns with neuroticism aspect within the spectrum of emotional stability in one's personality. Anxiety and depression are notable concerns during pregnancy, impacting a significant proportion, estimated at 20% to 40%, of expecting mothers. Particularly, women bear a disproportionate burden of mood and anxiety disorders, particularly during their reproductive years, with mental health challenges often intensifying or manifesting anew during pregnancy (Sharma, et al 2022).Women with higher emotional intelligence have a better perception of their motherhood role. Additionally, factors such as age, education level, and social security also influence emotional intelligence scores (Mammadov et al, 2021). Moreover, higher levels of emotional intelligence have also been associated with numerous favorable results across various significant aspects of life, including favorable health conditions, effective parenting and academic success. (Formica et al, 2018)

RATIONALE: The study explores a significant yet under-researched intersection between emotional intelligence and anxiety during first pregnancy. Pregnancy represents a critical period characterized by heightened emotional states and uncertainties often triggering a myriad of emotions and concerns, ranging from excitement to anxiety. By employing the Trait Emotional Intelligence Questionnaire-short form (TEIQUE-SF), which assesses four domains of emotional intelligence- wellbeing, self-control, emotionality, and sociability- the research aims to uncover nuanced correlations between emotional intelligence and anxiety levels among expectant mothers. This study aims to elucidate potential relationships between these constructs, shedding light on how individuals' ability to perceive, understand and manage emotions may influence their experience of anxiety during this pivotal life stage. Such findings not only contribute to the growing body of literature on emotional intelligence but also have practical implications for prenatal care, emphasizing the importance of addressing emotional well-being alongside physical health during pregnancy.

METHOD

This study aimed to explore the correlation between Emotional Intelligence (EI) and anxiety in first pregnancies. The researcher hypothesized that higher EI would be associated with lower anxiety (H1) compared to no significant relationship (H0). Correlational research design was used to analyze the data which was collected from 50 first time pregnant women between the age range of 21 to 35 years residing in Lucknow, India. Purposive sampling technique was used to collect the data from 4 maternity centers and hospitals. The researcher used the 10-item Pregnancy-Related Anxiety Questionnaire-Revised (PRAQ-R) developed by Huizink et al in 2004.

It has three dimensions, viz., Fear of Giving Birth (FoGB), Worries about bearing a Handicapped Child (WaHC), Concerns about own Appearance (CoA). The second tool used was the 30-item Trait Emotional Intelligence Questionnaire-short form (TEIQUE-SF) developed by Petrides & Furnham in 2003. It assesses Wellbeing, Self-control, Emotionality, and Sociability. After obtaining the consent, respondents filled up the two questionnaires which later were scored and analyzed using SPSS version 20.

The four inclusion criteria were first-time pregnancy, age between 21 and 35 years, pregnant women residing in Lucknow, UP and having consented to participate in the research work. Women with second or third pregnancy were not included in the study. Women with high-risk pregnancy or having medical conditions affecting the pregnancy were also not part of it.

RESULT

The analysis investigates the link between emotional intelligence and pregnancy related anxiety. Two tables with accompanying discussions detail the findings i.e., Mean score and Standard Deviations, and the domain wise correlations between Emotional Intelligence and pregnancy related anxiety assessed using the Pregnancy-Related Anxiety Questionnaire (PRAQ-R) and the Trait Emotional Intelligence Questionnaire (TEIQUE-SF) respectively.

Table No. 1: Domain wise Mean & Standard Deviation of Pregnancy Related Anxiety Questionnaire-Revised (PRAQ-R) & Trait Emotional Intelligence Questionnaire-Short Form (TEIQUE-SF) (N = 50**)**

MEASURES	MEAN	SD
PRAQ-R	**29.5600**	**8.43743**
FEAR OF GIVING BIRTH	11.04	2.372977
WORRIES ABOUT BEARING A HANDICAPPED CHILD	7.12	3.48548
CONCERN ABOUT OWN APPEARANCE	8.56	3.500204
TEIQUE-SF	**133.2800**	**27.07061**
WELL-BEING	4.79	1.26305
SELF-CONTROL	4.23	0.99025
EMOTIONALITY	4.31	0.66923
SOCIABILITY	4.21	1.02343

Table No. 2: Correlation between three domains of pregnancy-related Anxiety Questionnaire-Revised PRAQ-R, and four domains of Trait Emotional Intelligence Questionnaire-Short Form TEIQUE-SF.

	PRAQ-R		
TEIQUE-SF	**FoGB**	**WaHC**	**CoA**
Wellbeing	-0.036	-0.383*	-0.226
Self-control	-0.082	-0.178	-0.146
Emotionality	-0.077	-0.202	-0.009
Sociability	-0.040	-0.179	-0.026
TOTAL	-0.204		

NOTE: * significant at 0.05 levels.

DISCUSSION

According to the PRAQ-R no respondent scored within the low anxiety range. Mild anxiety was reported by 10 (20%) respondents, suggesting a subtle yet present concern among this range. Moderate anxiety was reported by 16 (32%) women, demonstrating a considerable number of participants experiencing moderate levels of anxiety regarding pregnancy. High anxiety was the most prevalent category, with 17 (34%) women falling within this range, indicating a significant portion of the sample experiencing heightened levels of anxiety related to pregnancy. Very high anxiety was reported by 7(14%) women. These findings highlight the varying degrees of anxiety experienced by pregnant women, with a substantial portion exhibiting moderate to very high levels of anxiety. According to TEIQUE-SF scoring only 2 (4%) women scored within the low trait Emotional Intelligence category. Notably, 19 (38%) respondents scored within the range of average Trait Emotional Intelligence suggesting a considerable proportion of pregnant women exhibit moderate level of emotional intelligence. The largest subset of respondents scored within the high trait emotional intelligence, encompassing 29 (58%) respondents. This indicates that a significant portion of the sample population exhibit a heightened level of emotional intelligence.

The correlations between three domains of PRAQ-R and the four domains of TEIQUE-SF reveal that most correlations are negative. This suggests that higher levels of pregnancy-related anxiety tend to be associated with lower levels of emotional intelligence across various domains. However, only one correlation i.e., between worries about bearing a handicapped child (WaHC) and wellbeing, was found to be significant at 0.05 level, indicating that worries about bearing a handicapped child are inversely related to one's sense of overall wellbeing. Further, a correlation coefficient of -0.204 indicates a weak negative correlation between emotional intelligence and pregnancy related anxiety among first-time pregnant women because the absolute value is less than 0.3. The negative sign indicates a negative correlation. This means that as emotional intelligence increases, pregnancy-related anxiety tends to decrease, and vice versa. In other words, there is a tendency for women with higher emotional intelligence to experience lower levels of pregnancy-related anxiety, and women with lower emotional intelligence to experience higher levels of pregnancy-related anxiety. However, since the correlation is weak and non-significant, many women with high emotional

intelligence may still experience pregnancy related anxiety, and vice versa. It implies that emotional intelligence might be a protective factor against pregnancy related anxiety, but other factors like external stressors and uncertainties inherent in pregnancy play a significant role as well.

Recognizing the complex interplay between Emotional Intelligence (EI) and pregnancy-related anxiety there is a need for a multifaceted approach to support pregnant women's mental health. The potential reason for pregnancy related anxiety despite having high Emotional Intelligence could be due to past experiences, medical concerns, or lack of social support. Conversely, some women with lower EI might have strong personal coping mechanism or find themselves in supportive environments that effectively manage anxieties. Focusing solely on boosting EI might not address pre-existing vulnerabilities or external stressors unique to each woman's situation. Pregnancy related anxieties may stem from a confluence of factors beyond just emotional intelligence. Financial worries, relationship issues, unplanned pregnancy, family pressure can all contribute independent of a woman's EI level. Therefore, addressing mental health during pregnancy requires acknowledging these diverse anxieties and providing resources to manage them effectively. Findings of Özer, et al (2021) suggest a requirement to improve emotional intelligence in pregnant women, emphasizing low levels of Readiness for Labor and Fear of Labor. This further emphasizes that a comprehensive approach should consider both internal as well as external factors. On the internal side, promoting emotional intelligence skills like self-awareness, stress management, and positive reframing can be valuable. The external circumstances could involve connecting pregnant women with supportive partners, family members, or therapist to provide a safe space to express anxieties and receive emotional validation. The study by Hoyer, et al (2020) suggests that addressing pregnancy-related anxiety during early pregnancy is essential to mitigate risks of delivery complications.

Addressing practical concerns such as resources for financial planning, childcare arrangements, or access to prenatal classes can alleviate anxieties related to logistics and preparation for parenthood. The findings of Wilhelm et al (2020) suggest that the protective factors of socio-economic background, emotional intelligence, and marital satisfaction act as buffers against the negative effects of stress, mitigating prenatal anxiety and depressive symptoms.By adopting a holistic approach healthcare professionals can create a more robust framework for supporting pregnant women's mental health. This could empower them to navigate the emotional complexities of pregnancy with greater resilience and a sense of control over their well-being. Blackmore, et al (2016) concluded that Pregnancy related Anxiety needs specific clinical attention due to its unique characteristics and predictive value for postnatal mood disturbance. According to Sahoo, et al (2023) there is a high prevalence of depressive and anxiety disorders among Indian pregnant women emphasizing the need for routine mental health screenings during prenatal care.

This research offers valuable insights for healthcare professionals. It highlights the importance of identifying and addressing pregnancy-related anxiety, suggesting the potential of incorporating emotional intelligence training into prenatal care program and the need for broader psychological support during pregnancy. However, the study's limitations include a small sample size restricted to Lucknow, India, which reduces the generalizability of the findings. Future research with larger, more diverse populations could enhance the study's reach. Additionally, exploring factors beyond emotional intelligence, such as social support and coping styles, through in-depth qualitative interviews could provide a more comprehensive understanding of pregnancy-related anxiety.

ACKNOWLEDGMENT

The present work could not have been accomplished without the cooperation of first-time pregnant women who willingly participated in the research. The authors are grateful to the friends and colleague for their constant support and guidance.

Financial Support

No financial support was taken from any person or organization.

Conflict of interest: None.

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