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Image and body self-esteem. The perspective of women in the puerperium

Obraz ciała i samoocena. Perspektywa kobiet w połogu¹

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Abstract: *Introduction:* Motherhood is an amazing experience for a woman. It turns out, however, that the joy of having a baby is often accompanied by a negative body image and, at the same time, a reduction in self-esteem. *Method:* The study sample consisted of 60 puerperal women. A personal questionnaire was used to collect information related to pregnancy, family situation. The body image was verified with the *Body Esteem Scale (BES)*, and the *MSEI Multidimensional Self-Assessment Questionnaire* was used to test the self-esteem. The research was conducted in the first three quarters of 2019 in Poland. *Results:* 66,7% of the mothers surveyed gave birth without complications, 53,3% breastfed their babies. Among women for whom appearance is very important, the lowest weight gain was observed during pregnancy. The relationship between the body image in all its dimensions and the support obtained from relatives has been proven ($p=0,001$ to $0,036$). It has been proved that the type of feeding the child has a significant relationship with the "weight control" subscale ($F=3,03$; $p=0,04$), and the "physical condition" with the assessment of the body before pregnancy ($F=4,34$; $p=0,004$). Women giving birth in natural conditions obtained significantly higher results in "competence" and "popularity". "Weight control" negatively correlates with the feeling of "being loved" ($r=-0,47$; $p=0,001$), but positively with "leadership abilities" ($r=0,31$; $p=0,016$) and with "vitality" ($r=0,46$, $0,001$). Also "physical condition" negatively correlates with the feeling of "being loved" ($r=-0,39$; $p=0,002$) and "vitality" ($r=-0,45$; $p=0,001$) and "identity integration" ($r=-0,31$; $p=0,018$). *Conclusions:* The examined women in the puerperium have a much worse image of their body compared to its subjective assessment before the pregnancy. Those of them who declared support from their relatives assessed their own bodies much more favorably. The type of child feeding in the study sample was significantly related to the body image of the mothers in the "weight control" subscale. In mothers who assessed their own body extremely (very good vs. very bad) before delivery, the greatest decrease in the sense of sexual attractiveness was shown.

Keywords: puerperium, body image, self-esteem, motherhood

Abstrakt: *Wstęp:* Macierzyństwo jest niezwykłym doświadczeniem dla kobiety. Okazuje się jednak, że często radości z narodzin dziecka towarzyszy negatywny obraz własnego ciała, a jednocześnie obniżenie samooceny. *Metoda:* Badaną próbę stanowiło 60 kobiet w połogu. Zastosowano ankietę osobową do zebrania informacji związanych m.in. z ciążą, sytuacją rodzinną i znaczeniem wyglądu dla badanych. Obraz ciała weryfikowano przy pomocy *Skali Oceny Ciała BES*, zaś do badania samooceny wykorzystano *Wielowymiarowy Kwestionariusz Samooceny MSEI*. Badania prowadzono w trzech pierwszych kwartałach 2019 roku na terenie Polski. *Wyniki:* Zdecydowana większość badanych matek rodziła naturalnie, bez komplikacji (66,7%), ponad połowa (53,3%) karmiła dziecko piersią, a spośród dzieci, jedynie dwoje miało po urodzeniu problemy ze zdrowiem. Wśród kobiet, dla których wygląd ma bardzo duże znaczenie, zaobserwowano najniższy przyrost masy ciała w ciąży, przy czym aż 70% próby deklarowało, że wizerunek jest dla nich niezwykle ważny. Udowodniono związek

¹ Polska wersja: <https://stowarzyszeniefidesetratio.pl/Presentations0/2021-3-Ziol.pdf>

obrazu ciała we wszystkich jego wymiarach ze wsparciem uzyskiwanym od bliskich ($p=$ od 0,001 do 0,036). Dowiedziono, że rodzaj karmienia dziecka ma istotny związek z podskalą „kontrola wagi” ($F=3,03$; $p=0,04$), zaś „kondycja fizyczna” z oceną ciała sprzed ciąży ($F=4,34$; $p=0,004$). Kobiety rodzące naturalnie uzyskały istotnie wyższe wyniki od rodzących przez cesarskie cięcie w dwóch podskalach samooceny – „kompetencje” oraz „popularność”. Podskal „kontrola wagi” koreluje ujemnie z poczuciem „bycia kochanym” ($r=-0,47$; $p=0,001$), ale dodatnio ze „zdolnościami przywódczymi” ($r=0,31$; $p=0,016$) i z „witalnością” ($r=0,46$; $p=0,001$). Także „kondycja fizyczna” koreluje ujemnie z poczuciem „bycia kochanym” ($r=-0,39$; $p=0,002$), ale także z „witalnością” ($r=-0,45$; $p=0,001$) i „integracją tożsamości” ($r=-0,31$; $p=0,018$). *Wnioski:* Badane kobiety w połogu mają zdecydowanie gorszy obraz swego ciała w stosunku do jego subiektywnej oceny sprzed okresu ciąży. Te z nich, które deklarowały wsparcie ze strony bliskich, dużo korzystniej oceniały własne ciało. Rodzaj karmienia dziecka w badanej próbie miał istotny związek z obrazem ciała matek w podskali „kontrola wagi”. U mam, które przed porodem skrajnie oceniały własne ciało (bardzo dobrze *vs.* bardzo źle) wykazano największy spadek poczucia atrakcyjności seksualnej. Udokumentowano związek wszystkich wymiarów obrazu ciała z niektórymi wymiarami samooceny badanych, tj. z: poczuciem „bycia kochanym”, „zdolnościami przywódczymi”, „witalnością” i „integracją tożsamości”.

Słowa kluczowe: połóg, obraz ciała, samoocena, macierzyństwo

1. Introduction

During pregnancy and puerperium, a woman's body undergoes significant transformations which may have a significant impact on the image of a woman's body (Hodgkinson, Smith, Wittkowski, 2014). In the face of social and cultural pressures regarding the ideal of beauty, some of them experience frustration, despite the fact that they find joy in waiting for the child and its birth. Many mothers also justify their willingness to transform their bodies in order to adapt to the ideal image of a female body adopted by themselves and society (Wilczyńska, Zarańska, 2013).

In the own research, the relationship between body image and the self-esteem of women in puerperium was verified by analyzing various dimensions of both constructs, also in relation to side variables. However, to analyze the concept of an empirical design and its results, let's first look at key concepts.

Physiological changes allow a woman to gradually and gently become a mother and facilitate her psychosocial maturation (Lichtenberg-Kokoszka, 2011), although they can also cause discomfort and disappointment. Swelling of the body, stretch marks, significant weight gain, pain, etc. are just some of the reasons for concern of young pregnant women who, in this new situation, will have to revise their current way of thinking about themselves and the world (Stelmasik-Turczyńska, 2013). Immediately after pregnancy and childbirth, the several-week puerperium begins. During this time, anatomical, morphological and functional changes gradually subside and the system returns to the state it was before pregnancy (Dziok, 2013). There are a number of ailments associated with childbirth, regardless of the method of delivery, which leave a mark on the functioning of a woman. For example, breast pain associated with breastfeeding has a huge impact on both the mother's well-being, weight control and the quality of childcare and intimate relationships (Gebauer-

Sesterhenn, 2007; Okój, 2018). In turn, unfavorable changes in self-esteem, lack of support, may contribute to the occurrence of postnatal depression (Ferrari et al., 2020).

Adapting to new parenting tasks can be particularly burdensome for mothers who have given birth for the first time and have no experience in caring for a newborn (Musters et al., 2008). Mental resilience and high self-esteem are the protective factors preventing the occurrence of postpartum depression. There is also a proven association between breastfeeding and postpartum depression. Shorter breastfeeding may affect the occurrence of postpartum depression in mothers, and vice versa - the occurrence of depression may lead to shorter natural feeding of the child (Studniczek, Borowska-Turin, Laudański, 2018).

The term self-esteem is equated in Polish with the concepts of "self-assessment", "self-regard" and "global self-assurance" (Szpitalak, Polczyk, 2015). Self-esteem can be understood as a relatively constant feature, i.e. a crystallized judgment or attitude towards oneself, and as the current state and motive presented by the subject (Wojciszke, 2003). According to M. Rosenberg (1965, as cited in: Łaguna, Lachowicz-Tabaczek, Dzwonkowska, 2007), high self-esteem proves a person's belief that he or she is valuable, while low means dissatisfaction with oneself and rejection of his/her own self. Both underestimated and overestimated self-esteem are associated with increased cognitive and emotional costs incurred by the individual (Góralewska-Słońska, 2011).

The factors influencing the emotional state of a woman in the puerperium period and her self-esteem include, among others: concerns about finances, conflicts with her husband, dissatisfaction with the relationship, feeling lonely, lack of support from family and relatives, including bad relationships with the mother (Kobiołka, Pierz, Mężyk et al., 2015). Women, especially those after the first birth, are also concerned about their attractiveness, including the appearance of the breasts after feeding. Breasts have a psychological and aesthetic significance for a woman, and changes within them may lead to a decrease in self-esteem or a feeling of embarrassment, especially in intimate contacts with a partner (Brandt-Salmeri, Przybyła-Basista, 2018). One of the important dimensions of self-esteem is body image, i.e. the way we see our own body (Schilder, 1950).

The body image consists of cognitive, emotional, behavioral, perceptual components, as well as the interpretation of internal and external stimuli, subjective experiences related to the body and opinions - both from others and own (Britek-Matera, 2008). Attention should also be paid to gender differences in the formation and quality of the body image (Biernat, Bąk-Sosnowska, 2018). In the case of boys, it is rather stable, while in girls, along with psychophysical development, it usually changes to a disadvantage, causing a number of negative consequences (Biernat, Bąk-Sosnowska, 2018).

T.F. Cash and T. Pruzinsky (2004) distinguish two groups of factors on which the development of body image depends. The first includes past events that cause an individual to have a specific way of thinking about the body (e.g. the meaning given to the image of a

child by its parents). The second - current events, especially such that force a person to pay attention to their own body and its appearance (e.g. illness, pregnancy) (Schiep, Szymańska, 2012).

Nowadays, cultural stereotypes of femininity take on a special meaning in shaping the image of one's own body. With time, women internalize the current aesthetic standards, which become a point of reference for assessing themselves, influencing their well-being, beliefs and actions (Kochan-Wójcik and Piskorz, 2010). What is dangerous, a mother who is not satisfied with her own body is usually critical of her daughter's appearance in the future, shaping its negative image, which contributes to lowering the girl's self-esteem and makes it difficult to derive satisfaction from life (Głębocka and Kulbat, 2005). Self-objectification, i.e. treating the body as a disciplined object, significantly reduces the individual's spontaneity, self-esteem and, in general, the quality of their life. It leads to constant, often obsessive monitoring of one's own appearance, while reducing the sensitivity to internal emotional states (Gawron, 2013).

An important aspect in shaping the relationship between body image and self-esteem is its acceptance. A high level of acceptance of one's body and image is desirable because it protects against distress associated with low self-esteem (Brandt-Salmeri, Przybyła-Basista, 2018). Women's age is also related to self-esteem and body image. It turns out that the younger women judge their bodies primarily through the prism of attractiveness, and for the older ones fitness plays a more important role. Moreover, other important factors for the formation of body acceptance are the history of a woman's motherhood, her professional situation or the type of support received (Cumming, Kieren, Cumming, 2000).

2. Aim and Method

The main goal of the research was to verify the relationship between the self-esteem (dependent variable) and the body image (main explanatory variable) of women in puerperium, depending on the demographic variables (explanatory side variables).

The following research tools were used to measure the variables: 1) *Personal questionnaire*, 2) *BES Body Esteem Scale* and 3) *MSEI Multidimensional Self-Esteem Inventory*. The first one included questions about, i.a., marital status, type and course of childbirth, weight gain during pregnancy, health of the child after birth, feeding method, feeling of support during the puerperium, body assessment before pregnancy.

The Body Esteem Scale (BES) by S.L. Franzoi and S. A. Shields adapted by M. Lipowska and M. Lipowski (2013), is used to define the attitude of women and men toward their own bodies. This questionnaire contains 35 items about corporeality. The participants respond to each of them on a five-point Likert scale (from 1 - "I have strong negative feelings" to 5 - "I have strong positive feelings"). The female version of the tool

consists of three scales: "sexual attractiveness", "weight control" and "physical condition". The reliability of the Body Esteem Scale and its subscales, measured by the Cronbach's α index, is satisfactory and ranges from 0.80 to 0.89 (Lipowska, Lipowski, 2013).

The MSEI Multidimensional Self-Esteem Inventory (O'Brien, Epstein, 1988, as cited in: Fecenec, 2008) consists of 116 questions. It includes the following subscales: "general self-esteem", "competence", "being loved", "popularity", "leadership skills", "self-control", "moral self-acceptance", "physical attractiveness", "vitality", "identity integration" and "defensive self-esteem reinforcement". The respondents provide answers on a five-point scale (in the first part of the questionnaire: from 1 - "completely untrue" to 5 - "completely true"; in the second part: from 1 - "almost never" to 5 - "very often"). The test reliability expressed by the Cronbach's α index is satisfactory and ranges from 0.70 to 0.90 for individual scales (O'Brien, Epstein, 1988).

The sample consisted of 60 women in the postpartum period, aged 18 to 49; the mean age of the respondents was 28.83 years (SD = 5.86); 95% of the participants were in a relationship; 50% had given birth for the first time. The vast majority of the participating mothers gave birth naturally, without complications (66.7%; $n = 40$); 53.3% ($n = 32$) of mothers breastfed; only two of the children had health problems after birth. Slightly less than half (40%) of the surveyed women gained 4 to 10 kg during pregnancy, and 21.7% gained between 11 and 15 kg. Weight gain from 16 to 20 kg was recorded in 20% of the women, from 26 to 30 kg in 10%, from 21 to 25 kg in 6.6%, and over 31 kg in 1.7% of the respondents.

Interestingly, the lowest weight gain was observed among women for whom appearance is very important, where as many as 70% of the sample declared that image is extremely important to them. Although most of the women before childbirth assessed their body image very positively on a 5-point scale (4 points - 40%, 5 points - 23.3%), after giving birth 30% of the respondents rated their body only with 2 points, and 25% for 1 point. Moreover, what is encouraging, the vast majority of the surveyed women (83.3%, $n = 50$) declared that they received support from their family and relatives in the postpartum period.

The research based on purposeful selection was carried out in the first three quarters of 2019 in Poland in a group of 69 women who were in puerperium at the time of the study; however, nine were eventually rejected due to incomplete material. Each participant was informed about the purpose of the research project and gave informed consent to participate in it.

The obtained results were statistically analyzed using the Statistica program. The researchers adopted a confidence level of $p > 0.05$. The statistical analysis used: Student's t-test, one-way Fisher's analysis of variance (ANOVA) and r-Pearson correlation coefficient.

3. Results

In the first step of the empirical material analysis, it was checked what body image was presented by the surveyed women and whether it was related to the demographic variables. It turned out that taking into account the side variables which were not directly related to physicality (age, marital status, support), only the received support differentiated at a statistically significant level all body image scales of the surveyed women (Table 1).

Table 1. Student's t-test for body image and support

BES	Support +	Support -	T	df	P
Sexual attractiveness	42,84	35,10	3,345	58	0,001*
Weight control	26,48	17,40	3,311	58	0,002*
Physical condition	28,82	23,90	2,146	58	0,036*

* statistical significance $p < 0,05$

Women declaring getting support from relatives showed a much better body image in relation to the remaining participants. Eventually, the relationship between pregnancy and childbirth related side variables and the body image was verified. It turned out that both the form of childbirth and the week of puerperium were irrelevant to the body image. It has been proved, however, that the type of child's feeding is significantly related to the "weight control" subscale ($F = 3.03$; $p = 0.04$) (Fig. 1).

Women breastfeeding alternately with using modified milk and breastfeeding exclusively had a much better postpartum body weight control than women feeding only with modified milk.

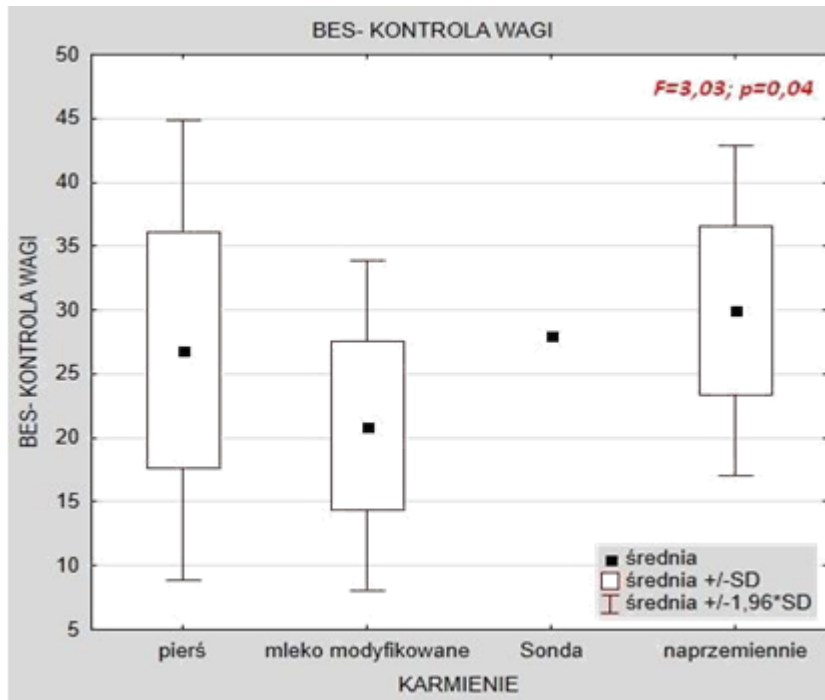


Fig. 1. Weight control and the way of feeding a child

The next step in the verification of the relationship between the demographics variables and the body image of the surveyed women was the comparison of factors related to the appearance during pregnancy and puerperium with the body image measured with the BES scale. There was a significant relationship between the physical condition and the body assessment before pregnancy in the surveyed women ($F = 4.34$; $p = 0.004$) (Fig. 2).

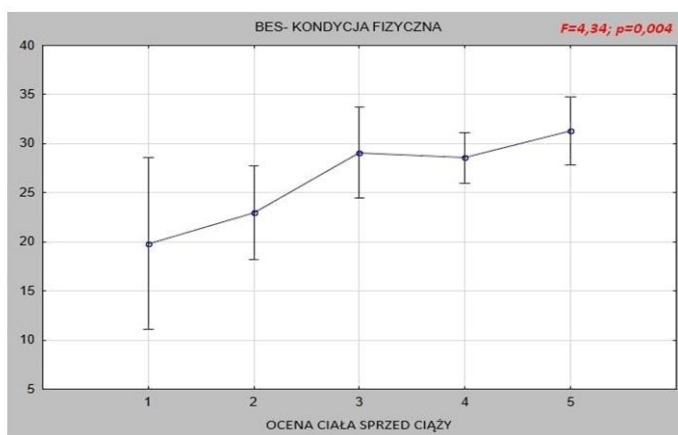


Fig. 2. Physical condition and body assessment before pregnancy

Women who rated their body the highest (on a 1-5 scale) before pregnancy obtained higher results on the "physical condition" scale than women who assessed their body the

worst. A significant relationship was also confirmed between the body assessment after childbirth and the scales: "sexual attractiveness" and "physical condition" (Table 2).

Table 2. ANOVA for body image and postpartum body assessment

	SS	df	MS	SS	df	MS	F	P
Sexual attractiveness	1227,85	4	306,96	1859,00	55	33,800	9,082	0,001*
Physical condition	721,10	4	180,28	2020,90	55	36,744	4,906	0,002*

*statistical significance $p < 0,05$

The highest results on the "sexual attractiveness" scale were noted in women who assessed their body positively after childbirth (4/5 points). Interestingly, the respondents who assessed their body the highest (5/5 points) experienced a significant decrease in sexual attractiveness, compared to the result of women who assessed their body the worst (1/5 point). Moreover, women who assessed their body well (4/5 points) and very well (5/5 points) after childbirth obtained higher results on the "physical condition" scale than those who assessed their body worse (1/5 or 2/5 points). However, as in the case of sexual attractiveness, among women who rated their body the highest after childbirth (5/5 points), a decrease in physical condition declared by the respondents was observed.

In order to verify the relationships between demographic variables (age, marital status and family support) with women's self-esteem, they were compared with the results obtained by the respondents on the MSEI scale (Table 3).

Table 3. Student's t-test for the self-assessment of the respondents and the received support

MSEI	Support +	Support -	t	df	P
Overall self-esteem	33,120	31,200	1,681	58	0,098
Competencies	31,480	29,500	1,858	58	0,068
Being loved	30,180	32,900	-1,991	58	0,050*
Popularity	30,400	29,000	1,457	58	0,150
Leadership abilities	31,040	27,300	3,235	58	0,002*
Self-control	32,340	27,800	3,712	58	0,001*
Moral self-acceptance	29,480	29,300	0,182	58	0,856
Physical attractiveness	30,080	29,400	0,721	58	0,474
Vitality	29,200	26,700	2,68	58	0,010*
Identity integration	32,160	32,300	-0,112	58	0,911
Defensive reinforcement of self-esteem	51,280	50,400	0,544	58	0,588

* statistical significance $p < 0,05$

The statistically significant results concern only the relationship between the scales "being loved", "leadership skills", "self-control" and "vitality" with the support received from relatives. Moreover, the surveyed women who declared experiencing support during the puerperium period obtained higher mean scores in almost all subscales of self-esteem, except for "identity integration".

After that, factors related directly to pregnancy and childbirth were compared with the results obtained by the respondents on the MSEI scale (Table 4).

Table 4. Student's t-test for self-assessment of the respondents and the course of childbirth

MSEI	By forces of nature	Caesarean section	t	df	P
Competencies	32,175	29,100	4,006	58	0,001*
Popularity	30,750	29,000	2,370	58	0,021*
MSEI	No complications	With complications	t	df	P
Physical attractiveness	29,30	31,81	-3,463	58	0,001*

* statistical significance $p < 0,05$

It was found that women giving natural birth obtained significantly higher results than those getting cesarean section on the "competence" and "popularity" scales. There was also a significant and interesting difference in the "physical attractiveness" scale with regards to the birth with and without complications. In the study sample, women giving birth with complications have a higher level of physical attractiveness than those giving birth without complications.

In the next step of the analysis, the variables related to the appearance of women were compared with their self-esteem measured with the MSEI (Table 5).

Table 5. ANOVA for self-assessment and postpartum body assessment

MSEI	SS	df	MS	SS	df	MS	F	P
Being loved	335,80	4	83,95	628,13	55	11,42	7,351	0,001*
Leadership abilities	167,54	4	41,88	595,05	55	10,82	3,871	0,008*
Vitality	89,85	4	22,46	382,34	55	6,95	3,231	0,019*

*statistical significance $p < 0,05$

There were no significant correlations between the self-esteem of the respondents and weight gain during pregnancy. On the other hand, there was a correlation between the subscales: "being loved", "leadership skills", "vitality" with the assessment of the body after delivery. Women who assessed their body negatively after childbirth (1/5 and 2/5 points) have a higher sense of being loved compared to the respondents who assessed their body as average after childbirth (3/5 points). Women who assess their body high after childbirth (4/5 and 5/5 points) have a higher level of leadership skills than those who evaluate it low

(1/5 points). The respondents who highly valued their body after childbirth (5/5 points) show a lower level of vitality than women assessing it worse (1/5 and 2/5 points). For comparison, a detailed chart of the body image of the examined women was made before and after pregnancy. It is clearly visible that the body assessment before pregnancy was significantly higher for all subjects than in the postnatal period (Fig. 3).

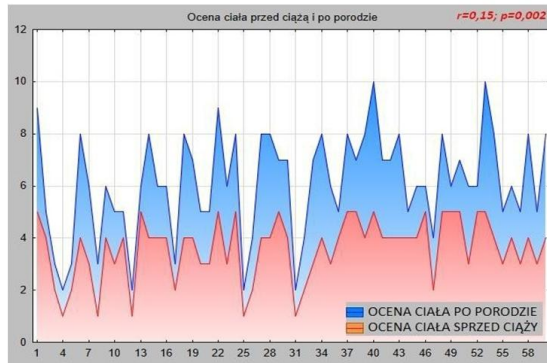


Fig. 3. Body assessment before pregnancy and after delivery

The analysis of the obtained results in relation to side - demographic variables allows to conclude that there are some changes in the self-esteem of the surveyed women in the postpartum period in relation to the period before pregnancy and childbirth, related both to relational factors (e.g. support) and subjective factors (e.g. sense of attractiveness).

Finally, the relationship between the main variables - body image of the surveyed women and their self-esteem was analyzed. For this purpose, the correlations of the subscales of the BES scale for body image measurement and the MSEI (in all dimensions) for self-esteem verification were checked (Table 6).

Table 6. Pearson's r correlation for the subjects' body image and their self-esteem - a list of statistically significant results

BES i MSEI	Average	SD.	r(X,Y)	r2	t	P
Sexual attractiveness - BES	41,550	7,233	-0,422	0,178	-3,545	0,001*
Being Loved - MSEI	30,633	4,042				
Sexual attractiveness - BES	41,550	7,233	0,443	0,197	3,767	0,001*
Leadership - MSEI	30,417	3,595				
Sexual attractiveness - BES	41,550	7,233	0,376	0,142	3,092	0,003*
Vitality - MSEI	28,783	2,829				
Weight control - BES	24,967	8,559	-0,468	0,219	-4,030	0,001*
Being loved -MSEI	30,633	4,042				
Weight control - BES	24,967	8,559	0,309	0,096	2,479	0,016*

Leadership - MSEI	30,417	3,595				
BES i MSEI	Average	SD.	r(X,Y)	r ²	t	P
Weight control - BES	24,967	8,559				
Vitality - MSEI	24,967	8,559	0,461	0,213	3,956	0,001*
Physical condition - BES	28,000	6,817				
Being loved -MSEI	30,633	4,042	-0,392	0,154	-3,249	0,002*
Physical condition - BES	28,000	6,817				
Vitality - MSEI	28,783	2,829	0,445	0,198	3,781	0,001*
Physical condition - BES	28,000	6,817				
Identity Integration - MSEI	32,183	3,587	-0,306	0,093	-2,445	0,018*

* statistical significance $p < 0,05$

All dimensions of the body image ("sexual attractiveness", "weight control" and "physical condition") are related to the self-esteem of the subjects. Interestingly - "sexual attractiveness" negatively correlates with the feeling of "being loved" ($r = -0.22$, $p = 0.001$), which means that with the increase in sexual attractiveness, the feeling of being loved decreases. "Sexual attractiveness" positively correlates with "leadership abilities" ($r = 0.44$; $p = 0.001$) and with "vitality" ($r = 0.38$; $p = 0.003$), therefore, an increase in sexual attractiveness coexists with an increase in the level of leadership skills and vitality among the respondents. In turn, "weight control" negatively correlates with the feeling of "being loved" ($r = -0.47$; $p = 0.001$), but positively with "leadership abilities" ($r = 0.31$; $p = 0.016$) and with "vitality" ($r = 0.46$, 0.001). Thus, as weight control increases, the sense of being loved decreases, but the level of leadership and vitality increase. Moreover, "physical condition" negatively correlates with the feeling of "being loved" ($r = -0.39$; $p = 0.002$), "vitality" ($r = -0.45$; $p = 0.001$) and "identity integration" ($r = -0.31$; $p = 0.018$). This means that with the increase in the physical condition of the respondents, the level of the feeling of being loved, vitality and identity integration decreases.

Conclussios

- 1) The examined women in the puerperium have a much worse image of their body compared to its subjective assessment before the pregnancy.
- 2) The surveyed women who declared receiving support from their relatives showed a much better body image in all its dimensions compared to the remaining mothers who experienced a deficit of support.
- 3) The type of child feeding in the study sample was significantly related to the body image of the mothers in the "weight control" subscale.
- 4) The highest results on the scale of "sexual attractiveness" were noted in the surveyed women who assessed their body positively after childbirth, while mothers with the

highest and lowest appraisal of their body experienced a significant decrease in sexual attractiveness.

- 5) The surveyed women who assessed their bodies well and very well after childbirth obtained higher results on the "physical condition" scale than those who assessed their body the worst.
- 6) The relationship of all dimensions of the body image with some dimensions of the respondents' self-esteem was shown, i.e. with the feeling of "being loved", "leadership abilities", "vitality" and "identity integration".

Discussion

Pregnancy, childbirth and the puerperium are extremely intense and significant experiences in the life of a woman and her relatives. In the authors' own research it was documented that the feeling of support from the relatives is invaluable for the image of the mother's body in puerperium. This important discovery shows that it is not so much the body weight and its appearance after the hardships of childbirth as the care of the loved ones that make women accept and appreciate their own physicality to a greater extent.

The analysis of research reports provides us with a lot of information on the body image of young mothers. However its relation to the sense of support from relatives during the puerperium is hardly sufficient. In an empirical project involving women 1 to 9 months postpartum (Gjerdengen et al., 2009), body dissatisfaction was definitely on the rise. The non-acceptance of self-physis in the 9th month after childbirth in the study sample was associated with overeating, higher body weight, poorer mental health, bottle-feeding and loneliness. Perhaps this loneliness is related to the deficit of support and care from relatives, which is consistent with the conclusion.

Moreover, the authors' own research has proven that the body image of women during the puerperium is clearly worse in all its dimensions than before pregnancy. This result is in line with the results of many other studies. For example: a meta-analysis of seventeen English-language empirical texts (Hodgkinson, Smith, Wittkowski, 2014) published from January 1992 to December 2013 shows that women in the perinatal period perceived their bodies as beyond their control and exceeding the socially constructed ideal of beauty. Moreover, their physicality connected with fulfilling the role of a mother threatened (in their view) the role of a wife and / or a working woman. In the postpartum period, both dissatisfaction with the body and unrealistic expectations towards it dominated among the respondents.

Interesting research on the perception of childbirth and puerperium by young women was carried out by Agnieszka Okój (2018). Most of the respondents had a negative image of the female body that gave birth to the child. Most of the opinions were related to

the inexperience of childbirth and the lack of knowledge about childbirth, in particular the changes that take place in the woman's body during puerperium. Additionally, the surveyed women differed in the degree of acceptance of the fact that their bodies could change. The greatest concern of the respondents was weight gain and anxiety about the reversibility of some changes (e.g. stretch marks, cellulite, significant deterioration of the breast condition). Qualitative, in-depth research on young mothers (Fox, 2015) proved that motherhood gives women a reason to be proud of their bodies, as long as they felt that they fulfill their maternal functions well. However, concerns about appearance persisted and were especially pronounced as women faced returning to work.

In the study by A. Machaj and I. Stankowska (2011), after pregnancy, childbirth and breastfeeding, women assessed selected parts of their body, i.e. breasts, abdomen, hips, buttocks, thighs, the appearance and shape of legs, feet, silhouette and the appearance of intimate organs. The only satisfaction factor noted was the appearance of the breasts during pregnancy but before the breastfeeding period.

In the authors' own research, the highest level of "sexual attractiveness" - one of the areas of body evaluation - was observed in women who attached little importance to appearance; similarly, the lowest level of "sexual attractiveness" was characteristic of women for whom image is of great importance. Similarly, mothers who did not pay attention to appearance had better weight control than mothers who were strongly focused on their image. The latter, on the other hand, had the best level of physical condition compared to the rest of the subjects. Meanwhile, as Amandeep Kaur et al. (2018) proves, body acceptance is one of the factors of mental well-being, and a negative body image can lead to many health problems, such as obesity, eating disorders and depression, etc. It has also been shown that depression and self-esteem in women remain significantly correlated, and the relationship between depression and self-esteem in women after childbirth affects their weight gain (Jeong-Won Han, Da-Jung Kim, 2020). The correlation of body dissatisfaction with postpartum depression is also confirmed by Chui YiChan et al. (2020); the latter variable, however, was not controlled in the authors' own research. Meanwhile, especially in women experiencing postpartum depression, breastfeeding may be related to their self-esteem. Difficulties in undertaking breastfeeding often result in lower self-esteem, and thus contribute not only to lowering the mother's mental resistance resources, but also to a significant deterioration of her self-esteem and escalation of the level of perceived stress (Studniczek, Borowska-Turin, Laudański, 2018).

In the authors' own research, the subjective assessment of the body before pregnancy and after childbirth differentiated the self-esteem of the surveyed women. The results indicate that women who rate their body highly after childbirth have higher levels of "moral self-acceptance", "physical attractiveness" and "vitality". Mothers who valued their bodies low obtained higher scores in the subscales of the feeling of "being loved", "identity

integration" and "defensive strengthening of self-esteem", but low "general self-esteem", sense of "competence", "popularity", "leadership skills", "self-control", "moral self-acceptance," and "vitality." Women who assessed their bodies as average after childbirth obtained higher scores for "overall self-esteem", "leadership" and "self-control", but lower levels of "being loved", "physical attractiveness" and "identity integration". Other studies on similar issues show that women after childbirth with a higher level of effectiveness have a higher level of self-esteem, which certainly contributes to better endurance of childbirth problems (Rogala, Ossowski, 2017). On the other hand, J. Hutchinson and T. Cassidy (2021) proved that mothers who displayed greater dissatisfaction with the body showed significantly lower well-being, self-esteem and subjectively perceived parental competences.

In conclusion, the body image of women in the puerperium period is mostly negative. Building a positive vision of one's physicality is supported by the sense of proper realization of the maternal role, while the need to confront the remaining roles in adulthood - partner and employee roles - is a concern. The support of relatives, received by most of the surveyed women, is conducive to more favorable recognition of one's attractiveness.

The condition of the breasts, which deteriorates in connection with natural breastfeeding, is significantly related to the body image, including the sense of sexual attractiveness. However, women who breastfeed maintain better control over their body weight, which is an important dimension of their body image, and, eventually an important aspect of women's self-esteem.

It seems that the moderate significance attached to one's physicality contributes to the sense of sexual attractiveness of young mothers. Interestingly, with the increase in sexual attractiveness and weight control, the sense of being loved decreases, but the level of leadership skills and vitality among the respondents increases.

The self-esteem of young mothers is related to all dimensions of the body image. Interestingly, women with a lower sense of "sexual attractiveness" and lower levels of "weight control" feel more loved, and those with a high sense of "sexual attractiveness" and "weight control" feel more vital and dominant.

Evidently, this research provides grounds for formulating practical implications. It is worthwhile to educate women about the course of puerperium and the psychophysical changes that may actually occur at this time. This will help young mothers in critical perception of media messages that contribute to the formation of unrealistic expectations towards the body after childbirth. Furthermore, it will encourage their relatives to show care, patience and empathy not only for the newborn child, but also for the woman.

Real help for women after childbirth would be, on the one hand, supporting their self-esteem based on taking the maternal role, not the external image, but at the same time preparing, for example, weight control programs that are safe for mothers themselves and

for the children they breastfeed. Acceptance of woman's own body is an important aspect of mental health. It strengthens self-esteem, which reduces the risk of postpartum depression and increases satisfaction of fulfilling the maternal role.

Bibliography:

- Biernat, M., Bąk-Sosnowska, M. (2018). Postawa ciała a obraz siebie i funkcjonowanie psychospołeczne w okresie adolescencji, *Pediatrics i Medycyna Rodzinna*, 14 (3), 282-285.
- Brandt-Salmeri, A., Przybyła-Basista, H. (2018). Obraz ciała a samoocena kobiet z rakiem piersi – rola akceptacji ciała, *Psychoonkologia*, 22 (1), 1-10.
- Brytek-Matera, A. (2008). *Obraz ciała – obraz siebie: wizerunek własnego ciała w ujęciu psychospołecznym*, Warszawa: Centrum Doradztwa i Informacji Difin.
- Cash, T.F. i Pruzinsky, T. (2004). *Body image: A handbook of theory, research, and clinical practice*, New York: Guilford Press.
- Cumming, C., Kieren, D., Cumming, D. (2000). Body image in breast cancer, *Journal of Obstetrics and Gynaecology Canada*, 22, 57-62.
- Dziok, I. (2013). *Połów jako sytuacja trudna w życiu kobiety*, Kraków: Wydział Nauk o Zdrowiu.
- Fecenec, D. (2008). *Wielowymiarowy Kwestionariusz Samooceny MSEI. Podręcznik*, Warszawa: Pracownia Testów Psychologicznych.
- Ferrari, B., Mesiano, L., Benacchio, L., Ciulli, B., Donolato, A., Riolo, R. (2020). Prevalence and risk factors of postpartum depression and adjustment disorder during puerperium – a retrospective research, *Journal of Reproductive and Infant Psychology*, <https://doi.org/10.1080/02646838.2020.1786035>.
- Fox, B. (2015). *Embodied Motherhood: Women's Feelings about Their Postpartum Bodies*, <https://doi.org/10.1177/0891243215591598>.
- Gawron, D. (2013). Wpływ zabiegów upiększających na ocenę własnego wyglądu i nastrój u kobiet w wieku średnim, *Psychologia Jakości Życia*, 12 (2), 97- 110.
- Gebauer-Sesterhenn, B. (2007). *Ciąża i poród*, tłum. A. Nowakowska, Warszawa: Firma Księgarska Olesiejuk.
- Gjerdingen, D., Fontaine, P., Crow, Miner, M. (2009). Predictors of Mothers' Postpartum Body Dissatisfaction, *Women & Health*, 49 (6), 491-504.
- Głębocka, A., Kulbat, J. (red.) (2005). *Wizerunek ciała. Portret Polek*, Opole: Wydawnictwo Uniwersytetu Opolskiego.
- Góralewska-Słońska, A. (2011). Poczucie własnej wartości jako potencjał jednostki. *Problemy Profesjologii*, 2, 97-112.
- Hodgkinson, E., Smith, D., Wittkowski, A. (2014). Women's experiences of their pregnancy and postpartum body image: a systematic review and meta-synthesis, *BMC Pregnancy and Childbirth*, 14, 330, <http://www.biomedcentral.com/1471-2393/14/330>.

- Hutchinson J., Cassidy, T. (2021). Well-being, self-esteem and body satisfaction in new mothers, *Journal of Reproductive and Infant Psychology*, 1-15, <https://doi.org/10.1080/02646838.2021.1916452>.
- Jeong-Won Han, Da-Jung Kim (2020). Longitudinal Relationship Study of Depression and Self-Esteem in Postnatal Korean Women Using Autoregressive Cross-Lagged Modeling, *International Journal of Environmental Research and Public Health*, 17 (10), 3743, <https://doi.org/10.3390/ijerph17103743>.
- Kaurz, A., Sagar, N. (2018). Assess the Attitude of Women Regarding Body Image during Pregnancy and Post Partum Period, *International Journal of Health Sciences and Research*, 8 (3), 193-198.
- Kobiołka, A., Pierz, K., Mężyk, K., Skrzypulec-Plinta, V., Kazimierczak, M., Urbańska, E., Gogola, E. (2015). Analiza wybranych czynników ryzyka wystąpienia zaburzeń nastroju u kobiet w okresie połogu, *Zdrowie i Dobrostan*, 1, 177-190.
- Kochan-Wójcik, M., Piskorz, J. (2010). Zmiany w zakresie postrzegania i oceny własnego ciała wśród kobiet od okresu dojrzewania do dorosłości, *Psychologia Rozwojowa*, 15 (3), 21-32.
- Lichtenberg-Kokoszka, E. (2011). Zmiany bio-psycho-społeczne zachodzące w organizmie kobiety, wynikające z poczęcia dziecka, (w): E. Lichtenberg-Kokoszka, E. Janiuk i J. Dzierżanowski (red.), *Ciąża, czy stan błogostawiony – Zagadnienie interdyscyplinarne*, 11-12, Kraków: Impuls.
- Łaguna, M., Lachowicz-Tabaczek, K., Dzwonkowska, I. (2007). Skala Samooceny SES Morrisa Rosenberga – polska adaptacja metody, *Psychologia Społeczna*, 2 (4), 164-176
- Machaj, A., Stankowska, I. (2011). Poczucie atrakcyjności seksualnej kobiet w wieku prokreacyjnym po przebyciu ciąży i okresu karmienia, *Nowiny Lekarskie*, 80 (5), 323-333.
- Musters, C., McDonald, E., Jones, I. (2008). Management of postnatal depression, *BMJ*, 337, 399-403.
- Okój, A. (2018). „Czego nie wiem, tego się lękam”. Wyobrażenia młodych kobiet na temat porodu i połogu, *Miscellanea Anthropologica et Sociologica*, 19 (2), 147-163.
- Rogała, D., Ossowski, R. (2017). Poziom poczucia własnej skuteczności kobiet ciężarnych a wybrane aspekty przebiegu porodu, *Pielęgniarstwo Polskie*, 3 (65), 450-458.
- Schiep, S., Szymańska, P. (2012). Obraz ciała, stres i samoregulacja u osób uprawiających fitness w wieku późnej adolescencji i wczesnej dorosłości, (w:) A. Stęplewska (red.), *Psychologia rozwojowa: tom 17, nr 3*, Wydawnictwo Uniwersytetu Jagiellońskiego.
- Schilder, P. (1950). *The image and appearance of the human body*, London: Kegan Paul, Trench, Trubner.

- Stelmasik-Turczyńska, M. (2013). Adaptacja kobiety do roli matki w okresie ciąży-doniesienie z badań, (w): M. Stopikowska (red.), *Rodzicielstwo wobec wyzwań współczesnego świata*, 63-83, Ateneum: *Przegląd Familiologiczny*.
- Studniczek, A., Borowska-Turyn, A., Laudański, K. (2018). Znaczenie odporności psychicznej oraz karmienia piersią w depresji poporodowej, *Kwartalnik Naukowy Fides et Ratio. Życie i płodność*, 3 (35), 233-249.
- Szpitalak, M., Polczyk, R. (2015). *Samoocena: geneza, struktura, funkcje i metody pomiaru*, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.
- Wilczyńska, D., Zarańska, B.(2013). *Samoocena ciała u kobiet uprawiających i nieuprawiających sport*, Akademia Wychowania Fizycznego i Sportu im. J. Śniadeckiego w Gdańsku, https://www.researchgate.net/publication/273453341_Samoocena_ciala_u_kobiet_u_prawiajacych_i_nieuprawiajacych_sportu.
- Wojciszke, B. (2003). Pogranicze psychologii osobowości i społecznej: samoocena jako cecha i jako motyw, (w): B. Wojciszke, M. Plopa, Wojciszke, B. (red.), *Osobowość a procesy psychiczne i zachowanie: praca zbiorowa*, Kraków: Oficyna Wydawnicza „Impuls”.
- YiChan, Ch., Lee, A., WoenKoh, Y., KeungLam, S., PengLee, Ch., YinLeung, K., KumTang, C. (2020). Associations of body dissatisfaction with anxiety and depression in the pregnancy and postpartum periods: A longitudinal study, *Journal of Affective Disorders*, 263, 582-592.