

Analysis of Stress Factors and Coping in Primigravida Pregnant Women in Jakarta

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Submission date: 29-05-2025; Date of received: 30-05-2025

ABSTRACT

Pregnancy is ranked 12th out of 43 situations that can cause stress in pregnant women, especially primigravida pregnant women (Sarafino and Smith, 2014). Based on data from the 2018 Indonesian Health Profile, the number of pregnant women was 5,291,143 people, in DKI Jakarta in 2018 there were 187,291 people and in 2017 there were 222,298 people (Profil Kesehatan Indonesia, 2018). Based on preliminary results, primigravida pregnant women in Jakarta in 2017 experienced severe stress as much as 22% and moderate stress as much as 28%. Meanwhile, 17% of multigravida pregnant women experienced severe stress, and 30% experienced moderate stress. Based on the 1,522 respondents, 76.1% were mothers with a minimum age of 14 years and a maximum of 71 years (Aziz, 2020). Every pregnant woman has an effort to overcome or manage stress in her pregnancy to be able to adapt and overcome stress, the efforts made by pregnant women are called coping (Lazarus and Folkman, 1984). Coping is a way to adjust to stress or to overcome the conditions that follow, overcome, or evaluate when a response can no longer be used (Lazarus, 1976). Coping describes the process of cognitive activity accompanied by behavioral activity (Lazarus and Folkman, 1984). This study aims to explore and align indicators according to the research area carried out informally. This study uses an in-depth interview method using. In-depth interviews were conducted with 6 informants or primigravida pregnant women and 2 midwives to get input about the informants. The interview results were obtained as variable constructs and indicators that can build a model consisting of 8 variables and 3 indicators, namely coping variables, religious beliefs, personality, healthy lifestyles, perceptions, attitudes, social support, and self-empowerment.

Keywords: Pregnancy, Stress, Coping.

INTRODUCTION

Stress is a condition caused by a person's perception of the physical or psychological demands of a situation and their biological, psychological, or social resources differently (E.P. Sarafino and Smith, 2012). Pregnancy and childbirth themselves are some of the psychosocial stressors that cause stress, therefore during this period, the mental health of pregnant women

needs attention (Bobak, 2005). Stress is an uncomfortable condition (dysphoric) that is defined as an imbalance in pregnant women to feel capable or reject various changes in the process of adapting to their pregnancy (Woods et al, 2010; Nurdin, 2014). According to Cousson (2013) of the 50% of postpartum mothers who experience depression, 30% have experienced depression since their pregnancy. The problem is that depression during pregnancy is often not diagnosed correctly (Setiawan, 2020), this is due to several things: some people think the symptoms shown are a form of physiological changes in pregnancy in some situations and places, health workers are less responsive to investigating the mental condition of pregnant women; Pregnant women feel embarrassed to discuss their condition, as seen from 33% of pregnant women who show symptoms of depression and anxiety disorders, only 20% of them seek help (Setiawan, 2020). Pregnancy is also in the 12th position out of 43 situations that can cause stress in pregnant women, especially primigravida pregnant women (Sarafino and Smith, 2014).

In Indonesia, the anxiety rate in primigravida pregnant women in facing childbirth is higher than in multigravida where the anxiety rate in multigravida is 48.84% and the primigravida rate is 51.16% (Shodiqoh and Syahrul, 2014). Based on data from the Indonesian Health Profile in 2018, the number of pregnant women was 5,291,143 people, while in DKI Jakarta it was 187,291 people in 2018 and 222, 298 people in 2017 (Profil Kesehatan Indonesia, 2018).

DKI Jakarta Province experienced an increase in population density in 2018 by 140 thousand people compared to the previous year. The population density in DKI Jakarta in 2018 was 15,699 thousand people per km². Through the survey results, information was obtained on the level of stress in the community on the island of Java in 2020 during the COVID-19 pandemic of 64.3% of 1,522 respondents. Of the 1,522 respondents, the majority were women at 76.1% with a minimum age of 14 years and a maximum of 71 years. The people of Jakarta in this survey were ranked second after West Java with several sufferers at 16.9% (Aziz, 2020). West Jakarta is the city that has contributed the highest maternal mortality rate in DKI Jakarta Province for 2 consecutive years compared to other regions, namely 38% in 2017, and experienced a decrease in 2018, namely 33% of maternal mortality cases in Jakarta. Every pregnant woman has an effort to overcome or manage stress in her pregnancy to be able to adapt and overcome stress, the efforts made by pregnant women are called coping (Lazarus and Folkman, 1984). Coping is a way to adjust to stress or to overcome the conditions that

follow, overcome, or evaluate when a response can no longer be used (Lazarus, 1976). Coping describes the process of cognitive activity accompanied by behavioral activity (Lazarus and Folkman, 1984).

Based on the description above, the researcher is interested in exploring and aligning indicators according to the research area conducted informally on primigravida pregnant women at the Cengkareng District Health Center, West Jakarta.

RESEARCH METHODOLOGY

The research method uses a qualitative approach with an in-depth interview method (In-depth Interviews) using semi-structured interviews because it explores and aligns indicators according to the research area that is carried out informally.

In qualitative research, the research subjects used are known as informants. The determination of informants in this qualitative research uses a purposive sampling technique, which means the selection of samples with a deliberate mechanism. The criteria used in selecting informants are first-time pregnant women, pregnancy age trimester I, II, and III and willingness to be interviewed. All primigravida pregnant women were selected as key informants with an age range of 18 - 35 years. In-depth interviews were conducted with 6 pregnant women, and 2 Puskesmas midwives to get input from informants related to pregnant women and coping with stress. The researcher has prepared a set of interview guide questions according to the research theme before conducting the interview. The equipment used during the study was stationery, a recording device or tape recorder, and a digital camera or smartphone. Qualitative data collection for this study was conducted for 1 week on 17-21 April 2017. The location of the qualitative research was conducted in the working area of the West Jakarta Health Sub-dept., specifically the Cengkareng District Health Center, West Jakarta.

RESULT

The results of the in-depth interview are described as follows:

1. Stress During Pregnancy and Childbirth

The results of a study conducted on pregnant women at the Community Health Center in Jakarta showed that pregnant women and mothers who were about to give birth experienced anxiety and stress, especially in first-time pregnant women, and had supporting factors including young pregnancy, and pregnancy accompanied by complaints or disorders.

To strengthen the results of interviews with pregnant women regarding stress, researchers conducted interviews with midwives to provide their experiences regarding stress in pregnant women during pregnancy. The same findings were obtained from interviews with key informants, namely Community Health Center midwives. Based on in-depth interviews with midwives, it was said that it is possible that women who are pregnant for the second time and so on also experience stress due to previous experiences during pregnancy and childbirth that were risky and other experiences that make mothers stressed when facing pregnancy and childbirth such as the labor process accompanied by bleeding, poor baby health conditions, and others, pregnant women with more than 5 children and others.

The causes of stress can come from the pregnant woman herself or her family and surrounding environment and conditions or diseases that accompany the mother during pregnancy and childbirth, including nausea and vomiting that occurs in early pregnancy, husband or family who do not provide support, pregnancy with hypertension and so on. In primigravida, pregnant women who have never given birth, the time leading up to delivery, especially in the third trimester of pregnancy, is a condition that is most likely to cause stress, because at that time the physical changes in pregnant women are very significant, as indicated by increasing weight gain, swollen feet, sleep disturbances and restlessness and anxiety in facing delivery which is only a few weeks or days away.

The results of interviews and observations between researchers and informants concluded that pregnancy and childbirth conditions are one of the factors causing anxiety and stress, especially during the first pregnancy. Midwives have experience in seeing and meeting pregnant women with their first and second children experiencing anxiety and stress caused by the pregnancy itself and risk factors in pregnancy and disorders that occur in the mother and baby during pregnancy and childbirth. Stress in pregnancy can hurt the health of the mother and baby, an effort or strategy is needed to deal with stress known as a coping strategy, and it is necessary to know the sources that influence coping. An explanation of efforts to be able to adapt to stressful conditions or what is called coping is presented in the following sub-chapters.

2. Coping with Primigravida Pregnant Women

The following matrix explains the results of informant interviews regarding stress-coping strategies.

Table 1 In-depth Interview Matrix on Coping Strategies

Informant	Meaning Unit	Conclusion
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Informant 1	Pray a lot. Think positively. Take it to God to find a solution.	Think positive. Tackle problems directly.
Informant 2	Tell to husband, brother/family, and friends. Just take it to work. Ask the midwife a lot of questions. If there is a problem, don't let it drag on.	Search for Information. Doing Activities.
Informant 3	Find a solution, and ask friends or other pregnant women if there is a problem. Busy preparing for childbirth.	Tell a close friend
Informant 4	Keep it to yourself, most likely surrender to Allah. Reluctant to tell people who may not be able to help, just cry and then feel relieved.	Avoid telling other people.
Informant 5	Talk to husband. Seek information from the midwife. Pray.	Get closer to God.
Informant 6	Go to the mall, to a crowded place Take it easy, don't rush, don't get emotional quickly.	Doing positive activities or doing things.

Based on the presentation and matrix, it shows that various strategies of pregnant women to overcome stress during pregnancy vary greatly according to several existing theories about the types of coping strategies or problem-solving efforts that can be grouped into problem-focused coping, emotion-focused coping, and avoidant. The following is the construction of the coping variable indicators based on the description of the results of in-depth interviews with informants:

Table 2: Construction of Classification Results of Coping Variable Indicators

Meaning Unit	Indicator
Searching for information about pregnancy.	<i>Problem-focused coping.</i>
Preparing to face childbirth.	
Addressing problems directly at the source.	
Thinking positively about pregnancy.	<i>Emotional Focused Coping.</i>
Discussing pregnancy problems faced by those closest to you.	
Thinking carefully and making decisions wisely.	
Avoiding discussions about pregnancy.	<i>Avoidant.</i>
Doing activities to avoid thinking about pregnancy problems.	
Refusing to meet health workers.	

Based on the table construction above, it is confirmed that there are 3 indicators in the coping variable, namely problem-focused coping, emotion-focused coping, and avoidant.

3. Belief in Religion

Table 3 In-depth Interview Matrix on Religious Beliefs

Informant	Meaning Unit	Conclusion
Informant 1	Believe in God, in destiny. Believe that God exists and is Almighty. Hold recitation in the 4th month	Believe in God. Believe in God's destiny.
Informant 2	Surrender to God. Believe in God's power. Pray. Join the taklim masjid.	The ability to perform worship according to one's beliefs.
Informant 3	Participate in religious activities. Pray.	Regularity in performing worship.
Informant 4	Pray, and read the Quran according to its time. Believe that God exists.	Performing sunnah worship activities

	If there is a religious study in the neighborhood, then join.	
Informant 5	Ask for prayers from the ustad, and parents to be healthy, don't miss prayers. It will be more peaceful if worship Holding a 4-month pregnancy thanksgiving.	Asking for prayers from religious figures.
Informant 6	Pray. Do obligatory and sunnah worship. When pregnant, must always pray. It is more relaxing after praying, reading the Quran after every prayer.	It is calmer when you are close to God.

The results of interviews with informants concluded that the indicators of religious belief consist of religious understanding (closeness to God), willingness to worship, and consistency of behavior in worshipping according to religion and beliefs. The following is a diagram explaining the parameters and indicators of belief variables.

Table 4: Construction of Classification Results of Religious Belief Variable Indicators

Meaning Unit	Indicator
Belief in God.	
Trusting in God's destiny.	Closeness to God.
Religious approaches help calm down.	
Performing obligatory worship.	
Worshipping or performing special or specific worship during pregnancy.	Willingness to Worship
Calming self down by praying when facing problems.	
Involving self in religious activities.	
Asking for blessings from religious figures.	Consistency in worship
Being more diligent in worship.	

Through the analysis of the meaning unit, it can be concluded that the indicators of belief in religion are closeness to God, which means believing and carrying out all His commands, and the will to worship, namely during pregnancy the pregnant woman continues to worship according to her religious beliefs and consistency of worship, namely during pregnancy the mother does not carry out her obligations as a religious person, including praying 5 times a day or other worship without ever being left or neglected.

4. Personality of Primigravida Pregnant Women

Table 5 Personality In-depth Interview Matrix

Informant	Meaning Unit	Conclusion
Informant 1	Telling stories with the husband, just being open with the midwife, friends, or family, and having regular pregnancy check-ups Thank God because you can still be active. Want and be confident in being able to provide breast milk to baby	Open up
Informant 2	Checking pregnancy according to schedule. Alhamdulillah, keep up the spirit during pregnancy if there are complaints, tell the midwife, or husband. God willing, to be able to give birth normally and give breast milk.	Confident and enthusiastic.
Informant 3	Always do everything that is already there, regularly, on time, and keep doing daily activities. Stay confident to give birth naturally, check for pregnancy regularly	Execute according to plan, on time.

Informant 4	Be sure that everything has been determined above that has been done, it has been planned, it has been planned. Be diligent in checking for pregnancy with a midwife.	Regularly check for pregnancy.
Informant 5	Always be confident for can face all situations Want to have a normal birth Be confident to give exclusive breastfeeding.	Be confident in being able to provide exclusive breastfeeding.
Informant 6	Follow all the midwife's instructions and positive input from people around. Alhamdulillah, still working now. Like to ask friends who have been pregnant.	Carry out the midwife's instructions.

Based on the results of interviews conducted by the author with informants, it was found that personality indicators related to coping in primigravida pregnant women were measured through several parameters and it can be concluded that the personality variables of pregnant women have indicators of openness, optimism and discipline.

Table 6: Construction of Personality Variable Indicator Classification Results

Meaning Unit	Indicator
Asking and listening to the experiences of other pregnant women.	Openness
Expressing complaints and problems to people around.	
Delivering complaints to health workers.	
Being sure that pregnancy and childbirth will be healthy, safe, and without risk.	Optimism.
Be confident in providing exclusive breastfeeding.	
Having the drive and desire to give birth normally.	
Following programs or activities during pregnancy regularly.	Discipline
Carrying out daily activities according to the schedule and time available.	
Carrying out and following the directions from the midwife about pregnancy.	

5. Healthy Lifestyle During Pregnancy

Table 7 In-depth Interview Matrix on Lifestyle Patterns

Informant	Meaning Unit	Conclusion
Informant 1	Exercise in the form of morning walks, doing normal physical activities Check pregnancy at the Health Center. Eat vegetables, fruits and take vitamins from the midwife. Never smoke. Take a shower 3 times a day.	Maintain physical health. Do not smoke.
Informant 2	Doing physical activities at home such as washing clothes, mopping, and going to the market. Joining pregnancy exercises at the Health Center. Eating healthy foods such as fish, tempeh, and vegetables. If the husband smokes. Take a shower twice a day.	Consume a balanced nutritious diet.
Informant 3	Regular pregnancy check-ups with health workers. Helping the husband to trade. Eating vegetables and fruits regularly every day. Regular pregnancy check-ups, sometimes not according to schedule when busy. Taking a shower sometimes 3 times a day.	Check the health of health workers and facilities.
Informant 4	Regular prenatal exercise. Drink milk, and eat healthy food. Still have household activities. Go out with husband on holiday. Never be too lazy to take a shower.	Maintain personal hygiene.

Informant 5	Keep doing normal housewife activities Check from early pregnancy. Eat vegetables, fruits, and vitamins to increase blood. Sometimes lazy to get wet, especially at the beginning of pregnancy.	Check for pregnancy early.
Informant 6	Eat a balanced nutritious diet. Check the pregnancy with a midwife. The bigger the pregnancy, the more lazy to work, but force myself. Eat vegetables, chicken, tofu, and sometimes fruit. Never smoke.	Keep doing household activities, and work.

Based on the results of interviews conducted by the author with informants, it was found that the indicators of healthy lifestyles related to coping of primigravida pregnant women were measured through several parameters and it can be concluded that the variables of pregnant women's lifestyles have indicators of physical health, eating balanced nutritious food and pregnancy check-ups. The following is a table of the results of the construction of the classification of healthy lifestyle indicators.

Table 8: Construction of Healthy Lifestyle Pattern Variable Indicator Classification Results

Meaning Unit	Indicator
Doing pregnancy exercises.	Physical Activity
Regularly maintaining personal hygiene.	
Continue doing household activities.	
Consume vegetables and fruits.	Eat a Balanced Nutritional Diet.
Consume vitamins to support pregnancy.	
Do not smoke or drink alcohol it is harmful to the fetus.	
Check for pregnancy at health facilities.	Pregnancy Check-up.
Check for pregnancy with health workers.	
Check for pregnancy early and regularly.	

6. Perceptions of Pregnancy and Childbirth

Table 9 In-depth Interview Matrix on Perceptions of Pregnancy and Childbirth

Informant	Meaning Unit	Conclusion
Informant 1	Pregnancy and childbirth make you happy and stressed because of the fear of risks. During pregnancy, the body changes drastically.	Proud to be a mother.
Informant 2	Pregnancy can bring up feelings of insecurity due to physical changes. There is joy and anxiety during pregnancy Whether the baby will be healthy or not.	Fear and anxiety about emerging risks.
Informant 3	Facing Childbirth, and the things that make anxious. Anxious if giving birth is not normal.	Fear that the baby and mother will not be healthy and safe.
Informant 4	Thinking about the condition and health of the baby. If pregnant, be prepared to have abdominal surgery.	Must be born by cesarean section.
Informant 5	Life feels happy. Because pregnancy usually has many complaints in the waist. Afraid of something happening to the baby.	Life becomes happy.
Informant 6	Happy to be a mother. There is pride that we are fertile. But think about the risks that will arise.	Role change.

Based on the results of interviews conducted by the author with informants, it was found that the indicators of perception of pregnancy and childbirth related to coping of primigravida

pregnant women were measured through several parameters and it can be concluded that the variables of perception of pregnancy and childbirth of pregnant women have indicators of vulnerability, severity, and benefits which are described below.

Table 10: Construction of Classification Results of Perception Variable Indicators

Meaning Unit	Indicator
The baby is born with abnormalities.	Perceived Vulnerability.
Must be born through a cesarean section.	
Risks arise during pregnancy and childbirth.	
Health problems for the mother during pregnancy, childbirth, and postpartum.	Perceived Severity Potential.
The physical shape of the body becomes unattractive.	
Health problems for the baby during pregnancy.	
Feeling perfect as a woman.	Perceived Benefits.
Life becomes happier.	
Happy to be a mother.	

7. Attitude Towards Pregnancy and Childbirth

Table 11: In-depth Interview Matrix on Pregnant Women's Attitudes

Informant	Meaning Unit	Conclusion
Informant 1	Grateful for pregnancy as a blessing Enjoying every stage of body changes. Take care of your child's health, entrusted to God. Already taking care of BPJS insurance.	Accepting every change both physical and psychological.
Informant 2	Enjoying every change due to pregnancy. Trying to prepare for childbirth Being grateful, because the child is already blessed. Giving birth with a midwife here (Puskesmas).	Preparing everything for childbirth.
Informant 3	Just be grateful for what happened during pregnancy. Maintain the pregnancy, and check the pregnancy. Pray, be grateful. Children are God's blessings. Just be born in a pregnancy check-up place.	Accepting the presence of the baby.
Informant 4	Preparing for childbirth Submitting to God Already taking care of BPJS	Preparing for labor.
Informant 5	Sometimes accepting changes in body shape, but sometimes confused Exercise your body to stay healthy Want to be born at a health center Exercise your body to stay healthy Want to give birth at the health center	Wanting to get the body shape back to how it was before pregnancy.
Informant 6	Enjoying the current body changes and trying to get back to its original shape. Have decided who will help with the birthing process	Have a choice of place and birth attendant.

Based on the matrix above, it can be concluded that attitudes towards pregnancy and childbirth can be measured by the pregnant mother's response to physical and psychological changes, response to childbirth, and the mother's response to the presence of the baby born, so it can be said that the construction of attitude indicators can be classified as follows.

Table 12: Construction of Classification Results of Attitude Variable Indicators in Pregnant Women

Meaning Unit	Indicator
Accepting changes during pregnancy, such as changes in role, physical, and psychological.	Physical and Psychological Changes.
Physical health problems such as nausea and vomiting, aches, and fatigue due to pregnancy are unpleasant signs at the beginning of becoming a mother.	
Wanting to get your body back to its original shape.	
Children are God's blessings.	The existence of the baby being carried.
Children bring happiness.	
Children are the hope of parents.	
Preparing equipment and funds for childbirth	Preparing for Childbirth.
Choosing a place and a birth attendant.	
Preparing physically and mentally.	

Attitude variable indicators based on data analysis are physical changes, the presence of the baby in the womb, and preparation for childbirth.

8. Social Support for Pregnancy and Childbirth

Table 13: In-depth Interview Matrix on Social Support

Informant	Meaning Unit	Conclusion
Informant 1	The midwife was friendly and explained well Friends and people around were very caring. Given counseling by officers at the Health Center. Read KIA books about danger signs, birth preparation, etc.	Friends and companions give attention.
Informant 2	Friends, husbands, and family become caring during pregnancy. The husband is more caring. The husband provides financial support. Read KIA books at home. Read on the internet about pregnancy and childbirth.	Husband gives attention, finances, and affection. Seeking Information.
Informant 3	Parents and in-laws give attention and share experiences. Exchange stories with other pregnant women. Husbands always give attention. Midwives explain the contents of the KIA book.	Parents provide experience and attention to needs during pregnancy and childbirth.
Informant 4	The midwife provided information from pregnancy to preparation for childbirth. Everyone cared about me. Everyone around me prayed for my baby to be healthy.	Health workers provide information and care.
Informant 5	My husband facilitates my needs during pregnancy and childbirth. My husband is kind. My parents and in-laws love me The midwife provides counseling and explanations on how to maintain health.	Financial support available There is love and respect.
Informant 6	The husband gives attention and money. Together with the husband, prepare the necessities during pregnancy and childbirth. Parents, even though far away, like to call. Look for information from older siblings who have been pregnant. Midwives like to give explanations if there are complaints, give encouragement and remind you to take vitamins.	There is motivation to maintain health.

The results above show that pregnant women during their pregnancy and childbirth receive support from people who care and love them. Support from husbands, family, friends, and health workers is an important part of the process of a pregnant woman undergoing a healthy

and safe pregnancy. Based on the conclusion of in-depth interviews regarding social support, it can be concluded that the indicators of social support consist of emotional, informational, and economic support, which can be seen in the diagram below.

Table 14 Construction of Classification Results of Social Support Variable Indicators

Meaning Unit	Indicator
Encouragement to Maintain Health. Attention, affection. Appreciation.	Emotional Information Given by Friends, Health Workers, and Family Regarding Pregnancy and Childbirth.
Physical and psychological changes. Pregnancy danger signs. Preparation for childbirth.	Information Given by Health Workers Regarding Pregnancy and Childbirth.
Information media. Funds or finances. Pregnancy and childbirth supplies.	Instrumental Information Given by Friends, Health Workers, and Family Regarding Pregnancy and Childbirth.

To see the indicators of social support variables in pregnant women, a meaning unit analysis was carried out as described in the table above, and the results showed that the indicators of social support can be measured through emotional support, information, and instrumental support.

9. Empowerment of Primigravida Pregnant Women

Table 15: In-depth Interview Matrix on Self-Empowerment

Informant	Meaning Unit	Conclusion
Informant 1	Maintain physical health when you intend to get pregnant	Pregnant women must prepare themselves physically, mentally, and financially.
	Prepare mentally.	
	Eat healthy food.	
	Prepare everything physically, and financially.	Pregnant women understand healthy foods that support health during pregnancy.
	Bekel from the midwife on how to deal with childbirth that cannot be done at the health center.	
Informant 2	Preparation to become a mother, a parent.	Information and education on the process of pregnancy, childbirth and the risks that can occur during pregnancy and childbirth.
	Need information on decision-making during emergency cases.	
	Prepare your body condition before pregnancy, and take vitamins.	
Informant 3	Learn how to bathe a baby	The ability to make decisions when risks arise that must be taken immediately.
	Information on changes during pregnancy such as the role of the mother, physical and others.	
	Get an explanation to deal with problems that need to be referred.	
	Pregnant women and husbands must know what dangers can arise during pregnancy.	
Informant 4	Learn how to take care of a baby.	Preparing to become a parent
	Pregnant women must be physically, mentally, and financially prepared.	
Informant 5	Learn to take care of babies, change diapers, and bathe.	Have the ability to care for newborn babies
	Preparation for changes in physical and mental conditions.	
	If you have to be referred, you have received the information.	
Informant 6	Preparation for newborn care.	Have the skills to make decisions regarding the well-being of the baby and oneself
	Provide information before and during pregnancy about the pregnancy process. Know the types of dangers during pregnancy and childbirth. Eat healthy foods.	

when faced with risky conditions.

The conclusion for the indicators of self-empowerment of pregnant women through in-depth interview results consists of providing needs during pregnancy and childbirth, providing the ability to manage anxiety and stress, and providing the ability to make decisions in facing risky conditions in pregnancy and childbirth. The following diagram illustrates the explanation above.

Table 16 Construction of Classification Results of Self-Empowerment Variable Indicators

Meaning Unit	Indicator
Health monitoring before and during pregnancy. Consumption of nutritious food and vitamins. Detection of danger signs of pregnancy and childbirth.	Provision of Necessities During Pregnancy and Childbirth
Adapting to physical and psychological changes. Changes in the role of parenthood. Baby care skills.	Providing Skills in Managing Stress During Pregnancy and Childbirth
Conditions that threaten the mother and baby. Decisions on medical action. Referral decisions.	Decision-Making Briefing in High-Risk Cases During Pregnancy and Childbirth

Variables and indicators were generated through the results of an exploratory qualitative study analysis as a construction design for a coping detection model in primigravida pregnant women.

Table 17 Design of Variables and Indicators of Coping Detection Model

INDICATOR	VARIABLE
Problem-focused Coping. Emotional Focused Coping. Avoidant.	Coping Strategies
Closeness to God. Willingness to Worship. Consistency in Worship.	Belief in Religion
Optimism. Openness. Discipline.	The Personality of Pregnant Women
Physical Activity. Balanced Nutrition. Pregnancy Check-up.	Healthy lifestyles
Perceived Vulnerability. Perceived Potential Severity. Perceived Benefits.	Perceptions of Pregnancy and Childbirth
Physical and Psychological Changes. Presence of the Baby Being Carried. Preparation for Childbirth.	Attitudes Towards Pregnancy and Childbirth
Emotional Given by Friends, Health Workers, and Family Related to Pregnancy and Childbirth. Information Given by Health Workers About Pregnancy and Childbirth.	Social Support
Instrumental Given by Friends, Health Workers, and Family Related to Pregnancy and Childbirth. Provision of Needs in Undergoing Pregnancy and Childbirth. Provision of Ability in Managing Stress During Pregnancy and Childbirth.	Empowerment of Pregnant Women

Provision of Decision Making in Risky Cases During Pregnancy and
Childbirth.

Based on the analysis, it can be explained that each variable in this study has three indicators obtained through qualitative research stages which will then become a reference and material in making a quantitative research questionnaire where 8 variables are obtained that build the model, namely coping strategies, beliefs in religion, personality of pregnant women, healthy lifestyles, perceptions of pregnancy and childbirth, attitudes towards pregnancy and childbirth, social support and empowerment of pregnant women, each variable has 3 indicators as stated in the table above.

DISCUSSION

The results of the qualitative study show that the seven constructs forming the coping detection model each have three indicators that have been confirmed in primigravida pregnant women. The sub-chapter below will present a discussion of each variable and indicator that builds the coping detection model for primigravida pregnant women.

1. Stress in Pregnancy

Through qualitative research results in this study, information was obtained that primigravida pregnant women experience anxiety and stress. The causes of stress can come from the pregnant woman herself or her family and surrounding environment and conditions or diseases that accompany the mother during pregnancy and childbirth, including nausea and vomiting that occurs in early pregnancy, husband or family who do not provide support, pregnancy accompanied by risk factors such as nausea and vomiting, increased blood pressure, low Hb levels, and others.

The results of this study are supported by several previous studies stating that a pregnant woman will be susceptible to disease and complications, this is due to unstable emotional conditions and disturbed psychology, such conditions are caused by hormonal changes that occur in the body of pregnant women, but each pregnant woman has a different response to the stress response she experiences, this happens because when the body meets a stressor, the body will activate the nervous system and hormones to carry out defenses to overcome emergency actions (Sherwood, Laurance, 2011). Stress screening, sources, and coping strategies early on, especially in primigravida pregnant women, can help health workers, pregnant women, and their husbands find out as early as possible about the mother's mental health problems during

pregnancy. For this reason, it is hoped that efforts and midwifery care can be made immediately to overcome this so that it does not develop into more serious problems such as depression and postpartum blues.

2. Coping with Primigravida Pregnant Women

Each individual has their way of dealing with problems, in this case, stress during pregnancy. In psychology, this method is called coping behavior. It has been mentioned above that stress can affect the health of pregnant women during pregnancy and during the delivery process later. Therefore, it is very important to understand how women cope with stress during pregnancy. This is necessary because stress and coping behavior have a reciprocal relationship with each other, when coping is ineffective, stress levels will increase, and vice versa (Lazarus, RS, 1999). Coping behavior can help pregnant women modify the effects of stress and minimize the negative effects of stress (Yali & Lobel, 2002).

In this study, various methods were used by primigravida pregnant women to overcome the stress they faced. The ability to overcome stress during the first pregnancy was achieved by sharing problems with husbands or parents family and coworkers who were considered to have sufficient experience and empathy for their situation. Physical activities such as doing housework, recreation, or discussing with people closest to them were frequent coping efforts, while avoiding discomfort, and anxiety that caused stress during pregnancy was rarely found in primigravida pregnant women who wanted and planned pregnancy from the start.

When explored further about what efforts are made by pregnant women when facing anxiety or stress, most pregnant women said that they have different ways of solving problems, including; walking, eating, sulking, crying to relieve stress, getting angry, seeking information from parents, friends, using the internet, praying and others. The results of the qualitative research above are in line with those conveyed by Lazarus (1976) who also explained that coping is a way to adjust to stress or an effort to overcome conditions that follow, overcome, or evaluate when a response can no longer be used. Coping can describe the process of cognitive activity accompanied by behavioral activity (Folkman and Lazarus, 1984).

3. Belief in Religion

From the findings of in-depth interviews, it was also found that a person's religious beliefs can be measured if he or she believes that God exists, which is indicated by the mother

embracing one of the religions in Indonesia. This is also reinforced by the mother's statement of religious sentences such as Alhamdulillah or Praise God. Every mother expresses gratitude and the religious status that is in the pregnant mother's medical record.

Efforts to overcome problems by carrying out religious rituals, such as praying, praying, or going to a place of worship are based on the belief that God will help someone who has a problem. Research shows that when facing stressful situations such as death, illness, divorce, or separation from a partner due to legal problems, or any situation that is considered negative, most people involve religion to overcome their various problems (Mattlin, Wethington, & Kessle, McRae, and Pargament in Primaldhi, 2008).

Through this stage, it can be said that the indicators of religious belief consist of religious understanding (closeness to God), willingness to worship, and consistency of behavior in worshiping according to religion and beliefs. In this case, it is supported by what was written by Glock & Stark (Ancok & Suroso, 2008) that religion can be measured through five aspects, namely: ideological/faith aspects, ritualistic/worship aspects, experiential/appreciation aspects, practice/consequential aspects, and scientific/intellectual aspects.

4. Personality of Primigravida Pregnant Women

Personality is observable behavior and has biological, sociological, and moral characteristics that are unique to it that can distinguish it from other personalities (Littauer, 2002). Based on the personality values owned by individuals, they will choose, create, and react to certain conditions and cope according to what has been determined; in other words, some individuals may experience higher stress than others because of themselves, not because of environmental factors. In addition, according to McCrae and Costa (1986) personality and individual differences influence a person's tendency to use certain coping when faced with stressful situations.

Coping is an action that is in line with the personality possessed. Personality and individual differences influence a person's tendency to use certain coping when faced with stressful situations. So personality plays a role in the coping strategy that will be adopted by individuals (McCrae and Costa; 1986). It can be concluded that a person's personality plays an important role in helping in choosing the method of coping strategy that will be adopted by pregnant women. Personality is formed through early planting and formation from the environment including family, parents, and friends. Pregnant women should indirectly instill character from

an early age in their babies in the womb by showing an open, optimistic, and committed or disciplined personality during their pregnancy. Therefore, personality is not only an indicator of the success of a coping strategy but also an indicator of a person's mental maturity.

5. Healthy Lifestyle During Pregnancy

Based on interviews with pregnant women, it can be stated that a healthy lifestyle can be seen from physical activity that can still be done during pregnancy, including pregnancy exercise activities that are followed, although not all pregnant women have the opportunity to do pregnancy exercise, the activities they do to replace it are walking in the morning, doing activities at home such as sweeping, cooking, and washing and maintaining personal hygiene without having to rest in bed due to conditions caused by pregnancy.

A person's lifestyle will also affect their coping style, someone who is healthy and often does physical exercise will certainly have a physique that is more ready to face challenges caused by stress, such as their physique supports finding information in solving problems that they will face. Doing regular exercise can be a good source of coping. There is a positive relationship between people who diligently do sports or regular physical exercise with stress (Martinsen, 1990).

Furthermore, according to Scully, Kremer, Meade, Graham, and Dudgeon (1998) found that as many as 30 journals said that people who do sports are more likely to have difficulty experiencing anxiety and stress. This is because, when exercising, afterward a person's body will release the hormone adrenaline which makes them feel a little more relaxed. In addition, exercise can be a good coping because it tries to regulate or reduce existing emotions by diverting them to other positive activities (Scully et al., 1998). Therefore, a healthy lifestyle in pregnant women needs to be a major concern for health workers because it not only provides a healthy effect physically but also mentally. Good mental health is a condition when our minds are in a peaceful and calm state, allowing us to enjoy everyday life and appreciate others around us. A mentally healthy person can use their abilities or potential to the maximum in facing life's challenges, as well as establishing positive relationships with others.

6. Perceptions of Pregnancy and Childbirth

Perception is the experience of objects, events, or relationships obtained by summarizing information and interpreting it. Perception is giving meaning to a stimulus (Notoatmodjo,

2010). Perception of pregnancy in primigravida mothers can be synthesized as an assessment of a mother who is pregnant for the first time regarding the risks that can occur to the fetus and herself, and how much pain or difficulty can occur during labor. From the results of the researcher's interviews with informants related to indicators of perception of pregnancy and childbirth, all informants have the same perception of the potential dangers that can occur during pregnancy and childbirth. Especially in primigravida pregnant women who have experienced complications in the first trimester such as threatened abortion, primigravida pregnant women are worried that the baby will be born with a disability, and the mother and baby will experience disorders during pregnancy. Entering the third trimester of pregnancy, primigravida pregnant women begin to think about the possible delivery methods, whether normally or by cesarean section. Assessment of the perception of healthy and safe pregnancy and childbirth is related to understanding the concept of health and illness. Health and illness are biopsychosocial conditions that are integrated into human life. Therefore, the public perception of health as a basic need needs to be continuously improved so that health is not only a tertiary need but also a primary need. The concept of health according to WHO is broadly a condition of a person who is free from physical, mental, social, and spiritual disorders and does not experience disabilities. In a healthy body there will also be a healthy mind, and vice versa. In this case, pregnant women need to continue to be given knowledge and empowerment about the importance of physical and mental health so that they will create optimal healthy perceptions and conditions during pregnancy, childbirth, and postpartum.

7. Attitude Towards Pregnancy and Childbirth

The attitude in this study is the attitude related to the pregnancy of primigravida mothers. The results of the study showed that the indicators of attitude variables include the response of pregnant women to physical conditions, physiological and psychological changes, the presence of the fetus, and how to deal with childbirth. Kuitto et al. (2010) said that attitude is the best predictor in determining how someone behaves, in this case, behavior in adapting to stress (coping). When viewed historically between the relationship between attitudes and behavior, there is much debate about the relationship between attitudes and behavior, some say that attitudes are not related to behavior and several other studies explain the relationship that attitudes indirectly influence behavior through prior intentions (Bennett et al., 2012; Roberto et al., 2011). This is also supported by the theory of Newcomb (1978), a social psychologist

who stated that attitude is a readiness or willingness to act, and not an implementation of a particular motive. Attitude is not yet an action (open reaction) or activity but is a predisposition to behavior (action) based on a closed reaction.

8. Social Support for Pregnancy and Childbirth

Social support is the involvement of others in solving problems. Individuals take cooperative actions and seek support from others, because social resources provide emotional support, real help, and information assistance. According to Holahan and Moos (1987), people who have sufficient social resources tend to use problem-focused coping strategies and avoid avoidance coping strategies in solving various problems. Based on the results of the study, indicators were obtained in the social support variable related to pregnant women's coping, namely: emotional support, instrumental and information provided by others related to pregnancy.

Gottlieb (2006) stated that social support is more often obtained from the closest relationships, namely from family or friends. The strength of social support that comes from the closest relationships is one of the psychological processes that can maintain healthy behavior in a person. Complementing this opinion, Rodin (in Smet, 2003) stated that the most important social support comes from the family. Sarafino (2007), stated that the needs, abilities and sources of social support change throughout a person's life. Family is the first environment known by individuals in their socialization process, so in this case, social support is very much needed to improve pregnant women's coping.

According to Taylor, Peplau, and Sears (2009) social support can be given in several ways, namely the first is emotional attention expressed through feelings of liking, love, or empathy, for example when an individual is having problems with others, expressions of concern from friends can be very helpful. The second is instrumental assistance such as providing services or goods during times of stress and the third is providing information about stressful situations. Then, the last is information may be supportive if it is relevant to self-assessment. For example, if an individual has decided on a problem, information from someone who tells them that the decision taken is correct will be very helpful. In addition, Baron and Bryne (2005) stated that social support has a very significant effect on individual stress coping.

9. Empowerment of Primigravida Pregnant Women

Empowerment is a process by which a person becomes strong enough to participate in, share control over, and influence the events and institutions that affect his or her life. Empowerment emphasizes that people gain sufficient skills, knowledge, and power to influence their lives and the lives of others they care about (Parson, 1994).

Based on the results of the study, it was found that indicators of self-empowerment of pregnant women through in-depth interviews consisted of providing needs during pregnancy and childbirth, providing the ability to manage anxiety and stress, providing the ability to make decisions in the face of risky conditions in pregnancy and childbirth.

To achieve independent status in the final process of empowerment, a period of learning process is needed that takes place gradually and continuously. However, to maintain this independence, maintenance of enthusiasm, condition, and ability is carried out continuously so that there is no further decline. The learning process in the context of empowerment will take place gradually. The stages that must be passed include 1) The stage of awareness and formation of behavior towards conscious and caring behavior so that they feel the need to increase their capacity; 2) The stage of transformation of ability in the form of knowledge insight, skill competence to open insight and provide basic skills so that they can take part in development; 3) The stage of intellectual improvement, skill competence so that innovative initiatives and abilities are formed to lead to independence (Ambar, 2004). With the empowerment process, it is hoped that pregnant women can independently maintain their pregnancies to achieve maximum health quality, both physically and mentally.

CONCLUSION

Based on the results of the study, it show that the variables that contribute to the coping of primigravida pregnant women are religious beliefs, personality, healthy lifestyles, perceptions of pregnancy and childbirth, attitudes towards pregnancy and childbirth, social support, and self-empowerment of pregnant women. All of these variables are elements to construct a coping detection model for primigravida pregnant women.

ACKNOWLEDGEMENT

1. Kepala Dinas Kesehatan Provinsi DKI Jakarta beserta staf yang telah memfasilitasi penelitian ini.

2. Head of the DKI Jakarta Provincial Health Office and staff who have facilitated this research.
3. Head of the West Jakarta City Health Office and staff who have facilitated and helped the author in the research process
4. Head of the South Jakarta City Health Office and staff who have facilitated and helped the author in the research process
5. Head of the Cengkareng District Health Center, Palmerah District Health Center

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