



Pregnant Women's Perception of Psychoeducation Services by Midwives: *"I Feel Stronger and Accept My Pregnancy"*

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Abstract. During the Covid-19 pandemic, pregnant women became a vulnerable group, so pregnant women were worried about their pregnancy. Pregnant women required special attention and services related to preventing anxiety so that it did not manifest in more severe psychological disorders. In this case, midwives have a role in preventing psychological disorders in pregnant women through psychoeducation services. However, there was no evidence regarding the benefits of this service for pregnant women. The aimed of this research was to determine the perceptions of pregnant women regarding psychoeducation services by midwives. The method of this study was qualitative research with a case study approach. The informants in this study were 6 pregnant women. Data collection uses online interviews (synchronous and asynchronous) and the WhatsApp platform using an instrument in the form of a semi-structured interview guide with a previous audit trail. The data was analyzed using thematic analysis with the Miles and Huberman framework. Six themes were obtained, namely the psychological condition of pregnant women, perceptions of pregnant women about psychoeducation, the benefits of psychoeducation for pregnant women, the psychological needs of pregnant women, the efforts to prevent anxiety in pregnant women, and barriers and efforts to minimize barriers for pregnant women. By psychoeducation, the family, especially the husband, can play more of a role in the mother's pregnancy, besides that the mother feels closer to the midwife so that the midwife's services are more optimally received. So, it is necessary to improve and develop psychoeducation services for pregnant women which can be integrated into integrated ANC services.

Keywords: Midwife, Perception, Pregnant, Psychoeducation.

1 Introduction

In 2020, WHO declared the Covid-19 outbreak a pandemic [1] which caused vulnerability among pregnant women [2]. Pregnant women are at risk of infection because the

body's immune system is normally reduced [3]. Therefore, during the Covid-19 pandemic, pregnant women are at risk of being exposed to Covid-19 and this has an impact on increasing anxiety for pregnant women [4]. Previous research states that anxiety in pregnant women is triggered by thoughts about concerns about vertical transmission to the fetus [5][6]. Corbett's (2020) [7] research results show that since the Covid-19 pandemic, anxiety among pregnant women has increased by more than 50.7%.

If anxiety during pregnancy is not handled optimally, it will develop into postpartum depression and psychosis [8]. Psychological disorders such as anxiety during pregnancy are associated with complications, such as prematurity, low birth weight (LBW), fetal growth restriction (IUGR), postpartum complications, hypertension in pregnancy, preeclampsia (PE), and gestational diabetes [9]. So pregnant women need special care and services related to efforts to prevent, diagnose and treat anxiety so that it does not manifest as more serious mental health disorders [10]. Efforts related to maternal mental health should be included as an integral part of a country's health policy. Health workers who work in sexual and reproductive health and care services Pregnant women should be trained to recognize symptoms of psychological disorders, provide effective counseling and psychological support and other interventions [11].

Based on research, midwives often do not carry out comprehensive mental health assessments of pregnant women and even hinder pregnant women's emotional honesty because midwives are confused about how to respond, so pregnant women expect midwives to pay more attention to their mental health during pregnancy checks [12].

In September 2020, Motherhope Indonesia, through the Facebook Accelerator Community program, designed and implemented a "Closer to Mother" program. This program runs by providing online training for midwives regarding psychoeducation for pregnant women. After that, the midwife provides psychoeducation to pregnant women in their work area [13]. Based on previous research by the author, this training is useful in increasing mental health literacy for midwives [14]. However, there has been no report on how pregnant women perceive the psychoeducation services provided by midwives. The aimed of this research was to determine the perceptions of pregnant women regarding psychoeducation services by midwives.

2 Method

Online qualitative research with a case study approach was used because this research aimed to explore in depth how pregnant women perceive psychological needs and psychoeducational services by midwives. The subjects in this research were pregnant women who were selected using a purposive sampling technique. There were 6 informants in this study. The criteria used to select informants were pregnant women who had received psychoeducation from midwives. The research location is at Puskesmas Sukorejo 1 Kendal.

The instrument used in this research is the researcher as the main instrument. Apart from that, the researcher used a auxiliary instrument in the form of a semi-structured interview guide which had been tested through pilot interviews to maintain quality assurance for informants and discussed with experts. Then use technological media in the

form of laptops, audio recorders, and cellphones as well as the WhatsApp application and use field notes.

The data collection technique chosen was the semi-structured online interview method and documentation study. The use of the online interview method is most appropriate for researchers to use during the Covid-19 pandemic. The online interview method used is the synchronous method. This online method uses the WhatsApp application (Chat, call, video) for 40-60 minutes. Apart from online interviews, researchers used documentation studies which included documentation during psychoeducation services. Field notes were written immediately after the interview to capture context, such as the participant's behavior during the interview and/or the researcher's thoughts and feelings in relation to the interview process.

Thematic data analysis using the Miles and Huberman model which includes steps (1) data collection (2) data reduction (3) presenting data (4) verification. To maintain the rigor of the research, the authors implemented several strategies to increase credibility, transferability, dependability, and confirmability. Several strategies were carried out, namely using audit trails, field notes and logbooks to explain what had been done, apart from triangulating sources, namely midwives and heads of community health centers, on other research results.

An ethical feasibility test was carried out to find out whether the research could be carried out on respondents. The feasibility test was carried out at the Research Ethics Committee Institute of Yogyakarta 'Aisyiyah University (Ref. No. 1766/KEP-UNISA/IV/2021).

3 Result and Discussion

The informants in this study were six pregnant women who agreed to share their experiences regarding their psychological needs and the psychoeducation services they received. The pregnant women selected for this study were in the 1st, 2nd and 3rd trimesters of pregnancy. Informants have different characteristics in terms of age, trimester, occupation, and gravida so it is hoped that the research results will be more varied from the various perspectives and conditions of the informants. However, what was found was that most jobs were working as housewives. The selection of informants reached the data saturation stage. The characteristics of the informants are explained in Table 1.

Table 1. Characteristics of Informants

No	Code	Age	Education	Trimester	Gravida	Work
1	C1S	24	Elementary School	1	1	Housewife
2	C2M	26	Vocational School	1	1	Housewife
3	C3NH	36	Junior High School	2	3	Housewife
4	D1NE	30	Junior High School	3	2	Housewife
5	D2U	31	Senior High School	2	2	Housewife
6	D3NI	29	Junior High School	2	1	Housewife

The interview data that has been obtained is transcribed verbatim and then general findings are found from each data in accordance with the interview guideline. Several general findings were identified by coding so that themes were determined which were arranged according to the research objectives. Based on data analysis from four researchers, six main themes were found, namely the psychological condition of pregnant women, perceptions of pregnant women about psychoeducation, the benefits of psychoeducation for pregnant women, the psychological needs of pregnant women, efforts to prevent anxiety in pregnant women, and barriers to receiving psychoeducation services.

3.1 Psychological condition of pregnant women

The psychological conditions felt are that pregnant women feel anxious, pregnant women feel afraid, lack concentration, and have difficulty sleeping because the child is too close. Interview data on this matter was conveyed by the informant:

"[Pregnant mother feels anxious] *The worry is that my mind is thinking about the first child, the difference is only 2 years, right? The worry is that the child will be fussy or something, yes, maybe I'm wandering, my mind is going all over the place, I'm not focused, I'm not getting enough sleep, that's why it's like I'm bad. mood [not feeling good] doing nothing lazy*" (C2M, 26 years old, pregnant mother)

Apart from that, the psychological condition of pregnant women, such as mothers feeling anxious, is caused by the Covid-19 pandemic. Interview data regarding this matter was conveyed by the C2M informant below:

"*Everything is difficult during the pandemic, so even at the level of anxiety about being pregnant during the pandemic, patients are already feeling anxious, during the corona period, how come they have to get pregnant like that, they are afraid of going to the hospital and the costs will increase*" (C2M, 26 years old, pregnant mother)

The next psychological condition felt by pregnant women is feelings of anxiety and shame due to the failure of family planning so that they do not accept their pregnancy. Interview data regarding this matter was conveyed by C3N informants as follows:

"[Pregnant woman] *I failed my birth control, first I was planning on birth control pills [but] I never had a negative period, then I changed my birth control using a condom a month later, how come I didn't menstruate, it turned out I was positive for pregnancy. There is a feeling of anxiety, yes, there is a feeling of shame at my parents and neighbors who failed family planning, as much as possible, they refuse it, but I can't refuse it because it is God's gift*" (C3N, 36 years old, pregnant mother).

Furthermore, the psychological conditions experienced by pregnant women are feelings of anxiety and fear caused by a history of previous pregnancies such as a history of miscarriage and cesarean section. Interview data regarding this matter was conveyed by informants D2U and D3NI as follows:

"*I'm afraid that if on the day the baby is born, the baby hasn't turned yet, there's a feeling of anxiety, fear of what will happen if the caesarean doesn't work normally, so there's a feeling of anxiety like that*" (D2U, 31 years old, pregnant mother).

Pregnancy and childbirth are unique life experiences for a woman, not only physical but also complex mental and emotional changes [15]. Most pregnant women do not

know about psychological changes and the impact of these changes on pregnancy [16]. Besides that, Pregnant women often experience anxiety, fear, and even depression [17]. Anxiety is a normal form of psychological adaptation to the psychological changes that occur in women during pregnancy [18]. During pregnancy, adrenaline will increase resulting in biochemical disorders, the body will feel physical tension, pregnant women will be irritable, lack concentration, and even want to run away from real life [19].

The physical symptoms of anxiety in pregnancy include hypertension, palpitations, tachycardia, sweating, sleep disturbances and headaches, shortness of breath, stomach pain, muscle tension, nausea, vomiting, diarrhea and feeling tired. Meanwhile, the psychological symptoms that arise include prolonged feelings of anxiety, the emergence of feelings of anger and fear, feelings of guilt and helplessness, as well as difficulty concentrating and thinking clearly, self-loathing, difficulty communicating, irritability, difficulty appreciating feelings of love, seeking sensations, the emergence of aggressive actions, and experiencing disruption in sexual relations with her husband [20].

The impact of anxiety on the fetus, such as intrauterine growth retardation and premature birth, and disorders of the baby's neurodevelopment [21]. In addition, it influences the mother's role in childcare. Children of mothers who experience high stress during pregnancy are more likely to have cognitive and behavioral problems, and are at higher risk of mental health problems themselves [22].

Based on a study, related to risk factors for anxiety in pregnant women, primigravida mothers are more at risk of experiencing anxiety. This is due to fear of defects in the fetus, problems during childbirth and fear of pain [23][19]. Other influencing factors are age (risk age <20 years or >35 years) [24][25] and education level [26][24]. There are several other factors, namely unwanted pregnancy, pregnancy complications, and miscarriage [27]. Apart from that, the husband's attitude of being inattentive, uncaring, indifferent, or even committing a certain amount of violence, which creates internal conflict in the mother, can be a cause of stress during pregnancy [28].

In another study, nearly a third of pregnant women during the COVID-19 pandemic outbreak experienced increased stress levels of unpreparedness for childbirth and Covid infection. Stress levels occur in primiparas, women at high risk or unplanned pregnancy, and survivors of abuse [29].

3.2 Pregnant Women's Perceptions about Psychoeducation

Interview data shows that informants received education on perinatal mental health, the impact of psychological disorders on pregnant women, and readiness to become parents through posters, videos, and e-booklets. Quotes regarding this matter were provided by informants C1S and C3N as follows:

"[The midwife] weighed you, then looked at the baby's condition, then told you to take care of your health, don't worry, if you're too stressed, it could cause depression and be dangerous for the mother and baby. Then the midwife gave material using posters, then showed a video, Usually, there are many mothers who feel like they are feeling a lot of pressure on their minds; its economic needs; "Usually if the child is close, they will definitely talk and then it won't be a hassle" (C3N, 36 years old, pregnant mother).

Apart from that, counseling is also a pregnancy service provided by midwives. The counseling received by pregnant women is related to the physical and psychological needs of pregnant women. Interview data shows that midwives explore pregnant women's feelings, provide education about managing emotions, provide encouragement and advice, and encourage pregnant women's self-confidence. Quotes regarding this matter were conveyed by informants C2M and C3N as follows:

"[The midwife told the pregnant woman] I was told to take care of our health, don't worry, she always gave me encouragement to be confident, don't listen to what other people say" (C3N, 36 years old, pregnant mother)

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"The midwife always asked how I felt. [The midwife tells the pregnant woman] I was told how to manage the psychological, how to manage the physical, what are the feelings or not" (C2M, 26 years old, pregnant mother)

Furthermore, the psychoeducational services that pregnant women receive include regular monitoring by means of midwives receiving consultations via WA, midwives making home visits, midwives asking about the psychological condition of pregnant women. An example of a quote regarding this matter was provided by informants C1S and C2M as follows:

"The midwife asked about my condition, my feelings via WA chat; then sometimes the midwife stops by the house; just chatting with my husband and I" (C1S, 24 years old, pregnant mother)

The next psychoeducational service that pregnant women receive is an approach with their husband. Interview data shows that midwives provide education to husbands and midwives encourage husbands' involvement, as stated by C2M informants as follows:

"The midwife told us that if we have a complaint, we have to complain",

"Yes, midwife during the return visit, chatted with her husband; husband is advised" (C2M, 26 years old, pregnant mother).

Furthermore, the informant conveyed about the midwife's attitude during service, including that the midwife was friendly, the midwife was patient and listened complaints, midwives pay attention to the psychology of pregnant women, and midwives are open. An example of a quote regarding this matter was conveyed by informants C2M and C3N below:

"Friendly midwives, willing to hear the complaints of patients like us, give advice as we feel" (C2M, 26 years old, pregnant mother).

Based on the manual for mental health and psychosocial support during the pandemic, pregnant women and their families should receive information about mental health and psychosocial problems that often occur in pregnant and post-partum women [30]. Empathetic relationships with healthcare professionals have been shown to benefit patients in various studies [31]. Based on research [32], Effective psychoeducation with

daily follow-up is very important to see the mother's progress in overcoming the postpartum blues she is experiencing.

Family participation in providing support to pregnant women is very much needed to overcome anxiety in pregnant women, so education is also given to families to support pregnant women in facing pregnancy [15].

Midwives and nurses at the birth site are often the people expectant mothers look to provide emotional support in dealing with the stress they are experiencing. However, this support is not always obtained [33]. In one study, midwives felt unable to provide an appropriate response to the mother if she was finally willing to talk openly [12]. Midwives should first identify the roots and causes of anxiety and build a relationship of mutual trust with pregnant women [20].

3.3 Benefits of Psychoeducation for Pregnant Women

Several informants stated that the psychoeducation received by pregnant women provided benefits, namely increasing knowledge about mental health in pregnant women. Interview data regarding this matter was conveyed by C2M informants as follows:

"Pregnant women can experience high levels of stress and anxiety. If it's worse, it's suicide or depression, right? The impact may be as serious as miscarriage. The thoughts of the parents from the mother have an impact on the baby, when they give birth" (C2M, 26 years old, pregnant mother).

Furthermore, several informants stated that the psychoeducation received by pregnant women provided benefits, namely the pregnant women felt comfortable. Interview data regarding this matter was conveyed by C3N informants as follows:

"Yes, it's comfortable, it's given encouragement, it always directs me to be confident, don't listen to what other people say, the midwife is also experienced like me, almost the same, so she told me that once the birth is over, the embarrassment that I experienced seeing a cute baby will heal" (C3N, 36 years old, mother pregnant).

Apart from that, reducing anxiety in pregnant women is a benefit that pregnant women get. This was conveyed by the C2M informant as follows:

"I feel happy, like the burden is reduced, my mind is open; his thoughts are not negative; I don't worry anymore. What's comforting is that the story can be made into reality; "You can tell me everything about what you're complaining about, it's like you're a relative, yes, it's comfortable. Then you'll believe it hehehe. The problem is that midwives also have more extensive knowledge than lay people" (C2M, 26 years old, pregnant woman).

Furthermore, the benefits of psychoeducation felt by pregnant women are that pregnant women accept their pregnancy. This was conveyed by the C3N informant as follows:

"After meeting with the midwife, conveying my concerns, I understood my condition, I frequently consulted with the midwife, and tried to accept my pregnancy." (C3N, 36 years old, pregnant woman).

The benefit of psychoeducation felt by pregnant women is that their husbands are more attentive. This was conveyed by the C1S informant as follows:

"My midwife told my husband what this means is that we need my husband's support, then my husband continues to help support me so that he will be looked after by my husband first" (C1S, 24 years old, pregnant woman).

In general, the aim of psychoeducation is therapy to increase the client's knowledge and cognitive abilities in treating an illness so that it is hoped that it can reduce levels of anxiety and stress [34]. This is in accordance with the benefits received by pregnant women, namely increasing pregnant women's knowledge related to mental health in pregnant women [35].

Midwife-supported psychoeducation is not only efficient in improving maternal health outcomes, but also competent in reducing obstetric care costs. This is complemented by the statement that midwife-supported care benefits maternal health [36]. The authors stated that mothers who received midwife-supported care during the antenatal stage of pregnancy were less likely to experience severe labor-related pain and discomfort [37].

Psychoeducation by trained midwives is effective in reducing high levels of fear of childbirth and increasing birth confidence in pregnant women [38], reducing the risk of cesarean delivery [39], and reduces fear of facing childbirth [38][40].

Midwives' efforts to approach husbands are an effort to increase husbands' involvement. Positive father involvement reduces the negative impact on children with depressed mothers. Further research is needed to identify and manage the mental health needs of both parents.

3.4 Psychological Needs of Pregnant Women

The need for a psychoeducation program from the perspective of pregnant women who receive psychoeducation services is that psychoeducation can be provided by all pregnant women. Interview data related to this statement was conveyed by informant C1S as follows:

"Not all mothers receive this mental service, in the past they weren't told about mental health. Just being told about maintaining health from TM 1 until giving birth, if this was told, it might be more optimal with this midwife, if we weren't told before, the hope is that all mothers will get it" (C1S, 24 years old, pregnant mother)

The psychological needs of pregnant women are related to psychoeducation, namely that midwives are aware of the mental health of pregnant women. This was conveyed by informants D1NE and D2U as follows:

"If midwives are more psychological, we are better understood; it seems better; on only check our condition, ask for complaints then give me medicine then go home; we have information" (D1NE, 30 years old, pregnant woman).

"...there are pregnant women from other families who have economic or family problems; there is a problem, but she can't share it with anyone. "If the midwife doesn't ask how the pregnant woman is feeling, we also feel uncomfortable about telling the problems," (D3NI, 29 years old, pregnant mother).

Furthermore, a midwife's attentive, open, and friendly attitude is also a psychological need felt by pregnant women. This was conveyed by the D1NE informant as follows:

"We want the midwife's feelings to be explored more deeply; this pregnancy has become more comfortable and calmer; It's just a matter of discomfort that we feel, OK" (D1NE, 30 years old, pregnant mother)

Another psychological need felt by pregnant women is the development of classes for pregnant women, for example the role of husbands in the class program for pregnant women. This was conveyed by C2M informants as follows:

"... educated to maintain the mental condition of pregnant women; if necessary, hold a class for pregnant women but together with your husband; "Husbands also play an important role in maintaining the psychology of pregnant women" (C2M, 26 years old, pregnant mother)

Interview data shows that there is instrumental support received by pregnant women. For example, husbands help with housework, help take care of children, parents help with cooking. This was conveyed by the D1NE informant as follows:

"My husband wants to help with housework, that's what he wants, so he always supports the diet, if the child complains about being fussy, the husband continues to help support so that he will be looked after by the husband first" (D1NE, 30 years old, pregnant mother).

The next support that pregnant women receive is motivational support which includes the husband providing motivation, the midwife providing motivation, and the family providing prayers. This was conveyed by the D2U informant as follows:

"... support, good prayers for the baby's health; For myself, usually don't worry; just pray; If it's from your husband, then always give motivational support and always accompany you, the most important thing is; many who pray feel calm; "If it's from a midwife, don't worry, just relax" (D2U, 31 years old, pregnant woman).

Apart from that, pregnant women also receive information support during pregnancy from midwives and information media. This was conveyed by the C1S informant as follows:

"If you have free time, look for information in the media, sis, for a side in the media, it's better to be with the midwife. The midwife told me how to reduce anxiety, how to have a healthy pregnancy, for example by eating nutritious food, getting enough rest, then telling me to think positively so that my heart is calm" (C1S, 24 years old, pregnant mother).

At the beginning of pregnancy, pregnant women pay attention to their physical condition, while psychological or mental health is usually forgotten. In fact, mental health that does not receive proper [41]. Most pregnant women do not know about psychological changes and the impact of these changes on pregnancy [16]. A number of things can influence the achievement of the mother's role, namely the mother's age, mother's perception, social stress, personal characteristics, health and others. Second, is the physical and psychological condition of the baby itself. Third, social support factors include the support received. Fourth, there are other factors which include economics, ethnicity, status, and so on [42].

Negative support or stigma in society also affects the psychological condition of pregnant women. Family support is also related to the level of anxiety in pregnant women [24]. Meanwhile, the husband's support given to pregnant women is related to the level of anxiety experienced [27]. Women who do not receive continuous support

from their environment during pregnancy experience labor 2.03 times longer than those who receive continuous support [17].

Pregnant women need support from health workers, especially midwives. The failure of health care providers to offer psychosocial support results in vulnerable pregnant women, such as primigravida women, turning to alternative, traditional sociocultural childbirth information [43]. So midwives need to guide mothers to accept physical changes during pregnancy and not blame themselves [20].

In the field, there are pregnant women who do not have a good support system, so the role of midwives is very crucial. Midwives should also ask about the psychological condition of pregnant women, because there are pregnant women who will not open up if their feelings are not explored [44]. A study suggests that health care professionals need to identify the optimal level of partner and family involvement to ensure interventions prioritize the needs of the woman and baby, thereby ensuring the woman is not marginalized [45].

In this era of digitalization, the source of information, the internet, has two sided impacts in providing information. Use of the Internet (unofficial web-based media) as an information source during COVID-19 was significantly associated with poorer psychological well-being and mental health. Therefore, the quality of the information received is a key aspect to determine its impact on mental health [46].

This research shows that pregnant women need support from several parties for their psychological well-being. Sources of support that pregnant women get are from husbands, midwives, family, and even social media. The form of support obtained is in the form of instrumental support such as husbands helping with housework, husbands helping to take care of their first child, and parents helping with cooking. Instrumental support (direct assistance such as goods, energy, financial). Then emotional support such as giving prayers, motivational advice, and education. Support from this environment can be in the form of emotional support (in the form of empathy, attention, affection, acceptance, encouragement to raise enthusiast [47].

Negative support or stigma in society also affects the psychological condition of pregnant women. Negative perceptions from society related to pregnancy may affect the psychological condition of pregnant women. As a source of information, the internet has a two-sided impact in providing information. Use of the Internet (unofficial web-based media) as a source of information during COVID-19 is significantly associated with poorer psychological well-being and mental health. Therefore, the quality of the information received is a key aspect to determine its impact on mental health [46].

Support is one of the factors that is negatively related to the emergence of anxiety. Social support refers to material and spiritual support between individuals and the exchange of material and spiritual resources between individuals to meet individuals' social needs [5]. A woman's ability to overcome childbirth anxiety not only depends on her knowledge about pregnancy and childbirth, but also on how much support the pregnant woman receives from the people around her [48][15]. Make them finally overcome the emotional problems they have just faced, without enough company or information to overcome them [49]. Apart from the role of the family, health workers must also work hard to strengthen social support for pregnant women, reduce risk perceptions, and reduce anxiety. This shows that special attention should be paid to disadvantaged

groups, especially pregnant women, because in this case they are forced to face more anxious situations than usual [50].

Apart from that, pregnant women need support from health workers, especially midwives. One form of midwife support is providing psychoeducation regarding mental health to pregnant women. Care providers often not only ignore psychosocial elements during antenatal care but also fail to individualize psychosocial support. The failure of health care providers to offer adequate preparation and psychosocial support results in vulnerable pregnant women, such as primigravid women, turning to alternative, traditional sociocultural birth information [43]. Based on facts in the field, midwives almost never recommend that mothers see a psychologist for re-psychoeducation if K1 is complete. The mother actually needs help, but the midwife feels reluctant to explore the mother's feelings, worried that she will be seen as wanting to know more [12].

3.5 Efforts to prevent anxiety in pregnant women

Efforts to prevent anxiety in pregnant women through several approaches, namely the biological approach, namely by reducing physical discomfort and yoga. Interview data regarding this matter was conveyed by informants C1S and C2M as follows:

"We maintain our health by exercising in the morning, for example 15 minutes is enough, we have to maintain a regular diet, for example when we are nauseous, we try to eat a little but often" (C1S, 24 years old, pregnant mother)".

"I was advised to practice calm with yoga to get pregnant, I watch my diet and don't do heavy work" (C2M, 26 years old, pregnant mother).

Next is a psychological approach to prevent anxiety by thinking positively and being open with your husband and midwife. Interview data regarding this matter was conveyed by informants C1S, C2M, and C3N as follows:

"We shouldn't think anything wrong, we just think neutrally, which means we don't have to think too hard, at least tell your husband, sis" (C1S, 24 years old, pregnant mother).

"Think positively. Think positively. Later, if your thoughts are strange, you will be confused and you will be stressed. For example, your thoughts are still divided with the first child. Yes, your thoughts will be positive. Hopefully, your child will be easy to manage, not fussy, and can be shared with the second child and won't be too annoying." Confide in the midwife, it can make me feel comfortable" (C2M, 26, pregnant mother).

Next is a psychological approach to prevent anxiety by getting support from the midwife, husband, environment, and family. Interview data regarding this matter was conveyed by informants C1S and C2M as follows:

"If the environment itself can support positive people, right? But there are people who think negatively and those who think positively, so if it's positive, it's accepted, if it's negative, that's fine, haha. Put your right ear in and your left ear out. Normally pregnant women are very sensitive, but right? "Usually, I hear a little negative stuff like that" (C1S, 24 years old, pregnant mother).

"Support from a midwife is mandatory and really depends on the information from the midwife, you have to be patient, especially if the breast milk is a little stressful, it

won't come out straight away, because I've felt it, later if we give you formula milk, a lot of people will talk even though the midwife herself doesn't have a problem talking about health, it doesn't matter as long as we her mind is not stressed" (C2M, 26 years old, pregnant mother).

The last one is a spiritual approach to prevent anxiety by approaching God and praying to God. Interview data regarding this matter was conveyed by informants C2M and C3N as follows:

"...add close to the one above; hopefully the child will be easy to manage and not fussy" (C2M, 26 years old, pregnant mother).

"I do a lot of istighfar and pray to Allah so that I don't worry" (C3N, 36 years old, pregnant mother).

This research showed that efforts to prevent anxiety carried out by pregnant women are coping strategies to prevent anxiety consisting of 4 approaches, namely the psychological approach, the social approach and the spiritual approach. Coping strategies are designed to deal with situations and requirements that feel urgent, challenging, burdensome, and exceed your available resources. A person's coping resources will influence coping strategies for solving various problems [7].

Efforts made by pregnant women who receive psychoeducation to prevent anxiety from a biological aspect are reducing physical discomfort, practicing yoga, pregnancy exercises, and getting enough rest. This is in accordance with research that pregnancy exercise has an effect on reducing anxiety levels in pregnant women [51]. In addition, yoga breathing is more effective in reducing anxiety changes in pregnant women compared to hypnotherapy [52].

The psychological efforts of pregnant women are to think positively and give positive suggestions. According to other research, auditory relaxation training is an independent practice or self-training that emphasizes autosuggestion or autosuggestion. It can be interpreted as self-training, self-induction (self-training, self-stimulation), training to activate or connect the mind and body. This reduces anxiety [53]. Emotion-focused coping strategies attempt to change the function of emotions, rather than directly changing the source of stress. Emotion-focused coping behavior often occurs when people feel unable to change a stressful situation and can only accept the situation because they have the resources to overcome the situation [7].

Efforts made by pregnant women to prevent anxiety from a social aspect are getting social support from husbands, midwives, family, and even the surrounding community. According to [54], there are three common sources of social support, namely the use of informal social support networks, the use of formal social systems, and the use of self-help groups. Social support refers to material and spiritual support between individuals and the exchange of material and spiritual resources between individuals to meet individuals' social needs [5]. A woman's ability to overcome childbirth anxiety not only depends on her knowledge about pregnancy and childbirth, but also on how much support the pregnant woman receives from the people around her [15].

Efforts to prevent anxiety for pregnant women from a spiritual aspect include getting closer to God, praying, and surrendering to God. Several studies show that families try to seek spiritual support from family members to overcome problems. Believing in God and praying are the most important ways for families to deal with stress [7]. Based on

research, Murottal Al-Qur'an therapy has been proven to be effective in reducing the intensity of anxiety levels of pregnant women [55]. Apart from murottal therapy, Tadabbur Al-Qur'an therapy can also reduce anxiety levels in pregnant women.

3.6 Barriers and efforts to minimize obstacles barriers for pregnant women

Interview data shows that pregnant women experience time constraints when receiving psychoeducation services. Examples of quotes delivered by informants C1S and C2M are as follows:

"...because the midwives are busy, I think the examination time is not enough, so I feel happier if the time is longer so there is time for consultations" (C1S, 24 years old, pregnant mother).

"The midwife left when I visited for a check-up at the midwife clinic" (C2M, 26 years old, pregnant woman).

However, there have been efforts made by informants to minimize obstacles, such as adjusting schedules to meet appointments via theWhatsapps application. The following are quotes conveyed by informants C1S and C3N regarding this matter:

"If we want to go to the midwife, I call first, so we can feel comfortable there and the service is optimal and midwives do our best to provide optimal service to patients, sis" (C1S, 24 years old, pregnant mother).

"...now I often make appointments via WA with the midwife" (C3N, 26 years old, pregnant mother).

Based on the research results, it was found that there were several obstacles to psychoeducation services, for example pregnant women needed help, but midwives felt reluctant to explore the mother's feelings, worried that they would be seen as wanting to know more. The midwife felt unable to provide an appropriate response to the mother if she was finally willing to talk openly. In fact, the role of midwives in the mental health of pregnant women is to increase awareness about the mental health of pregnant women [12]. This should not be something new for midwives, but because they are not used to it and this program is a development program, good interpersonal communication skills are needed which can be realized from training and experience. Therefore, to support psychoeducation programs, it is necessary to increase human resource capabilities, for example in psychoeducation program training [56].

Another barrier is that pregnant women are less open to midwives [57]. Other research suggests that not all women reveal mental health problems when asked by midwives. One in five women said they did not always respond to questions honestly and nearly 40% expressed feelings of discomfort when asked about their emotional wellbeing. Women who are less likely to respond honestly are those with a history of mental health problems, financial strain, low emotional/social support, and/or experiencing partner abuse [44]. So, efforts to minimize obstacles related to midwives and pregnant women, namely the intensity of visits, repeated and quality meetings will increase the closeness and trust of pregnant women and midwives. During a pandemic like this, it is possible to communicate via applications that make communication easier. Apart from that, midwives as service providers should improve their interpersonal communi-

cation skills with assertive communication to increase patient comfort in communicating. According [58], many efforts have been suggested and developed so that pregnant women can still have consultations about their pregnancy, such as drive through or via telephone and video conference. This is to reduce the risk of transmitting the virus to pregnant women.

Lack of support from husbands and families of pregnant women is an obstacle to psychoeducation services. Research shows that the husband's involvement is also important in the psychoeducation process, the husband's assistance during the psychoeducation process increases the husband's involvement and support during the wife's pregnancy process, the husband will be more aware of the wife's psychological needs and understand how to behave. Poor couple interactions or poor relationship quality also affect their mental health, as do symptoms of anxiety or depression during pregnancy [59]. Because partners' negative behavior affects each other's mental health, their support or positive behavior can reduce their emotional distress or improve their mental health [60]. Efforts to minimize these obstacles through approaching husbands and families. Midwives/nurses can build a relationship of mutual trust so they can carry out appropriate assessments and provide families with an understanding of how psychoeducation can benefit them, can overcome and prevent emotional disorders with effective coping strategies [57].

4 Conclusions and Recommendations

The implementation of psychoeducation services is an effort made by community health centers, especially midwives, to fulfill the psychological needs of pregnant women, namely support from midwives regarding psychosocial problems. This service provides benefits for midwives and pregnant women related to improving ANC services holistically. So, the psychoeducation services are needed that are integrated into integrated ANC services.

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