

Factors Associated with Coping Strategies among Primigravida Pregnant Women in Jakarta

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Abstract: Stress in women, before and during pregnancy, may result in a negative impact on the mother and fetus. In Indonesia, the anxiety rate in primigravida pregnant women when facing labor is higher than multigravida. Every pregnant woman makes an attempt to overcome or manage stress in her pregnancy in order to adapt and cope with stress. To find out the coping ability, pregnant women should find the source of stress prior to labor. This study was conducted to determine the direct and indirect factors affecting the coping ability in primigravida pregnant women. The study used a cross sectional study method through PLS analysis. The study population consisted of primigravida pregnant women, and a sample of 200 of them was taken. The measurement results of Path Coefficients and T-Statistics on the influence of variables in the structural model and overall variables showed a positive and significant effect. The T-statistic value of all variables was above the critical value (1.96). The results of the PLS test indicated that the empowerment and social support variables, directly and indirectly, influenced the coping abilities. Trust, personality, lifestyle, perceptions, and attitudes had impacts directly on the coping abilities. The percentage of the direct and indirect influence between variables was 97.92%. Empowerment, social support, personality, lifestyle, perceptions, and attitudes variables had an influence on the coping abilities of primigravida pregnant women. A controlled trial study should be done to see the impact of this model on reducing the risks during pregnancy.

Keywords: Coping, Pregnant women, Primigravida, Resources.

INTRODUCTION

Stress is an emotional disorder that has a serious impact in a person's life and people surrounding them. Every baby, child, adult or an elderly person can suffer from it. Stress levels vary depending on the individual's age and experience in life which has an influence on the pregnancy process [1]. A study shows that anxiety and stress experienced by pregnant women can be influenced by education, income, social interaction, counselling, and strong family support [2]. Some of the expert reports on the prevalence in the rate of stress during pregnancy and childbirth show the distinction between developed and developing countries. The rate of stress in developing countries is almost twice as large as developed countries [3].

In 2009-2010, almost three-quarters of the women reported that they had experienced at least one stressful event within 12 months before the birth of their child, this condition occurred to Africa women, America, old age and first pregnancy [4]. Reports show that the incidence of stress on pregnancy and post labor was

varied in Asian continent ranging from 20.9% to 78% [5-8], while pregnant women in the US experienced prenatal stress in range of 2.6% to 65% [9-12].

In Indonesia, the number of anxieties of primigravida pregnant women facing a childbirth is higher than multigravida pregnant women (51.16% vs 48.84%) [13]. Some research on primigravida pregnant women in Indonesia showed that within the last fifty years, about 90% of primigravida women experienced with anxiety when childbirth was approaching [14-18]. Some research indicates the stress in pregnant women are not only common in high risk pregnancy, but is also experienced by women without any complication during pregnancy. Stress in women before and during pregnancy can adversely affect both the mother and the fetus. Some research has observed that the stress experienced by the mother before or during pregnancy may negatively affect the fetus.

Every pregnant woman must attempt to cope with or manage the stress during her pregnancy to be able to adapt. This effort is called coping (Lazarus and Folkman, 1984). Coping is a way of adapting to stress or effort to address the condition that follow, cope, or evaluate at a time when a response cannot be used. Behavior of coping can help pregnant women to modify

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the stress effect and minimize the negative effects of stress [19].

Lazarus and Folkman (1984) divided the coping of stress into two main categories, coping with focusing on the problems and coping with focusing on the emotion. Coping that focuses on the problems (problem-focused coping) mainly aims to reduce the stressor where individuals will overcome them by learning new ways, while coping that focuses on emotion aims to reduce emotional distress (emotion-focused coping) of the concerned individual [20, 21]. Through the previous research of pregnant women in Indonesia most of them did problem focused coping strategy and emotional focused coping to face their stress [22]. The problem-solving coping will obviously succeed in a long time while the emotion-focused coping can be used only when the problems encountered cannot be addressed satisfactorily.

Folkman & Moskowitz, 2004 suggests that the effectiveness of coping with stress depends on the characteristics of each individual associated with self-control, positive emotions and personal resources. This is supported by a study that shows factors, such as age, gender, level of education, financial condition, and

local culture can affect the coping abilities. However, it appears that these factors are related to the existence of several mediators such as beliefs, optimism, self-empowerment and information obtained related to the problem [23].

Understanding the complexity of factors associated with pregnancy, especially for primigravida pregnant women in overcoming the stress, we then aimed to analyze the model of coping strategies that is more adaptive for primigravida pregnant women.

METHOD

This study was a quantitative research using the cross-sectional. This study obtained a picture of detection ability of the primigravida women coping with stress at one time and knowing which variables and indicators were being a direct and indirect influence against coping. The main analysis of this study was PLS-SEM analysis aiming to obtain accurate classification of results against the predictive results of the coping ability of the primigravida pregnant women.

This research was conducted at the level of community health center in West Jakarta Area in 2018,

Table 1: Overview of Variable Frequency Distribution in the Coping Model of Primigravida Pregnant Women

Variable	Adaptive		Maladaptive		Total	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Coping Factor	114	55.3	92	44.7	206	100
Trust						
Good	75	64.1	42	35.9	117	56.8
Poor	39	43.8	50	56.2	89	43.2
Personality						
Good	72	67.3	35	32.7	107	52.0
Poor	42	42.4	57	57.6	99	48.0
Lifestyle						
Good	75	67.6	36	32.4	111	53.8
Poor	39	41.1	56	58.9	95	46.2
Perception						
Good	84	65.1	45	34.9	129	62.7
Poor	30	39.0	47	61.0	77	37.3
Attitude						
Good	79	68.7	36	31.3	115	55.9
Poor	35	38.5	56	61.5	91	44.1
Social Support						
Good	99	63.9	56	36.1	155	75.2
Poor	15	29.4	36	70.6	51	24.8
Empowerment						
Good	76	71.0	31	29.0	107	52.0
Poor	38	38.4	61	61.6	99	48.0

involving 200 primigravida pregnant women. Sampling technique used for this research was nonprobability sampling (quota sampling). Data collection was conducted through questionnaires and interviews directly with respondents. The questionnaire was developed by researchers to obtain the relevant information about coping variable, religious beliefs, personality, life patterns, perception, attitudes, social support and empowerment.

RESULT

Table 1 shows the distribution of coping factors in primigravida pregnant women. It can be seen that majority of pregnant women had high trust (56.8%), good personality (52.0%), good lifestyle (53.8%), good perception (62.7%), good attitude (55.9%), high social support (75.2%), and high empowerment (52.0%).

Table 2 shows the data analysis technique using PLS-SEM. It was conducted to thoroughly explain the correlation between the variables and indicators in the study. The results of the measurement of t-statistics from each indicator to the variable is greater than 1.96 with a confidence level of 95% ($\alpha=0.05$). That means, all indicators have a significant effect on the variables studied.

Table 3 shows the hypothesis test between all variables having a positive and significant influence where the t-statistic value is above the critical value (1.96)

Table 4 shows the scale of direct and indirect effects between variables stating that social support directly and indirectly affects coping by 11.74%, while indirect effects between social support for coping through trust, personality, lifestyle, perception and attitude was scored at 6.48%.

Table 2: Evaluation of Reflections on t-Statistics Value on Indicators of Variables

Significance Test	Test Result		Test Criteria >1,96
	Indicator	T-Statistics	
t-Statistics	X1 ← Social Support	43.750729	Significant
	X2 ← Social Support	12.183176	Significant
	X3 ← Social Support	53.673776	Significant
	X4 ← Empowerment	42.285840	Significant
	X5 ← Empowerment	233.007919	Significant
	X6 ← Empowerment	111.318521	Significant
	Y1 ← Coping	43.771131	Significant
	Y2 ← Coping	95.448202	Significant
	Y3 ← Coping	206.890300	Significant
	Y4 ← Trust	50.391552	Significant
	Y5 ← Trust	22.684935	Significant
	Y6 ← Trust	18.972773	Significant
	Y7 ← Personality	43.753547	Significant
	Y8 ← Personality	130.903342	Significant
	Y9 ← Personality	25.738168	Significant
	Y10 ← Lifestyle	44.544109	Significant
	Y11 ← Lifestyle	66.341681	Significant
	Y12 ← Lifestyle	32.765272	Significant
Y13 ← Perception	50.336286	Significant	
Y14 ← Perception	12.593560	Significant	
Y15 ← Perception	47.514106	Significant	
Y16 ← Attitude	44.200810	Significant	
Y17 ← Attitude	14.038870	Significant	
Y18 ← Attitude	12.864961	Significant	

Table 3: Results of Path Coefficients and t-Statistic Measurements on Influence between Variables in Structural Model

Relations Between Variables	Original Sample (Rho)	T-value (>1,96)	H ₀	Conclusion
Social Support → Coping	0.131674	2.009272	Rejected	Positive and Significant Influence
Social Support → Trust	0.753757	14.958864	Rejected	Positive and Significant Influence
Social Support → Personality	0.570416	6.690954	Rejected	Positive and Significant Influence
Social Support → Perception	0.178717	2.075550	Rejected	Positive and Significant Influence
Social Support → Lifestyle	0.174302	5.631063	Rejected	Positive and Significant Influence
Social Support → Attitude	0.589581	9.924871	Rejected	Positive and Significant Influence
Trust → Coping	0.124587	2.500573	Rejected	Positive and Significant Influence
Personality → Coping	0.104669	3.108893	Rejected	Positive and Significant Influence
Empowerment → Coping	0.093026	2.068595	Rejected	Positive and Significant Influence
Empowerment → Trust	0.206835	4.014592	Rejected	Positive and Significant Influence
Empowerment → Personality	0.325727	3.143566	Rejected	Positive and Significant Influence
Empowerment → Perception	0.630546	8.508517	Rejected	Positive and Significant Influence
Empowerment → Lifestyle	0.801248	24.637481	Rejected	Positive and Significant Influence
Empowerment → Attitude	0.303999	4.928332	Rejected	Positive and Significant Influence
Perception → Coping	0.114806	4.312503	Rejected	Positive and Significant Influence
Lifestyle → Coping	0.276089	2.886842	Rejected	Positive and Significant Influence
Attitude → Coping	0.147213	3.304861	Rejected	Positive and Significant Influence

Empowerment has a direct and indirect effect on coping. as much as 8.34%, while for the indirect influence between empowerment on coping through trust, personality, lifestyle, perception and attitudes obtained a value of 5.85%. Trust directly affects coping by 10.82%. Personality directly influences coping by 8.70%. The pattern of life directly influences coping by 24.74%. Perception directly influences coping at 8.81%. The attitude directly influences coping by 12.43%.

DISCUSSION

The findings of this study reveal that almost 50% of pregnant women experienced low personality and

empowerment. However, these factors may be crucial in order to relief stress during pregnancy. For example, with good personality, pregnant women can have patience and positive thoughts to see the process of pregnancy. A study shows that religious beliefs, as a part of personality, have an important role in managing stress. Beliefs can provide individual guidance, support, and hope, as well as emotional support [24]. Personality had a significant correlation to coping strategies and stress levels in pregnant women [25-27].

A person's physical condition and physical activity will affect the stress and coping with that she has [23, 28-30]. The perception component is considered as a determinant or predictor in coping model with

Table 4: Percentage of Influence among Variables

Source	LV Correlation	Direct Path	Indirect Path	Total	Direct %	Indirect %	Total %
Social Support	0.892	0.132	0.309	0.441	11.74	6.48	18.23
Empowerment	0.896	0.093	0.398	0.491	8.34	5.85	14.19
Trust	0.869	0.125			10.82		10.82
Personality	0.831	0.105			8.70		8.70
Lifestyle	0.896	0.276			24.74		24.74
Perception	0.767	0.115			8.81		8.81
Attitude	0.844	0.147			12.43		12.43
Total					85.58	12.34	97.92

primigravida pregnant mothers. According to the research [31] attitude has a correlation with the coping strategy that is carried out by someone, if the attitude is negative then coping strategy that will be used is maladaptive or ineffective. Many studies confirmed that people who have social support, such as support/attention from their husbands and family (parents) and support from midwives, are able to reduce emotions that cause stress more than those who do not have social support and interaction [32-38]. Empowerment is the interaction of people or environment that can be seen from a health standpoint, competence and control. Empowerment which can interact with the environment will be a mediator in overcoming stress through healthy life behavior and social-oriented behaviors [39].

In this study, seven variables were analyzed to build a coping detection model in primigravida pregnant women. Each of the variables in the study had three indicators that are in the study through literature studies and qualitative studies. Based on the results of the analysis with PLS, it was found that all indicators significantly affect the variables examined, which are shown by the measurement of the t-statistics of each indicator to a variable greater than 1.96 with level of trust 95% ($\alpha = 0.05$). Based on the data analysis, the results obtained that the variables have a positive and significant influence on $\alpha = 5\%$, against coping with where the value of the entire t-statistic variable is above the critical value (1.96).

Social support and empowerment have a direct effect on coping which suggests that the two variables can directly influence a pregnant woman to build the ability to adapt to stress. Variables of social support and empowerment also have an indirect effect on coping which means that both variables can influence coping through the variables of trust, personality, lifestyle, perception and attitude. Based on the research, trust, personality, lifestyle, perception and attitudes have a direct influence on coping pregnant women.

The results of this study in accordance with the prior expert opinion and research that personality, social support and other parameters together will create a strong coping with style or strategy [40]. An individual becomes confident and believes that she will get support for what strategies she will take as a form of coping. Heppner and Baker (1997) explained that personality, social support and other parameters possessed by someone will also determine the level of

stress. The greater social support, personality of a person who has an attitude of confidence, the less likely she will face more acute stress. So, it can be concluded that there are certain factors or parameters that influence the good or bad coping of a person and what strategies he will take in coping [41]. Yuri, et. al (2016) suggested that there are various factors that influence the form of coping in pregnant women such as culture, pregnancy conditions (multi or primigravida, planned or not pregnancy), income, education, semester of pregnancy, habits of life (frequent smoking, drinking alcohol), body weight, emotions [42]. The results of this study are also supported by the theory of integrative model of behavior which states that behavior is determined by the individual internal factors themselves, which are also determined by environmental factors, which in this context are important in coping behavior [43].

CONCLUSION

It can be concluded that the empowerment variable seems the most powerful tool to develop a module for tailoring stress coping capacity in primigravida pregnant women other than personality and certain addition associated factors. A study in more robust design is necessary to see the impact of these factors in addressing stress among pregnant women.

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CONFLICT OF INTEREST

All authors declared no conflict of interest in this study.

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