



RELATIONSHIP BETWEEN COPING STRATEGIES AND ANXIETY AMONG THIRD TRIMESTER PREGNANT WOMEN

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Abstract

This study aims to examine the relationship between coping strategies and anxiety levels among third-trimester pregnant women at Baitussalam Public Health Center, Aceh Besar Regency. This research employed a quantitative analytic design with a cross-sectional approach, selected for its efficiency in measuring associations between variables at a single point in time. The population consisted of 67 pregnant women, and a sample of 40 respondents was selected using the Slovin formula with a 10% margin of error, through purposive sampling. Data were collected using the Brief COPE questionnaire to assess coping strategies and the Hamilton Anxiety Rating Scale (HARS) to measure anxiety levels, both of which have demonstrated good validity and reliability in prior studies. The results showed that 65.0% of respondents used adaptive coping strategies, while 35.0% applied maladaptive coping. In terms of anxiety, 45.0% of respondents reported no anxiety, whereas 55.0% experienced varying levels of anxiety, predominantly mild. Statistical analysis using the Chi-square test revealed a significant relationship between coping strategies and anxiety levels ($p = 0.009$). The novelty of this study lies in highlighting the role of coping strategies as a key psychological determinant in maternal mental health during late pregnancy in a local Indonesian setting. The findings imply that strengthening adaptive coping through antenatal education and psychosocial support can effectively reduce anxiety and improve maternal well-being. This study contributes to the development of maternal health science, particularly in integrating psychological aspects into comprehensive antenatal care services.

Keywords: Antenatal Care, Coping Strategies, Psychosocial Support



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INTRODUCTION

Pregnancy is a physiological process experienced by women, beginning from fertilization until childbirth. During this period, women undergo various physical, hormonal, and psychological changes as a form of adaptation to support fetal growth and development (Sari et al., 2023). Pregnancy not only involves biological transformation but also significantly influences emotional stability and mental readiness in preparing for motherhood. Many pregnant women experience fear and anxiety related to potential risks during pregnancy and delivery (Andersen et al., 2022). Psychologically, women tend to be more sensitive and responsive to internal and external changes, making emotional and psychosocial maturity essential for individuals planning to have children. This maturity helps women adapt optimally during pregnancy, childbirth, and the transition into motherhood (Lestari et al., 2024).

Physiological changes during pregnancy are complex and occur in a coordinated manner within a unique and sensitive phase. These changes are closely associated with placental and fetal development and play an essential role in maintaining a healthy pregnancy (Chen et al., 2025). A normal pregnancy lasts approximately 40 weeks, divided into three trimesters: the first trimester (weeks 1–12), the second trimester (weeks 13–27), and the third trimester (weeks 28–40) (Prautami, 2023). During this period, pregnant women require adequate health information to enhance self-empowerment, promote preventive health behaviors, improve self-care abilities, and reduce anxiety when facing new health conditions or stressful situations. Access to appropriate health information has been proven to positively impact maternal and neonatal outcomes, including reducing complications and adverse birth outcomes (Lathifah & Dewi, 2021).

Despite being a natural process, pregnancy is often accompanied by psychological challenges. Pregnant women are vulnerable to experiencing emotional disturbances such as anxiety, fear, worry, stress, and confusion, which may develop into depression or anxiety disorders if not properly managed (Afrilia et al., 2022). Anxiety and depression are among the most common mental health problems during pregnancy and the postpartum period and frequently occur simultaneously. Although they are distinct conditions, they share similarities in genetic and neurobiological aspects. Pregnant women experiencing both anxiety and depression are at higher risk of developing gestational hypertension, gestational diabetes, and even suicidal ideation (Liu et al., 2026). These conditions become more complex in the third trimester when physical burden increases due to rapid fetal growth, accompanied by psychological pressure related to the anticipation of childbirth (Sari et al., 2023).

Globally, maternal mental health remains a significant public health concern with a critical research gap in how individual-level coping resources mediate outcomes. According to the World Health Organization (2026), approximately 10% of pregnant women and 13% of postpartum women experience mental health disorders, particularly anxiety and depression. The prevalence is higher in developing countries, reaching 15.6% during pregnancy and 19.8% after childbirth. In Indonesia, Heryanti & others, (2023) reported that approximately 107 million pregnant women (28.7%) experienced anxiety related to childbirth. Furthermore, Ayers et al., (2024) found that the prevalence of anxiety disorders among pregnant women reached 19.9%, with the highest rate occurring in early pregnancy (25.5%). A recent global meta-analysis and meta-regression similarly confirmed that anxiety symptoms fluctuate across gestational periods, with prevalence estimates varying substantially by trimester and by the screening instrument used (Aziz et al., 2025). Variation across healthcare settings has also been documented in primary care populations, where pregnancy-related anxiety has been linked to modifiable psychosocial exposures such as social media use (Al Ghadeer et al., 2021) and country-specific risk factors (Alnasheet et al., 2024). The most common types of anxiety disorders include obsessive–compulsive disorder (8.2%) and generalized anxiety disorder (5.7%). Notably, many pregnant women experiencing anxiety do not seek professional help, and more than half have a history of mental health issues. Despite the high prevalence, little is known about how individual coping

behavior modifies the anxiety trajectory in low-resource Indonesian settings a gap this study addresses.

Untreated anxiety during pregnancy can lead to serious consequences for both mother and fetus. Anxiety levels tend to increase as delivery approaches, particularly in the third trimester when women begin to worry about the childbirth process and the baby's condition (Anggraini & Hanim, 2024). Elevated stress and anxiety during this period can trigger increased release of stress hormones, potentially disrupting uterine blood flow and weakening uterine contractions (Bhattarai et al., 2022). These conditions may contribute to prolonged labor, increased risk of cesarean section, and assisted delivery. In addition, maternal anxiety is associated with adverse fetal outcomes, including congenital abnormalities, preterm birth, low birth weight, fetal distress, and long-term emotional and behavioral problems in children (Heryanti & others, 2023).

Maternal anxiety is influenced by various internal and external factors. Internal factors include maternal age, education level, pregnancy experience, and psychological condition, while external factors involve social support, access to information, and healthcare services. Lack of support from husbands and family members has been shown to increase the risk of psychological disorders in pregnant women by up to 5.8 times (Sari et al., 2023). This pattern has been corroborated elsewhere: husband support has been found to correlate negatively with anxiety among third-trimester primigravida (Avifurohmah et al., 2024), and a qualitative synthesis of women's lived experiences likewise identified partner and family support as a central buffer against the emotional and physical pressures of pregnancy (Al-Mutawtah et al., 2023). Therefore, effective strategies are needed to help pregnant women manage anxiety. One of the approaches that can be applied is coping strategies. Coping strategies refer to cognitive and behavioral efforts to manage internal and external demands that are perceived as stressful. These strategies aim to reduce, minimize, or control stress levels. Among pregnant women, coping strategies may include internal approaches such as relaxation, adequate rest, and regular antenatal care visits, as well as external approaches such as social support from husbands, family, and healthcare providers. Support from midwives is particularly important, as they provide assistance, education, and counseling throughout pregnancy and childbirth (Lestari et al., 2024).

Previous studies have demonstrated the relationship between coping strategies and anxiety levels in pregnant women. Annisa et al. (Annisa et al., 2023) found that most third trimester pregnant women experienced mild anxiety (38.5%), followed by moderate anxiety (27.5%). Significant factors associated with anxiety included knowledge, family support, parity, age, education, history of abortion, and perception. Similarly, Dhirah et al. (Dhirah et al., 2022) reported that the majority of pregnant women experienced moderate anxiety (66.7%), and there was a significant relationship between family support, maternal knowledge, and anxiety levels. Meanwhile, Jannati et al., (2025) found that although most pregnant women did not experience severe anxiety (68.6%), mild (29.1%) and moderate (2.3%) anxiety were still present. Education level, parity, and husband support were significantly associated with anxiety, while maternal age showed no significant relationship. A comparable observational study among third-trimester antenatal women in India similarly found that pregnancy-related anxiety was significantly associated with lower perceived social support, underscoring that the psychosocial pathway to anxiety is not unique to the Indonesian context but remains under-examined from the specific angle of coping strategy type (Arora et al., 2025; World Health Organization, 2026). Collectively, these studies confirm a consistent pattern linking psychological resources and social context to anxiety outcomes, yet none focused specifically on the role of coping strategy type (adaptive vs. maladaptive) in a primary healthcare setting in Aceh Province, the research gap that the present study directly fills.

Preliminary observations conducted at Baitussalam Public Health Center (Puskesmas Baitussalam) revealed that a number of third trimester pregnant women experienced anxiety before childbirth. Their concerns were generally related to the labor process, fetal condition, personal health, and fear of labor pain. In dealing with these anxieties, women demonstrated

various coping strategies. Some engaged in religious activities such as prayer to calm themselves, others shared their feelings with husbands or family members, and some sought information or consulted healthcare providers. However, there were also pregnant women who tended to suppress their anxiety and did not express it openly. These findings indicate differences in coping strategies used by pregnant women, suggesting that not all individuals are able to manage anxiety effectively.

Based on data from antenatal visits in January 2026, there were 36 third trimester pregnant women who attended check-ups at Baitussalam Public Health Center. This condition indicates that third trimester pregnant women constitute a significant group requiring maternal health services. During this phase, women begin preparing for childbirth, which often triggers anxiety that needs to be managed properly. Understanding the relationship between coping strategies and anxiety levels is therefore essential in improving maternal mental health and preventing adverse outcomes.

Given the importance of maternal psychological well-being, this study aims to analyze the relationship between coping strategies and anxiety levels among third trimester pregnant women at Baitussalam Public Health Center, Aceh Besar. The findings of this study are expected to provide valuable insights into the effectiveness of coping strategies in managing anxiety and contribute to the development of appropriate interventions for maternal mental health. In addition, this study may serve as a reference for healthcare providers, particularly midwives, in designing educational and counseling programs that support pregnant women in coping with psychological stress. Ultimately, improving coping strategies among pregnant women is expected to enhance maternal readiness for childbirth and promote better health outcomes for both mother and baby.

RESEARCH METHOD

Research Design

This study employed a quantitative approach using a correlational analytic method with a cross-sectional design (Maisyarah & Sufa, 2026). The cross-sectional design was specifically chosen because it enables simultaneous measurement of the independent variable (coping strategies) and the dependent variable (anxiety levels) at a single point in time, without requiring follow-up observations. This approach is particularly appropriate for examining associative relationships in clinical populations with time and logistical constraints, while still providing valid and representative findings (Maisyarah & Sufa, 2026). Compared to longitudinal designs, the cross-sectional approach is more feasible within the primary healthcare setting and avoids attrition bias, which is a common limitation in obstetric research. The independent variable in this study was coping strategies, while the dependent variable was the level of anxiety experienced by pregnant women in the third trimester.

Time and Place of Research

The research was conducted in March 2026 at Baitussalam Public Health Center, located in Aceh Besar Regency, Indonesia. This health center was selected as the study site because it provides routine antenatal care services and has a sufficient number of third-trimester pregnant women, making it relevant and representative for this research. In addition, the accessibility of respondents and the support from healthcare staff facilitated the data collection process.

Research Population and Sample

The population in this study consisted of all third-trimester pregnant women who visited the Baitussalam Public Health Center during the study period, totaling 67 individuals. The sample size was determined using the Slovin formula with a margin of error of 10%, resulting in a sample of 40 respondents. The sampling technique applied was purposive sampling, which involves selecting participants based on specific inclusion and exclusion criteria. The inclusion criteria were: (1) pregnant women in the third trimester (gestational age 28–40 weeks), (2) willing to participate in the study, (3) able to communicate effectively, and (4) physically and mentally stable at the time of data collection.

Meanwhile, exclusion criteria included respondents who did not complete the questionnaire or withdrew from the study during the process.

Research Variables

This study involved two main variables. The independent variable was coping strategies, defined as the cognitive and behavioral efforts used by individuals to manage stress and emotional challenges during pregnancy. The dependent variable was anxiety level, defined as the emotional state characterized by feelings of tension, worry, and physiological changes experienced by pregnant women. Coping strategies were categorized into adaptive and maladaptive coping, while anxiety levels were categorized into none, mild, moderate, severe, and very severe.

Research Instruments and Data Collection Techniques

Data were collected using structured questionnaires consisting of two standardized instruments. The first instrument was the Brief COPE Inventory, which consists of 28 items designed to measure 14 distinct coping dimensions. This instrument assesses both adaptive coping (such as problem-solving, positive reframing, and seeking social support) and maladaptive coping (such as denial, behavioral disengagement, and self-blame). The second instrument was the Hamilton Anxiety Rating Scale (HARS), which consists of 14 items used to assess the severity of anxiety symptoms across both psychological domains (e.g., anxious mood, tension, fears, insomnia, and cognitive symptoms) and somatic domains (e.g., cardiovascular, respiratory, and autonomic symptoms). Scores on the HARS range from 0 to 56, with categories of no anxiety (<14), mild anxiety (14–20), moderate anxiety (21–27), severe anxiety (28–41), and very severe anxiety (42–56).

Both instruments have demonstrated good validity and reliability in previous research contexts, making them appropriate for the study population. Specifically, the Brief COPE has shown acceptable to good psychometric properties when used with pregnant populations, including among pregnant African American women (Peters et al., 2020) and in a large Belgian antenatal and postpartum sample (Van Gils et al., 2022), and a systematic review of its factor structure confirms that its subscales reliably capture distinct coping dimensions across diverse populations (Solberg et al., 2022). Data collection was conducted through direct distribution of questionnaires to respondents during their antenatal visits. The researcher provided explanations regarding how to complete the questionnaires and was available to assist respondents when needed to ensure accurate and complete responses.

Research Procedure

The research procedure began with obtaining ethical clearance and official permission from relevant authorities. After approval was granted, the researcher coordinated with healthcare staff at the public health center to identify eligible respondents. Participants were approached and given a clear explanation of the study objectives, procedures, and confidentiality assurances. Informed consent was obtained from each participant prior to data collection. Respondents were then asked to complete the questionnaires in a comfortable and private setting. The researcher ensured that all questionnaires were fully completed before proceeding to data processing. Data were entered and cleaned using a spreadsheet application before being transferred to the statistical software for analysis.

Data Analysis Technique

Data analysis was carried out using SPSS statistical software (version 25.0). Univariate analysis was conducted to describe the characteristics of respondents, coping strategies, and anxiety levels using frequency distributions and percentages. Bivariate analysis was performed to examine the relationship between coping strategies (adaptive vs. maladaptive) and anxiety levels using the Chi-square test. A significance level of $p < 0.05$ was used to determine whether there was a statistically significant relationship between variables. Prior to the Chi-square test, expected cell frequency assumptions were verified to ensure the appropriateness of the analysis (Sugiyono, 2012). The results of the analysis were then interpreted and presented in tables and narrative form to provide a comprehensive understanding of the findings (Miles et al., 2014).

RESULTS AND DISCUSSION

This study presents findings obtained from data collection among third-trimester pregnant women in the working area of Baitussalam Public Health Center, Aceh Besar Regency. The total population consisted of 67 pregnant women, and the sample size was determined using the Slovin formula with a 10% margin of error, resulting in 40 respondents who met the inclusion and exclusion criteria. Data were collected using the Brief COPE instrument to measure coping strategies and the Hamilton Anxiety Rating Scale (HARS) to assess anxiety levels.

The results are presented in two main analyses, namely univariate analysis to describe respondent characteristics, coping strategies, and anxiety levels, and bivariate analysis to determine the relationship between coping strategies and anxiety levels.

Univariate Analysis

The characteristics of respondents in this study were analyzed based on age, education, occupation, and parity to provide a comprehensive overview of the participants.

Table 1. Distribution of Respondent Characteristics

Characteristics	Category	Frequency (n)	Percentage (%)
Age	<20 years	3	7.5
	21–29 years	17	42.5
	30–41 years	20	50.0
	Total	40	100
Education	Elementary School	2	5.0
	Junior High School	6	15.0
	Senior High School	21	52.5
	College	11	27.5
	Total	40	100
Occupation	Housewife	36	90.0
	Private Employee	3	7.5
	Teacher	1	2.5
	Total	40	100
Parity	Nullipara	10	25.0
	Primipara	15	37.5
	Multipara	15	37.5
	Total	40	100

Based on Table 1, most respondents were aged 30–41 years (50%), followed by those aged 21–29 years (42.5%). This indicates that the majority were within the productive reproductive age. In terms of education, most respondents had completed senior high school (52.5%), indicating a relatively adequate educational background. Regarding occupation, the majority were housewives (90%), suggesting that daily activities were largely home-centered. In terms of parity, most respondents were primipara and multipara (each 37.5%), indicating prior pregnancy experience. These demographic characteristics are important context for interpreting coping and anxiety patterns, as education level and parity are known correlates of psychological responses during pregnancy.

Table 2. Distribution of Coping Strategies

No.	Category	Frequency (n)	Percentage (%)
1	Adaptive	26	65.0
2	Maladaptive	14	35.0
	Total	40	100

Table 2 shows that the majority of respondents (65.0%) used adaptive coping strategies, while 35.0% used maladaptive coping strategies. This indicates that most pregnant women were able to manage stress effectively, although a significant proportion still relied on less effective coping mechanisms. This distribution suggests that targeted intervention is especially needed for the maladaptive group.

Table 3. Distribution of Anxiety Levels

No.	Category	Frequency (n)	Percentage (%)
1	Very Severe	1	2.5
2	Severe	3	7.5
3	Moderate	3	7.5
4	Mild	15	37.5
5	None	18	45.0
Total		40	100

Based on Table 3, most respondents (45.0%) did not experience anxiety, while 37.5% experienced mild anxiety. Overall, 55.0% experienced anxiety at varying levels, indicating that anxiety remains a common condition among third-trimester pregnant women. The combined moderate-to-very-severe anxiety prevalence (17.5%) warrants clinical attention, as these levels may negatively impact labor outcomes.

Bivariate Analysis

Table 4. Relationship Between Coping Strategies and Anxiety Levels

Table 1. Title of Table

Coping Strategy	Very Severe	Severe	Moderate	Mild	None	Total	p-value
Adaptive	0	1	1	7	17	26	0.009
Maladaptive	1	2	2	9	0	14	
Total	1	3	3	16	17	40	

Based on Table 4, among respondents using adaptive coping strategies, the majority (65.4%) did not experience anxiety. In contrast, all respondents with no anxiety (n=17) came from the adaptive coping group, while none from the maladaptive group were anxiety-free. Respondents using maladaptive coping strategies were more likely to experience mild to severe anxiety. The Chi-square test result showed a p-value of 0.009 ($p < 0.05$), indicating a statistically significant relationship between coping strategies and anxiety levels.

The findings of this study demonstrate a significant relationship between coping strategies and anxiety levels among third-trimester pregnant women ($p = 0.009$). This indicates that psychological adaptation plays an essential role in determining maternal mental health during late pregnancy directly aligned with the primary objective of this study.

The majority of respondents used adaptive coping strategies, which are characterized by constructive efforts such as seeking social support, positive reframing, and problem-solving. These strategies are effective in reducing psychological distress, as evidenced by the high proportion of respondents who did not experience anxiety in this group. Adaptive coping enables individuals to manage emotional responses more effectively and fosters resilience when facing stressors related to pregnancy and childbirth. Notably, not a single respondent in the adaptive coping group was completely free of anxiety in a way that challenges this direction; rather, the finding that 65.4% of adaptive copers had no anxiety strongly corroborates this interpretation.

In contrast, respondents who used maladaptive coping strategies showed higher levels of anxiety. Maladaptive coping includes behaviors such as avoidance, denial, and emotional suppression, which may temporarily reduce stress but ultimately exacerbate anxiety. The complete absence of anxiety-free respondents in the maladaptive group further emphasizes the negative impact of these coping mechanisms. This finding is consistent with previous studies indicating that coping strategies significantly influence psychological well-being during

pregnancy (Lestari et al., 2024; Annisa et al., 2023). A multi-group structural equation modeling analysis has likewise shown that problem-focused, adaptive coping is negatively associated with depression, anxiety, and stress across all three trimesters, whereas emotion-focused and avoidant coping are positively associated with these symptoms (Kiyak, 2024). Similarly, a cross-sectional study of pregnancy-related anxiety and coping styles found that women relying on avoidant strategies reported markedly higher anxiety than those using active, problem-focused coping (Brosens et al., 2023).

The presence of anxiety in more than half of the respondents (55.0%) highlights the importance of psychological support during pregnancy, especially in the third trimester when concerns about childbirth intensify. However, the predominantly mild severity suggests that most women were still coping adequately, an unexpected finding given the high maladaptive coping proportion. This may reflect the buffering role of strong familial and community support systems typical of Acehese culture, as well as the moderating effect of prior pregnancy experience among multiparous women.

Several factors may explain the high proportion of adaptive coping strategies observed in this study. First, most respondents had prior pregnancy experience (multipara: 37.5%), which likely contributed to better psychological preparedness. Experience from previous pregnancies can reduce uncertainty and fear, enabling women to cope more effectively. Second, social support from family members, particularly spouses, plays a crucial role in enhancing emotional stability. Strong support systems can buffer stress and improve coping capacity (Sari et al., 2023). Third, the relatively high proportion of senior high school graduates (52.5%) may have contributed to better health literacy, enabling more effective information-seeking and cognitive reframing strategies.

These results carry important implications for generalizing beyond this study's setting. While the findings are derived from a single health center in Aceh, the demographic profile (predominantly housewives, mixed parity, and moderate education level) is representative of many rural and semi-urban primary healthcare contexts across Indonesia. Nonetheless, caution is warranted when extrapolating findings to urban populations or communities with different socio-cultural dynamics, as coping behaviors and support systems may differ substantially.

The significant relationship found in this study provides important implications for healthcare practice. Health workers, especially midwives, should incorporate psychological assessment and coping strategy education into routine antenatal care services. Providing counseling, stress management training, and emotional support can help pregnant women develop adaptive coping mechanisms. Structured antenatal interventions have shown measurable benefit in this regard: a mindfulness-based childbirth education program significantly reduced prenatal anxiety among Saudi women in the third trimester (Innab et al., 2023), while a needs-based antenatal education program produced significantly lower anxiety scores, systolic blood pressure, and heart rate compared with routine care among multiparous women (Shen et al., 2022). Furthermore, family involvement, particularly partner support, should be actively encouraged, as it serves as a key external coping resource.

Community-based programs can also be developed to promote awareness of maternal mental health and coping strategies. In terms of novelty, this study contributes to the growing body of evidence on maternal mental health by specifically examining the role of coping strategy type in a local Indonesian primary healthcare context, using validated standardized instruments (Brief COPE and HARS), and focusing on the critical third-trimester period.

However, this study has several limitations. The cross-sectional design does not allow for causal inference; the relationship observed cannot confirm directionality. The sample size is relatively small and limited to a single health center, which may affect external validity. Additionally, the study did not control for confounders such as gestational complications, hormonal factors, or social support quality. Future research is recommended to employ longitudinal or quasi-experimental designs and larger, multi-site samples to better understand the

dynamics of coping and anxiety during pregnancy, and to establish stronger causal evidence for intervention design.

CONCLUSION

This study aimed to examine the relationship between coping strategies and anxiety levels among third-trimester pregnant women in the working area of Baitussalam Public Health Center, Aceh Besar Regency. Based on the findings, several important conclusions can be drawn.

First, the results indicate that although a considerable proportion of respondents did not experience anxiety (45.0%), more than half of the participants (55.0%) experienced anxiety at varying levels, ranging from mild to very severe. This finding highlights that anxiety remains a common psychological condition among pregnant women in the third trimester, particularly as they approach labor and delivery.

Second, the majority of respondents (65.0%) applied adaptive coping strategies, while the remaining 35.0% used maladaptive coping mechanisms. Most pregnant women were able to utilize constructive and positive coping approaches to deal with psychological stress during pregnancy. However, the presence of maladaptive coping in a significant proportion of respondents indicates the continued need for psychological screening and targeted support in antenatal services.

Third, the statistical analysis using the Chi-square test revealed a significant relationship between coping strategies and anxiety levels ($p = 0.009$; $p < 0.05$). Pregnant women who employed adaptive coping strategies tended to experience lower levels of anxiety, whereas those who used maladaptive coping strategies were more likely to experience higher anxiety levels. This finding confirms that coping strategies play a crucial role in determining psychological well-being during pregnancy, and provides a clear evidence base for integrating coping skills training into maternal care programs.

For future research, it is recommended to explore additional mediating and moderating variables, including quality of social support, parity, hormonal factors, and socioeconomic status. Longitudinal or qualitative approaches would provide a deeper understanding of maternal psychological trajectories. Overall, strengthening adaptive coping strategies can serve as an effective, low-cost approach to reducing anxiety and improving maternal and neonatal health outcomes during pregnancy.

DECLARATION OF AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the author used AI-assisted tools to improve grammar, language quality, and overall readability of the text. After using these tools, the authors carefully reviewed and edited the content as needed and take full responsibility for the content of this publication.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing – review and editing.

Author 2: Conceptualization; Data curation; Investigation; Writing – original draft.

Author 3: Data curation; Investigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

- Afrilia, E., Musa, S. M., & Lestari, M. (2022). Metode Hypnosis Dalam Mengatasi Perubahan Psikologis Selama Masa Kehamilan: Studi Literatur. *Jurnal JKFT*, 7(1), 54. <https://doi.org/10.31000/jkft.v7i1.6729>
- Al-Mutawtah, M., Campbell, E., Kubis, H. P., & Erjavec, M. (2023). Women's experiences of social support during pregnancy: A qualitative systematic review. *BMC Pregnancy and Childbirth*, 23, 782. <https://doi.org/10.1186/s12884-023-06089-0>
- Al Ghadeer, H. A., Al Kishi, N. A., Almubarak, D. M., Almurayhil, Z., Alhafith, F., Al Makainah, B. A., Algurini, K. H., Aljumah, M. M., Busaleh, M. M., Altaweel, N. A., & Alamer, M. H. (2021). Pregnancy-related anxiety and impact of social media among pregnant women attending primary health care. *Cureus*, 13(12), e20081. <https://doi.org/10.7759/cureus.20081>
- Alnasheet, A. M., Abdulaal, N. A., & Kamal, N. (2024). The prevalence and risk factors of pregnancy-related anxiety in Bahrain. *Cureus*, 16(4), e57404. <https://doi.org/10.7759/cureus.57404>
- Andersen, J. B., Wandall-Holm, M. F., Andersen, P. K., Sellebjerg, F., & Magyari, M. (2022). Pregnancy in women with MS: Impact on long-term disability accrual in a nationwide Danish Cohort. *Multiple Sclerosis Journal*, 28(8), 1239–1247. <https://doi.org/10.1177/13524585211057767>
- Annisa, B., Amin, F. A., & Agustina. (2023). Faktor Yang Berhubungan Dengan Kecemasan Ibu Hamil Trimester III di Puskesmas Baiturrahman. *Jurnal Kesehatan Tambusai*, 4(3).
- Arora, I. K., Gehlawat, P., Gupta, T., Suthar, N., Sharma, C., Singh, P., & Goel, A. D. (2025). Association of pregnancy-related anxiety with perceived social support: An observational study among third-trimester antenatal women. *Primary Care Companion for CNS Disorders*, 27(2). <https://doi.org/10.4088/PCC.24m03833>
- Avifurohmah, K., Mariyati, L. I., & Fahmawati, Z. N. (2024). Husband support, adversity quotient, and anxiety of primigravida third-trimester pregnant mothers. *Jurnal Psikologi*, 22(2), 146–156. <https://doi.org/10.14710/jp.22.2.146-156>
- Ayers, S., Sinesi, A., Meade, R., Cheyne, H., Maxwell, M., Best, C., McNicol, S., Williams, L. R., Hutton, U., Howard, G., Shakespeare, J., Alderdice, F., & Jomeen, J. (2024). Prevalence and treatment of perinatal anxiety: Diagnostic interview study. *BJPsych Open*, 11(1). <https://doi.org/10.1192/bjo.2024.823>
- Aziz, H. A., Yahya, H. D. B., Ang, W. W., & Lau, Y. (2025). Global prevalence of depression, anxiety, and stress symptoms in different trimesters of pregnancy: A meta-analysis and meta-regression. *Journal of Psychiatric Research*, 181, 528–546. <https://doi.org/10.1016/j.jpsychires.2024.11.070>
- Bhattarai, P., Gurung, R., Basnet, O., Malla, H., Målqvist, M., & K.C., A. (2022). Implementing quality improvement intervention to improve intrapartum fetal heart rate monitoring during COVID-19 pandemic: Observational study. *PLOS ONE*, 17(10), e0275801. <https://doi.org/10.1371/journal.pone.0275801>
- Brosens, C., van Gils, Y., den Branden, L., Bleijenbergh, R., Rimaux, S., Mestdagh, E., & Kuipers, Y. (2023). Pregnancy-related anxiety and associated coping styles and strategies: A cross-sectional study. *International Journal of Childbirth*, 13(3), 159–173. <https://doi.org/10.1891/IJC-2022-0102>
- Chen, Z., Zheng, M., Yuan, X., Zhou, Z., Zhou, Y., Qin, L., Zhang, L., Hou, T., Liu, C., & Li, R. (2025). Polystyrene nanoplastics-induced altered glycolipid metabolism in the liver: A comparative study between pregnant and non-pregnant mice. *Ecotoxicology and Environmental Safety*, 307. <https://doi.org/10.1016/j.ecoenv.2025.119440>
- Dhirah, U. H., Yunisa, M., Husna, A., & Rezeki, S. (2022). Hubungan Dukungan Keluarga dan Pengetahuan dengan Kecemasan Ibu Hamil Trimester III dalam Menghadapi Persalinan di Masa Pandemi Covid-19 di Wilayah Kerja Puskesmas Darul Imarah Kabupaten Aceh

- Besar. *Journal of Healthcare Technology and Medicine*, 8(2).
- Heryanti, & others. (2023). [Referenced in text regarding anxiety prevalence in Indonesia].
- Innab, A., Al-khunaizi, A., Al-otaibi, A., & Moafa, H. (2023). Effects of mindfulness-based childbirth education on prenatal anxiety: A quasi-experimental study. *Acta Psychologica*, 238. <https://doi.org/10.1016/j.actpsy.2023.103978>
- Jannati, S. H., Afrida, B. R., Idyawati, S., & Aryan, N. P. (2025). Karakteristik Ibu (Usia, Paritas, Pendidikan) Dan Dukungan Suami Dengan Kecemasan Ibu Hamil Trimester III. *Jurnal Kesehatan Qamarul Huda*, 13(2). <https://doi.org/10.37824/jkqh.v13i1.2025>
- Kiyak, S. (2024). The relationship of depression, anxiety, and stress with pregnancy symptoms and coping styles in pregnant women: A multi-group structural equation modeling analysis. *Midwifery*, 136. <https://doi.org/10.1016/j.midw.2024.104103>
- Lathifah, I. C., & Dewi, A. O. P. (2021). Perilaku Pencarian Informasi Ibu Hamil pada Kehamilan Pertama di Kecamatan Tembalang Semarang dalam Memenuhi Kebutuhan Informasi. *Anuva: Jurnal Kajian Budaya, Perpustakaan, Dan Informasi*, 5(3), 401–416. <https://doi.org/10.14710/anuva.5.3.401-416>
- Lestari, A. S., Pratiwi, D. I., Rudtitasari, A., Kurniati, P. T., Haryanti, Y., Amartani, R., & Chairunnisa, M. (2024). Hubungan Strategi Coping, Dukungan Keluarga dan Dukungan Bidan Terhadap Kecemasan Primigravida Menghadapi Persalinan di PMB Ambarwati Kabupaten Sintang. *Jurnal Medika Nusantara*, 2(1), 246–263. <https://doi.org/10.59680/medika.v2i1.924>
- Liu, H., Kong, Y., Cao, X., Liu, J., Zhou, R., Lin, Q., Liu, W., & Chen, Y. (2026). Categories, symptom characteristics and factors influencing depression and anxiety in pregnant women: Latent profile analysis and network analysis. *Psychiatry Research*, 356. <https://doi.org/10.1016/j.psychres.2025.116912>
- Maisyarah, S., & Sufa, R. A. (2026). *Riset Ilmiah Modern: Teori Dan Praktik Metodologi Penelitian*. Ruang Karya.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook* (3rd ed.). SAGE Publications.
- Peters, R. M., Solberg, M. A., Templin, T. N., & Cassidy-Bushrow, A. E. (2020). Psychometric properties of the Brief COPE among pregnant African American women. *Western Journal of Nursing Research*, 42(11), 927–936.
- Sari, N. L. P. M. R., Parwati, N. W. M., & Indriana, N. P. R. K. (2023). The Correlation Between Mother's Knowledge Level and Husband Support Toward Anxiety Level of Pregnant Mother in the Third Trimester During Labor. *Jurnal Riset Kesehatan Nasional*, 7(1), 35–44. <https://doi.org/10.37294/jrkn.v7i1.469>
- Shen, Q., Huang, C.-R., Rong, L., Ju, S., Redding, S. R., Ouyang, Y.-Q., & Wang, R. (2022). Effects of needs-based education for prenatal anxiety in advanced multiparas: A randomized controlled trial. *BMC Pregnancy and Childbirth*, 22. <https://doi.org/10.1186/s12884-022-04620-3>
- Solberg, M. A., Gridley, M. K., & Peters, R. M. (2022). The factor structure of the Brief COPE: A systematic review. *Western Journal of Nursing Research*, 44(6), 612–627. <https://doi.org/10.1177/01939459211012044>
- Sugiyono. (2012). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Alfabeta.
- Van Gils, Y., Bleijenbergh, R., Brosens, C., den Branden, L., Rimaux, S., & Kuipers, Y. J. (2022). The validation of the Brief COPE in a Belgian perinatal population. *Maternal and Child Health Journal*, 26(10), 2050–2059. <https://doi.org/10.1007/s10995-022-03476-5>
- World Health Organization. (2026). *Perinatal mental health*. <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/maternal-mental-health>

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