Analysis of the Level of Psychological Wellbeing and the Need for Supportive Counseling for Adolescent Pregnant Women in Banyumas District

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Abstract

This study aims to analyze the level of psychological well-being and identify the need for supportive counseling among pregnant teenagers in Banyumas Regency. Employing a descriptive approach that integrates both quantitative and qualitative methods, this research was conducted in eight Public Health Centers (Puskesmas) across Banyumas Regency, utilizing a multi-stage sampling technique for selection of participants. Data collection instruments included The Ryff's Scales of Psychological Well-Being, spiritual well-being scale, Self-Efficacy Scale, a social support scale adapted from MSPSS, a healthcare support scale, and other standard scales adopted from Navidapur, complemented by in-depth interviews. Data analysis employed descriptive analysis techniques for quantitative data and content analysis for qualitative data from interview results. The findings indicate that: 1) The majority of pregnant teenagers in Banyumas Regency have a moderate level of psychological well-being (83.3%), while a small portion (16.7%) falls into the low category; 2) There is a significant need for supportive counseling to enhance psychological well-being, with 80% of respondents expressing a need for consultation mediums regarding pregnancy, 93.3% are willing to use counseling apps, and 75% prefer learning through reading, listening, and watching videos. These findings underline the importance of developing and providing accessible supportive counseling services for pregnant teenagers as a means to improve their psychological welfare.

Keywords: *Psychological Wellbeing, Supportive Counseling, Pregnant Teenagers, Mental Health,*

Introduction

Teen pregnancy contributes to the risk of poor health outcomes for both mother and child, including the risks of anemia, sexually transmitted diseases (STDs), pregnancy complications, postpartum endometritis, systemic infections, Human Immunodeficiency Virus (HIV), domestic violence risks, as well as psychological pressures such as depression, and even suicide (Monk et al., 2019; Meleis et al., 2000; Reyes et al., 2022). In international studies, the prevalence of anxiety, prenatal stress, and prenatal depression occurs in every trimester of pregnancy with estimated incidences of 18.2%–24.6% and 7.4%–12.8%, respectively. Overall prenatal stress ranges from 12% to 84%. Another study found anxiety levels among pregnant women to be moderate (71%) to severe (29%) during the third trimester. During the first trimester, nearly all women reported general anxiety levels, with 48.6% being moderate and 48.4% severe,

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compared to the second trimester. Young pregnant women are more likely to experience anxiety, necessitating frequent prenatal anxiety screenings (Madhavanprabhakaran et al., 2015).

The causes include low social support, a history of mental illness, a history of violence and abuse in the household, unplanned or unwanted pregnancy, miscarriage, substance abuse, or panic disorder. Meanwhile, sociodemographic (age, income level) and obstetric factors (parity) have not been identified (Osborne et al., 2018) (Fisher et al., 2012) (Bayrampour et al., 2016) (Khan et al., 2021) (Gokiert et al., 2017). Another study in China mentions factors causing prenatal stress, including low education levels, disharmony in family relationships, low life satisfaction, lack of social support, low monthly per capita income, household income, obstetric complications, miscarriage experiences, frequent cooking habits, and poor sleep quality. The primary causes of stress include concerns about fetal abnormalities, childbirth safety, abnormal conditions during childbirth or cesarean section, and labor pain. (Zhang et al., 2020; Dhingra, 2021; X. Tang et al., 2019).

Another study on 1,210 pregnant women aged 19-44 years found that the incidence of prenatal stress, which was 91.86%, occurred early in pregnancy. Housewives and unemployed women are 1.82 times more at risk than women who continue working after pregnancy. Those with a moderate level of social support are more likely to experience prenatal stress compared to those with a high level of social support. This includes young pregnant women's ages (X. Tang et al., 2019).

In teenage pregnant women, the stress experienced is also due to the transition to parenthood. This requires significant changes in lifestyle, roles, and relationships. Continuous stress can affect women's quality of life, impacting psychological well-being and future child development (Ramluggun et al., 2020). Teenage mothers may face difficulties in child-rearing later on, a higher risk of neonatal morbidity, and may not reach their full developmental potential, including fetal neural development (Bleker et al., 2019; Yakubu, 2018). Additionally, teenage mothers sometimes tend to have lower incomes. This can lead to a situation where the woman becomes powerless and unable to protect herself from relationship abuse (Hernandez et al., 2017).

High levels of stress over a long period have been linked to a lower likelihood of mental well-being and disrupted emotional stability (Slimmen et al., 2022). The impact of perceived stress on mental well-being is complex and depends on internal and external personal resources, such as coping and social support. Loneliness can exacerbate personal resources and significantly affect psychological well-being (Slimmen et al., 2022) (Klainin-Yobas et al., 2021); (Dhingra, 2021); (Jinimol, 2018).

The Sustainable Development Goals (SDGs) target number 3 is healthy lives and well-being. Its goal is to promote healthy lifestyles and well-being for all ages, including psychological well-being as one of the mental health components. The government has increasingly emphasized this goal in recent years, related to the prevention and recovery of physical conditions (Carmelo et al., 2009). The presence of self-acceptance (positive self-evaluation), personal growth, life purpose (belief that one has a purposeful and meaningful life), positive relationships with others, mastery of the environment, and the ability to manage life and surroundings, as well as autonomy. With good psychological well-being, it has been proven to improve health outcomes and prevent specific diseases, namely by changing the condition of well-being by increasing positive emotions. Research has shown that an increase in positive emotions can enhance physiological and biological functions of the body, for example, reducing inflammation,

enhancing immune function, and preventing cardiovascular diseases. (Tang et al., 2019).

Psychological well-being is influenced by several factors, including emotional intelligence, sense of humor, body image (Hicks et al., 2022), lack of sleep, as well as other individual characteristics, namely, physical activity behavior, life satisfaction, and life stress (McLuckie et al., 2018; Oliver et al., 2022; Erfina et al., 2019; Kristensen et al., 2018). Another factor is age. Early marriage in Central Java has increased, with 672 girls marrying in 2019 and increasing to 7,268 in 2020 (Dinkes Provinsi Jateng, 2019). In Banyumas Regency, data from the Banyumas Religious Court show that in 2018 there were 13,827 marriages, while in 2019 the number of young age marriage dispensations was only 114, in 2020 the number rose to 234 applicants (Radar Banyumas, 2021).

According to BPS data in 2020, reports on early marriage for the period 2017-2019 in Central Java Province indicate that in Banyumas Regency, marriages involving ages < 17 years in 2017 were 16.01%, decreased to 15.37% in 2018, but then increased to 17.93% in 2019. Meanwhile, marriages at the age of 17-18 years in 2017 were 21.08%, successively increasing to 22.66% in 2018 and 23.32% in 2019.

Healthcare professionals can improve the health and well-being of pregnant teenagers by implementing individual-centered care. This includes therapeutic strategies and empowerment. The social and family structure should be encouraged to provide support for pregnant teenage girls (Manhica, 2021), one of which is supportive counseling. Counseling is a relationship between the counselor and the client related to pregnancy, especially teenage pregnancy (Rezaie et al., 2021). Previous research has shown that supportive counseling improves client psychological functions, empowers self-esteem, and client ego functions to change behavior. It also reduces specific pregnancy stress and strengthens their desire to change unhealthy pregnancy behaviors (Esfandiari et al., 2020).

Supportive counseling is a client-centered approach to enhance individual capacity in facing problems and overcoming stress. The primary goal of supportive counseling is to help alleviate symptoms in clients and boost their self-esteem (Arnold Winstro, 2004), noting that supportive counseling is used to improve self-esteem, performance, and adaptive skills of clients. Previous research also suggested that supportive counseling can improve mental health in mothers and bonding in postpartum mothers who give birth prematurely (Seiiedi-Biarag et al., 2021).

Drawing on the research foundation presented previously, this study focuses on an in-depth analysis of two crucial aspects: the level of psychological well-being of pregnant teenagers in Banyumas Regency and the level of supportive counseling they require.

Methods

This study is survey research that utilizes both quantitative and descriptive qualitative approaches. It was conducted in 8 Public Health Centers (Puskesmas) across Banyumas Regency using a multi-stage sampling technique, which is divided into two levels: first, purposive sampling was used to select samples that meet the criteria of the sample to be studied, and second, simple random sampling was used to randomly select samples across the 8 Puskesmas.

The purposive sampling technique in this study had the following criteria: 1) First-time pregnant women located in the Puskesmas area representing both village and city health centers; 2) Respondent age <20 years; 3) Pregnancy age 6-36 weeks, with the assumption that

stress begins in the first trimester and then increases again in the third trimester, data were taken from medical records (Maternal and Child Health records); 4) Willing to be a respondent in the study; 5) Not experiencing mental retardation; 6) Owning a smartphone.

After selecting samples using purposive sampling technique, the next step was to take samples using simple random sampling technique. The field survey involved a total of 30 respondents (Saputro, 2016), taken from both intermediate and primary health centers across the 8 Puskesmas. Below is a description of the population and sample.

Table 1: Research Population and Sample.

No	Name of Puskesmas	Accreditation Status	Population of Adolescent Pregnant Women	Number of Samples of Adolescent Pregnant Women
1	Lumbir	Madya	11	30 (11/120) = 3
2	Wangon 2	Madya	7	30 (7/120) =2
3	Kebasen	Madya	23	30 (23/120) =6
4	Purwojati	Madya	15	30 (15/120) = 4
5	Jatilawang	Main	24	30 (24/120) =6
6	Pekuncen I	Main	15	30 (15/120) =5
7	Sumpiuh 2	Main	20	30 (20/120) = 4
8	Sokaraja II	Main	5	30 (5/120) =1
	Sum		120	30

Table 1 above represents the population and sample for the research. The population for this study amounted to 120 respondents, with a sample of 30 respondents. These 30 respondents were drawn from 8 public health centers (Puskesmas) in Banyumas Regency.

Following the determination of the research sample, the next phase was to establish data collection techniques. Data collection techniques were divided into two: the use of instruments or questionnaires to gather information related to factors influencing psychological wellbeing, and in-depth interviews to obtain qualitative data on efforts to improve psychological wellbeing among pregnant teenagers.

Data collection in this study utilized 6 research instruments, namely The Ryff Scales of Psychological Well-Being, originally copyrighted by Ryff, then adapted into Indonesian by English language experts, reviewed, and re-translated into English by different experts before being piloted. This scale consists of six multidimensional aspects of Psychological Wellbeing and uses a Likert method with 42 item questions with six answer choices ranging from 1-4.

The second instrument is the spirituality wellbeing scale (Hardt et al., 2012), the third instrument uses the Self-Efficacy Scale by Novrianto (Novrianto et al., 2019), and the fourth instrument is the social support instrument adapted from MSPSS consisting of 12 items representing the perception of support felt by pregnant teenagers from family, friends, and other influential people. The fifth instrument is the healthcare support scale, which includes support as a communicator, motivator, facilitator, and counselor. The final instrument is a standard scale adopted from Navidapur (Navidpour et al., 2015). Data analysis techniques in this study used quantitative descriptive analysis to calculate factors affecting psychological wellbeing and needs analysis to analyze interview results.

This research was conducted after obtaining ethical clearance from the Health Research Ethics

Committee (KEPK) Number: B-LPPM-UHB/1744/04/2023. The implementation of the research on location received permission from the DPMPSP of Banyumas Regency and the Banyumas Regency Health Office. Researchers provided training to enumerators before collecting respondents. Respondents agreeing to participate in the study after receiving information signed an informed consent form as a research sample. Research subjects also had the right to refuse or withdraw at any time during the research process. Researchers ensured confidentiality regarding respondents' personal data, including not disclosing identities in research publications.

Results

Description of Psychological Wellbeing Data in Pregnant Teenagers

The research findings on the analysis of psychological well-being levels and the need for supportive counseling among pregnant teenagers in Banyumas Regency typically include results from the conducted data analysis.

Table 2: Sample Profile Research.

Attribute		Frequency (n=30)	Percentage
Age	Early adolescence	3	10%
	Late adolescence	27	90%
Education	Not finishing Elementary School	1	3,3%
	Elementary School	24	80%
	High School	5	16,7%
	University	0	0%
Income	No income yet	0	0%
	Low < 1,5 Jt	26	86,7%
	Medium 1,5 - 2,5 Jt	3	10%
	High 2,5 - 3,5 Jt	1	3,3%
	Very high > 3,5 Jt	0	0%
Pregnancy status	Desired	7	23,3%
	Undesirable	23	76,7%

Table 2 above is a table of the sample/profile of research respondents. The table shows that late teenagers are the dominant sample in this study, accounting for 90% of respondents. As for education, 80% are dominated by basic education levels, followed by secondary education at 16.7%. The majority of the samples in this study are low-income, with earnings less than 1.5 million rupiahs, accounting for 86.7%. As for the pregnancy status of the sample, 76.7% of the samples are pregnancies that were not wanted. Next is a description of the research findings on the psychological well-being of pregnant teenagers in Banyumas Regency. The description of the research findings can be seen as follows.

Table 3: Research Analysis Results on the Psychological Well-being of Pregnant Teenagers.

Factor	Aspects	Category	Frequency	Percentage
	Spirituality	Low	2	6,7%
		Medium	14	46,7%
		High	14	46,7%
Personal	Pregnancy-specific stress	Low	1	3,3%
		Medium	2	6,7%
		High	27	90%
	Knowledge of adolescent pregnant women	Good	12	40%
		Enough	13	43,3%

		Less	5	16,7%
Attitude	Self-efficacy	Low	7	23,3%
		Medium	17	56,7%
		High	6	20%
Environmental	Social support	Low	1	3,3%
		Medium	13	43,3%
		High	16	53,3%
	Health worker support	Low	2	6,7%
		Medium	18	60%
		High	10	33,3%
	Psychological-wellbeing	Low	5	16,7%
		Medium	25	83,3%
		High	0	0%

Table 3 is a depiction of the research findings on the psychological well-being of pregnant teenagers. The psychological well-being of pregnant teenagers in Banyumas Regency is viewed from 3 factors. Factor 1 is personal, consisting of 3 aspects, namely the aspects of spirituality, specific pregnancy stress, and knowledge of pregnant teenagers. Factor 2 is the behavioral factor aspect of Self-efficacy, and the last is the environmental factor consisting of 3 aspects, namely social support, healthcare support, and psychological well-being.

For the personal factor, the aspect of spirituality shows a high category at 46.7% and a medium category also at 46.7%. Whereas for the personal factor of specific pregnancy, 90% are in the high category. The personal factor of the knowledge of pregnant teenagers shows 43.3% in the sufficient category, 40% good, and 16.7% lacking. In the behavioral factor, the aspect of self-efficacy shows 56.7% medium, 23.3% low, and 20% high.

In the environmental factor, the aspect of social support shows 53.3% in the high category and 43.3% low. While healthcare support as much as 60% is in the medium category, and psychological well-being shows 83.3% medium.

Analysis of the Need for Supportive Counseling

The need for counseling was assessed for two elements: pregnant teenagers and the Coordinator Midwife. The description of needs is presented as data follows:

Table 4: Analysis Results of the Need for Supportive Counseling.

No	Category		Subcategories	Percentage and Description
1	Learning Process Using Media	1.	Do midwives/TPK explain the material only with lectures?	50% of midwives/TPK explain only with lectures
		2.	Do you find it difficult to understand the material if the midwife / TPK only explains with lectures?	30% find it difficult to understand the material if the midwife / TPK only explains with lectures
		3.	Are you bored with the midwife/TPK (family assistance team) counseling method?	10% said they were bored with the midwife/TPK counseling method (family assistance team)
		4.	Does the Midwife / TPK Family Assistance Team Use Digital Learning Media (Certain Videos / Applications) During Counseling?	30% Midwives / TPK Family assistance team Use Digital Learning Media (certain Videos / Applications) During counseling
		5.	Does the Midwife / TPK Family Assistance Team Invite You for Counseling Using a Smartphone?	73.3% Midwives / TPK Family assistance team invites you for counseling using Smartphone
2	Tech Skills	1.	Do you have a Smartphone?	100% have a Smartphone
		2.	Do you use a Smartphone for a long duration of the day?	63.3% use Smartphones for long periods of the day

		3.	Do you use a smartphone to find information related to this pregnancy?	100% of pregnant women use Smartphones to search for information related to this pregnancy
3	Media-related responses (media needs)	1.	Do you feel the need for a medium to help you to consult related to this pregnancy?	80% feel the need for media that can help consult related to pregnancy
		2.	If the tool is an application that can help you consult 24 hours, would you like to try it?	93.3% would try an app that can help in a 24-hour consultation
4	Learning methods	1.	What learning methods are needed during pregnancy?	75.9% learn to read, listen and watch videos
		2.	Do you read the book KIA 1 day 1 sheet?	26.7% said no

Table 4 is a table of the results of the analysis of the need for supportive counseling. Table 4 shows data obtained from table 4.2, indicating that 100% own a smartphone and 100% use it to search for information about pregnancy, 80% feel the need for media to consult about pregnancy, 93.3% would try an app for counseling, and 75% prefer learning by reading, listening, and watching videos. From the preliminary study results, they have obtained the KIA book but do not fully understand the content of the KIA book, the recommendation to read one page a day is also not yet 100%, only 73.3%, and 75.9% need learning styles of reading, listening, and watching videos. With these problems and seeing the most learning style, it is necessary to organize counseling media that also educates pregnant teenagers.

This is supported by interview results with the Coordinator Midwife and the District Health Office, that counseling has been conducted, especially if there is a pregnant woman who experiences high risk, out of 5 people according to the midwife there needs to be more applicative supportive counseling especially for teenagers, this is in line with the statement by the coordinator midwife as follows:

"due to the strong stigma, pregnant teenagers conceal their shame, thus requiring applicative supportive counseling media so that they can utilize it well to enhance their knowledge about their pregnancy (in-depth interview, midwife 52 years)."

"some of our innovation programs include the 'father mother class', 'jiter jiteng', but because most of these pregnant women are teenagers and mostly unwanted, there needs to be modified counseling" (District Health Office, 40 years).

Discussion

The study results shown in Tables 1 and 2 indicate that the highest age group is late teenagers at 90%, the most common education level is primary school at 80%, income falls in the low category at 86.7%, and the most frequent pregnancy status is unwanted at 76.7% due to premarital sexual behavior. Spirituality is in the medium and high categories at 46.7%, the highest pregnancy stress is in the high category at 90%, knowledge is adequate at 43.3%, self-efficacy at 56.7%, high social support at 53.3%, the highest healthcare support is medium at 60.0%, and psychological wellbeing is in the medium category at 83.3%, and high at 0%. From these analysis results, it is evident that the psychological wellbeing of pregnant women still needs attention, especially with specific pregnancy stress in the high category (90%) and knowledge in the adequate category at 43.3%.

Therefore, it is necessary to analyze the needs of pregnant women. Data obtained in pre-

research show that 100% own a smartphone and 100% use it to search for information about pregnancy, 80% feel the need for media to consult about pregnancy, 93.3% would try an app for counseling, and 75% prefer learning by reading, listening, and watching videos. From the preliminary study results, they have obtained the KIA book but do not fully understand the content of the KIA book, the recommendation to read one page a day is also not yet 100%, only 73.3%, and 75.9% need learning styles of reading, listening, and watching videos.

With these issues and seeing the most common learning style, it is necessary to organize counseling media that also educates pregnant teenagers so that pregnant teenagers understand their condition which can directly improve their psychological wellbeing. And supported by in-depth interviews with midwives where the result is more applicative supportive counseling, especially for teenagers, usually because of low access to health services, high stigma in society so pregnant teenagers tend to be late in having their pregnancy checked. In addition to quantitative, researchers also conducted in-depth interviews with 7 pregnant teenagers and midwives as well as family support teams related to the program to be implemented, this study aims to explore the views of midwives, family support teams related to the planned program. obtaining qualitative data on the themes needed by respondents to prepare material for supportive counseling with the following characteristics:

From the in-depth interviews, 6 themes were obtained: 1) knowledge about pregnancy and childbirth as well as newborn care, 2) psychological vulnerability during pregnancy, 3) physical needs during pregnancy and for the newborn, 4) family support, 5) signs of pregnancy danger, 6) stigma and discrimination, 7) problems occurring during pregnancy (attached interview). From the themes obtained, it is used to design an initial product in the form of a guidebook conducted by an expert test which results are used as the basis for starting to compile the application.

Conclusion

Based on the research and discussion conducted, it can be concluded that the psychological wellbeing condition of pregnant teenagers in Banyumas Regency is mostly in the medium category (83.3%), with a small portion (16.7%) in the low category. Moreover, there is a significant need for supportive counseling to improve psychological wellbeing, where 80% of respondents feel the need for consultation media about pregnancy, 93.3% are willing to try counseling apps, and 75% choose learning through reading, listening, and watching videos as an effective learning method. However, this study also has limitations, such as the geographical scope limited to Banyumas Regency and a sample that may not fully reflect all pregnant teenagers in other areas. Therefore, the findings of this study should be interpreted considering the local context.

The implications of these findings are crucial for the development of mental health programs and psychological support for pregnant teenagers. Recommendations include the development and provision of broader consultation media, such as easily accessible mobile apps, and educational materials available in various formats to meet diverse learning preferences. It is also important to involve health professionals in providing support sensitive to the psychological needs of pregnant teenagers. Future research opportunities include longitudinal studies to follow changes in psychological wellbeing throughout pregnancy and after childbirth, and research in broader geographical areas to understand the needs of pregnant teenagers in different contexts. Further research may also explore the effectiveness of various types of supportive counseling interventions to improve the psychological wellbeing of pregnant teenagers.

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