



Resilience of Pregnant Women Facing Changes During Prenatal Period in Sukasari Village

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Abstract

The prenatal period is a critical period in a pregnant woman's life marked by various physical, psychological, and social changes. This study aims to identify and analyze the changes felt by pregnant women in the first trimester (0-3 months), second (3-6 months), and third (6-9 months) in Sukasari Village. The study was conducted through observation and interview methods with pregnant women in the village. The data collected were analyzed descriptively to understand the patterns of changes that occur during pregnancy. The results of the study showed that in the first trimester, pregnant women experienced nausea, vomiting, fatigue, and emotional changes. In the second trimester, there was an increase in energy, changes in body shape, and the emergence of discomfort such as back pain and leg cramps. Meanwhile, in the third trimester, pregnant women more often experienced difficulty sleeping, swelling, and anxiety before giving birth. The results of this study provide insight for families and local communities in supporting the welfare of pregnant women.

INTRODUCTION

Pregnancy is a crucial period that requires special attention from a mother (Mulana, 2025). The pregnancy period starts from conception to the birth of the fetus. The normal duration of pregnancy is 280 days (40 weeks or 9 months 7 days) calculated from the first day of menstruation. The duration of pregnancy from ovulation to delivery is approximately 280 days, and no more than 300 days (48 weeks) (Scientific Paper, 16). Pregnancy is an important journey in a woman's life, and socially. Pregnancy is a series of events, starting from fertilization, implantation, embryo growth, fetal growth and ending with childbirth (Widyastuti et al., 2024; Martin, 2023; Das et al., 2023). One of the important phases in pregnancy is the prenatal period, namely the period before giving birth which includes the first, second, and third trimesters. In line with the view of Wahyu Aprilia (2020) that the prenatal period is the early development of humans starting from fertilization, namely the meeting of sperm cells and egg cells. Mature eggs are fertilized by mature sperm cells, forming zygotes which then develop into new cells (Nordhoff & Wistuba, 2023; Rutlant & Khamas, 2024).

During this period, pregnant women will experience various changes that have a direct impact on their physical and mental health (Ahmad & Vismara, 2021; Savory et al., 2022; McCarthy et al., 2021). These physical changes include changes in body shape, feelings of nausea and fatigue, and other physical symptoms that differ in each trimester. In addition, psychological changes such as changes in mood, anxiety, and emotional feelings also greatly affect the condition of pregnant women. As with the opinion of Syahrianti (31) that physical, psychological, environmental, socio-cultural and economic factors can affect the success and health of pregnancy.

According to Rustikayanti, Kartika, & Herawati (2016) pregnant women will experience physical changes such as complaints of nausea, vomiting, dizziness, and fatigue. The sense of smell also becomes very sensitive. Therefore, it is not uncommon for us to see young pregnant women who look so tense and easily emotional. This is usually found in the first trimester. In the second trimester of pregnancy, pregnant women feel changes in their body shape, especially in the face, stomach, and chest (Wu et al., 2021; Küçükkaya et al., 2024). In this phase, some pregnant women feel anxious because they are afraid of gaining weight. In the third trimester, pregnant women often complain of fatigue and lack of sleep.

Meanwhile, according to Munisah, Sukarsih, Mudikah, & Putri (2022), psychological changes in pregnant women in the first trimester, mothers feel mixed feelings, happy, anxious, touched, and experience physical discomfort. In the second trimester, mothers generally feel better and healthier because the initial complaints are reduced. And in the third trimester, mothers focus on preparing for birth, often communicate with the fetus, and feel impatient and worried about childbirth.

In Sukasari Village, many pregnant women feel the direct impact of these changes. Observations and interviews with pregnant women in this village provide a deeper understanding of how these changes are felt, both in everyday life and in preparation for childbirth. For example, in the first trimester, pregnant women often feel nausea and vomiting which interferes with their activities, while in the second trimester they begin to feel physical changes such as abdominal enlargement and back discomfort. In the third trimester, pregnant women often begin to feel anxious about preparing for childbirth.

This study aims to identify and analyze the changes felt by pregnant women in each trimester, and provide an overview of how pregnant women in Sukasari Village face the physical and psychological challenges that arise during pregnancy. The results of this study are expected to provide useful information for families and communities in providing better support for pregnant women. That way, the welfare of pregnant women can be maintained properly and pregnancy can proceed more smoothly and healthily. This study aims to explore and understand the changes experienced by pregnant women during the prenatal period in Sukasari Village, both physically and psychologically. In addition, this study aims to provide deeper insight for families and the surrounding community in supporting pregnant women so that they can undergo a healthier and more comfortable pregnancy.

METHODS

This study uses a descriptive qualitative approach that aims to identify and analyze the physical and psychological changes felt by pregnant women during the prenatal period in Sukasari Village. Qualitative research is a type of research that does not use numbers in data collection or in interpreting the results. This method is often referred to as a naturalistic research method because it is carried out in natural conditions or natural settings (Nurrisa & Hermina, 2025). According to Purnia, Adiwisastra, Muhajir, & Supriadi (2020) descriptive research is research that is conducted with the main aim of providing an objective picture or description of a situation. The qualitative approach was chosen because it allows researchers to gain

a deep understanding of the experiences of pregnant women in each trimester of pregnancy, both physically and psychologically. This study focuses on the changes experienced by pregnant women in three trimesters, namely the first trimester (0-3 months), second (3-6 months), and third (6-9 months). The object of this study was pregnant women in Sukasari Village, who experienced various physical and emotional changes during the prenatal period. The operational definition in this study includes the prenatal period as the period of pregnancy starting from conception to delivery, which is divided into three trimesters. Physical changes refer to all changes that occur in the pregnant woman's body, such as abdominal enlargement, nausea, vomiting, and other physical complaints that occur in each trimester. Meanwhile, psychological changes include emotional changes, feelings of anxiety, mood changes, and feelings of discomfort felt by pregnant women during pregnancy. The variables studied were the physical and psychological changes experienced by pregnant women in each trimester. This study was conducted in Sukasari Village, with a sample consisting of 3 pregnant women selected according to recommendations from local health workers. Sample selection was carried out by considering pregnant women who were in each trimester of pregnancy, to obtain more accurate data variations regarding the experiences of pregnant women in dealing with physical and psychological changes. The main material used in this study was data obtained through in-depth interviews and observations. An interview is a meeting of two or more people to exchange information and ideas through questions and answers, so that the results of the interview can be processed and constructed into a particular topic. Interviews were conducted in the early stages of the study and then continued with more in-depth research (Wijoyo, 2022). Meanwhile, observation according to Nasution & Nurbaiti (2021) is a language expression in the form of speech or writing regarding an observation, review, and systematic recording of an object based on what is seen, heard and felt. A previously prepared interview guide is used to explore information about the changes experienced by pregnant women. In addition, field notes are used to record the results of direct observations of the physical and psychological conditions of pregnant women.

The data collection techniques used in this study were in-depth interviews and observations. Interviews were conducted face-to-face with pregnant women, where researchers used interview guides to explore the experiences of pregnant women regarding the physical and psychological changes experienced during pregnancy. Observations were conducted at the pregnant woman's home to identify physical changes that occurred, such as changes in body shape and other physical complaints. The data collected from interviews and observations were then analyzed descriptively qualitatively. The stages of analysis include interview transcription, data categorization based on trimester and type of change, and thematic analysis to identify the main themes that emerge from the data. The results of the analysis will be arranged in the form of a descriptive narrative to describe the experiences of pregnant women during the prenatal period in Sukasari Village.

The data was analyzed to find certain patterns, then conclusions were drawn by re-examining using relevant theories and additional data. The final step is to discuss with the lecturer in charge of the course to ensure that the data used is valid and reliable. This process is carried out repeatedly, with discussions and revisions until the results meet the expected academic standards. With this research method, it is hoped that useful information can be obtained regarding the changes experienced by pregnant women in each trimester. The results of this study can also help families and local communities in providing better support for pregnant women, so that they can have a healthier and more comfortable pregnancy.

RESULTS AND DISCUSSION

Physical Changes

In general, physical changes during pregnancy include the absence of menstruation, breast enlargement, uterine growth, weight gain, and increased sensitivity of the senses (Yuliana, Romdhani, & Nulhakim, 2024). Based on the interviews, these physiological transformations were experienced differently in each trimester, influenced by lifestyle, body adaptation, and emotional readiness.

In the first trimester (0–3 months), many participants experienced nausea, vomiting, breast tenderness, and an increased sense of smell. Mrs. Ani shared:

“I often feel nauseous, especially in the morning. Even the smell of rice cooking makes me vomit. During Ramadan, I tried fasting, but my body was too weak. I had to stop for the baby’s sake.”

Mrs. Ani’s account reflects the early physiological adaptation to hormonal changes, particularly the rise of hCG and estrogen that trigger nausea (morning sickness). Her struggle with fasting during Ramadan also illustrates the cultural-religious tension pregnant women often face between spiritual obligations and physical well-being. This aligns with Yuliana et al. (2024), who note that early pregnancy symptoms can interfere with daily functioning and religious practices.

Mrs. Lina also mentioned increased olfactory sensitivity and changes in appetite:

“Even perfume or fried food smells made me dizzy. My appetite changed a lot, and I preferred sour fruits to help with nausea.”

Her craving for sour foods can be interpreted as a coping mechanism to manage nausea and regain appetite. Such behavior is consistent with cultural dietary practices among Indonesian women, who often associate sour flavors with relief from morning sickness.

During the second trimester (3–6 months), most participants reported reduced nausea and increased energy. Mrs. Nurrohmah said:

“Compared to the first months, I feel much better. I can eat normally and even fast for several days. But my back sometimes hurts because my belly is getting bigger.”

This statement illustrates the “honeymoon period” of pregnancy, when hormonal levels stabilize and maternal adaptation improves. However, her complaint of back pain shows that physical comfort is relative new discomforts arise due to uterine enlargement and postural strain. Mrs. Dina added:

“Now I can feel the baby’s movements. It makes me excited and helps me forget the discomfort.”

Feeling fetal movement often triggers emotional bonding, a psychological milestone where maternal attachment begins to form. This finding supports maternal-fetal attachment theory, indicating that physical sensations can strengthen emotional readiness for motherhood.

In the third trimester (6–9 months), fatigue, shortness of breath, and sleep disturbances were common. Mrs. Faras explained:

“At night, I can hardly sleep because my body feels heavy. I wake up often to go to the bathroom. Sometimes I feel tightness in my stomach, and it scares me.”

These symptoms represent normal physiological strain due to fetal pressure and hormonal relaxation of muscles. However, her sense of fear indicates that physical

discomfort often triggers psychological distress. It highlights the intertwined nature of somatic and emotional experiences in late pregnancy.

Mrs. Rahma also described physical exhaustion:

"I often feel pain in my lower back and legs. My husband helps massage them every night, which really helps me relax."

The involvement of the husband in caregiving activities not only alleviates physical pain but also enhances emotional well-being. This shows that physical support from family has dual effects: reducing bodily tension and reinforcing marital intimacy.

Psychological Changes

Pregnancy also triggers emotional fluctuations influenced by hormonal changes, body image, and maternal expectations (Afrilia, Musa, & Lestari, 2022).

In the first trimester, anxiety often revolved around uncertainty about fetal health. Mrs. Ani said:

"I'm happy but also nervous. I keep wondering if my baby is healthy. Sometimes when I feel too sick, I worry something is wrong."

Her narrative demonstrates *state anxiety*, a situational worry about new experiences and unknown outcomes. Early pregnancy involves emotional ambivalence—joy intertwined with fear. Such anxiety is common as women adjust to their maternal identity.

Mrs. Lina also stated:

"When I read too much about pregnancy risks, I got more scared. My mother advised me to stop reading and just focus on resting."

This reflects the paradox of digital information while intended to reassure, it can amplify anxiety. Maternal information-seeking behavior, if not guided, may heighten fear rather than provide comfort.

In the second trimester, women generally felt calmer and more confident. Mrs. Nurrohmah explained:

"Now I am calmer. I have accepted the changes in my body. I feel more connected to my baby and can manage my emotions better."

This illustrates successful emotional adaptation and self-acceptance. The reduction of early physical symptoms contributes to psychological stability, as supported by developmental psychology theories where maternal identity consolidation peaks mid-pregnancy.

In the third trimester, anxiety resurfaced, this time related to childbirth. Mrs. Faras said:

"The closer the due date, the more anxious I feel. I often imagine what labor will be like, and sometimes it keeps me awake."

Her concern represents *anticipatory anxiety*, a normal psychological response to uncertainty about delivery. It shows the cyclical nature of maternal emotions, where calmness in mid-pregnancy transitions into heightened vigilance before birth.

Mrs. Rahma added:

"Whenever I feel scared, my husband reminds me to stay positive and prays with me. That gives me strength."

Spiritual and partner support plays a vital buffering role. Prayer and reassurance help regulate emotions through perceived social and divine protection, aligning with the theory of emotional coping in maternal psychology.

Family Role and Support

Support from family and community was identified as a central protective factor. Dedeh Mahmudah (2010) and Rahmawati et al. (2020) emphasize that emotional, instrumental, and informational support are crucial in mitigating stress during pregnancy.

Mrs. Faras stated:

“When I couldn’t sleep, my husband helped me find a comfortable position. He even stayed up with me sometimes so I wouldn’t feel alone.”

Her story illustrates *instrumental support*—direct physical help that fosters emotional security. Shared involvement from a spouse reduces feelings of isolation and enhances marital harmony.

Mrs. Dina emphasized the value of peer and community advice:

“My neighbors who already had children often shared advice and told me not to worry too much. It made me feel supported and less lonely.”

This reflects *informational and emotional support*, where collective experiences create a sense of belonging. The sharing of lived experiences helps normalize pregnancy discomfort and provides confidence to first-time mothers.

Discussion

Pregnancy is a complex process that involves continuous interaction between physical and psychological dimensions. The findings of this study demonstrate that women in Sukasari Village experience significant changes in each trimester, and these changes correspond to established theoretical and empirical frameworks in maternal health. The discussion in this section focuses on three main aspects: (1) physical changes and maternal adaptation, (2) psychological challenges and coping strategies, and (3) the role of family and social support in strengthening resilience.

Physical Changes and Maternal Adaptation

The results of this study reaffirm that pregnancy brings about progressive physical changes that differ across trimesters. In the first trimester, nausea, vomiting, and heightened sensitivity to smell were dominant symptoms. Mrs. Ani’s account, where she reported difficulties in fasting during Ramadan due to persistent nausea, illustrates how cultural practices and religious expectations can interact with physiological discomfort. This finding is consistent with Rustikayanti, Kartika, and Herawati (2016), who noted that nausea and fatigue are particularly intense during early pregnancy. The inability to fast, although emotionally challenging for the participant, highlights the importance of prioritizing maternal and fetal health over social expectations.

By the second trimester, mothers such as Mrs. Nurrohmah experienced increased energy and partial relief from nausea. This aligns with Munisah et al. (2022), who describe this stage as a “honeymoon phase” of pregnancy where discomfort lessens, enabling women to resume daily activities. However, despite increased energy, physical discomforts such as back pain and cramps persisted. These symptoms are consistent with physiological adaptations to the growing fetus, including postural changes and increased pressure on the musculoskeletal system.

In the third trimester, symptoms shifted toward fatigue, sleep disturbances, and urinary frequency. As described by Mrs. Faras, sleeping difficulties and shortness of

breath were prominent concerns. Similar results have been documented by Sari, Sharief, and Istiqamah (2022), who emphasized that third-trimester mothers often face disrupted rest due to the combined effects of uterine enlargement and fetal movement. These findings suggest that maternal adaptation is not linear but fluctuates, with some challenges improving while others emerge as pregnancy advances.

Psychological Challenges and Coping Strategies

Psychological responses to pregnancy were equally dynamic. In the first trimester, mothers experienced mixed emotions of happiness and fear. Mrs. Ani expressed excitement about her pregnancy but also anxiety about the fetus's health. This reflects the concept of *state anxiety* (Afrilia, et al., 2022), which arises from uncertainty in early pregnancy. Such emotions are understandable because the risk of miscarriage is highest during this period, and women may feel insecure without adequate reassurance.

During the second trimester, adaptation was evident. As Mrs. Nurrohmah explained, she felt calmer and emotionally stable compared to earlier months. This aligns with Munisah et al. (2022), who argued that the reduction of initial physical discomfort contributes to improved emotional well-being. This phase allows women to bond more positively with their pregnancy, often strengthening attachment to the fetus.

By contrast, in the third trimester, psychological distress returned, primarily due to fear of childbirth and the responsibilities of motherhood. Mrs. Faras described difficulty sleeping and heightened worry about the delivery process. These findings are consistent with Aisyah and Prafitri (2024), who noted that anxiety peaks before labor due to anticipation of pain, complications, and maternal responsibility. The recurring anxiety in late pregnancy underscores the need for consistent psychological support throughout all trimesters, tailored to the unique challenges of each stage.

The Role of Family and Social Support

The significance of family and social support emerged strongly in this study. Emotional, informational, and instrumental assistance, as reported by participants, played a critical role in reducing discomfort and anxiety. For instance, Mrs. Faras received practical support from her husband in adjusting her sleeping position, which reduced physical strain and alleviated psychological stress. This form of support corresponds to what Zurotunida and Yudiharto (2023) classify as instrumental and emotional support.

The importance of partner involvement cannot be overstated. Previous studies (Rahmawati et al., 2020) emphasized that cultural practices and rituals surrounding pregnancy often act as forms of collective support that enhance maternal resilience. In Sukasari Village, this was evident in the way neighbors and extended family members provided reassurance and advice, ensuring that pregnant women felt included and cared for. Social support, therefore, functions not only as practical assistance but also as a cultural mechanism to strengthen confidence and reduce isolation during pregnancy.

The findings also suggest that inadequate support could exacerbate maternal stress. Without consistent guidance, women may internalize fear and anxiety, leading to a negative perception of pregnancy. Conversely, when surrounded by supportive environments, women are more likely to report feelings of security and optimism. This highlights the importance of holistic maternal health interventions that integrate family education, community health initiatives, and spiritual guidance to address both physical and psychological needs.

CONCLUSION

From the results of the study and discussion on the changes felt by pregnant women during the prenatal period in Sukasari Village, it can be concluded that, in the first trimester, pregnant women generally feel nausea, vomiting, fatigue, and significant emotional changes. In the second trimester, most pregnant women feel increased energy, reduced symptoms of nausea, but accompanied by physical discomfort such as back pain and leg cramps. In the third trimester, pregnant women often face difficulty sleeping, swelling, and anxiety before giving birth.

From a psychological perspective, pregnant women experience various emotional changes, including anxiety and fear before giving birth. Support from family and community, as found in this study, is very important to help pregnant women deal with these physical and psychological changes. Emotional and physical support from partners and the community can reduce anxiety and discomfort, allowing pregnant women to feel more prepared and confident in undergoing pregnancy.

This study provides important insights for families and local communities to better understand and provide appropriate support for pregnant women, so that pregnancy can be healthier and more comfortable.

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