PERSONIFIKASI: Jurnal Ilmu Psikologi
Vol. 17 No. 1, May 2026
ISSN: 2087-7447 (print) | ISSN: 2721-0626 (online)
https://journal.trunojoyo.ac.id/personifikasi

The Effect of Psychoeducation on Pregnant Women's Understanding of the Role of Self-Compassion in Mental Health

Nada Nabila [1], Farah Adibah Ibrahim [2]
[1] State Islamic University of Sunan Ampel Surabaya
[2] University Technology Malaysia

*Email: [1]nadaanabila7@gmail.com

ARTICLE INFO
Article history:
Received
August 25, 2025
Revised
May 15, 2026
Accepted
May 30, 2026

ABSTRACT

Pregnant women are a vulnerable group at risk of experiencing psychological disorders including depression, anxiety and stress, due to physical and emotional changes during pregnancy. This study aimed to examine the effectiveness of self-compassion-based psychoeducation in enhancing pregnant women's understanding of the importance of maintaining mental health during antenatal period. This research utilised a quasi-experimental design with a one-group pretest–posttest framework. A total of 10 pregnant women were recruited through purposive sampling according to predetermined inclusion criteria. The psychoeducation intervention was delivered through multimodal visual methods, comprising material presentations, interactive discussions, leaflet distribution, and quizzes to foster active participant engagement. To assess participants' understanding of the psychoeducational material regarding the role of self-compassion in improving mental health during pregnancy, a questionnaire was administered at both the pretest and posttest stages. Data were analysed using descriptive statistic and a Paired Samples T-Test via SPSS software. The results showed a significant increase in understanding, with t (9) = -6.000 and p = 0.000 ($p < 0.05$). These findings suggest that pregnant women developed a better understanding of the importance of self-compassion in supporting mental health after engaging in the psychoeducation session. The results of this study are expected to be widely implemented in primary maternal healthcare services and to inform further research development.

Keywords: *mental health, self-compassion, pregnant women*

Journal Homepage: https://journal.trunojoyo.ac.id/personifikasi
This is an open access article under the CC BY SA license https://creativecommons.org/licenses/by-sa/4.0/

1. INTRODUCTION

Pregnancy represents an important stage in a woman's life; however, it is accompanied by potential complications, including miscarriage. According to the World Health Organization and UNFPA, the number of abortions in Indonesia ranges from 750,000 to 1,500,000 annually, with 2,500 cases resulting in death (Angie & Srihadiati, 2024). Records from the Indonesian Ministry of Health reveal that the number of maternal deaths has been rising year after year with 7,389 deaths recorded in 2021 compared to 4,627 in 2020 (Kemenkes RI, 2022).

In 2020, the maternal mortality rate in Indonesia was recorded at 230 deaths per 100,000 live births, a figure that remains significantly above the Sustainable Development Goals (SDGs) target of reducing the rate to 70 per 100,000 live births by 2030. The main causes of maternal mortality are hypertension, bleeding, infection, and pregnancy-related complications (Makmur & Fitriahadi, 2020). These figures indicate the need for heightened attention to the health of pregnant women, including psychological

aspects that directly influence the physical well-being and safety of both the mother and the foetus. Psychological conditions that may interfere with the personal and social functioning of pregnant women include anxiety, fear, ambivalence, and stress (Priyanto et al., 2023).

Recent studies have increasingly highlighted that pregnancy constitutes not only a physiological transition but also a major psychological adjustment period. Hormonal fluctuations, body changes, and concerns about childbirth and parenting can significantly affect emotional regulation and psychological stability among pregnant women (Utami et al., 2025). Research in mat'[lernal psychology suggests that these changes may heighten vulnerability to mood disturbances, emotional sensitivity, and psychological distress, particularly among first-time mothers with limited prior experience of managing pregnancy-related challenges (Tono et al., 2025). Consequently, understanding the psychological dimensions of pregnancy is essential to delivering comprehensive maternal healthcare that addresses both physical and emotional well-being.

Psychological stress during pregnancy has been associated with an increased risk of miscarriage (Maulana et al., 2022). Several factors, such as inadequate social support, depression, and anxiety, has been shown to exert adverse effects on both mental and physical health of pregnant women (Masthura et al., 2025; Zulaekah & Kusumawati, 2021). Evidence indicates that elevated anxiety in the third trimester poses significant risks to the well-being of both the mother and the foetus (I. M. Putri & Diniyah, 2025). It is therefore essential to identify and implement effective strategies for helping pregnant women manage stress and enhance their psychological well-being. One such approach that can involves the cultivation of self-compassion (Ningrum et al., 2021).

Another important factor related to maternal mental health is the level of mental health literacy among pregnant women (Hayati et al., 2025). Mental health literacy refers to an individual's knowledge and beliefs about psychological conditions that facilitate recognition, management, or prevention of mental health problems (Adelia & Pohan, 2025). Insufficient mental health literacy may lead pregnant women to overlook symptoms of anxiety, depression, or emotional distress during pregnancy, thereby delaying help-seeking behaviour. Recent research has demonstrated that enhanced mental health literacy among expectant mothers can significantly strengthen their ability to recognize emotional difficulties and adopt adaptive coping strategies, ultimately contributing to improved psychological well-being during pregnancy (Listiya & Suryani, 2025). Therefore, self-compassion can play an important role in improving mental health literacy in pregnant women.

Self-compassion is defined as an attitude of care and kindness towards oneself when facing difficulties or shortcomings within oneself (Karinda, 2020; Neff, 2003). It encompasses treating oneself with kindness, without judgment, whilst acknowledging suffering, failure, and imperfections as a normal part of the human experience (Papilaya & Utami, 2025). A positive and healthy attitude toward oneself is regarded as a key factor in fostering resilience and maintaining mental health. Self-compassion is the attitude of treating oneself with kindness, without judgment, and viewing suffering, failure, and shortcomings as a normal part of the human experience (Karinda, 2020; Muris & Otgaar, 2020). During pregnancy, self-compassion can help expectant mothers navigate emotional and physical changes, alleviate anxiety, and enhance their psychological well-being (Sahraian et al., 2024; Sampetoding et al., 2023). Research indicates that pregnant women with high levels of self-compassion tend to experience lower levels of depression and anxiety, and demonstrate greater adaptive capacity in facing the challenges of pregnancy (Chairunnisa & Fourianalistyawati, 2019). Accordingly, developing self-compassion during pregnancy may serve as a a significant protective factor for maternal mental health.

Beyond its psychological advantages, self-compassion has been associated with improved emotional regulation and greater resilience. Women who practice self-compassion are more likely to acknowledge their emotional experiences without excessive self-criticism, allowing them to respond to stress in a balanced and constructive manner (Sururi, 2025), Empirical findings suggest that self-

compassion serves as an internal coping resource that supports psychological stability during stressful life transitions, including pregnancy and the transition to motherhood (Christian & Yudiarso, 2024).Consequently, strengthening self-compassion represents a valuable strategy for fostering emotional resilience in pregnant women.

The factors that shape self-compassion include gender, age, social support, culture, personality, emotional intelligence, environmental conditions, and current psychological states (Wiffida et al., 2022). Social support from partners, family, close friends, and healthcare professionals can foster self-compassion in pregnant women (Prihandini & Primana, 2019). Pregnant women who exhibit higher self-compassion are generally more capable of regulating negative emotions, demonstrating positive self-management behaviours, and cultivating greater self-confidence. Conversely, pregnant women with low self-compassion are prone to depression, stress, anxiety, and feelings of helplessness in facing the challenges of pregnancy (Neff, 2003). Furthermore, low self-compassion can also lead to feelings of a lack of love, attention, and self-understanding, as well as difficulty in accepting the realities of life (Mubina & Leometa, 2024). In addition, self-compassion plays an important role in mental health dynamics, as increased self-compassion can contribute to better mental health outcomes. Understanding self-compassion is essential in helping individuals cope more effectively with pressure and stress, as well as maintain their mental well-being (Apsari & Utomo, 2024).

In addition to personal psychological resources, environmental and cultural factors may influence how pregnant women perceive and respond to mental health challenges (Sufyaningsih et al., 2024). In many societies, including Indonesia, discourse about psychological distress during pregnancy are sometimes overshadowed by the expectation that pregnancy should be associated with exclusively happiness and gratitude. Such social expectations may lead some women to suppress or minimize their emotional struggles. Existing literature suggests that stigma surrounding maternal mental health can discourage pregnant women from openly expressing their psychological concerns or seeking professional help (Syarah et al., 2026).

Previous research has shown a positive relationship between self-compassion and spirituality and mental health outcome such as depression in pregnant women (Chairunnisa & Fourianalistyawati, 2019). Apart from its psychological advantages, self-compassion has been associated with better emotional regulation and increased resilience. This highlights the significance of reinforcing both psychological and spiritual aspects in supporting the maternal mental well-being. Related studies on self-compassion have also been conducted with working mothers (Idris et al., 2019), revealing a significant association between resilience and self-compassion indicating that individuals with higher self-compassion tend to demonstrate better capacity to adjust to and recover from adversity.

Given these considerations, psychological interventions that emphasize emotional awareness and self-kindness are increasingly recognized as effective strategies for maternal mental health promotion. Psychoeducation represents one such intervention, offering accessible psychological knowledge, coping skills, and emotional support for pregnant women (Ayuanda et al., 2023). Psychoeducational programs have been shown to enhance participants' understanding of psychological well-being and promote adaptive coping behaviours through structured information delivery and interactive learning modalities (Widyantari & Kunci, 2026).

Understanding self-compassion is a key factor in promoting mental wellbeing among pregnant women. Self-compassion was selected as the main variable in this study because it is considered an internal psychological resource that enables individuals to respond to emotional difficulties with greater acceptance, resilience, and psychological well-being. Psychoeducational interventions focused on cultivating self-compassion can provide significant benefits in helping pregnant women manage stress, improve emotional well-being, and prepare psychologically for childbirth. Low self-compassion can increase the risk of psychological disorders, which can negatively impact their health and that of their foetus (Nurhayati, 2021). Therefore, psychoeducation aimed at improving understanding of mental health of pregnant

women through self-compassion is crucial as part of promotive and preventive efforts in maternal healthcare.

Moreover, integrating psychoeducational interventions into primary healthcare services offers practical means of strengthening maternal mental health support systems. Community-based health facilities, such as maternal clinics and public health centres, serve as strategic settings for delivering educational programs that address both the medical and psychological aspects of pregnancy. Research suggests that embedding psychological education with routine maternal healthcare services increases pregnant women likelihood of gaining knowledge, feeling supported, and developing adaptive coping mechanisms during pregnancy (Rikaoctriantiaskar et al.) Implementing structured psychoeducation that promotes self-compassion may contribute to increasing understanding of maternal mental health.

2. METHOD

2.1. Participant

Ten pregnant women were recruited as a study participants for psychoeducational activities held at the Jagir Community Health Centre in Surabaya on 8th May, 2025. Participants were selected using a purposive sampling, with inclusion criteria requiring that each participant be willing to engage in the psychoeducation program and complete both the pretest and posttest questionnaires. All participants attended the psychoeducational session and completed the entire research procedure. They represented a group of expectant mothers who were receiving maternal health services at the community health centre, making them appropriate samples for examining mental health education during pregnancy.

2.2. Design

A quasi-experimental one group pretest posttest design was utilized in this study to evaluate the effectiveness of self-compassion-based psychoeducation in enhancing pregnant women's pregnant women's understanding of mental health. Self-compassion served as the primary framework of the psychoeducational intervention, whilst participants' understanding in maintaining psychological well-being during pregnancy was measured as the primary outcome variable. Self-compassion refers as an attitude of self-acceptance, characterized by treating oneself with kindness, and recognizing that difficulties and challenges are a natural part of human life (Neff, 2003; Pratiwi & Herdiana, 2022). The intervention effectiveness was determined by comparing participants' pretest and posttest about self-compassion understanding scores obtained before and after the psychoeducational session.

2.3. Procedure

Data were collected using pretest and posttest questionnaires designed to measure participants' understanding of mental health and self-compassion concepts. The session began with the administration of a pretest to assess participants' baseline knowledge and understanding of the topic, The psychoeducation programme was subsequently delivered through a series of interactive activities, including a structured visual presentation on mental health during pregnancy and the importance of self-compassion, the distribution of informational leaflets to consolidate learning, and interactive discussion sessions that allowed participants to share experiences and raise questions. Knowledge-reinforcement quizzes with incentive prizes were also incorporated to sustain participants engagement. Upon completion of the sessions, participants completed the posttest questionnaire to assess changes in their level of understanding about the role of self-compassion on pregnance woman's mental health, in favorable and unfavorable sentence.

Examples of item used in this study are; (1) self-compassion involves showing care and kindness toward oneself when facing difficulties, (2) self-compassion helps pregnant women recognize their own emotional needs, and (3) self-compassion only affects temporary feelings and does not have a long-term impact.

The validity test was conducted using a significance level of 5% (0.05) with r-table value of 0.707 as the reference for the analysis. The results of the validity test indicated that, among 12 questionnaire items administered, 10 items valid and 2 items were deemed invalid because their calculated r-values < 0.707. The reliability test conducted on the 10 valid items showed Cronbach's Alpha coefficient of 0.923

(> 0.60) indicating high internal consistency. Therefore, the research instrument was considered reliable and appropriate for use in the study.

2.4. Analysis Techniques

Data were analyzed using descriptive statistical approaches and a paired samples t-test via SPSS software. Descriptive statistics were utilized to summarize participants pretest and posttest results, including the mean and standard deviation. Prior to hypothesis testing, data normality was assessed to ensure compliance with the assumptions underpinning parametric testing. A paired samples t-test was performed to determine the presence of statistically significant differences between pretest and posttest scores. The purpose of this analysis was to evaluate how effective the psychoeducational intervention was in improving pregnant women understanding of self-compassion and mental health during pregnancy.

3. RESULT

The study aimed to evaluate the extent to which how psychoeducational activities contributed to enhanced pregnant women understanding of mental health through a self-compassion-based approach. Descriptive statistical analysis revealed an improvement in participants level of understanding following the implementation of the psychoeducational intervention. The pretest mean score was 70.00 (SD = 8.16), reflecting participants' baseline knowledge. Following the psychoeducation session, the mean posttest score increased to 90.00 (SD = 8.16), representing a 20-points increase. This improvement suggests that participants demonstrated a higher level of understanding after receiving the psychoeducational intervention.

Prior to hypothesis testing, a normality assumption test was conducted to verify that the data met the requirements for parametric analysis. The normality of the data was examined using the Shapiro-Wilk test due to the relatively small sample size of 10 participants (N = 10). Results indicated that the significance value was greater than 0.05, confirming that the data followed a normal distribution and the assumptions for parametric testing were fulfilled.

A paired samples t-test was then applied to assess the presence of a statistically significant difference between pretest and posttest scores. The test s revealed a significant difference between the two measurements, t = -6.00, p < .001. This result conforming that the psychoeducational intervention significantly enhanced pregnant women understanding of how self-compassion supports mental health during pregnancy.

The multimodal learning strategies, including visual presentations, informational leaflets, interactive discussions, and quizzes, likely contributed to participants' improved comprehension of the material presented. Overall, the results supports the effectiveness of psychoeducation delivered through interactive and engaging methods can effectively improve pregnant women's understanding of perinatal mental health and the importance of practising self-compassion during pregnancy.

Table 1. Descriptive Statistics

	N	Mean	Std. Deviation	T	Sig. (2-taled)
Pretest	10	70.00	8.16497	-6.000	.000
Posttest	10	90.00	8.16497		
Valid N (listwise)	10				

4. DISCUSSION

This study shows the psychoeducational program successfully enhanced participants understanding about the role of self-compassion on pregnance woman's mental health during pregnancy. The effectiveness of the intervention is reflected in the significant difference in post-test scores compared to pretest scores, indicating that participants achieved meaningfully greater knowledge following the intervention.

These findings suggest that structured psychoeducational interventions can play a significant role in enhancing understanding about the role of self-compassion on pregnance woman's mental health. This is particularly important during pregnancy, as women often experience substantial physical, emotional, and psychological changes that may

heightened vulnerability to stress (Nursadrina et al., 2025). Through psychoeducation, participants were able to better recognize these psychological changes and develop a more adaptive perspective toward their emotional experiences.

The effectiveness of this intervention may further be explained by the multimodal educational methods used during the session. Specifically, the intervention incorporated multiple learning strategies, including visual presentations, leaflet distribution, interactive discussions, and quizzes designed to maximised participant engagement and consolidate learning

Educational psychology literature suggests that active learning strategies consistently enhance comprehension and knowledge by actively involving participants in the learning process (Putri et al., 2025). The interactive discussion component allowed participants to share personal experiences related to pregnancy and emotional challenges, potentially facilitating deeper reflection and understanding on the concept of self-compassion. Connecting theoretical knowledge with personal experiences, participants may enhance the likelihood that participants internalise the information and apply it in meaningfully their daily lives.

The observed increase in participants understanding reinforces the need to include psychological well-being as an integral part of comprehensive maternal healthcare. Pregnancy is often associated with considerable psychological stressors, including concerns about childbirth, changes in body image, and uncertainty about parenting responsibilities (Bjelica et al., 2018). Without adequate psychological support, such stressors may lead to negative emotional outcomes such as anxiety, depression, and emotional distress. In this context, self-compassion represents an adaptive psychological resource that helps individuals respond to these challenges in a more constructive way.

According to Neff (2003), self-compassion comprises three core components: self-kindness, common humanity, and mindfulness. Collectively, these components encourage individuals to treat themselves with understanding rather than self-criticism, recognize that difficulties are a part of the shared human experience, and maintain a balanced awareness of emotions without becoming overwhelmed by them (Putri et al., 2025). Through psychoeducation, pregnant women can begin to understand and apply these attitudes, thereby supporting better emotional regulation during pregnancy.

The importance of this study, supported by previous research demonstrating the positive role of self-compassion in promoting psychological well-being among pregnant women (Chairunnisa & Fourianalistyawati, 2019). Studies conducted during the perinatal period has indicate that higher levels of self-compassion are associated with lower levels of anxiety and depression (Syifa Amalia et al., 2023). Collectively, these findings position self-compassion as a protective psychological factor that helps pregnant women in coping with emotional challenges during pregnancy and the transition to motherhood.

Similarly, existing studies indicate that individuals with higher self-compassion tend to demonstrate greater emotional resilience and more effective coping strategies when facing stressful life events (Amaranggani et al., 2021). This further supports the potential value of interventions aimed at strengthening understanding of self-compassion for maternal mental health.

Another noteworthy finding of this study relates to the supportive environment created during the psychoeducational sessions. The interactive nature of the activities provided participants with opportunities to openly discuss their emotional experiences and concerns regarding pregnancy. This may have contributed to increased self-awareness and emotional acceptance among participants. Research suggests that when individuals feel heard and supported, they are more willing to explore their emotional experiences and develop adaptive coping mechanisms.

Previous studies have also shown that self-compassion-based practices, including mindfulness and meditation, can improve body image satisfaction and promotes self-acceptance during pregnancy (Hartati, 2025). These findings reinforce the idea that cultivating self-compassion toward oneself can help pregnant women develop a more positive perception of their changing bodies and emotional states.

Furthermore, the enthusiastic participation observed during the psychoeducational activities indicates that educational interventions targeting psychological well-being are highly relevant and beneficial to pregnant women. The curiosity and willingness participants showed to engage in discussions about mental health and self-care suggest. that pregnant women may have considerable unmet needs for psychological information and emotional support that in routine prenatal care does not consistently address.

Accordingly, incorporating psychoeducational programmes into maternal healthcare services may represent an effective means of addressing these needs. Given psychoeducation is also relatively cost-effective and can be easily implemented in primary healthcare settings such as community health centres, making it a practical and scalable intervention for improving maternal mental health.

Corroborating these findings, earlier research has suggested that interventions incorporating mindfulness and self-compassion can reduce pregnancy-related anxiety. Notably, mindfulness-based training has been shown to significantly reduce fear of childbirth among pregnant women (Hapsari et al., 2021). Such interventions help individuals cultivate greater emotional awareness and acceptance, which may alleviate excessive worry and promote psychological stability. By fostering self-compassion, pregnant women may be better equipped to manage emotional challenges and approach childbirth and motherhood with greater confidence.

From a practical standpoint, the findings suggest that self-compassion based psychoeducational interventions can be readily integrated into routine maternal healthcare services. Healthcare professionals, including midwives, nurses, and psychologists, are well-positioned to deliver structured psychological education to pregnant women. Integrating mental health promotion into prenatal services can help ensure that pregnant women receive not only physical health monitoring but also adequate psychological support they require. Such an approach aligns with the broader goal of promoting holistic maternal health, which recognizes the interconnected nature of physical, psychological, and social well-being.

Nevertheless, this study has several limitations. The small sample size (N = 10) may limit the generalisability of the findings. The absence of a control group in the one-group pretest–post-test design makes it difficult to attribute the observed improvements solely to the psychoeducational intervention. Additionally, the short study duration and the focus on short-term knowledge outcomes may not fully capture the intervention's long-term effectiveness. Future research should consider employ larger sample sizes and more rigorous experimental designs, such as randomized controlled trials, to strengthen the validity of the findings and examine the long-term impact of psychoeducational interventions based on self-compassion on maternal mental health.

Overall, the findings support self-compassion-based psychoeducation as an effective strategy for improving pregnant women understanding of mental health and promoting psychological well-being during pregnancy. By building awareness, encouraging self-reflection, and equipping women with practical coping strategies, such interventions may help pregnant women navigate the emotional challenges of pregnancy more effectively.

These results highlight the potential value of incorporating psychological education into maternal healthcare programmes as part of a broader commitment and initiatives to support the mental and emotional well-being of pregnant women.

5. CONCLUSION

The results of the study provide evidence that self-compassion based psychoeducation is effective in enhancing pregnant women understanding of the importance of self-compassion on mental health during pregnancy. This intervention produced significant increase in knowledge scores between the pretest and post-test, demonstrating that structured, interactive psychoeducational delivery can improve psychological understanding among pregnant women beyond its educational value, the findings position self-compassion not merely as a theoretical construct but as a viable preventive strategy for integration within maternal healthcare services. In doing so, this study advances the field of psychology,

particularly regarding the application of self-compassion-based psychoeducation to supporting mental well-being during psychologically vulnerable periods such as pregnancy.

This study measured memory comprehension, not psychological state levels. It is recommended that this intervention be scaled more broadly and sustainably in various healthcare facilities, including community health centres, hospitals, and women's health organisations. Healthcare professionals including midwives, nurses, and psychologists are encouraged to assume an active role in delivering structured psychological education, ensuring that pregnant women receive not only medical care but also the mental and emotional support they require. Finally, future research with a greater number of participants and more robust experimental methodologies is essential to strengthened the evidence base and enable deeper exploration of how self-compassion influences broader range of psychological outcomes in pregnant women.

6. ACKNOWLEDGMENT

The authors express their deep appreciation to the Jagir Community Health Center in Surabaya for its approval and valuable support in facilitating the implementation of this psychoeducational program. The authors also extend their appreciation to the healthcare professionals and staff of the community health center who assisted in facilitating the research process and supporting the organization of the psychoeducation session. The authors are also deeply grateful to all pregnant women who voluntarily participated in this study and actively engaged in the psychoeducational activities. Their participation and willingness to share their experiences greatly contributed to the success of this research. Finally, the authors would like to acknowledge all parties who provided support and assistance during the completion of this study.

7. REFERENCES

Adelia, E., & Pohan, H. D. (2025). Hubungn Literasi Kesehatan Mental dengan Perilaku Mencari Bantuan Pada Gen Z di Kota Bekasi. *Psikologi Dan Bimbingan Konseling*, *14*(4).

Amaranggani, A. P., Prana, T. T., & Cintya, N. M. (2021). Self-Compassion dan Negative Emotional States pada Mahasiswa Kedokteran Umum : Hubungan dan Prevalensi. *An-Nafs*, 215–230.

Angie, V., & Srihadiati, T. (2024). Kriminalisasi Terhadap Perempuan Pelaku Aborsi Melalui Teori Feminisme. *Unes Law Review*, *6*(4), 11340–11352.

Apsari, D. A., & Utomo, H. B. (2024). Pentingnya Self-Compassion bagi Kesehatan Mental Individu. *Jurnal Literasi Psikologi*, *4*(1), 025–033.

Ayuanda, L. N., Chabibah, N., & Arifiana, R. (2023). *Pelatihan Psikoedukasi pada Bidan sebagai Upaya Meningkatkan Kesehatan Mental Maternal*. *1*, 56–64.

Bjelica, A., Cetkovic, N., Trninic-pjevic, A., & Mladenovic-segedi, L. (2018). *The phenomenon of pregnancy, a psychological view*. *89*(2), 102–106. https://doi.org/10.5603/GP.a2018.0017

Chairunnisa, A., & Fourianalistyawati, E. (2019). Peran Self-Compassion Dan Spiritualitas Terhadap Depresi Pada Ibu Hamil. *Jurnal Psikologi Ulayat*, *6*, 14–36. https://doi.org/10.24854/jpu02019-131

Christian, A., & Yudiarso, A. (2024). *Efektivitas program self-compassion untuk meningkatkan resiliensi individu dewasa awal*. *19*. https://doi.org/10.22219/procedia.v12i2.29799

Hapsari, N., Karini, S. M., & Setyanto, A. T. (2021). Pelatihan Mindfulness untuk Menurunkan Kecemasan Ibu dengan Kehamilan Pertama Trimester III. *INSAN Jurnal Psikologi Dan Kesehatan Mental*, *6*(1), 10. https://doi.org/10.20473/jpkm.v6i12021.10-21

Hartati, D. (2025). Efektivitas Terapi Mindfulness Terhadap Kesehatan Seksual dan Reproduksi pada Pasangan Usia Subur: Tinjauan SIstematis. *Kebidanan*, *4*(2), 76–87.

Hayati, V. D., Triwidiyantari, D., Indriati, M., & Rahmawati, N. (2025). *Faktor-faktor yang berhubungan dengan kesehatan mental pada ibu hamil di pmb bidan "i"*

kecamatan cicalengka kabupaten bandung tahun 2025.

Idris, I., Khairani, A. Z., & Shamsuddin, H. (2019). The influence of resilience on psychological well-being of Malaysian University undergraduates. *International Journal of Higher Education*, *8*(4), 153–163. https://doi.org/10.5430/ijhe.v8n4p153

Karinda, F. B. (2020). Belas Kasih Diri (Self Compassion) pada Mahasiswa. *Cognicia*, *8*(2), 234–252. https://doi.org/10.22219/cognicia.v8i2.11288

Listiya, M. A., & Suryani, V. A. (2025). *Edukasi Kesehatan Mental untuk Meningkatkan Kesejahteraan Ibu Hamil dalam Masa Kehamilan*. *4*(2), 1527–1533.

Makmur, N. S., & Fitriahadi, E. (2020). Faktor-faktor terjadinya hipertensi dalam kehamilan di Puskesmas X. *JHeS (Journal of Health Studies)*, *4*(1), 66–72. https://doi.org/10.31101/jhes.561

Masthura, S., Hafizhah, C. N., & Jubir. (2025). *Dukungan Sosial Terhadap Kesehatan Jiwa Ibu Hamil di Wilayah Kerja Puskesmas Peulumat Aceh Selatan*.

Maulana, H., Mawarpury, M., & Fourianalistyawati, E. (2022). Prevalensi depresi pada wanita dengan riwayat keguguran: Studi berbasis data IFLS-5. *Jurnal Psikologi Ulayat*, *10*, 23–38. https://doi.org/10.24854/jpu469

Mubina, N., & Leometa, C. H. (2024). Peran Self-Compassion dalam Menghadapi Loneliness pada Mahasiswa Perantau The Role of Self-Compassion in Dealing with Loneliness in Migrant Student terhadap Kepala Disdukcapil Kabupaten. *Jurnal Penelitian Pendidikan, Psikologi Dan Kesehatan (J-P3K)*, *5*(3), 739–745.

Muris, P., & Otgaar, H. (2020). *The Process of Science : A Critical Evaluation of more than 15 Years of Research on Self-Compassion with the Self-Compassion Scale*. 1469–1482.

Neff, K. (2003a). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Psychology Press*, *41*(3), 253–260. https://doi.org/10.1111/1467-9450.00195

Neff, K. (2003b). The Relational Compassion Scale: Development and Validation of a new self rated Scale for the Assessment of Self Other Compassion. *Self and Identity*, *2*(3), 223–250. https://doi.org/10.1080/15298860390209035

Ningrum, N. M., Purwanti, T., & Putri, D. K. (2021). Treatment Self-Healing pada Ibu Hamil di Era Pandemi Covid-19. *Jurnal Abdi Medika*, *1*(57), 32–41.

Nurhayati, E. (2021). Psikologi kehamilan dalam perspektif Islam. *KORDINAT: Jurnal Komunikasi Antar Perguruan Tinggi Agama Islam*, *XX*(1), 53–72.

Nursadrina, C., Rahmayanti, K., Sofia, M., Herawati, Asyura, S., & Pardi. (2025). *PENGARUH STRES TERHADAP KESEHATAN MENTAL DAN FISIK : TINJAUAN PSIKOLOGI KLINIS The Impact Of Stress On Mental And Physical Health : A Clinical Psychology Review*. *11*(1), 701–705.

Papilaya, D. T., & Utami, C. T. (2025). Welas Asih Diri & Persepsi Dukungan Sosial : Prediktor Ide Bunuh Diri Pada Remaja. *Penelitian Dan Pengabdian*, *4*(10), 9528–9545.

Pratiwi, T. A., & Herdiana, I. (2022). Pentingnya self-compassion pada mahasiswa penyintas pelecehan seksual. *Proceeding Series of Psychology*, *1*(1), 256–261.

Prihandini, S., & Primana, L. (2019). Faktor-Faktor yang Memengaruhi Hubungan Kelekatan Ibu terhadap Janin dalam Kandungan. *Buletin Psikologi*, *27*(2), 125. https://doi.org/10.22146/buletinpsikologi.47960

Priyanto, R. R., Utami, T., & Ningrum, E. W. (2023). Gambaran Pengetahuan Ibu Hamil Risiko Tinggi tentang Kesehatan Mental. *Jurnal Penelitian Perawat Profesional*, *6*(2), 549–558. https://doi.org/10.37287/jppp.v6i2.2184

Putri, D. A., Kirana, F. D., Lusiana, P., & Munandar, T. H. (2025). Self Compassion dan Body Image: Belajar

Mencintai DIri Sendiri. *Psikologi Dan Bimbingan Konseling*, *14*(4).

Putri, I. M., & Diniyah, K. (2025). *Gambaran tingkat kecemasan ibu hamil primigravida trimester III di Puskesmas Kasihan 1 Bantul Yogyakarta The description of anxiety level of primigravid pregnant women in the third trimester at Puskesmas Kasihan I , Kasihan , Bantul , Yogyakarta*. *3*, 290–297.

Putri, R., Hidayah, M., & Gusmaneli. (2025). *Implementasi Model Pembelajaran Aktif Berbasis Kolaboratif untuk Meningkatkan Pemahaman Konseptual Siswa 1Rahmi*. *November*.

Rikaoctriantiaskar, Iffah, U., & Rachim, D. P. (n.d.). *The Effectiveness Of The Continuity Of Care Model On Maternal Readiness For Childbirth*. *11*(1), 44–53.

Sahraian, K., Abdollahpour Ranjbar, H., Namavar Jahromi, B., Cheung, H. N., Ciarrochi, J., & Habibi Asgarabad, M. (2024). Effectiveness of mindful self-compassion therapy on psychopathology symptoms, psychological distress and life expectancy in infertile women treated with in vitro fertilization: a two-arm double-blind parallel randomized controlled trial. *BMC Psychiatry*, *24*(1), 1–17. https://doi.org/10.1186/s12888-023-05411-6

Sampetoding, V. K., Aulia, F., Cakti, V. A., & Margaretha, T. (2023). *SELF-COMPASSION UNTUK MENINGKATKAN KESEJAHTERAAN PSIKOLOGIS*. *December*.

Sururi, F. M. A. (2025). Dinamika Self Compassion Ibu Bekerja : Analisis Kualitatif Pengalaman Asisten Rumah Tangga Dalam Menjalankan Peran Ganda. *Jurnal of Sociaal Science Research*, *5*.

Syarah, N., Handayani, T. S., & Sulastri. (2026). The Impact Of Social Stigma On The Behavior Of The Use Of Health Services For Pregnant Women In High Health Centers Hari Kec . Gumay Ulu Kabab Regency Lahat. *Journal Student Scientific*, *4*(1), 55–62.

Syifa Amalia, Kurniawati, D., & Rahmawati, I. (2023). Self-Compassion Pada Ibu Dengan Postpartum Depression: Kajian Literatur. *Alauddin Scientific Journal of Nursing*, *4*(2), 115–143. https://doi.org/10.24252/asjn.v5i1.40174

Tono, S. F. N., Aprilia, D., & Astuti, E. (2025). Edukasi Perubahan Psikologis pada Ibu Hamil Trimester II dan III sebagai Upaya Pencegahan Gangguan Kesehatan Mental. *Jurnal Booth Dharma Medika*, *20*, 34–37.

Utami, N. A., Distinarista, H., Wuriningsih, A. Y., & Wahyuni, S. (2025). Hubungan Dukungan Suami terhadap Kesiapan Psikologis Ibu Hamil Primigravida dalam Mencapai Peran Sebagai Ibu. *Essentia : Journal of Medical Practice and Research*, *1*(2).

Widyantari, T. I., & Kunci, K. (2026). *Keefektifan Psikoedukasi Manajemen Stres untuk Menurunkan Stres Ibu Balita di Surabaya*. *11*(45), 23–29. https://doi.org/10.17977/um027v11i12026p23-29

Wiffida, D., Made, I., Dwijayanto, R., Ketut, I., & Priastana, A. (2022). Faktor-faktor yang Mempengaruhi Self-Compassion: Studi Literatur. *Indonesian Journal of Health Research*, *5*(1), 19–23.

Zulaekah, S., & Kusumawati, Y. (2021). Kecemasan sebagai Penyebab Gangguan Kesehatan Mental pada Kehamilan di Layanan Kesehatan Primer Kota Surakarta. *Jurnal Kebidanan Dan Keperawatan Aisyiyah*, *17*(1), 59–73. https://doi.org/10.31101/jkk.2064