

Moms amidst Pandemic: An Explanatory-Sequential Approach 315 on Social Support and Maternal Mental Health in Laguna

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Abstract

The primary goal was to determine the relationships between social support and maternal mental health in this cohort during the pandemic as people started to isolate themselves during a period of uncertainty and worry. Lack of support negatively affected people during their self-isolation since social support could protect against the detrimental effects of distress on mental and physical health.

A preliminary investigation of this relationship was conducted using partial correlation. The study's goal was to raise general awareness of maternal mental health issues and to provide a set of specific, positive, and actionable recommendations to mothers, mental health professionals, and the general public to improve the overall health and well-being of families in the province of Laguna, Philippines.

The explanatory-sequential mixed method design was utilized in the study. Pregnant women in the province of Laguna were the locale of the study. The sampling method used was snowball and convenient sampling and G*Power was used to compute the sample size. Three hundred ten (310) pregnant women were the respondents, whereas, in the qualitative phase, five (5) pregnant women were the participants of the study. An interview questionnaire guide was used in data collection. Statistical tools used were frequency distribution, percentage, weighted mean, and Pearson-r correlation coefficient. Interpretative phenomenological analysis was also used in the qualitative aspect of the study.

The result of the study revealed that social support had a significant relationship with maternal mental health and protects against perinatal depression and anxiety. This study must contribute something to the world of literature, on the lives of pregnant women, and to those who were planning to embrace the new stage of responsibility which was pregnancy.

Keywords: Explanatory-sequential, Convoy theory, Polyvagal Theory, Pregnant women, Province of Laguna, Perceived Social Support, Maternal Mental Health, Perinatal/general anxiety

Introduction

How important is social support during pregnancy? Social support from family and friends may greatly improve wellness throughout pregnancy, whether it be over a cup of tea and a talk, or a hug when things seem overwhelming. Unfortunately, some women do not have this kind of support, especially if their families are far away, they live alone, or they do not have a spouse. Since pregnancy can be a time of happiness and joy, it can also be a time of increased stress, especially for first-time mothers.

Nobody can deny that there is several documentation demonstrating the effectiveness of social assistance in improving community health. Women, who make up roughly half of the population, are at the forefront of this discussion. In reality, women are seen as a vulnerable caste who go through a variety of changes, including menarche, pregnancy, lactation, and menopause, the latter of which can be described as a true disaster. Expectant moms not only undergo physiologic and hormonal changes throughout pregnancy, but they are also mentally encircled by the fear of being unable to cope with the approaching new circumstances. As a result, individuals are in desperate need of social assistance in order to overcome their fears.

Maternal mental health is a complex topic. Everyone engaged, including public health officials, legislators, health care professionals, employers, and families, should give it their full attention. Treatment for maternal mental health disorders is possible, but it requires public awareness and collaboration to encourage education and support for moms. By incorporating the mother's emotional and psychological needs into the scope of early family pediatric visits, this support is more likely to arrive on time and in the manner that best serves the entire family, which has the potential to lay the foundations for society as a whole.

The world has never seen the breadth and depth of the measures taken to combat the COVID-19 pandemic. There is a chance that a prolonged battle against the COVID-19 virus will have unintended consequences for maternal mental health. The COVID-19 pandemic has direct and indirect effects on maternal health, and the direct and indirect effects are intertwined. Concerns about the virus' hazards and economic repercussions, as well as social isolation and loneliness, appear to be having an effect on the population's mental health. An increase in mental health morbidity, such as anxiety and depression, has been observed. Pregnant women suffer a host of anxieties and thoughts about their personal health, the health of their unborn child, and the health of their family during the COVID 19 pandemic.

As a result, it is vital to research about COVID-19 pandemic's psychological impact of this vulnerable population, as well as positive coping mechanisms utilized by pregnant women, in order to influence public health strategy and offer a target for future treatments.

The primary goal was to determine the relationships between social support and maternal mental health in this cohort during the pandemic as people started to isolate themselves at a period of uncertainty and worry. Lack of support may negatively affect people during their self-isolation since social support can protect against the detrimental effects of distress on mental and physical health. A preliminary investigation of this relationship was conducted using partial correlation. The study's goal was to raise general awareness of maternal mental health issues and to provide a set of specific, positive, and actionable recommendations to mothers, mental health professionals, and the general public in order to improve the overall health and well-being of families in Laguna.

This study must contribute something in the world of literature, to the lives of pregnant women and to those who are planning to embrace the new stage of responsibility, which is pregnancy.

Theoretical Framework

This study was anchored on Polyvagal theory of Porges et al. (2018) which stated that trauma could also emerge as a result of a mother's lack of safety and support, which was passed down to her baby. Polyvagal Theory could assist women understand how trauma developed throughout conception, pregnancy, and birth, as well as how to actively encourage feelings of safety, enhancing social engagement, bonding and attachment, and overall short- and long-term health and wellness. Accordingly, Dear-Healey et al. (2019) explained how and why mammals switch from calm states that promoted intimacy and optimize health, growth, connectedness, and restoration to flight, flight, or freeze states, all of which were normal autonomic nervous system (ANS) responses to threat, fear, and lack of safety.

The second theory is the Convoy Model of Social Relations of Antonucci et al. (2013) in their study, The Convoy Model: Explaining Social Relations from a Multidisciplinary Perspective, which stated that social relations are universally necessary while acknowledging that the level and types of social relations required vary from one individual to the next. One's caravan of social relations referred to all of these substantial and relevant ties (i.e., social support network). The convoy was made up of family, friends, coworkers, neighbors, and other people who provided significant social support. Convoys were important because they gave people with emotional support, assistance, direction, friendship, and care. Support convoys were in a unique position to have a significant impact on people's well-being, as comprehensive research had demonstrated the positive relationship between social support and maternal mental health.

The study utilized the mixed methods research design, the explanatory-sequential approach. This study determined the relationship between social support and maternal mental health of pregnant women in Laguna amidst the pandemic.

Amid the pandemic, this mixed methods study looked into the maternal mental health of pregnant women in Laguna. The goal of this two-phase exploratory mixed methods study was to improve our understanding of women's motivations and social support needs during their pregnancy journey, as well as to gain a better understanding of their considered support system involvements and learning outcomes from the interpreted data. The study's philosophical assumptions were that social support and maternal mental health of pregnant women in Laguna have a beneficial link that contributes to their mental health in a variety of ways.

Respondents filled out a survey questionnaire in the first phase of the study to assess their maternal mental health and perceived social support. The quantitative component of the study included a survey of 310 people. The second phase of the study involved a qualitative investigation of these topics through individual interviews with guided questionnaires on the selected five respondents.

Purpose Statements

318

The main purpose of this explanatory sequential study was to determine the level of social support and maternal mental health level among pregnant women in Laguna as to perinatal/general anxiety during the COVID-19 pandemic as well as their lived experience.

Specifically, the study sought to attain the following:

1. Identify the level of social support for pregnant women during the pandemic.
2. Determine the maternal mental health level among pregnant women during the pandemic.
3. Determine the significant relationship between level of social support and level of maternal mental health among pregnant women in Laguna.
4. Describe the lived experiences of pregnant women as to maternal mental health.

Research Methodology

The acquisition of quantitative data was the first step in this study's explanatory sequential mixed techniques approach. During the quantitative data collecting phase of the study, the researcher collected survey data from 310 pregnant women in Laguna over the course of two months and evaluated the link between social support and maternal mental health.

Due to follow-up interviews, the qualitative data collecting step took less time than the quantitative data collection phase. During this phase, the researcher conducted individual interviews with pregnant women to learn more about their mental health.

The researcher systematically analyzed the quantitative and qualitative data in the mixed methods analysis phase to help explain the results.

According to Creswell and Hirose (2019), the sequential explanatory-sequential approach was employed when the researcher wanted to supplement the quantitative findings with qualitative information. As a result, the qualitative data was used to interpret and further explain the findings of the quantitative data analysis. The researcher chose the province of Laguna in the Philippines as the location for the study. The province's overall population was 3,382,193 as of the 2020 census. There were 24 towns in the area. The responses were discovered using the researcher's sampling technique. Apart from the researcher's convenience, it also acted as a major endeavor to assist the respondents in demonstrating how social support may help enhance pregnant people's mental health in the middle of the pandemic.

Pregnant women in the province of Laguna were the study's target group. After determining the population of respondents, the sample size for quantitative data collection was calculated. Using G*Power, the computed sample size was 310.

According to Naderifar, Goli, and Ghaljaei (2017), snowball sampling (also known as chain-referral sampling) was a non-probability (non-random) sampling strategy used when samples were expected to have specified traits. Existing subjects refer new subjects in this strategy for recruiting new volunteers for a research project.

According to Etikan (2016), convenience sampling was a way of collecting samples by taking samples in close proximity to a location or Internet service.

Due to recent circumstances that made it difficult for the researcher to administer the survey questionnaire in a convenient and safe manner, both sampling techniques were used to arrive at the number of respondents that met the researchers' criteria. Extraneous variables, such as referrals from respondents, were also considered during the study's execution.

Table A. *Respondents*

Respondents/ Stakeholders	Population	Sample Percentage	Total Sample
Pregnant Women in Laguna	310	100%	310
TOTAL	310	100%	310

National and local health systems overburdened by the COVID-19 patients, diverting attention and resources away from women's health. Pregnant women were less likely to use facilities for antenatal check-ups and delivery because of service delays, commuting challenges, and the danger of contracting COVID-19. In the same way, a lack of resources limited their access to modern contraception.

Prior to COVID-19, over 2,600 women perished in the Philippines each year as a result of complications during pregnancy or childbirth. The number of maternal deaths in 2020 could be up to 670 more than in 2019. An increase of 26%, by the end of 2020, there would be 2.07 million Filipino women of reproductive age (15-49 years old) who do not take contraception because they do not want to become pregnant, a 67 percent increase over the previous year. As a result, unintended pregnancies were anticipated to climb to 2.56 million in 2020, up from 751,000 last year (42 percent increase).

The Philippines had one of the highest rates of adolescent fertility in Asia before COVID-19, which was labeled a "national social emergency" last year. COVID-19's indirect consequences may result in 18,000 more Filipino adolescent females being pregnant in 2020 than in 2019. Because women and girls were more likely to be imprisoned at home with the abusers, intimate partner violence was projected to escalate. Even though many incidences of gender-based violence were go unreported, the study anticipated a 20% increase in physical or sexual intimate partner violence in 2020 over 2019.

Therefore, the researcher made this study to prove that pregnant women were really in need of social support as a potential protective factor against the coping issues that come with motherhood's challenges.

Table B. *Participants*

Respondents/ Stakeholders	Population	Sample Percentage	Total Sample
Pregnant Women in Laguna	5	100%	5
TOTAL	5	100%	5

Table B illustrates the participants of the study with a total number of five (5) selected pregnant women in Laguna from the 310 respondents in quantitative phase as the respondents respectively.

The key reason for focusing solely the study on pregnant women in Laguna was their mental health during the COVID-19 pandemic as social support may have an impact on maternal mental health, with long-term consequences for their life. Social support has been demonstrated to protect against depression in the general population. A survey questionnaire and an interview were employed as the research tool in this study. The questionnaire was a data collection instrument for study. It was the most commonly utilized method in this type of study.

Maternal Mental Health related questions were adapted from the Generalized Anxiety Disorder-7 Scale (GAD-7) and Perinatal Anxiety Screening Scale. The Generalized Anxiety Disorder-7 (GAD-7) was a seven-item questionnaire for GAD that looked at the two weeks before screening. The GAD-7 showed strong reliability and cross-cultural validity as a measure of GAD in clinical and general population samples around the world. The PASS was a 31-item self-report tool designed to screen for troublesome anxiety in prenatal and postpartum women. It was valid and reliable. It determined whether a woman was at high or low risk of developing an anxiety disorder by assessing four domains that target particular anxiety symptoms in perinatal women. (1) Excessive Worry and Specific Fears, (2) Perfectionism, Control, and Trauma, (3) Social Anxiety, and (4) Acute Anxiety and Adjustment were the subscales formed by these categories. The PASS was validated for English-speaking, literate perinatal (i.e. pregnant or less than one year postpartum) women aged 18 and up. The PASS took an average of 6 minutes to complete for respondents.

Social Support questionnaire was adapted from the Multidimensional Scale of Perceived Social Support (MSPSS) of Zimet et al. (1988), it was a 12-item questionnaire to identify an individual's perceived level of social support with family, friends, and significant others. For the interview phase, researcher-made questions were utilized.

The structure of the questionnaires was designed in this manner except for the demographic questions. The first column of questionnaires about perinatal mental health was composed of questions and the other five columns were rating scales ranging from 0-3: 0-Not At All; 1- Several Days; 2-Often; 3-Almost Always. To measure the level of social support of the respondents, questionnaires were also prepared. The first column was composed of questions about the perceived social support and the next five columns were composed of rating scales from 1-5: 5-Strongly Agree; 4- Agree; 3-Neutral; 2- Disagree; 1- Strongly Disagree.

The researcher created the questionnaire and sent it to her adviser and also to her chosen validators for feedback and ideas on the layout and statement structures. The researcher then sought expert aid for correct direction, suggestions, and structures. In addition, the questionnaire underwent pilot testing for Cronbach's Alpha and item reliability.

The questionnaire was also translated into a Google form for the online gathering of data aligned with the safety precautions during the pandemic, just in case, face-to-face interaction was not possible.

On the other hand, almost half of the respondents were able to answer the questionnaire through face-to-face interactions. Additionally, phone calls and follow-up face-to-face interactions were used to deal with interview questions about the respondents' mental health status.

The adapted questionnaires for the quantitative phase and the interview guide questionnaire were validated by five (5) validators and one (1) Qualitative Data Analyst (QDA). The Cronbach's Alpha result of the first set of questionnaires was 0.767 and 0.944 for the second set which was both interpreted as acceptable. Suggestions and recommendations were incorporated in the interview questionnaire guide before utilizing phone calls and a face-to-face interview.

Results and Discussion

Purpose Statement 1: Identify the level of social support for pregnant women during the pandemic.

The following tables provided the results of the assessments conducted to determine the level of social support for pregnant women in the province of Laguna during the COVID-19 pandemic.

Table 1. *Level of Social Support for Pregnant Women during the Pandemic*

Indicators in terms of Social Support		$\bar{X}$	VI	Rank
1.	My family helps me during pregnancy.	2.99	N	14
2.	I get the emotional support I need from my family.	3.10	N	12
3.	I can talk my problems with my family.	2.85	N	15
4.	My family helps me in making decisions.	3.04	N	13
5.	I can talk my problems with my friends.	3.44	A	6
6.	I have friends with whom I can share my thoughts and feelings.	3.41	A	7
7.	I can count on my friends when things go wrong.	3.53	A	5
8.	My friends really try to help me.	3.55	A	4
9.	There is a person who is around when I am in need.	3.38	N	8
10.	There is a person with whom I can share my joys and sorrows.	3.29	N	10
11.	I have a person who is a real source of comfort to me.	3.37	N	9
12.	There is a person in my life who cares about my feelings.	3.27	N	11
13.	I have someone to talk to find out more about pregnancy.	3.83	A	2
14.	I accepted sympathy and understanding from someone.	3.82	A	3
15.	I got professional help from medical check-ups during my pregnancy.	4.38	SA	1
GENERAL ASSESSMENT		3.42	A	
Legend: 4.20 – 5.00 Strongly Agree (SA)/ Very High		1.80 – 2.59 Disagree (D)/ Low		
3.40 – 4.19 Agree (A)/ High		1.00 – 1.79 Strongly Disagree (SD)/ Very Low		
2.60 – 3.39 Neutral (N)/ Average				

Table 1 shows the level of social support for pregnant women during the pandemic. It had a general assessment of 3.42 which was verbally interpreted as High. Furthermore, the indicator “I got professional help from medical check-ups during my pregnancy” had the highest computed mean of 3.83 which was verbally interpreted as Strongly Agree or Very High while the indicator “I can talk my problems with my family.” had the lowest computed mean of 2.85 and was interpreted as Neutral or Average.

It can be concluded that having prenatal care helps pregnant women feel less anxious about their pregnancy. It's crucial to speak with doctor, who may suggest a change in medications or treatments to help pregnant women feel more at ease. As stated by Gage-Bouchard (2017), doctor-patient relationship has showed that the provider's personal qualities and method of engagement with the patient had just as much therapeutic value as technological interventions like medications and surgical procedures.

In studies evaluating patient satisfaction with medical care, the value of emotional support was also highlighted. Physicians and other healthcare professionals must recognize when patients require social support and ensure that they have access to an adequate social support system. While the specific symptoms that necessitate social assistance may vary, there are several predictable conditions that should trigger an investigation into the patient's social system. Bereavement, adolescence, first pregnancy, senior care, newcomer to the community, significant disease in the patient or immediate family, or the multiprobe family are just a few

examples. In these situations, assistance may come from the medical settings' social support skills or through 322 interactions between medical settings and non-medical support systems.

According to Prang, Berecki-Gisolf, and Newnam (2016), healthcare service providers could focus their intervention efforts on assisting people in learning the abilities required to mobilize and sustain their current social support networks. For those without access to a social support network, they may also help in the creation of new networks, such as patient support groups, to encourage the best possible use of health services. The total number of prenatal visits did not vary during COVID-19, according to Brewster (2020), but the mode of delivery of these visits did: certain in-person appointments were converted to virtual prenatal appointments. Prenatal visits may provide women with support and reassurance during an important life transition.

It was determined that the majority of those who responded that they were unable to discuss their problems with their family were pregnant teenagers who were afraid that their families would reject them. Many adolescent problems were related to a lack of affection and support, and in many cases were a reaction to authoritarian rules or limits imposed unilaterally by parents with little or no dialogue. According to Sámano et al. (2017), teenagers would make their situation work for the sake of their child, and they regretted dropping out of school and becoming pregnant so young. Almost all said they were looking for love outside the family, revealing a scenario of limited communication and unsatisfactory family relations.

Furthermore, World Health Organization mentioned that adolescent pregnancy carried greater medical and psychosocial risks, which caused issues in public health, justice, and education; the risk of maternal death is four times higher in adolescents under the age of 16. Furthermore, pregnancy-related death was the second leading cause of death among adolescents aged 15 to 19. Younger mothers were more likely than older mothers to develop obstetric fistula, anemia, eclampsia, postpartum hemorrhage, and puerperal endometritis. Furthermore, adolescents under the age of 19 had a 50% increased risk of stillbirths and neonatal deaths, as well as an increased risk of developing preterm labor, having newborns with low birth weight, and asphyxia. In addition to negatively impacting maternal health, early marriage and maternity prevented adolescents from perpetuating the cycle of poverty and ignorance.

Other factors associated with teen pregnancy, according to Peter et al. (2016), were low self-esteem, feelings of abandonment and loneliness, and poor communication between the girl and her mother regarding the initiation of sexual relations. Pregnant adolescents were known to have limited access to social and economic resources and to not plan their pregnancies. As a result, pregnant adolescents may require more social support than pregnant adults. Midwives and nurses should take this into account when assessing social support for pregnant adolescents. Many studies have been conducted on the obstetric and neonatal consequences of adolescent pregnancies.

However, there was a scarcity of research on antepartum social support for pregnant adolescents. It may be especially important to learn about pregnant adolescents' perceptions of social support and its sources. Babington et al. (2015) discovered that pregnant adolescents have lower perceptions of social support than non-pregnant adolescents. The same study mentioned mothers', grandmothers', and sisters' responsibilities in providing baby care.

Purpose Statement 2: Determine the maternal mental health level among pregnant women during the pandemic as to Perinatal/General Anxiety.

Table 2. *Maternal Mental Health Level among Pregnant Women during the Pandemic as to Perinatal/General Anxiety*

Indicators in terms of Perinatal/General Anxiety		$\bar{X}$	VI	Rank
1.	I feel anxious.	2.78	A	9
2.	I'm not able to control worrying.	2.54	A	12
3.	I worry about different things.	2.80	A	7.5
4.	I have time to relax/enjoy the time of day.	2.66	A	11
5.	I feel being so restless that it's hard to sit still.	2.70	A	10
6.	I get annoyed or irritable over things.	2.87	A	4
7.	I feel afraid as if something wrong may happen.	3.24	A	2
8.	I encounter difficulty adjusting to recent changes	2.80	A	7.5
9.	I feel agitated.	3.14	A	3
10.	I find it difficult to sleep even when I have the chance	2.84	A	6
11.	I feel overwhelmed with my current situation	2.85	A	5
12.	I experience racing thoughts making it hard for me to concentrate.	3.36	SA	1
GENERAL ASSESSMENT		2.88	A	

Legend: 3.25 – 4.00 Strongly Agree (SA)/Very High 1.75 – 2.49 Disagree (D)/ Low
 2.50 – 3.24 Agree (A)/ High 1.00 – 1.74 Strongly Disagree (SD)/ Very Low

Table 2 shows the maternal mental health level among pregnant women during the pandemic. It had a general assessment of 2.88 which was verbally interpreted as High. Furthermore, the indicator "I experience racing thoughts making it hard for me to concentrate." had the highest computed mean of 3.36 which was verbally interpreted as Strongly Agree or Very High while the indicator "I'm not able to control worrying." had the lowest computed mean of 2.54 and was interpreted as Agree or High.

It can be concluded that pregnant women, for whatever reason, are concerned about what lies ahead. Perhaps they did not plan the pregnancy. Perhaps they are concerned about how a new baby will impact their relationship. Perhaps they are worried about childbirth. These are all common concerns, and pregnant women may experience some or all of them during their pregnancy. However, if these feelings of sadness, worry, or anxiety begin to interfere with their daily lives, they may be suffering from perinatal depression or anxiety. Everyone experiences anxiety from time to time, but some people struggle to manage their concerns. Some people who suffer from anxiety also experience panic attacks, which can be terrifying.

Some pregnant women are distressed or feel guilty because they are anxious or panicked when everyone expects them to be happy. However, anxiety is a mental health condition, not a sign of weakness that will go away on its own or that you should simply "snap out of." According to Collier (2021), anxiety can appear at any time during pregnancy or after delivery (perinatal anxiety is the term used for anxiety during pregnancy and after delivery). Worries are common during pregnancy. Pregnancy hormone changes, previous heart-breaking miscarriages, and sleep difficulties can all contribute to anxiety in expectant mothers. You may be concerned about how having a baby will affect your relationships with friends and family, the health of your future child, the delivery experience, or the financial burden of adding another family member. All of these concerns are entirely understandable.

As concluded by Nowacka et al. (2021) on their study, the COVID-19 pandemic emerged as a major emergency. When compared to pre-COVID-19 data, the level of anxiety in pregnant women has increased following the pandemic outbreak. Women infected with COVID had higher anxiety levels than women who

did not have the infection. The strongest association with anxiety diagnosis appears to be a pre-pregnancy 324 diagnosis of depression or anxiety, followed by intentional social contact. Pregnant women face not only physical but also mental health issues, which must be addressed equally. Anticipating a possible worsening of psychological status in the pregnant population may assist healthcare professionals in providing appropriate management and targeted response.

According to Feduniw et al. (2021), aside from pandemic-related stress and anxiety, there are numerous factors that contribute to mental health quality during pregnancy, including insecurity related to natural disasters and catastrophic events. Along with general health concerns for pregnant women, social isolation and limited contact with relatives and community members may also have a psychological impact on daily life. Pregnant women are destined to receive regular checkups from healthcare providers, which may lead to medical care avoidance in this population due to the increased risk of virus contamination.

When the COVID-19 pandemic began, the Commission on Population and Development (PopCom) predicted an increase in birth rate because more families stayed at home and access to family planning methods was limited. Instead, there was a significant drop in the number of births in 2020, with only 1,516,042 million registered – the lowest number since 1986, when 1,493,995 births were recorded. According to a preliminary report from the Philippine Statistics Authority for June 2021, the total is also lower than the 1.675 million recorded in 2019. In 2020, the country saw the lowest number of marriages in the last 20 years, with 240,183 couples marrying last year, or 44 percent fewer than the 431,972 who married in 2019.

Purpose Statement 3: Determine the significant relationship between level of social support and level of maternal mental health among pregnant women in Laguna.

Table 3. *Test of Significant Relationship between the Level of Social Support and Level of Maternal Mental Health among Pregnant Women in Laguna*

Independent Variable	Dependent Variable	r value	P value	Remarks	Decision
	Maternal Mental				
Social Support	Health as to Perinatal/General Anxiety	-.187**	.001	Significant	Reject H ₀

**Correlational at the level 0.01

*Correlational at the level 0.05(Two-tailed)

Table 3 shows the significant relationship between the level of social support and the level of maternal mental health among Pregnant Women in Laguna, the r value -.187 was interpreted as with negligible negative correlation. The computed probability value .001 was lesser than the level of significance ($P < 0.05$); thus, the null hypothesis was rejected. The result showed that there was a significant relationship between the dependent and independent variables.

It can be concluded that Level of Social Support has an inverse significant relationship with Maternal Mental Health as to Perinatal/General Anxiety among Pregnant Women in Laguna. The higher the Social Support, the lower the Perinatal/General Anxiety among Pregnant Women in Laguna.

Pregnancy is a time when women require a great deal of social support. Pregnant women benefit from social support because it decreases stress and enhances their mental and physical well-being. Women who receive less social support throughout pregnancy, according to Bedaso (2021), were more likely to use substances, suffer mental illness, and have poor delivery outcomes. Social support and social networks created

a sense of belonging and stability, which improved self-esteem and reduced the risk of stress and mental disease as the main effect. Social support could act as a buffer by giving additional resources to help pregnant women develop appropriate coping mechanisms to deal with stressful experiences. 325

Reduced support at a time of significant need could negatively affect maternal well-being, according to East et al. (2019), Tani and Castagna (2017), and Zamani et al. (2019). Prenatal and postnatal moms benefit from social support by reducing bad birth experiences, lowering the risk of depression, promoting a balanced postpartum diet and physical activity, and improving mental health. Lack of social support during pregnancy and postpartum, as well as increased isolation, may contribute to a variety of unfavorable mother health outcomes, including stress, anxiety, and depression.

According to the findings, being moderately/very stressed during pregnancy is connected with low affectionate support. People with high levels of stress may be less able to maintain contact and build strong social relationships with others, therefore keeping others at arm's length, most likely because they are afraid of transmitting their high stress to their social networks. It's also likely that persons with high levels of perceived stress undervalue the social support they get and do not use it in ways that might enhance their mental health.

A lockdown scenario during a pandemic, according to Brik et al. (2021), increases anxiety and sadness symptoms in pregnant women. Additionally, pregnant women who have less social support are more likely to experience anxiety and depression symptoms. These findings highlight the importance of improving mental healthcare during pregnancy, particularly in unusual circumstances such as a global pandemic or a lockdown, as these can lead to increased stress and anxiety, and depression symptoms, which can have negative consequences for the pregnancy and the future baby.

Purpose Statement 4: Describe the lived experiences of pregnant women as to maternal mental health.

Interview Question 1: What are the feelings of pregnant women about COVID-19?

Theme A. Psychological Distress

The theme, Psychological Distress was the theme derived from the constant responses of the five participants based on their feelings about their pregnancy caused by the COVID-19 pandemic, unplanned pregnancy, and irresponsible father. Such experience as being pregnant in a pandemic gave the participants a feeling of uneasiness. These pregnant women specifically felt anxious, weary, and negative and unpleasant feelings due to the restriction caused by the lockdown. Limited movement and resources were faced by the participants, as well as the risk hazard from the environment due to their health condition being pregnant.

Aside from that, it is quite distressful for them to find themselves in facing alone with the case of being pregnant, relative from participant 3 stated "Ako po ay nabuntisan ng shota ko.di naman ako pinanagutan. Marami po kaming pinagdaanan netong batang ito kahit nasa tiyan pa."

Being distressed amidst the pandemic is quite a normal feeling to deal with. Abrupt changes from the tradition can be stressful, but much more for those people with the crucial need to sustain a healthy life for their offspring.

Experiencing hardships and difficulties tackles about how these pregnant women encounter some difficult and challenging situation in the pandemic. Being distressful about their situation, participants somehow encountering challenging scenarios just like any other person. They experience the lack of resources and convenience when they want to have their check-ups due to their circumstance such as financial, support from their spouse and the mobility in the pandemic. Specifically, one of the participants expressed her dismay with the challenge in mobility with this quotation "Jusko ne, ang hirap lalo na sa pagbyahe byahe."

According to Maison et al. (2021), one of the issues that pregnant women face is the restriction of

direct interaction with others. The pandemic's first big difficulty was that direct contact with other people was drastically curtailed. Many others were compelled to work from home throughout the lockdown, limiting their communication with friends and family members (parents, children, and siblings). For most of the respondents, limiting interaction with other people was a major issue, particularly for those who lived alone and had previously led an active social life. Depending on their previous lifestyle profile, the limiting of interaction with family, friends, and coworkers was a significant issue for others. 326

In times of crisis and disaster, there is a natural desire for closeness. Regulators severely restricted the ability to meet this need during the COVID-19 pandemic. As a result, many people struggled to maintain a positive psychological state.

Interview Question 2: How did you cope with the situation you are within?

Theme B. Social and Financial Support, Learning from Past Experiences, Drive, and Motivation to Pursue, Motherly Love

The theme, Social and Financial Support, Learning from Past Experiences, Drive and Motivation to Pursue, and Motherly Love, was the theme derived from the five participants about the coping strategies with their pregnancy during the COVID-19 pandemic.

Motherly love was one of the coping strategies that the participants frequently mentioned. Despite the hardships, challenges, and difficulties they faced; they managed to deal with their circumstance in a way of still looking after their offspring. Being responsible and giving unconditional love to their child were their motivation to move forward. They still wanted to hold the responsibility of being a mother to their child even though life was hard for them. These responsibilities came out of love as a mother. They also aspired to give their child a healthy lifestyle and a good future. In other words, their form of being resilient was to provide love to their children and that is out of love. As Participant 3 stated, “anak ko ma’am ang motibasyon ko para mabuhay,” while Participant 5 mentioned, “...patuloy akong lumalaban ma’am kasi gusto ko pang maalagaan ang mga anak ko.”

According to Molgora et al. (2018), both pregnancy and childbirth can be stressful, even traumatic, events that require women to adjust their lifestyles, habits, and even their self-image and identity. Overall, women who gave birth or were pregnant during the current pandemic are more likely to develop depressive, anxiety, or post-traumatic symptoms, as well as intense fear of childbirth, which may result in more complicated labors, greater pain during childbirth, and an impaired capacity to care for the baby, while also affecting overall family stability.

Expectant and postpartum women's psychological well-being can be influenced by a variety of factors, according to Ravaldi et al., (2020), Saccone et al., (2020), and Thapa et al., (2020). Specific pandemic-related factors (i.e., the government's restrictive measures enacted to prevent and contain the spread of the coronavirus infection) have been found to shape the experience of motherhood, in addition to some widely studied dimensions that have been shown to have an impact on mothers' mental health (e.g., socio-demographic variables, prior psychological disorders, etc.).

Drive and Motivation to Pursue was derived from the participant's responses. There were portions of them coping with this kind of adversity and for them, it was doing what makes them happy and what they want to do. It was their way also to facilitate their well-being amidst the pandemic. Due to being stuck inside their home, with minimal encounters with people and avoiding contact with many people, they somehow manage to adapt to this situation and knew what to do in the tremendous amount of their leisure time. One of which participants stated that “Pagluluto naman po ang hilig ko ma’am, nagagawa ko parin siya kahit nagpandemic, nakakapagtinda parin po ako saamin ng mga ulam ulam pandagdag sa gastusin ng pamilya”, also “...bukod sa pagtatanim. Plantita ganon. Wala namang nagbago kahit nagkapandemic”. It appears like taking advantage on the thing they want and out of that notion they also earning a living for their family.

According to Narici et al. (2020), participating in leisure activities during COVID-19 has likely had protective benefits for psychological health, and these benefits extend to both physical and creative pursuits. When exercise is crucial for overall health and welfare, creative pursuits (including gardening, cooking, web marketing, and so on) may also offer possibilities for the mind to be fed while in COVID-19 home isolation. However, causal inferences are still unclear. Some people perceived it as a coping strategy for the strain of "working from home and living at work" given the particular circumstances of COVID-19. If this is the case, national and international support for physical activities should be prioritized alongside financial and social support for the pursuit of creative pursuits. If not, some people who want to continue their artistic endeavors after the lockdown might not be able to do so. 327

Learning from Past Experiences was a theme extracted from the participants' responses. Some of the participants mentioned that their unexpected and unplanned experiences gave them the chance to cope with their current situation. Particularly, Participant 3 mentioned, "Sa mga pinagdaanan ko ma'am, naging mas mainat ako tsaka naging mas palaban sa buhay." While for Participant 4, "After this experiences naging wiser ako, naging matatag na ang lahat naman pala ay kakayanin basta may katuwang...."

However, this pandemic changed a lot of routines for most people and most specially pregnant women. There are things that really do not work out and they are being stressed about it. Decisions and choices, they made quite impacted them that made them realize to be wiser in every step they will make because their decision will not only be affected by themselves but also to those people that is dependent to them.

George Santayana once said, "Those who cannot remember the past are condemned to repeat it." Unfortunately, many people today fail to reflect on their past experiences, allowing valuable knowledge to escape. Failure can be the best teacher, and the knowledge gained from it can often aid in achieving success.

Social and Financial Support was one of the themes extracted from the responses. Moreover, time of pandemic is a time of adversities wherein most of the people experience different problem with different magnitude, especially for pregnant women with lack of resources. Since being pregnant is very vulnerable to physical, mental and emotional health, they need assistance. Participant 1 said that, "Suportado naman po ako ng mga anak at asawa ko dito sa pagbubuntis ko ngayon..." Whereas, Participant 2 uttered, "...pero ang pamilya ko naman ay suportado ako lalo na ang nanay at tatay ko..." And Participant 3 said, "Sobrang hirap po lalo na kung walang suportang nakukuha sa paligid."

The crucial resiliency and coping for them is the support from their significant others; it played an important role in helping them get through their difficulties. Sharif Nia et al. (2021) financial hardship may have influenced depressed symptoms during the COVID-19 pandemic, although this can be explained by the event's effects. Financial suffering was inevitable for many COVID-19 victims because it affected so many people with different financial demands and capacities. They manage to alleviate negative feelings they experience in the long run, before, during, and after giving birth to their child, with the help of their support system. The majority of these social supports were also provided by their parents. Parents in collectivist societies were still held responsible for their pregnant child.

Through their experiences, support from their social network and other activities they enjoy may assist them in overcoming feelings of uneasiness throughout their pregnancy journey.

Conclusion

The following conclusions were drawn from the study's findings based on those indicated above:

1. That pregnant women experience a hard time during the COVID-19 pandemic really in need of social support. Especially, those affected are teenage pregnant people or young mothers who are with limited resources and need more guidance.
2. That everyone occasionally feels anxious, but some people find it difficult to control their worries.

Expectant mothers require social support to experience happy emotions, and engagement, a strong support network, a sense of purpose in life, and a sense of accomplishment are all fundamentally linked to having a higher level of resilience. Anxiety can appear at any time during pregnancy or after delivery (perinatal anxiety is the term used for anxiety during pregnancy and after delivery). Worries are common during pregnancy. Pregnancy hormone changes, previous heartbreaking miscarriages, and sleep difficulties can all contribute to anxiety in expectant mothers. A coronavirus pandemic has the potential to significantly increase anxiety, adversity, and fear, which negatively affects pregnant women emotionally. Pregnant women are more likely to experience anxiety symptoms and alter their attitudes and actions due to the COVID-19 pandemic. It will be beneficial to educate midwives and nurses about pregnant women's mental and physical health as well as how to work with mental health professionals when appropriate. 328

3. That the social support has an inverse significant relationship with Maternal Mental Health as to Perinatal/General Anxiety among Pregnant Women in Laguna. The higher the Social Support, the lower the Perinatal/General Anxiety among Pregnant Women in Laguna can be experienced.

4. That although pregnant women are experiencing feelings of distress due to pandemic and experiencing hardships and difficulty, they can still cope by doing things they want, giving motherly love to their children, learning from their experiences, and most especially, their social support. During the pandemic, a strong support network is essential for maintaining the mental health of mothers. Pregnant women rely on their loved ones, friends, coworkers, romantic partners, confidants, and companions while they fight an avalanche of pressures. They can endure situations in large part because of the support they are receiving from people who support them.

Recommendations

The recommendations made in light of the results and conclusions stated are as follows:

1. Pregnant women, even in times of pandemic, may talk with their obstetrician, midwife, or other prenatal healthcare provider about their pregnancy and childbirth concerns. He or she may be able to give up-to-date information about pandemic precautions for pregnant women and any ways that the childbirth experience will be impacted at the delivery location. They may collaborate with pregnant people to develop a safe, individualized plan for prenatal care and birthing experience. They may also help to reassure them about the precautions that the hospital or clinic is taking. In that case, it may ease pregnant women's worrying. The family and community may work together to help pregnant teens adapt to the situation and raise awareness about maternal mental health and the importance of social support during the pandemic.

2. Pregnant women may take steps to maintain a positive mood and healthy behaviors. They may continue to engage in pandemic precautions, such as mask-wearing, hand-washing, and social distancing. They cannot control other people's actions or how the virus is impacting their community, state, or nation. And some programs may help them to develop better mental health status and maintain their sane during pandemic.

3. Pregnant women may keep up those social connections. If social systems are far away, planning to have video calls or other social media platforms to keep in touch with loved ones may be done.

4. Pregnant women may use proven stress-reduction tools such as deep breathing exercises, mindfulness practices, positive self-care, and gratitude-building if they feel sadness or anxiety. They have to make sure to tell the doctor if they are struggling emotionally. Also, they can be referred to a mental health care provider who can support them through this challenging time.

5. For pregnant women, contracting the coronavirus is an unexpected occurrence that causes them a lot of worry and strain and can lead to psychological suffering. Although people are amazingly adaptable, there are still many unknown factors regarding the pandemic's effects on vulnerable populations. The researcher's conclusions offer some recommendations for operationalizing participant lived experiences into items for additional future mixed-method longitudinal studies that may result in initiatives to lessen the pandemic's negative impacts on prenatal women and new mothers. It is necessary to conduct more research to evaluate

various supportive methods for increasing the serenity and tranquility of pregnant women in difficult circumstances. 329

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