

The Relationship of Islamic Spirituality, Self-Compassion, and Husband Support with Subjective Well-Being in the Late Trimester of Pregnant Women during the COVID-19 Pandemic

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Abstract

The health of pregnant women in the late trimester preparing for childbirth is vulnerable to being affected by the conditions around them. The state of the COVID-19 pandemic adds to the risk factors for pregnant women. The perceived impact is stress, anxiety to depression which can interfere with the health and safety of the mother and fetus. The importance of pregnant women in maintaining their mental health can be seen from the condition of subjective well-being. A pregnant woman's subjective well-being can be influenced by internal factors such as Islamic spirituality and self-compassion. In addition, external factors also affect, such as the husband's support. This study examined the relationship between Islamic spirituality, self-compassion, and husband's support with subjective well-being in late-trimester pregnant women during the COVID-19 pandemic. This study used a quantitative correlational method, with the number of participants being 103 pregnant women. The data collection technique used was convenience sampling and had criteria as Indonesian citizens, Muslim women aged 20-45 years who experienced late trimester pregnancy during the COVID-19 pandemic (November 2021-January 2022). The data obtained were then analyzed using a multiple linear regression test. Based on the results of this study, it found that Islamic spirituality, self-compassion, and husband's support had a relationship with subjective well-being worth $R=0.606$, with an effective contribution of 36.7%. The results of this study show new findings that most of the late trimester pregnant women during this pandemic have moderate Subjective Well-being.

Keywords: Subjective well-being, Husband's support, Islamic spirituality, Pregnant women, Self-compassion

Introduction Section

The COVID-19 pandemic has significantly impacted physical and psychological health, especially among vulnerable groups such as the elderly, individuals with comorbid diseases, and pregnant and postpartum women. Based on the latest data from the official government website covid19.go.id on June 8, 2021, the number of confirmed COVID-19 cases has reached 1,869,325 cases, with a 10.2% of cases experienced by pregnant women. This gain occupies the 4th highest position after cases with comorbid hypertension, diabetes mellitus, and heart disease (covid19.go.id, 2021).

The impact of social distancing during the pandemic on vulnerable groups, namely children, pregnant women, and the elderly, are the groups experiencing the worst effects. The previous researcher's suggestions reveal that special assessment and attention are needed for the welfare of vulnerable groups. This issue is a result of the low access to social and health services that can be reached by this group (Pradana et al., 2020). Therefore, the researcher plans to study one of the members of this vulnerable group, namely pregnant women, because pregnancy itself is an important event in the development of a woman's life which is full of stress but also beneficial as long as a woman prepares to become a mother (Patwa et al., 2015).

Pandemic conditions are an additional risk factor for pregnant women. Most countries report increased anxiety, stress, and depression in pregnant women. Employment status, economic burden, and lack of social support are factors that influence the occurrence of mental health problems. Psychological disorders in pregnant women will majorly affect pregnancy care and fetal development in the womb until the delivery and postpartum period (Rahman & Urbayatun, 2021).

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Researchers conducted initial data collection on 11-16 June 2021 using google forms spread from Aceh to Papua. As a result, 160 participants obtained the proportion of pregnant women as 56 (34%), mothers given birth as 104 (65%), and mothers with miscarriages as 2 (1%).

Based on preliminary data, it is known that the experiences of pregnant women during the pandemic varied, with 63 (42.3%) participants stating that they considered the pandemic condition to affect their health and happiness. Furthermore, 68 (41.7%) participants felt low self-esteem during pregnancy. Then, 19 (12.8%) participants experienced difficulties in obtaining health services. In addition, 144 participants (88.3%) reported feeling more worried, anxious, and stressed due to the pandemic than usual. Therefore, they must always maintain cleanliness and health and stay at home.

Preliminary data show that most coping strategies for dealing with anxiety or negative feelings are routines of worship and entertainment. Such as, 128 (78.5%) listened to murattal Qur'an, 109 (66.9%) dhikr, 97 (59.5%) sholat, 84 (51.5%) watched a movie, 45 (27.6%) listened to music, 66 (40.5%) recitations of the Qur'an, 18 (11%) meditation, etc. Almost all of the participants (96%) in the initial data also received assistance from their husbands at home, such as doing housework, raising children, and entertaining participants.

The psychological conditions experienced by the participants in this researcher's initial data follow previous research, which showed that the COVID-19 pandemic caused pregnant women to experience stress, anxiety, and depression (Wulandari et al., 2020) from fear to trauma (Rachmawati, 2020). In addition, previous research also found data that pregnant women experience the highest pregnancy stress in the third trimester (Chandra & Febriani, 2018).

This psychological disorder endangers the mother and child if not treated as soon as possible. In addition, mothers who give birth have the potential to experience mood or emotional disorders, anxiety, to depression which have an impact on the baby and also the husband (Ifdil et al., 2020). Previous research revealed that higher stress hurts a person's subjective well-being, making them less happy and satisfied with their life (Atanes et al., 2015).

Most of the efforts or coping made by the participants in this initial data to overcome their anxiety were Islamic coping to remember and return to Allah Azza wa Jalla. This coping is an implementation of one of the dimensions of Islamic spirituality, namely the feeling of being connected to Allah (Dasti & Sitwat, 2014). A study in Malaysia revealed that Islamic spirituality was identified as a significant factor in the success of Muslim entrepreneurs and an effective way to cope with stress and work pressure (Grine et al., 2015). Other studies have shown that Islamic spirituality has a positive relationship with psychological well-being and a negative relationship with anxiety and depression (Lakdawala et al., 2018). Furthermore, recent research has shown that Islamic spirituality and locus of control affect the happiness of veiled Muslim women (Sudirman, 2018).

Compassion for oneself and others (compassion for self and others) is bridged by forgiveness (forgiveness) which indirectly determines an individual's subjective well-being (Roxas et al., 2019). Self-Compassion can also increase a person's subjective well-being, as in Iranian female nurses (Bozorgi & Homaei, 2018), gifted adults (Vötter & Schnell, 2019), prospective students and college students (Booker & Dunsmore, 2019), overseas students (Triana, 2020) to prison residents (Ardianti, 2020).

Previous research revealed that there was an influence on the husband's support consisting of physical, moral, and material support to motivate pregnant women to maintain health during pregnancy (Melati & Raudatussalamah, 2012) and support the success of childbirth care (Yunamawan & Astuti, 2013). Other studies also reveal a relationship between the husband's support and health workers' anxiety levels of pregnant women (Desiani, 2019) and primigravida readiness to face childbirth (Slamet & Aprilina, 2019). In addition, recent research has shown that the husband's support determines the wife's subjective well-being during pregnancy and childbirth (Sudirman et al., 2019). This reveals pregnant women need the role of husband's support.

Based on this background, it's found that there is a relationship between the variables of Islamic spirituality and self-compassion on the happiness of pregnant women and the husband's support during pregnancy and childbirth. Therefore, the researcher wanted to know the relationship between "Islamic spirituality, self-compassion and husband's support with subjective well-being in late-trimester pregnant women during the COVID-19 pandemic".

Therefore, this study aims to 1) examine the relationship between Islamic spirituality and subjective well-being in late-trimester pregnant women during the COVID-19 pandemic. 2) Testing the relationship between

self-compassion and subjective well-being in late-trimester pregnant women during the COVID-19 pandemic. 3) Testing the relationship between husband's support and subjective well-being in late-trimester pregnant women during the COVID-19 pandemic. 4) Examine the relationship between Islamic spirituality, self-compassion, and husband's support with subjective well-being in late-trimester pregnant women during the COVID-19 pandemic. The benefits of this research in clinical psychology are as a reference in maintaining mental health in pregnant women, especially during the late trimester of the COVID-19 pandemic.

Subjective well-being

Subjective well-being or individual happiness or well-being is a construction formed by dominantly positive feelings such as joy, happiness, hope, interest, trust, love, and rarely by negative emotions such as sadness, guilt, hate, and anger, as well as satisfaction from work life, academic life, and personal life (Myers & Diener, 1995). According to (Diener, 2000), subjective well-being is a cognitive and affective evaluation of one's life.

(Diener, 2009) divides the forming aspects of subjective well-being, which consist of affective aspects and cognitive aspects. The affective aspect is seen from a person's affective evaluation of his life, namely the existence of a balance of positive and negative affect based on the frequency with which a person feels positive and negative affect that he experiences every day (Eid & Larsen, 2008). At the same time, the cognitive aspect is seen from a person's evaluation of his life satisfaction, where a person assumes that his life has been going well.

Individual subjective well-being is influenced by several factors, namely personality, health, income, religiosity, marriage, age, gender, occupation, education, and intelligence (Diener et al., 1999). Then (Dewi & Nasywa, 2019) grouped the factors that affect subjective well-being into internal and external factors. Internal factors include gratitude, forgiveness, personality, self-esteem, and spirituality. In comparison, external factors consist of social support.

Pregnant women with low subjective well-being experience anxiety that can interfere with daily life to depression and harm the fetus, including triggering preeclampsia, miscarriage, low birth weight babies, and premature babies (Saputri & Yudianti, 2020). Meanwhile, pregnant women with high subjective well-being can overcome their problems calmly, lower their egos and easily forgive other people's mistakes (Elisadevi, 2018).

Islamic Spirituality

Spirituality is an individual's awareness of the existence and experience of inner feelings and beliefs that give purpose, meaning, and value to his life (Fisher, 2011). Spirituality in Islam is centered on love, devotion, and closeness to God, namely the devotion of a Muslim who shows closeness to Allah Subhanallah wata'ala. This closeness engenders feelings of affection at the core of the subjective experience. Then compassion will motivate even deeper devotion so that it becomes a cycle to deepen faith from time to time. This process is considered an ideal Muslim spirituality (Ghorbani et al., 2014).

Islamic spirituality is an implicit construct that can be measured through the manifestation and expression of awareness of Allah (a feeling of connectedness), knowledge (the search for the meaning of divinity), discipline, morality, and various beliefs, obligations, responsibilities, and Islamic practices (religious practices). commanded to every Muslim (Dasti & Sitwat, 2014). Through Islamic spirituality, individuals will experience the heart and mind with an awareness of the Eternal God and also realize knowledge about the meaning of life (Ahmad & Khan, 2016).

Dasti & Sitwat (2014) formulate aspects of forming Islamic spirituality consisting of eight dimensions, namely 1) the search and search for divinity; 2) the feeling of being connected to God; 3) self-discipline; 4) anger and expansive behavior; 5) self-aggrandizement; 6) cruelty-generosity; 7) tolerances; 8) Islamic practice.

Self Compassion

Compassion is a feeling of being touched by the suffering of others, making a person aware of the pain of others, not avoiding or disconnecting from them, having feelings of kindness towards others, and the desire to relieve their suffering (Wispe, 1991).

Compassion also teaches individuals not to judge one's pain, shortcomings, and failures so that one's experience is seen as part of a larger human experience. Meanwhile, self-compassion is self-love which includes feeling touched and open to one's suffering, not avoiding or breaking a relationship with it, generating a desire to relieve suffering, and trying to heal oneself by doing good (Neff, 2003b).

Self-Compassion is also defined as an attitude or behavior of compassion for oneself when facing difficulties and having an open mind to all forms of suffering, lack of self, and every failure because all of that is part of human life (Karinda, 2020).

The researcher concludes that Self-Compassion is the ability of a person to love oneself by empathizing with oneself and accepting all the sufferings that are faced until they rise to heal themselves and organize life again.

Self-Compassion has six interacting aspects, namely Self-love vs. self-kindness vs. self-judgment), Universal humanity vs. self-judgment isolation (common humanity vs. isolation), and Mindfulness vs. overidentification (Neff et al., 2019). In addition, a person's ability to be compassionate is influenced by several factors, namely gender, age, personality, parental roles, and culture (Neff, 2003b).

High Self-Compassion will bring various benefits to the owner. Benefits that can be felt include having good emotional well-being because they are not trapped in anxiety or stress-depression pressures, increasing self-motivation and empathy for others (Neff et al., 2007), and maintaining interpersonal relationships and health

Husband Support

Social support refers to actions that are taken by other people (support received) and a person's feeling or perception that comfort, attention, and help are always available if needed (perceived support) (Sarafino & Smith, 2017).

Husbands are wives' greatest source of social support (Sarafino & Smith, 2017). Based on this understanding of social support, the husband's support is assistance provided by the husband so that he can make the partner feel comfortable physically and psychologically as evidence that the partner is cared for and loved (Nurmadina, 2008).

The husband's support when the wife is pregnant until giving birth is all activities carried out by the husband in the family, which includes two dimensions. First is the domestic dimension, namely the role of housework, the role of maternal health during pregnancy, and the role of preparation for pregnancy and childbirth. Second, the productive and social dimensions to realize family welfare (Sudirman et al., 2019).

Aspects of a husband's support based on characteristics of social support consist of emotional or esteem support, tangible or instrumental support, informational support, and companionship support. Three factors influence husbands' social support: recipient support and providers of social network support (Sarafino & Smith, 2017).

Positive social support has various benefits, including making individuals have high self-esteem, feel loved, and become part of their social network that can help when needed (Sarafino & Smith, 2017). As well as a more positive outlook on life and can restore the individual's physical and psychological well-being directly or indirectly (Utami, 2019). Social support from husbands is also known to play a significant role in the success of breastfeeding motivation for babies (Sopiyani, 2014).

Methods

This quantitative correlational research uses a cross-sectional survey approach that collects data at a time (Cresswell, 2014). The data collection technique used is convenience sampling and is carried out online and offline with license no. 546/D.2-II/MPP-Psi/UMS/XII/202. The data obtained were analyzed using multiple linear regression analysis using SPSS 16 software.

Table 1. Subject characteristics

Characteristics	Category	Subject Distribution
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		Total	Percentage
Age	22-26 years	46	44,7
	27-31 years	38	36,9
	32-36 years	17	16,5
	37-41 years	2	1,9
Residence	Sumatra	33	32
	Java	52	50,5
	Kalimantan-Sulawesi	7	6,8
	Maluku-Papua	11	10,7
Occupation	Student	3	2,9
	Housewife	47	45,6
	Working mom	53	51,5
Education	Elementary/Junior high school	5	4,9
	Senior high school	19	18,4
	Diploma/Bachelor	73	70,9
	Postgraduate	6	5,8
Family income	< Rp. 3.000.000	43	41,7
	Rp. 3.000.000–Rp 10.000.000	55	53,4
	> Rp 10.000.000	5	4,9
Age of marriage	< 1 years	26	25,2
	1-5 years	52	50,5
	6-10 years	18	17,5
	>10 years	7	6,8
Pregnancy order	1	60	58,3
	2	26	25,2
	≥ 3	17	16,5
Pregnancy age	Seven months	44	42,7
	Eight months	35	34
	Nine months	24	23,3

Measure

Subjective Well-Being

The Subjective Well-being Scale consists of the Subjective Well-being and Life Satisfaction (SWLS) Scale based on the theory of subjective well-being (Diener et al., 1985) and the Positive Affect Negative Affect Schedule (PANAS) Scale (Watson, Clark, & Tellegen, 1988) which was adapted into Indonesian by (Prasyatiani & Sulistyarini, 2018). The researcher modified this scale and arranged it into 21 items. The SWLS validity value moves from .86-.89, and the PANAS validity value moves from .82-.93. The subjective Well-being scale has a reliability value of .732.

Islamic Spirituality

The Islamic spirituality scale used is the Multidimensional Measure of Islamic spirituality Scale (Dasti & Sitwat, 2014) which has been adapted into Indonesian by Sudirman & Latifa (2019). Researchers modify and arrange this scale into 23 items. As a result, the scale's validity moves from .82 to .96, and the reliability is .845.

Self Compassion

The Self-Compassion scale used is the Indonesian adaptation scale by Sugianto et al. (2020) from The Self-Compassion Scale (Neff et al., 2019). The Self-Compassion Scale is composed of 26 items with a fairly good CFA model validity value (model fit) ($\chi^2/df = 1.324$; $RMSEA = .043$; $GFI = .910$; $CFI = .935$; $TFI = .923$; $NFI = .848$; $IFI = .936$). Therefore, the reliability value of this scale is .801.

Husband's Support

The Husband Support Scale was compiled by the researcher based on four aspects of social support: emotional support, service support, information support, and togetherness (E. P. Sarafino & Smith, 2011). This scale has 22 items. The validity value moves from .82 to .93, and the reliability value is .948.

Results

This study is normally distributed with a significance value of 0.912 ($p > 0.05$). The linearity value of each variable of Islamic spirituality, Self Compassion, and Husband's Support on the Subjective Well-being variable is sig. .000. This shows a linear relationship. The results of the multicollinearity test on the independent variables obtained the Islamic spirituality variable tolerance value of 0.623; Self Compassion is .585, and Husband's Support is 0.790, which the value is > 0.10 . While the results of the VIF value on the Islamic spirituality variable are 1.604, Self Compassion is 1.708, and Husband's Support is 1.267, which value fulfils the requirements of $VIF < 10$. So it can be said that there is no multicollinearity between the independent variables. The results of the heteroscedasticity test on Islamic spirituality were 0.742, self-compassion was 0.737, and husband's support was .815 ($p > .05$). This shows that there are no symptoms of heteroscedasticity in this study.

The calculation results of the correlation between Islamic spirituality, Self Compassion, and Husband's Support for Subjective Well-being are from the R-value of .606 with an R square of .367. It has an effective contribution of 36.7%, while other variables outside this study influence the remaining 63.3%. These results obtained an F value of 19.143 with a significance value of 0.000 ($p < 0.05$). Therefore, it can be stated that Islamic spirituality, self-compassion, and husband support have a positive relationship with Subjective Well-being. Based on this, it can be concluded that the major hypothesis proposed by the researcher is accepted. Based on the results of the categorization analysis, it is known that there are 21 pregnant women (20.4%) have low Subjective Well-being. 63 pregnant women (61.2%) have Subjective Well-being in the moderate category. 19 pregnant women (18, 4%) have high Subjective Well-being.

Table 2. Major Hypothesis Test Results

R	R Square	Adjusted R Square	F	Sig.	Mean	Standard Deviation
.606	.367	.348	19.143	.000		

The results of the correlation analysis of Islamic spirituality on Subjective Well-being have a value of $r = .554$; $p = 0.000$ ($p < 0.05$). The effective contribution of the Islamic spirituality variable to Subjective Well-being is 20.8%. The results of the Islamic spirituality analysis test showed that 22 pregnant women (21.4%) had low Islamic spirituality, 75 pregnant women (72.8%) or most pregnant women had moderate Islamic spirituality, and 6 pregnant women (5, 8%) were classified as having high Islamic spirituality during the COVID-19 pandemic.

The correlation results of the variable Self Compassion on Subjective Well-being are $r = .492$; $p = .000$ ($p < 0.05$). Therefore, the effective contribution of the Self Compassion variable to Subjective Well-being is 9.6%.

The categorization analysis of the Self Compassion variable has the results in the form of 12 pregnant women (11.6%) who have low Self Compassion, 70 pregnant women (68%) are moderate, and 21 pregnant women (20.4%) who have high Self Compassion during the time of the COVID-19 pandemic.

The results of the correlation between the husband's support for Subjective Well-being obtained a value of $r = .388$; $p=0,000$ ($p<0,05$). The effective contribution of the husband's support to subjective well-being is 6.3%. The results of the categorization analysis of the husband's support variable in the late trimester of pregnant women during the COVID-19 pandemic were 13 pregnant women (12.6%) who received low husband support. For most of the pregnant women, as many as 78 pregnant women (75.7%) received moderate husband support, and 12 pregnant women (11.7%) received high husband support. Based on the partial test results and the effective contribution, it can be concluded that the three minor hypotheses proposed by the researcher are accepted.

Table 3. Minor Hypothesis Test Results

Variable	Regression Coefficient (Beta)	Correlation coefficient (r)	Effective Contributions
Subjective Well-being-Islamic spirituality	.375	.554	20,8%
Subjective Well-being-Self Compassion	.195	.492	9,6%
Subjective Well-being-Husband Support	.163	.388	6,3%

Variable categorization analysis was carried out using the Mean (mean) and Standard Deviation of the data. Based on the results of the analysis conducted on the Subjective Well-being variable, it was found that out of 103 final trimester pregnant women during the COVID-19 pandemic, 21 pregnant women or 20.4% had low Subjective Well-being. Then there are 563 pregnant women (61.2%) who have Subjective Well-being in the moderate category. Furthermore, there were 19 pregnant women (18.4%) who had high Subjective Well-being.

Table 4. Categorization of Subjective Well-being

Tendency Interval	Score	Cat egory	Freq uency	Perce ntage
$X < M - SD$	<63.56	Low	21	20.4
$M - SD < X < M + SD$	63.56–84.94	Ave rage	63	61.2
$M + SD < X$	>84.94	Hig h	19	18.4
Total			103	100

The results of the analysis test on the Islamic Spirituality variable obtained data that 22 pregnant women (21.4%) had low Islamic Spirituality, 75 pregnant women (72.8%) or most pregnant women had moderate Islamic Spirituality and 6 pregnant women (5.8%) classified as having a high Islamic Spirituality during the COVID-19 pandemic.

Table 5. Categorization of Islamic Spirituality

Tendency Interval	Score	Cat egory	Freq uency	Perce ntage
$X < M - SD$	<76.11	Low	22	21.4
$M - SD < X < M + SD$	76.11–96.53	Ave rage	75	72.8
$M + SD < X$	>96.53	Hig h	6	5.8
Total			103	100

Analysis of the Self Compassion variable in this study obtained the results that there were 12 pregnant women (11.6%) who had low Self Compassion, 70 pregnant women (68%) classified as moderate and 21 pregnant women (20.4%) classified as having Self Compassion. High compassion during the COVID-19 pandemic.

Table 6. Categorization of Self Compassion

Tendency Interval	Score	Cat egory	Freq uency	Perce ntage
X < M – SD	<79.82	Low	12	11.6
M – SD < X < M + SD	79.82- 104.6	Ave rage	70	68
M + SD < X	>104.86	Hig h	21	20.4
Total			103	100

The results of the categorization analysis on the husband's support variable in the final trimester of pregnant women during the COVID-19 pandemic showed data that 13 pregnant women (12.6%) received low husband support. Most of the pregnant women as many as 78 pregnant women (75.7%) received moderate husband support and 12 pregnant women (11.7%) received high husband support.

Table 7. Categorization of Husband Support

Tendency Interval	Score	Catego ry	Frequen cy	Percenta ge
X < M – SD	<78.58	Low	13	12.6
M – SD < X < M + SD	78.58– 102.52	Averag e	78	75.7
M + SD < X	>102.52	High	12	11.7
Total			103	100

Discussion

Multiple regression analysis in this study resulted in the correlation coefficient of Islamic spirituality, Self Compassion, and Husband's Support on Subjective Well-being of 0.606. These results answer the major hypothesis, namely that there is a relationship between Islamic spirituality, Self Compassion, and the Husband's Support with Subjective Well-being in the late trimester of pregnant women during the COVID-19 pandemic.

The results of this study support the Subjective well-being theory as a construct formed by dominantly positive feelings such as joy, happiness, hope, interest, trust, love, and rarely by negative feelings such as sadness, guilt, hate, and anger, as well as satisfaction from work life, academic life, and personal life (Myers & Diener, 1995). Diener et al. (2005) define subjective well-being as an individual's cognitive and affective evaluation of her life.

Eid & Larsen (2008) explained that the affective aspect is seen from a person's affective evaluation of his life, namely the existence of a balance of positive and negative affect based on the frequency with which a person feels positive and negative affect that she experiences every day. While the cognitive aspect is seen from a person's evaluation of her life satisfaction, where a person considers that her life has been going well. In conclusion, subjective well-being is a form of overall individual assessment, including cognitive and affective, regarding the overall experience of her life (Diener, 2009).

The results of this study follow the presentation of Dewi & Nasywa (2019), which states that internal and external factors influence subjective well-being. In this study, Islamic spirituality and self-compassion include internal factors, while the husband's support represents external factors.

The independent variables as predictors in this study gave an effective contribution of 36.7% to the subjective well-being of pregnant women in the late trimester. While the remaining 63.3% is influenced by other predictors, including internal and external factors outside this study.

Other internal factors such as personality (Jovanovic, 2011), maturity (Bauger et al., 2020), optimism (Eddington & Shuman, 2008), emotional regulation ability (Rahayu, 2018), self-efficacy abilities (Lestari & Hartati,

2016), gratitude, forgiveness, humility (Sapmaz et al., 2016), meaningfulness (Vötter & Schnell, 2019), full awareness (Mindfulness), religiosity (Rizkillah & Anjar Wati, 2021) and self-esteem (Liu et al., 2017). Meanwhile, other external factors that can influence are social support other than the husband, quality of marriage (Anindya & Soetjningsih, 2017), and culture (Wirtz et al., 2009).

The results of this study also show new findings that most of the late-trimester pregnant women during this pandemic have moderate Subjective Well-being. This study answers previous meta-analytical research related to the impact of the COVID-19 pandemic on the mental health of pregnant women (Rahman & Urbayatun, 2021).

As previous research stated, pregnant women with low subjective well-being who experience anxiety can interfere with daily life to depression and harm the fetus, including triggering preeclampsia, miscarriage, low birth weight babies, and premature babies (Saputri & Yudianti, 2020).

Meanwhile, pregnant women with high subjective well-being can overcome their problems calmly, lower their egos, and easily forgive the mistakes of others (Elisadevi, 2018). So this study shows that pregnant women in the late trimester during the COVID-19 pandemic feel quite happy or have fairly good subjective well-being.

Relationship between Islamic spirituality and Subjective Well-being

The results of the correlation analysis between Islamic spirituality and subjective well-being is 0.554 with a significance of 0.000 ($p < 0.05$), giving an effective contribution of 20.8% to this study. This result indicates a significant positive relationship between Islamic spirituality and subjective well-being. So the higher the experience of Islamic spirituality, the higher the subjective well-being of pregnant women during the COVID-19 pandemic.

Islamic spirituality is an important variable and has the largest effective contribution to this research. It's all because spirituality is defined as an individual's awareness of the existence and experience of inner feelings and beliefs that give purpose, meaning, and value to his life (Fisher, 2011).

This study complements previous research, which shows that Islamic spirituality has a positive relationship with psychological well-being and a negative relationship with anxiety and depression (Lakdawala et al., 2018).

This study proves the concept of spirituality in Islam centered on loving devotion and closeness to God, namely the devotion of a Muslim who shows closeness to Allah subhanallahu wata'ala. This closeness raises feelings of affection at the core of the subjective experience. Then love will motivate even deeper devotion, becoming a cycle to deepen faith over time. This condition is considered an ideal Muslim spirituality (Ghorbani et al., 2014).

Based on this explanation, Islamic spirituality has similarities with subjective well-being, which is based on each individual's subjective experience. So, Islamic spirituality and subjective well-being have the same concept.

The results of this study also revealed that the Islamic spirituality possessed by pregnant women in the late trimester during the COVID-19 pandemic was classified as moderate. Nevertheless, a feeling of connectedness with God gives rise to joy and hope (Dasti & Sitwat, 2014) so that pregnant women always feel happy and sufficient for the life given.

This result supports previous research showing that Islamic spirituality is the most significant factor in the success of Muslim entrepreneurs and is an effective way to deal with work stress and pressure (Grine et al., 2015). In addition, it affects the happiness of veiled Muslim women (Sudirman, 2018).

In addition, this study supports the results of previous research on the religiosity of Muslim families during the pandemic (Rizkillah & Anjar Wati, 2021), which is included in the dimension of worship practices in Islamic spirituality, which is said to have a significant influence on subjective well-being.

Relationship between Self-Compassion and Subjective Well-Being

Based on the correlation analysis of self-compassion and subjective well-being, the result was 0.492 with a significance of 0.000 ($p < 0.05$), providing an effective contribution of 9.6%. So there is a significant positive relationship between self-compassion and subjective well-being. This result shows that better self-compassion

ability will increase the subjective well-being of pregnant women in the late trimester during the COVID-19 pandemic.

Self-Compassion is the second variable with an enormous effective contribution to this study. It's all because self-compassion is the ability to love oneself, including feeling touched and open to one's suffering, not avoiding or breaking a relationship from it, generating a desire to relieve suffering, and trying to heal oneself by doing good (Neff, 2003a).

Gilbert & Procter (2006) defines self-compassion as self-competence in developing a genuine concern for one's well-being by learning to be sensitive, sympathetic, and tolerant of their difficulties. Individuals also develop a deep understanding (empathy) of the roots and causes of their difficulties. So that they do not judge or criticize themselves and can develop self-warmth.

This attribute is very necessary for pregnant women in the late trimester. It is especially facing pandemic conditions like today, where pregnant women get additional health threats in the form of the coronavirus, which continues to mutate, uncertain socio-economic conditions, boredom arising from the policy to stay at home, and the impact of other indirect. So it can potentially interfere with the mental health of pregnant women.

The results of this study are in accordance with previous studies which showed that having good self-compassion can increase an individual's subjective well-being (Bozorgi & Homaei, 2018; Vötter & Schnell; Booker & Dunsmore, 2019; Triana; Ardianti, 2020).

This study is a new finding because there have been no previous studies on self-compassion in pregnant women. The results showed that the self-compassion ability of late pregnant women in this study was classified as moderate. So it can be seen that pregnant women are quite capable of being compassionate towards themselves for all conditions of pregnancy during the COVID-19 pandemic.

Relationship between Husband's Support and Subjective Well-Being

The correlation value between the husband's support and subjective well-being is 0.388 with a significance of 0.000 ($p < 0.05$), providing an effective contribution of 6.3% in this study. These results reveal a significant positive relationship between the husband's support and subjective well-being. So it can be concluded that the higher the husband's support will increase the subjective well-being of pregnant women in the late trimester during the COVID-19 pandemic.

Husbands are wives' greatest source of social support (Sarafino & Smith, 2017). Meanwhile, social support is considered an external factor in supporting subjective well-being (Dewi & Nasywa, 2019). Social support doesn't just refer to actions taken by other people or received support. But it also refers to a person's feeling or perception that comfort, attention, and help are always available if needed or commonly called perceived support (Sarafino & Smith, 2017). So the husband's support is the wife's perception of an attentive attitude shown in the form of providing information and advice to solve problems, increase self-confidence and self-esteem, and protect the wife from potential stress and depression (Rosari, 2017).

The results of this study support previous research, which revealed that there is an influence on the husband's support to motivate pregnant women to maintain health during pregnancy (Melati & Raudatusalamah, 2012), both physically and mentally, where subjective well-being is included.

The husband's support received by pregnant women in the late trimester during the COVID-19 pandemic is moderate. This result is unsuitable to previous research, which revealed that the average husband's support for pregnant and childbirth women was low (Sudirman et al., 2019).

Conclusion

Based on the results and discussion in this study, it can be concluded that the hypothesis is accepted. There is a positive relationship between Islamic spirituality, self-compassion, and husband's support with the subjective well-being of pregnant women in the late trimester during the COVID-19 pandemic. Islamic spirituality, self-compassion, and husband's support contributed 36.7% to the subjective well-being of pregnant women in the late trimester during the COVID-19 pandemic.

The results of the minor hypothesis test indicate that each independent variable has a positive and significant relationship with the subjective well-being of pregnant women in the late trimester during the COVID-19 pandemic. The variable Islamic spirituality contributed the most at 20.8% to subjective well-being. The self-compassion variable contributed 9.6%, and the husband's support variable contributed 6.3% to the subjective well-being of pregnant women in the late trimester during the COVID-19 pandemic.

The weaknesses in this research are research subjects that are difficult to reach. Psychological and physical conditions of pregnant women in the late trimester can also be a risk factor for hampering the data collection process. The number of items from all measuring instruments is also a factor that prospective respondents are reluctant to fill out the questionnaire. The disproportionate acquisition of research subject data on each demographic characteristic can be a drawback in this study because the research data cannot represent the population.

Based on the conclusions that have been presented, the researchers suggest that late-trimester pregnant women could take part in webinars with the theme of parenting, maternal psychology, or Islamic studies. They can do hobbies that make them happy. In addition, they can do pregnancy yoga exercises or sports to train the birth process. Lastly, they can practice giving affirmations positive to themselves.

For husbands, they can accompany pregnant women with light exercises, such as walking in the morning, partner yoga, and doing household chores. Time with pregnant women can improve the quality of husband-wife relationships and the subjective well-being of pregnant women because the mother's happiness is the source of the child's happiness in the womb.

For further researchers, it can expand the characteristics of pregnant women in the final trimester to all trimesters. So that researchers can obtain data more quickly and more. So that the data analyzed can better represent each population. Future research can also conduct research on a smaller scope, such as sub-district, district, or province, than the current research.

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