

Description of Family Support and Anxiety Levels of Third Trimester Pregnant Women during the Covid-19 Pandemic in Tuban Regency

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Abstract

The COVID-19 pandemic will pose a risk of contracting the virus to pregnant women and can affect their level of anxiety. Purpose of this study was to determine family support and anxiety levels of third trimester pregnant women during the COVID-19 pandemic, precisely at BPM Mujiati, Semanding District, Tuban Regency using a cross-sectional approach. Population in this study were all third trimester pregnant women who were examined at BPM Mujiati as many as 102 mothers, with a sample size of 81 mothers. The sampling technique used was a purposive sampling technique using a questionnaire sheet instrument. The results showed that almost all of the third trimester pregnant women (96.3%) received good family support, most of the third trimester pregnant women (65.4%) experienced mild anxiety levels, and most of the third trimester pregnant women (66.7%) received good family support. experienced mild anxiety. The right effort to minimize the anxiety of pregnant women is to provide maximum family support to pregnant women to reduce the risk of premature birth, postpartum depression and child care.

Keyword : Anxiety, Covid-19, Family Support, Pregnancy

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Citation in APA style: Dwinanda, L., P, T. R., & Wahyurianto, Y. (2023). Description of Family Support and Anxiety Levels of Third Trimester Pregnant Women during the Covid-19 Pandemic in Tuban Regency. *JOSAR (Journal of Students Academic Research)*, 8(2), 241-249.

Received:
August, 29th 2023

Revised:
September, 15th 2023

Published:
September, 25th 2023

DOI: <https://doi.org/10.35457/josar.v8i1.2680>

1. INTRODUCTION

According to (Otálora, 2020) Covid-19 is the newest type of Coronavirus which is rapidly spreading and transmitting to various countries which was first discovered in China, 2019. This new type of Coronavirus can cause statements and opinions to arise, especially for at-risk groups, including pregnant women (Tantona, 2019)

The increased worry for pregnant women is due to the current pandemic conditions. Implementation of a health protocol that uses complete PPE for health workers aimed at preventing the transmission and spread of COVID-19, so that this can reduce anxiety for health workers and pregnant women during pregnancy checks. Thus the worry of pregnant women will be reduced when carrying out pregnancy checks. Carrying out routine and regular checks is very necessary to obtain information regarding co-morbidities suffered by pregnant women before pregnancy (Islami, Nasriyah, & Asiyah, 2021). In addition, there are changes in immunity and cardiovascular in pregnant women which can result in the potential for contracting the virus. This condition can cause pregnant women to be a group at risk for transmission of Covid-19 (Bender, Srinivas, Coutifaris, Acker, & Hirshberg, 2020)

According to (Organization, 2019) 10% of pregnant women experience mental disorders as of September 27, 2020 indicating that the overall prevalence of anxiety is 42% and the overall prevalence of depression is 25% (Fan et al., 2021)

During the Covid-19 pandemic, the factors that influenced pregnancy anxiety were social support, mother's readiness in facing childbirth, economic status, threat of spread, health services, physical activity, worry about Covid-19 and the surrounding environment with the number of cases continuing to increase (Nurhasanah, 2021). The emergence of a feeling of tension, less than optimal relaxation of the body, causing fatigue or even affecting the condition of the fetus such as the risk of premature birth can occur if anxiety cannot be overcome during pregnancy and the delivery process (Zuhrotunida & Yudiharto, 2017)

The worsening of mental health during pregnancy, childbirth and after childbirth is caused by a lack of support which is a factor that causes vulnerability to transmission of Covid-19 (Bender et al., 2020). By optimizing the role of the family during the COVID-19 pandemic, the family is able to discipline behavior, provide education regarding health protocols set by the government, instill healthy lifestyle habits and exercise regularly and routinely, meet and prepare for the needs of all its members, strengthen each other and motivating its members, maintaining the mental health of its members, and basic human needs in socializing in society (Santika, 2020).

Preliminary survey data in December 2020 in the Semanding District area that the researchers conducted were obtained from 6 respondents in the third trimester of pregnancy,

consisting of 3 multidravid mothers and 3 primigravidas. Researchers found that 100% of pregnant women said they were afraid if there was an increase in positive cases of contracting the virus and mothers were afraid if infected with the virus. The psychological impact of this outbreak can increase the high anxiety symptoms of pregnant women which may be a cause for concern (Cella et al., 2019). Meanwhile, according to research (Purwaningsih, 2020), anxiety during pregnancy can also cause postpartum depression and child care. In addition, it is also important for pregnant women to optimize their health aiming at preventing the transmission of Covid-19, so this can cause pregnant women to become a risk group with efforts to increase health education to deepen knowledge for pregnant women and their families.

2. METHODS

The research design used in this study is a "descriptive design" and uses a cross-sectional approach accompanied by a "Non Probability Sampling" technique with "Purposive Sampling" with a sample size of 81 respondents. This research was conducted at BPM Mujiati, Semanding District, Tuban Regency. Data in this study were collected using two questionnaires, namely the family support questionnaire and the anxiety questionnaire with the HARS scale (Hamilton Rating Scale Anxiety). The variables in this study were family support and the level of anxiety of pregnant women in the third trimester during the Covid-19 pandemic with a sample of some third-trimester pregnant women who carried out examinations at BPM Mujiati, Semanding District, Tuban Regency. (Sari, Tajuddin, & Sholikah, 2022; Zubaidah et al., 2018)

After obtaining permission to conduct research, researchers approached pregnant women at BPM Mujiati. Before the researchers explained their intent and purpose, willing respondents were asked to sign the respondent's consent form and fill out a questionnaire.

The researcher used a questionnaire in the form of a sheet of paper and was filled in by the respondent himself by marking a checklist (✓) on the answer according to the condition of the respondent, namely pregnant women who were having their pregnancy checked at BPM Mujiati. In addition, for pregnant women who were not having their pregnancies checked at BPM Mujiati, the researchers came directly to the respondent's house with a questionnaire to fill out the questionnaire and get answers to the questionnaire questions. There are two questionnaires used, namely the family support questionnaire and the anxiety level questionnaire for pregnant women. Before the questionnaire was filled out by the respondent, first obtain consent from the respondent through an informed consent sheet. After the respondents filled out the questionnaire, the questionnaire sheets were collected by the researcher in order to get the total results of the questionnaire. To check the validity of the sample, the researcher used the Ordinal measurement scale test.

3. RESULTS AND DISCUSSION

The results obtained in this study are as follows:

Table 3.1 Characteristics of Respondents (n=81)

Characteristics	Criteria	Frequency (f)	Percentage (%)
Age (years)	≤ 20 years	1	1,2
	21-35 years	76	93,8
	> 35 years	4	5
Parity	Primigravida	35	43,2
	Multigravida	46	56,8
Total		81	100

(Data Analysis : 2021)

From table 3.1 it can be seen that almost all pregnant women aged 21-35 years were 76 pregnant women (93.8%), and most of the pregnant women were multigravida as many as 46 (56.8%).

Table 3.2 Distribution of Family Support to Third Trimester Pregnant Women (n=81)

Family Support	Frequency (f)	Percentage (%)
Good	78	96,3
Enough	3	3,7
Not enough	0	0
Total	81	100

(Data Analysis : 2021)

Based on table 3.2, it shows that almost all of the 78 pregnant women (96.3%) received good family support.

Table 3.3 Anxiety Level of Third Trimester Pregnant Women (n=81)

Anxiety Level	Frequency (f)	Percentage (%)
There isn't any	4	4,9
Light	53	65,4
Currently	24	29,6
Heavy	0	0
Total	81	100

(Data Analysis : 2021)

From table 3.3 it can be seen that most of the third trimester pregnant women, namely 53 pregnant women (65.4%) experienced a mild level of anxiety.

Table 3.4 Family Support with Levels of Anxiety for Third Trimester Pregnant Women (n=81)

Family support	Anxiety Level									
	There isn't any		Light		Currently		Heavy		Total	
	f	%	f	%	f	%	f	%	f	%
Good	4	5,1	52	66,7	22	28,2	0	0	78	100
Enough	0	0	1	33,3	2	66,7	0	0	3	100
Not enough	0	0	0	0	0	0	0	0	0	0
Total	4	5,0	53	65,4	24	24,6	0	0	81	100

(Data Analysis : 2021)

In table 3.4 it shows that most of the third trimester pregnant women as many as 52 pregnant women (66.7%) get good family support, so the level of anxiety is mild.

After the researchers got the research results, the researchers described their discussion that by increasing family support during the Covid-19 pandemic, mothers would be better prepared and calmer in dealing with childbirth. Optimizing family support can be done by fulfilling all the needs of pregnant women in increasing immunity, providing information related to Covid-19 and families also providing facilities to support improving health protocols in preventing transmission of Covid-19. The family plays an active role in preparing for medical expenses and care for pregnancy until delivery, preparing for birth needs, the family gives suggestions for undergoing examinations when things go wrong with the pregnant woman's condition, the family asks about the condition and complaints of pregnant women during pregnancy and tries to support pregnant women in treatment and pregnancy checks during the Covid-19 pandemic, and families are still lacking in providing information about the condition of pregnant women to other families to get maximum attention. This description is a mental support for pregnant women, especially in maintaining their health status and the psychological readiness of the mother before delivery. With family support during the Covid-19 pandemic, the mother's readiness in facing childbirth, the threat of the spread of the virus can reduce the anxiety felt by pregnant women.

Social support can withstand the effects of prenatal stress and has been shown to reduce the impact of prenatal symptoms of anxiety and depression on the stress response system of mothers and babies (Zainiyah & Susanti, 2020). If the family knows any information related to the health condition of pregnant women, and supports in a complex way both informational support, instrumental support, emotional support, and assessment support. Providing support for pregnant women during the pregnancy process, the mother will feel calm and will not have a negative impact on the health of herself and the fetus. As the results of the study (Zuhrotunida & Yudiharto, 2017) said that family support is needed for pregnant women in the process of childbirth in the process of reducing the level of anxiety that they are not alone during this period and the feeling of anxiety as a sign of bad risks and strengthens in making decisions to face these obstacles (Yusuf & Nihayati, 2015).

Family support can be optimized by means of; the family meets the needs of pregnant women in increasing immunity, the family provides information related to the virus and the family provides facilities to support health protocol improvements in preventing the transmission of Covid-19.

The results of this study state that good family support for third trimester pregnant women shows a mild level of anxiety. Family support is a factor that influences pregnant women's anxiety, especially during the current pandemic. So that the support provided as a whole (assessment support, instrumental support, emotional support, and informational

support,) will provide a sense of comfort during the process of pregnancy to delivery. This condition is in line with theory (Ardilah, Setyaningsih, & Narulita, 2019) which says that one of the factors capable of influencing the anxiety of pregnant women during a pandemic is support from the family.

Excessive tension will result in signs of other symptoms of anxiety such as somatic disturbances, sensory disturbances, cardiovascular disorders, respiratory disorders, gastrointestinal disorders, urogenital disorders, disturbances of autonomy, and changes in attitude so that they become depressed and worsen the health status of pregnant women. Most of the 14 questions asked to pregnant women answered that they were currently experiencing feelings of anxiety and sleep disturbances during the co-19 pandemic. Thinking of good and pleasant things for pregnant women will have a calming effect so that the anxiety level of pregnant women will decrease.

In addition, the age range of 21-30 years is a good age physically in the process of pregnancy. Besides that, multigravida pregnant women have previous experience of pregnancy and childbirth in overcoming anxiety during pregnancy can be handled well. In line with the theory (Fajrin, 2018) which says that parity factors and age factors along with support from the family are factors that influence the anxiety of pregnant women. That for mild anxiety it is common for pregnant women who have had more than one pregnancy (multigravida) and according to (SAKO, n.d.) said that multigravida mothers have more experience in providing care to newborns and children who were born before. Thus, pregnant women will be more experienced and develop what they have previously obtained. Mild anxiety is anxiety related to a feeling of tension in daily activities. So that it causes a person to be more anxious and anxious, his perception expands and his senses become more sensitive. The existence of the ability to motivate individuals to practice solving problems effectively and produce creativity and development.

4. CONCLUSION

Based on the results of the study, researchers can conclude that almost all third trimester pregnant women receive good family support, and most third trimester pregnant women experience mild levels of anxiety and most third trimester pregnant women who receive good family support experience mild levels of anxiety.

ACKNOWLEDGEMENTS

Thank you to Ms. Teresia Retna P, Mr. Yasin Wahyurianto, as the supervising lecturer in carrying out this final project, as well as those who have supported this process until the end.

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