

The Effect of Family Support on Pregnancy Related to Anxiety at Kepanjenkidul Primary Care in Blitar

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ABSTRACT

Pregnancy Related Anxiety (PRA) is an anxiety felt by pregnant woman related to pregnancy. PRA is different from the general anxiety felt during pregnancy, and contributing to a greater risk of preterm birth. According to the survey at Keparjenkidul Primary Care in Blitar City, there were 7 cases of preterm birth during 2017-2018. Family support could reduce the risk of PRA. Family support can make pregnant women more calm and relaxed in their pregnancy. The purpose of this study was to determine the effect of family support on the level of PRA at Keparjenkidul Primary Care in Blitar. Study design was cross sectional, involved 50 respondents, choosed with accidental sampling. The data collected by PRAQ-R2 questionnaire used to measure PRA levels while social support questionnaire used to measure the support of family. The data was analized with Kendall's Tau. The results of the study showed that there was an influence of family support with anxiety levels with p value of 0.0001 α 0.05. The study concluded there was an effect of family support on the level of pregnancy related to anxiety. High family supports decrease the risk of pregnancy related to anxiety.

Keywords: Pregnancy Related Anxiety, family support.

INTRODUCTION

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are one indicator of health development in the 2015-2019 RPJMN and SDGs. Based on 2015 AKI Inter-Census Population Survey (SuPAS) data of 305 per 100,000 live births; IMR is 22.23 per 1000 live births (Directorate of Family Health, 2016). The psychological state of anxiety and fear greatly influences physical function of the body. This case will greatly affect the function of organs, for example the organs involved in labor become less strong, encouragement from the body is also not strong so that it inhibits the process of labor and childbirth (Nisman, 2011).

According to the results of a survey at UPTD Puskesmas Keparjenkidul in Blitar City, the number of deliveries in 2017 at the Keparjenkidul sub-district level was 533. In 2018 there were 561 deliveries. There have been 1 case of maternal deaths in the past two years with the cause of pregnancy bleeding due to placental abruption. The number of deliveries at the Keparjenkidul Community Health Center in 2018 was 239 with a total of 69 referral cases. The number of referrals due to the first stage of labor extended by 13 cases with a percentage of 18.84%; labor with stage 2 lengthening by 2 cases with a percentage of 2.89%; fetal distress in 5 cases with a percentage of 7.24%; LBW cases and premature as many as 7 cases with a percentage of 10.14%.

Regulation of the Minister of Women Empowerment of the Republic of Indonesia Number 1, 2008 concerning Guidelines for Implementing the Improvement of Women Quality Life. This regulation supports the role of the husband in the condition of preparedness to provide assistance and support his wife during pregnancy, childbirth and parturition (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak RI, 2008) United Nations Population Fund (UNPF) supports that the great role the husband's participation in maternal health will reduce the amount of morbidity and maternal death caused by death and childbirth

METHOD

The design of this study was observational, with a cross sectional study approach. The population in this study were all pregnant women who did Antenatal Care at UPTD Puskesmas Keparjenkidul, Blitar for 5 days totally 50 samples. The research instrument in this study used the Pregnancy Related to Anxiety Questionnaire-Revised 2 (PRAQ-R2) research instrument and the family support questionnaire (social support).

RESULT**Table 4.1: Distribution of respondents based on age at the health center of Kepanjenkidul, Blitar.**

No	age	f	%
1	<20 year	0	0
2	20-34 year	45	90
3	>34 year	5	10
	Total	50	100

Table 4.1: Distribution of respondents based on gestational age at the health center of Kepanjenkidul, Blitar

No	Gestational Age	f	%
1	Trimester I	12	24
2	Trimester II	20	40
3	Trimester III	18	36
	Total	50	100

Table 4.3: Distribution of respondents based on education at the health center of in the Kepanjenkidul, Blitar

No	The Job	f	%
1	IRT (Ibu Rumah Tangga)	39	78
2	Petani	0	0
3	Buruh	1	2
4	Wiraswasta	9	18
5	PNS (Pegawai Negeri Sipil)	1	2
	Total	50	100

Table 4.4: Distribution of respondents based on the job at the health center of Kepanjen Kidul, Blitar

No	Education	f	%
1	SD	5	10
2	SMP	11	22
3	SMA	25	50
4	PT (Perguruan Tinggi)	9	18
	Total	50	100

Table 4.5: Distribution of respondents based on the number of pregnancies at the health center of Kepanjenkidul, Blitar

No	Pregnancy	f	%
1	Pregnat to 1	12	24
2	Pregnat to 2	24	48
3	Pregnat to 3	10	20
4	Pregnat to 4	4	8
	Total	50	100

Table 4.6 Distribution of respondents based on the number of children at the health center of Kepanjenkidul, Blitar

No	Number Of Children	f	%
1	0	13	26
2	1-3	35	70
3	>3	2	4
	Total	50	100

Table 4.7 Distribution of respondents based on family support at the health center of Kepanjenkidul, Blitar

No	Family Support	f	%
1	High support	33	66
2	Medium support	14	28
3	Low support	3	6
	Total	50	100

Table 4.8 Distribution of respondents based on anxiety level at the health center

No	Anxiety Levels	f	%
1	No anxiety	32	64
2	Mild anxiety	4	8
3	Moderate anxiety	12	24
4	Severe anxiety	2	4
	Total	50	100

Table 4.9 The influence of family support on anxiety levels of pregnant women at the Kepanjenkidul Health in Blitar City in July

Family Support	Anxiety Levels								
	No anxiety		Mild anxiety		Moderate anxiety		Severe anxiety		Total
	f	%	f	%	f	%	f	%	f
Low	0	0	0	0	1	8	2	100	3
Medium	1	3	2	50	11	92	0	0	14
High	31	97	2	50	0	0	0	0	33
19 Total	32	100	4	100	12	100	2	100	50
Sig. (2-tailed)	0.000								
Correlation coefficient	-0.879								

DISCUSSION

Family support for pregnant women

Based on research at Kepanjenkidul Public Health Center in Blitar on 10-16 th of July 2019, it was found that table 4.7 was mostly of high respondent family support. Based on table 4.1 90% of respondents have the age of 20-34 years old. According to Purnawan (2008) in Rahayu (2008) support can be determined by the age factor in this case is growth and development, thus every vulnerable age (baby-elderly) has an understanding and response to different health changes.

Beside of the age factor, education is also able to influence one's perception on family support. The last education taken by someone shows the knowledge possessed by someone, more higher knowledge, the better it will be in accepting and understanding other people's treatment on him. Based on table 4.3, 25 of the 50 respondents (50%) had a high school education. According to Rinto (2012) information support from the family is also very useful in helping patients to overcome the anxiety experienced.

Anxiety level in pregnant women

The results of conducted research at Kepanjenkidul Public Health Center in Blitar on 10-16 th of July 2019 depicted in table 4.8 that 32 out of 50 respondents (64%) did not experience anxiety related to pregnancy, 4 respondents (8%) experienced anxiety related to pregnancy in the mild category, 12 respondents (24%) experienced pregnancy-related anxiety and 3 respondents (4%) experienced pregnancy-related anxiety. Manuaba (2013) states the anxiety of pregnant women is influenced by two factors, namely internal factors and external factors. Internal factors include: age, education, knowledge, attitude, income, job while external factors include: bustle, health services and mental support.

Age is able to influence the level of anxiety in a woman's pregnancy, because people who are getting older (> 35 years old), the organ functions will decrease and cause a high-risk pregnancy so that the anxiety level will be higher too when knowing that the pregnancy experienced is a risky pregnancy, and vice versa if the age is still immature (<20 years) then the function of the genital organs is still not ready to accept pregnancy, and psychologically. As explained by Susanti (2008), that the age of the mother <20 years and > 35 years will have an impact on feelings of fear and anxiety before the birth process. If the mother is pregnant in this age, her pregnancy is included in the high risk pregnancy category and an older woman will have a high potential for giving birth to a disabled baby. Based on table 4.1 that 45 out of 50 respondents (90%) are aged 20-34 years. This case shows that most respondents have an ideal age in pregnancy, so the risk of respondents experiencing anxiety related to pregnancy is relatively low.

In addition to the majority of respondents who are in the ideal age for pregnancy, low levels of anxiety related to pregnancy may also be related to gestational age, most of the respondents entering the second trimester, as illustrated in table 4.2 that there are 20 out of 50 respondents (40%) reached the age of the second trimester of pregnancy. Trimester II is the quietest period of pregnancy because the mother is getting used to her pregnancy, besides the levels of hCG (Chorionic gonadotrophin hormone) that causes nausea felt in the first trimester has begun to decrease and have not felt discomfort such as back pain and pain before childbirth as felt in the third trimester (Stoppard, 2009). Whereas if it is related to work factors, it can also pose a risk of experiencing anxiety / worry of not being able to maintain the pregnancy due to fatigue due to work and the responsibilities of the work itself. Based on table 4.4 it can be seen that the work of the majority of IRT respondents (Housewives) is 39 out of 50 respondents (78%).

Outside of education factor and employment which becomes the causes of anxiety related to pregnancy can also be influenced by the respondent's parity. Based on table 4.5, the highest percentage of pregnant women parity in Kepanjenkidul Health Center in Blitar is the second category of pregnancy 24 but of 50 respondents (48%). Parity can affect anxiety, because it is related to psychological aspects.

Effect of family support on the level of anxiety of pregnant women

Based on table 4.9, that respondents who received high family support did not have anxiety related to pregnancy as many as 31 out of 33 respondents (94%). Respondents who get family support are experiencing anxiety related to pregnancy with a moderate category as many as 11 out of 14 respondents (92%), respondents who get low family support experience anxiety related to pregnancy with heavy categories as many as 2 out of 3 respondents (67%) and experience anxiety related to pregnancy with a medium category 1 out of 3 respondents (33%). The results of this study are also in accordance with Handayani's study (2012) that there is a significant relationship between husband's support and anxiety levels before delivery in the Lubuk Buaya Public Health Center in Padang with a value of $p < 0.05$. Family and husband support greatly affect the level of anxiety in third trimester pregnant women before the birth process. Because by providing ongoing support for third trimester pregnant women before delivery, can provide a sense of security and comfort. So as to reduce the level of anxiety in third trimester pregnant women (Jannah, 2015).

The existence of a negative, strong and significant influence of family support on the anxiety level related to pregnancy in this study is acceptable. This can be seen from the results of the correlation coefficient $r = -0.879$ and a significant value ($p < 0.05$) which means that family support significantly influences the level of anxiety of pregnant women. Negative results on the correlation coefficient mean that pregnant women who get high family support have a lower risk of experiencing anxiety related to pregnancy.

CONCLUSIONS

The results of research and data analysis are the family support of respondents at the Kepanjenkidul Health in Blitar based on the results of the study, 66% received high support, the anxiety level of respondents at Kepanjenkidul Health in Blitar based on the results of the study was 64%, no one anxiety. Results of the study showed that there was an influence of family support with anxiety levels with p value of $0.0001 < \alpha 0.05$. That means there is a negative influence where pregnant women who get high family support have a lower risk of experiencing anxiety related to pregnancy, and there is a significant significant effect shown in Kendall's tau test.

SUGGESTIONS

Suggestions in this study are: for the research site it is expected that the results of this study can be used as information and can be used as a means of developing MCH health services to provide family support to reduce anxiety levels during pregnancy through non-governmental organizations such as classes of pregnant women, for respondents expected families to participate in supporting maternal pregnancy both in an assessment, instrumental, informational and emotional manner, so that it can help reduce anxiety in the mother in dealing with her pregnancy. For the next researcher can be adding a new variable, namely the influence of family support and health workers on the level of anxiety of pregnant women in the trimester 3.

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