Family Support for The Care of High-Risk Pregnant Women During The Covid-19 Pandemic

Herlina

Akademi Keperawatan Bethesda Serukam, Indonesia

Correspondence author: Herlina
Email: linah769@yahoo.co.id
address : Jalan Singkawang-Bengkayang, Km.48. Desa Pasti Jaya, Kecamatan Samalantan. Kab. Bengkayang. Kalimantan Barat. Kode Pos 79182

ABSTRACT

In the health sector, maternal mortality remains a major issue in Indonesia. High-risk mothers are one of the leading causes of death. If a mother has 4T and is too pregnant, she meets the risk criteria: young, old, frequent, and a lot In this study, a cross-sectional approach was used, and quota sampling was used to select a 50-person sample. High-risk pregnant women's compliance with pregnancy checks in the Sungai Betung Health Center work area was significantly correlated with family support, with a significant value (p) of 0.001 0.05. The correlation coefficient (p) is 0.619, indicating that pregnant women in the Sungai Betung Health Center work area are more likely to comply with pregnancy checks if their families are supportive. During the Covid-19 pandemic, it was discovered that prenatal screenings for high-risk pregnant women were associated with family support. This study suggests that healthcare providers and families should pay close attention to high-risk pregnant women, particularly those with four too (4T), who should not have their pregnancies checked too frequently, too frequently, or too close to home.

Keywords: Pregnant women, high risk, family support, and ANC

Introduction

Mothers who are too young, too old, or too pregnant are referred to as "4T". Mothers with four too many children (also known as 4Ts) are at risk of dying during pregnancy due to various complications.The three risk factors for maternal mortality are near determinants, intermediate determinants, and far determinants. Near determinants are direct factors that have the potential to cause maternal death, such as complications of pregnancy and

childbirth. Intermediate determinants include maternal health status, reproductive status, accessibility to health services, health behaviors, and other unknown or suspected factors.

In contrast, the mother's position in the family, the mother's position in the community, and the family's position in the community are all remote determinants. In Indonesia's healthcare system, maternal mortality continues to be a significant problem. According to RISKESDAS (2018), Until 2012, Indonesia had the highest Maternal Mortality Rate (MMR) among ASEAN countries, at 359 deaths per 100,000 live births.

Health professionals provide health services to pregnant women and their unborn children known as antenatal check-ups. According to Muhammad Tahir and Hasnah (2018), antenatal care (ANC) examinations are conducted according to service standards at least four times during pregnancy, once in the first trimester, once in the second trimester, and twice in the third trimester.

According to Farrah Rianda Usman and Rina M. Kundre (2016), the purpose of ANC examination in pregnant women is to identify potential or possible abnormalities that may arise during pregnancy.

Standard prenatal screening is currently limited by the Covid-19 outbreak, which was declared by the World Health Organization (WHO) as a pandemic on March 11, 2020.

To motivate and encourage pregnant women, family support-both in the form of empathy and other forms of assistance-is very important. It shows that her husband, parents and other family members care enough about her to ensure that she has a healthy pregnancy and a smooth delivery.

The preliminary study at Puskesmas Sui Betung in March 2021 found that only 148 pregnant women received prenatal check-ups, whereas the Puskesmas data in August showed 238 pregnant women.

In addition, Puskesmas Sungai Betung was visited by 11 high-risk individuals, including 2 under the age of 20 and 2 over the age of 35, for antenatal check-ups.

Method

The method chosen was quantitative research with cross-sectional and descriptive-analytic techniques.

All pregnant women in the Sui Betung Health Center area or 238 pregnant women who met the inclusion criteria (pregnant women who visited polindes and poskesdes between January and October 2021 and pregnant women with high risk 4T) were included in this study. Quota sampling, which is a sampling method in which the number and some characteristics are set as targets that must be met, was used for this study. 50 people participated in this study as the research sample. The fluctuating population of pregnant women and the varying number of visits were two reasons for using quota sampling.

Results

1. Univariate analysis

a. Maternal age

Table 1 shows the frequency distribution of respondents according to the age of the mother

		Frequency	Percent
mother's age	<20 year	13	33.3
	≥20-35 year	16	41.0
	>35 year	10	25.6
	Total	39	100.0

Table 1 shows that 41% of respondents were aged 20-35 years.

b. Number of Children

Table 2 shows the frequency of respondents according to the number of children.

		Frequency	Percent
Number of Children	<3 people	21	53.8
	≥3 people	18	46.2
	Total	39	100.0

Table 2 shows that 53.8% of respondents had children under 3.

c. Age spacing of children

Table 3 shows the frequency of respondents according to the age gap between children

		Frequency	Percent
Child Age Range	<2 year	12	30.8
	>2 year	16	41.0
	First child	11	28.2
	Total	39	100.0

Table 3 shows that 41% of the age gap between children was more than 2 years.

2. Bivariate Analysis

a. Family Support

Table 4 shows the Family Support of High Risk Pregnant Women

	Emotional (%)	Information (%)	Instrumental (%)	Appreciation (%)
Good	79,5	88,9	90,6	89,7
Less	20,5	11,1	9,4	10,3
Total	100,0	100,0	100,0	100,0

Table 4 shows that 79.5% of emotional support is good, 88.9% of information support is good, 90.6% of instrumental support is good and 89.7% of appreciation support is good for high-risk pregnant women.

b. Compliance

Table 5 Adherence of high-risk pregnant women to ante natal care

	Adherence of high-risk pregnant women to ante natal care *(%)*
Good	88,3
Less	11,7
Total	100,0

Table 5 shows that 88.3% of pregnant women have good compliance in attending ante natal care.

c. Relationship between pregnant women's compliance in care and family support

Tabel 6 Hubungan antara kepatuhan ibu hamil dalama perawatan dan dukungan keluarga

Correlations

	FAMILY SUPPORT	COMPLIANCE
FAMILY SUPPORT	1	.619**
		.000
	39	39
COMPLIANCE	.619**	1
	.000	
	39	39

**. At the 0.01 level, correlation is significant (two-tailed).

Based on Table 6, family support has a significant effect on the willingness of high-risk pregnant women to check their pregnancy in the Sungai Betung Health Center working area. There is a relationship between family support and the compliance of pregnant women to check pregnancy in the working area of the Sungai Betung Health Center which is indicated by the correlation coefficient (p) of 0.619.

Discussion

1. Demographic Data
a. Age of Participants

A person's age is a unit of time that measures how long he or she has lived from birth to the time determined by his or her age. Age must be taken into account because developmental factors such as actual development, changes in mental events, and fulfillment of social needs are influenced by factors that affect developing experiences. Judging from the review results, adults between the ages of more than 20 to 35 years accounted for 41% or 16 people, ages less than 20 years accounted for 33.3%, or 13 people and ten people over the age of 35 years, or 25.6%. Early adulthood is defined by Setiadi (2008) and Duval (1985) as beginning at age 18 and lasting about 40 years. During this time, a family is formed. When a woman is less than 30 years old, she is in the reproductive phase, when she is ready to take on the role of motherhood. At this point, the human reproductive organs are mature enough to reproduce. This suggests that most of the participants in this study have the same characteristics as age-appropriate adults or not.

The findings of this study are also in line with research (Wahyuni & Puspitasari, 2021) conducted in Bojonegoro Regency and using secondary data. The study found that 4T mothers who were too young (20 years old) did not seem to be in a hurry to kill their mothers. However, this does not mean that very young mothers can safely conceive and give birth. It can be said that women under the age of 20 are not physically ready to conceive or undergo the reproductive process. Since the mother's uterus and pelvis have not grown to the size of an adult, first-time mothers under the age of 16 are at high risk of maternal death. As a result, the health and safety of the fetus in the womb is questionable. In addition, the mother's lack of mental maturity casts doubt on her ability to care for herself and her baby.

According to research (Wahyuni & Puspitasari, 2021), mothers who are too old (>35 years) are not likely to cause maternal death. However, this does not mean that very old mothers can safely conceive and give birth. A mother who is less than 35 years old and pregnant for the first time also has a high risk of death during pregnancy, labor, and postpartum. The uterine organs get old and the mother is prone to diseases at this age. In addition, the birth canal becomes stiff. There is a more important possibility of obstructed labor and death. Complications during pregnancy, labor, and the postpartum period can occur as a result of being too old. Most eclampsia, which can inadvertently lead to maternal death, will occur when a woman becomes pregnant when she is older, according to Finnish research.

b. Age gap between children

According to a 2011 study by Mariati, having more than two children born at the same time can increase the risk of maternal mortality. Those who give birth more than once fall into the high-risk category for postpartum hemorrhage, maternal morbidity and mortality. According to the research findings, there was a significant age difference between the

respondents' children, with 41% or 16 people over the age of 2, and 30.8% or 12 people under the age of 2.

According to Wahyuni & Puspitasari (2021), compared to mothers with 4T who have children more than two years apart, mothers with 4T who have children who are too close or less than two years old are more likely to die once.

To give a woman's body time to recover from the added demands of pregnancy and breastfeeding, the recommended interval between pregnancies is usually a minimum of two years.

c. Number of children

According to Wahyuni & Puspitasari (Wahyuni & Puspitasari, 2021) and BKKBN (2016), one of the complications that can lead to maternal death in pregnant women is having children who are more or less three or four years old. Based on the results of the study, the number of children of respondents with the largest percentage was 53.8%, the number of children or 21 people <3 people and the number of children ≥3 people was 46.2% or 18 people. The majority of pregnant women had children or previous pregnancies, according to these statistics. Researchers argue that a mother's experience during pregnancy is influenced by the number of children in her family. so that mothers can better prepare for childbirth and maintain their pregnancy by learning from previous pregnancies.

The results of the study (Wahyuni and Puspitasari, 2021) also state that mothers with 4T who have many children have a risk of dying many times compared to mothers with 4T who have children under 4 children. Women who are pregnant or after giving birth tend to suffer from poor health due to having too many children. A mother's risk of death can increase if she has too many children. If a mother gives birth to too many children, she is at risk of bleeding during labor.

Postpartum hemorrhage, also known as failure of uterine contractions, is the cause of bleeding. The proportion of complications is expected to increase as the number of children increases.

2. Family Support

The four types of family support are emotional support, informational support, instrumental support, and appreciation support. In this review, respondents received a variety of assistance from each type of support. Instrumental support and appreciation support were the most frequently displayed types of support. Tanate (2017) quoted Notoatmodjo (2003) who said that in order for an attitude to be manifested in overt behavior, supporting factors or circumstances, such as facilities and support factors, are needed to occur. The attitude of pregnant women can be influenced by family trust and the environment. As the most important source of support for pregnant women, the family has a significant impact.

A total of 88.9% of respondents reported receiving satisfactory information support. Supporting information can be in the form of advice, suggestions, pregnancy-related information, reminders of exam schedules, or recommendations for four good exams. Tanate (2017) corroborated Setiadi's (2008) statement that pregnant women get the necessary information related to pregnancy from their family, which serves as a channel for distributing this information.

A positive assessment of the respondent's ideas, feelings and performance is an indication of appreciative support in the form of encouragement and motivation at 89.7%.

Based on these results, the mother's family praised her at the health center when checking her pregnancy and helped her overcome all pregnancy problems so that the mother and baby remain healthy. This is in line with what Tanate (2017) and Setiadi (2008) said that the family is a source and validator of family identity and serves as a feedback loop to help mothers face problems during pregnancy. Families praise pregnant women for participating in prenatal check-ups, discussing pregnancy, and solving problems purposefully.

Strong emotional support was available for 79.5% of respondents. Families worry about pregnant women if they go to the health center alone, but they also believe that the examination has benefits. This is in line with Niven's (2008) theory (Komariyah Oom, 2014) which states that different ways of showing empathy, care, and concern for respondents can be used to show emotional support.

When compared to other types of support, instrumental support had the lowest (highest) percentage of respondents, with 90.6% of families providing good instrumental support. The families of pregnant women are willing to take them to the health center and provide a proper place for health checks. Tanate (2017) said that this is in line with Setiadi's (2008) theory that instrumental support is a service that is real and useful for customers.

To increase instrumental support, real family participation and support must be increased. For example, the family discusses how to divide the time to accompany the mother according to the midwife's schedule. This focus aims to encourage pregnant women to do more pregnancy checks. According to Setiadi (2008) and Komariyah Oom (2014), The type of interpersonal relationship known as family support involves the acceptance, attitudes, and behavior of family members to give the impression that someone is paying attention.

3. Compliance

To increase instrumental support, the family's participation and tangible support should be increased. For example, the family discusses how to divide the time to accompany the mother according to the schedule set by the puskesmas midwife. The purpose of this focus is to get more pregnant women to have their fetuses examined. According to Setiadi (2008) and Komariyah Oom (2014), family support is a type of interpersonal relationship that includes attitudes, actions, and acceptance of family members so that family members feel that someone is paying attention.

This result is also in accordance with the findings of a 2016 study (Farrah Rianda Usman, Rina M. Kundre) that maternal compliance to check pregnancy is also influenced by factors such as education, gestational age, and distance. Lidya Kurniasari (2016) also found that education, knowledge, and family support were associated with pregnant women's motivation to conduct antenatal check-ups. Tanate (2017) emphasized that demographic variables such as age, gender, ethnicity, socioeconomic status, and education affect adherence in adherence theory.

4. Relationship between Family Support and Compliance of High Risk Pregnant Women in Conducting Pregnancy Check-ups in the Working Area of Sungai Betung Health Center.

The results showed that (p) 0.001 <0.05, meaning that there is an important relationship between family support and the consistency of high-risk pregnant women in conducting pregnancy checks in the Sungai Betung Welfare Center workspace. The correlation coefficient (p) of 0.619 indicates that the compliance of pregnant women in pregnancy check-ups in the working area of the Sungai Betung Health Center is correlated with family support.

In addition, the findings show that hypothesis H0 is rejected and hypothesis H1 is accepted. Hypothesis H1 states that pregnant women at risk in the Sungai Betung Health Center working area have a correlation between family support and compliance. At the 0.05 level, the significance value of family support on compliance of high-risk pregnant women to check pregnancy $(p) = 0.001$

If the SPSS results show a correlation between antenatal check-up compliance and family support, then good support is what encourages high-risk pregnant women to seek treatment. This is shown by the compliance test conducted on 39 respondents, 88.3 percent of compliance was good, or as many as 38 respondents were compliant in providing ANC (anternatal care) checks by health workers. and only 1 person or 11.6% was not compliant in conducting pregnancy checks at the Puskesmas. Poskesdes and Posyandu form Sungai Betung.

Tanate (2017) found a significant relationship between adherence to ANC (antenatal care) checks for pregnant women with family support in Semarang Regency, Banyu Biru Health Center operational area. The correlation between adherence of high-risk pregnant women and family support is consistent with this finding. Pregnant women who undergo ANC (antenatal care) check-ups get positive family support, according to this study.

The research of SET, et all (2020). also helped clarify the findings of this study, namely that although a small proportion of husbands did not provide for their wives during pregnancy, the majority of husbands did. Komariyah Oom (2014) also stated that 57.7% of husbands supported their wives in a sample of 52 pregnant women.

Conclusion

The conclusion of this study is that family support for the participation of high-risk pregnant women in prenatal examinations during the Covid-19 pandemic is correlated with the participation of high-risk pregnant women in prenatal examinations.

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