

Relationship Between Family Support and Anxiety in High-Risk Pregnant Women in the Obstetrics Clinic Permata Medika Hospital Indonesia

Niken Sukei*¹, Sia Vridayanti², Ch Prasetyo³

Widya Husada University Semarang Indonesia

Corresponding Author: Niken Sukei nikensukei2004@gmail.com

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ABSTRACT

High-risk pregnancies in pregnant women have a greater impact than normal pregnancies, including physical and psychological impacts such as worry, anxiety, fear, ambivalence, and stress. Lack of support from those closest to you can increase anxiety. Anxiety and worry in high-risk pregnant women can cause complications and long-term impacts on the mother and fetus if not treated seriously. In high-risk pregnancies, family support is crucial in lowering anxiety levels in expectant mothers. This research sought to ascertain if anxiety and family support were related in high-risk pregnant women attending the Permata Medika Hospital, Semarang's Outpatient Obstetrics Polyclinic. This study used a non-experimental with a cross-sectional approach that is included in the type of descriptive correlational research. The sample in this study was 40 respondents. Bivariate data analysis using the Spearman Rank test. The study's findings, which included a p-value of 0.001 and a rho of -0.495, show a strong, substantial, and inverse association between anxiety and family support in high-risk pregnant women at Permata Medika Hospital Semarang. At Permata Medika Hospital in Semarang, there is a connection between anxiety and family support among pregnant women with high-risk pregnancies.

INTRODUCTION

Assessment of a person's health status is an indicator of the Maternal Mortality Rate, especially in recent years. According to the WHO, around 37,000 complications or pregnancy deliveries cause pregnant women to die, and this case still occurs frequently. Risk factors such as the age of pregnant women over 20 years and the risk of giving birth to babies with genetic abnormalities are the main contributors to maternal mortality (WHO, 2018). In 2015, WHO data results showed that maternal mortality rates were higher in ASEAN countries than other countries in the world. Indonesia had a maternal mortality rate of 9.8%, Malaysia 2.56%, Thailand 2.27%, Brunei 1.66%, and Vietnam 6.2%. Given Indonesia's high maternal death rate, there is a clear need to strengthen the country's health care system and give maternal health more priority (Ministry of Health of the Republic of Indonesia, 2018).

One of the factors that can cause an increase in maternal mortality rates is high-risk pregnancies. Data on high-risk pregnancies in Java shows that East Java and West Java have the highest high-risk pregnancy rates at 33.0%, followed by Central Java with 31.0% (Ministry of Health, 2019). This is a serious concern for the greater impact on pregnant women and fetuses (Ministry of Health, 2019). In the city of Semarang itself, data from 2021 recorded 8,897 cases of high-risk pregnancies. However, in 2022 there was a very significant decrease in the number of cases to 5,347 cases (CKAN, 2022). This shows that further efforts are still needed to reduce the number of high-risk pregnancies in this city.

Mothers diagnosed with high-risk pregnancies have greater risks and impacts than normal pregnancies (Elisa Ulfiana, Rizky Amelia, 2019). These impacts include physical and psychological impacts, both on pregnant women and fetuses. Possible physical impacts include preeclampsia, anemia, bleeding, death, and psychological impacts such as anxiety and ambivalence, stress (Juwitasari and Marni, 2020). Therefore, it is necessary to identify risk factors for high-risk pregnancies, such as being too young or too old, getting pregnant too early or too late, failing to get pregnant, and preeclampsia (Rochjati, 2014).

Anxiety in pregnancy is a pregnant woman's response to changes in herself and situations that cause the possibility of disturbing the sense of security, frustration, individual life or social groups (Dadang, 2018). The anxiety process during pregnancy occurs due to changes in hormone levels in the body. Hormonal changes during pregnancy can influence chemical levels in the brain are characterized by symptoms of frequent anxiety, worry, confusion, nervousness, and tension (Khasanah, 2020). If the mother's worries and anxieties are not taken seriously, this can have a negative impact on her entire life, including her fetus (Feist, 2017). The impact of anxiety is abnormally high blood pressure and difficulty sleeping, this can trigger uterine contractions, premature pregnancy and even miscarriage (Schummers et al., 2018). Long-term effects are often caused by a lack of support from your loved ones (Huda, 2019).

Factors that can influence anxiety, such as family support. Family support for high-risk mothers is very important because it can influence the mother's level of anxiety (Kartika et al., 2021). Family support for mothers can

be in the form of informational support, emotional support, and evaluation (Friedman, 2013). A mother will feel safer, more satisfied, and ready to face various stages of pregnancy, childbirth, and the postpartum period if there is family support (Abidah et al., 2016). Mothers who experience high-risk pregnancies really need support from their families to deal with problems that may arise from the beginning of pregnancy (Juwitasari, 2020). Family support can provide words that motivate mothers and provide confidence in their pregnancy status, so that mothers do not need to feel anxious, stressed, or afraid (Juwitasari, 2020). Family support has a useful role in trying to reduce anxiety in mothers (Liswa, 2021).

A preliminary study at the Obstetrics Polyclinic of Permata Medika Hospital Semarang in May 2023 found 117 cases of high-risk pregnancies during the last three months. The results of observations and interviews with 7 pregnant women found that 5 among them experiencing anxiety. The causes of anxiety vary. Three pregnant women said they felt afraid and nervous thinking about the possible bad risks related to their pregnancy and their illness. The mother had a history of hypertension and always ask for accompanied by family members. One pregnant woman said she was anxious because she was thinking about her pregnancy. The mother was > 35 years old and had a history of miscarriage (abortion). Another pregnant woman experienced anxiety because her pregnancy was her first, so she experienced excessive anxiety. The other two pregnant women did not experience anxiety because they already had sufficient knowledge and received adequate support from their families.

THEORETICAL REVIEW

Mothers diagnosed with high-risk pregnancies have greater risks and impacts than normal pregnancies (Elisa Ulfiana, Rizky Amelia, 2019). These impacts include physical and psychological impacts, both on pregnant women and fetuses. Possible physical impacts include preeclampsia, anemia, bleeding, death, and psychological impacts such as anxiety and ambivalence, stress (Juwitasari and Marni, 2020). It is necessary to identify risk factors for high-risk pregnancies, such as being too young or too old, getting pregnant too early or too late, failing to get pregnant, and preeclampsia (Rochjati, 2014). The anxiety process during pregnancy occurs due to changes in hormone levels in the body. Hormonal changes during pregnancy can influence chemical levels in the brain are characterized by symptoms of frequent anxiety, worry, confusion, nervousness, and tension (Khasanah, 2020). If the mother's worries and anxieties are not taken seriously, this can have a negative impact on her entire life, including her fetus (Feist, 2017). The impact of anxiety is abnormally high blood pressure and difficulty sleeping, this can trigger uterine contractions, premature pregnancy and even miscarriage (Schummers et al., 2018). Long-term effects are often caused by a lack of support from loved ones (Huda, 2019).

METHODOLOGY

This study used a non-inquiry design experimental with a cross sectional approach as part of the research descriptive correlational study aimed to find the relationship between family support and maternal anxiety in high-risk pregnancies. This study used a total sampling technique of 40 people. Family support questionnaire with a validity value of r 0.467 to 0.889. Hamilton Anxiety Scale (HARS) questionnaire with a validity result of 0.93. Reliability test results on questionnaire family support obtained 0.939. Meanwhile, the Hamilton Anxiety Rating Scale (HARS) questionnaire was tested reliability use Cronbach Alpha with a value of 0.97

RESULTS

Table 1 Respondent Characteristics Based on Age, Last Education Level, Occupation, and Medical History at Permata Medika Hospital Indonesia August 2023 (n=40)

Age	Frequency (n)	Percentage (%)
20-35 years	27	67.5%
> 35 years	13	32.5%
Last Level of Education	Frequency (n)	Percentage (%)
Elementary School	4	10%
Junior high school	10	25%
Senior high school	23	57.5%
College	3	7.5%
Work	Frequency (n)	Percentage (%)
Doesn't work	28	70%
Laborer	1	2.5%
Self-employed	5	12.5%
Private sector employee	6	15%
Medical History	Frequency (n)	Percentage (%)
There isn't any	35	87.5%
Hypertension	2	5%
Etc (Premature Rupture of Membranes, Preeclampsia)	3	7.5%
Total	40	100%

Based on table 1, it shows that most of them are aged 20-35 years, with high school education, are unemployed and have no history of illness.

Table 2 Frequency Distribution of Respondents Based on Family Support at Permata Medika Hospital Indonesia August 2023 (n=40)

Family Support	Frequency (n)	Percentage (%)
Low	7	17.5%
Currently	28	70.0%
Tall	5	12.5%
Total	40	100%

Based on table 2, it is known that the highest family support for pregnant women with high-risk pregnancies is low family support, as many as 28 people (70%), low family support is 7 people (17.5%), and the lowest is high family support, as many as 5 people (12.5%).

Table 3 Frequency Distribution of Respondents Based on Anxiety at Permata Medika Hospital Indonesia August 2023 (n=40)

Anxiety	Frequency (n)	Percentage (%)
No Anxiety	15	37.5%
Mild Anxiety	18	45%
Moderate Anxiety	7	17.5%
Severe Anxiety	0	0%
Extreme Anxiety	0	0%
Total	40	100%

Based on table 3, it is known that anxiety in pregnant women with high-risk pregnancies is mostly in the mild anxiety category, as many as 18 people (45%), no anxiety, as many as 15 people (37.5%), and the least anxiety is in the moderate anxiety category, as many as 7 people (17.5%).

Table 4 Frequency Distribution of Respondents Based on Family Support With Anxiety At Permata Medika Hospital Indonesia August 2023 (n=40)

Support Family	Anxiety										Total		P value	Rho
	There isn't any	Light	Currently	Heavy	Very heavy									
	F %	F %	F %	F %	F %	F %	F %	F %	F %	F %				
Low	0	0%	0	0%	7	100%	0	0%	0	0%	7	17.5%	0.00	-
Currently	14	50%	1	50%	0	0%	0	0%	0	0%	28	70%	1	0.495
Tall	1	20%	4	80%	0	0%	0	0%	0	0%	5	12.5%		
Total	15	37.5%	1	45.0%	7	17.5%	0	0%	0	0%	40	100%		

Based on table 4, it is known that respondents who have low family support with moderate anxiety are 7 people (100%), moderate family support with no anxiety are 14 people (50%), moderate family support with mild anxiety are 14 people (50%), high family support with no anxiety is 1 person (6.25%), and high family support with mild anxiety is 4 people (80%).

A p value of 0.001 was obtained by the Spearman Rank test conducted on the relationship between family support and anxiety in high-risk pregnant women in the obstetrics and gynecology clinic of Permata Medika Hospital Semarang. The closeness of relationship was (-0.495), indicating that there is a relationship between family support and anxiety in high-risk pregnant women in the obstetrics clinic of Permata Medika Hospital Semarang. A moderate level of correlation coefficient is indicated by the Rho value of (-0.495). The relationship between anxiety and family support is inverse and negative, indicating that the level of anxiety in expectant women increases as the quality of family support improves.

DISCUSSION

Age

According to the study's findings regarding the age of respondents, the majority are between the ages of 20 and 35, with 27 individuals (67.5%) falling within this age bracket. Thirteen individuals (32.5%) are over the age of 35. The results of this study are consistent with the research conducted by Nur Aliyah and Mei Adelina Harahap (2020), which demonstrated that 12 mothers between the ages of 20 and 35 who were expectant with high-risk were psychologically and physically prepared for childbirth and pregnancy. Anxiety can be managed and excessive concern can be mitigated by mothers.

According to (Aliyah & Adelina Harahap, 2020), age is related to women's reproductive organs. Age 20 to 35 years is a safe and healthy reproductive age. Pregnancy of women under the age of twenty and over thirty-five years can cause anemia. Women under 20 years have not reached their optimal biological condition. The mother's emotions can be unstable, and their mental maturity is not fully developed, which makes them vulnerable to stress which can result in a lack of attention to the nutritional intake needed during pregnancy. Women at the age of 35 years are associated with decreased immunity. Pregnant women who give birth at the age of under twenty years experience two to five times more maternal deaths.

Education

The results of the study showed that the highest level of education was at the high school level of 23 people (57.5%), junior high school level of 10 people (25%), elementary school level of 4 people (10%), and the least was at college of 3 people (7.5%). The results of this study are supported by (Fitrianingsih et al., 2019), showing that the most pregnant women were at the high school level of 31 people (56.3%), college of 13 people (23.7%), and junior high school level of 11 people (20%).

According to (Arimina, 2018), Education is closely related to a person's knowledge and change of mind towards a healthy lifestyle. High-risk pregnancies will also occur more often if the mother, husband, and family do not know about high-risk pregnancies and the dangers they will experience. All efforts of adults in interacting with children to lead their physical and spiritual development towards adulthood.

Occupation

The results of the study found that the most jobs were unemployed as many as 28 people (70%), work as private employees, as many as 6 people (15%), work as self-employed, as many as 5 people (12.5%), and the least work as laborers as many as 1 person (2.5%). This study is in line with research (Hidayah et al., 2018), the results showed that most mothers were unemployed as many as 201 people (59.8%), self-employed as many as 47 people (14%), laborers 35 people (10.4%), and private employees as many as 34 people (10.1%). Pregnant women who do not work are due to being housewives, in general their husbands work. . Therefore, pregnant women need more adequate rest and thought during pregnancy.

Medical History

The results of the study found that the most common medical history category was no medical history, as many as 35 people (87.5%), had a history of other diseases, as many as 3 people (5%), and the least had a history of hypertension, as many as 2 people (5%). The results of this study are in line with the research of Nurita Hartati and Mariyana (2018), showing that high-risk pregnant women who did not have a medical history were 17 people (53.1%), who had a medical history were 15 people (46.9%). If a pregnant woman has a medical history, then there is an increased risk of experiencing danger signs during pregnancy. For example, pregnant women with a history of hypertension have a high potential to experience high blood pressure again during pregnancy. This can result in symptoms such as severe headaches, and in many cases, can be a sign of pregnancy danger leading to pre-eclampsia. (Agustina & Rahayu, 2018).

Factors that can cause premature rupture of membranes during pregnancy include the physiological condition of the amniotic membranes, inability of the cervix to open, infection in the vaginal or cervical area, pregnancy with multiples, increased amniotic fluid, injury, significant uterine enlargement, psychological stress on the mother, pressure on the baby in the womb, general infection, a shorter than normal cervix, and certain medical procedures. (Zamilah et al., 2020). Pregnant women have several times the risk of an open cervix due to previous childbirth. This makes the cervix unable to protect the amniotic membrane from possible injury and infection. In addition, the amniotic fluid is more susceptible to rupture because the cervix is open (Zamilah et al., 2020).

Family Support

The findings of the study on family support for high-risk pregnant women indicated that the medium category of family support contained a maximum of 28 individuals (70%), low family support consisted of 7 individuals (17.5%), and the least high family support consisted of 5 individuals (12.5%). Based on the results of the family support questionnaire study with emotional support felt by high-risk pregnant women, it was shown that pregnant women felt protected when they were with their families, information

support felt by pregnant women with high-risk pregnancies was shown by families always providing positive information and advice to pregnant women, instrumental support felt by pregnant women with high-risk pregnancies was shown by families meeting the needs of baby supplies and providing optimal care, assessment support felt by pregnant women with high-risk pregnancies was shown by families always giving praise and encouragement to pregnant women.

This theory is reinforced by Ela Febriani's research (2022) entitled "The Relationship Between Family Support and Age of Pregnant Women with Anxiety Levels Facing the Birth of the First Child" which states that to maintain a person's physical and psychological health, family support is very important. In stressful situations, a person will seek support from others so that it is hoped that they can reduce stress (anxiety) with the support of others. Family support also helps the health of pregnant women because it functions to protect a person from sources of stress. A person who has strong family support will be able to easily cope with stress (Ela Febriani, 2022).

Previous research conducted by Siswa (2021) regarding the relationship between family support and anxiety levels in pregnant women at the Sabe Aceh Jaya Health Center, the results showed that out of a total of 131 respondents, 21 people (16.03%) had a high level of family support, 88 people (67.17%) had a moderate level of family support, and 22 people (16.79%) had a low level of family support. The results of this study indicate that pregnant women at the Krueng Sabee Aceh Jaya Health Center generally experience levels of family support and anxiety that are in the moderate category. Family support is a source of encouragement, assistance, and support received by a person from their parents and family members. Family support can also influence individual behavior by creating feelings of comfort, appreciation, and affection during difficult situations.

Anxiety

The results of the study on the data of pregnant women with high risk are mostly in the mild anxiety category of 18 people (45%), not anxious as many as 15 people (37.5%), and the least anxiety category is moderate, as many as 7 people (17.5%). Based on the results of the study of anxiety in pregnant women with high risk in the questionnaire statement in the anxiety indicator, most respondents answered with a value of 1 (mild symptoms) indicated by pregnant women experiencing feelings of anxiety, bad feelings, fear of their own thoughts, easily offended.

This research is consistent with the findings of a study conducted by Ike, Triyana Harlia Putri, and Fitri (2021) in Sagatami Village, which examined the correlation between the level of anxiety experienced by expectant women during antenatal care (ANC) visits during the COVID-19 pandemic. The study revealed that the majority of respondents, 15 individuals (36.6%), experienced mild anxiety levels. Twelve individuals (29.3%) reported moderate anxiety levels, eight individuals (19.5%) reported low anxiety levels, and six individuals (14.6%) reported severe anxiety levels. This suggests that the anxiety

experienced by expectant women during antenatal care (ANC) visits in Sagatami Village during the COVID-19 pandemic is classified as mild.

Anxiety is an emotional state that occurs when someone is under stress. This condition is characterized by feelings of tension, anxious thoughts, and physical reactions such as increased heart rate and blood pressure. (Shaftel, 2020). Age, education, family support, finances, and employment are some of the causes of anxiety.

The mild category of anxiety exhibited the highest number of anxiety results among the 30 respondents, with 16 individuals (53.3%) falling into this category, as per Febria Syafyu Sari (2018). Anxiety and agitation are frequent during pregnancy and are a natural response to the physical and mental changes that occur. As the gestational age increases, expectant women's thoughts and attention shift to the climax of pregnancy. Consequently, expectant women will experience an increase in anxiety and dread as they approach delivery.

The findings of this study are consistent with the research conducted by Lidya Amal Huda (2019). The results indicated that 40 respondents (70.2%) who experienced mild anxiety had a p-value of 0.041, indicating a significant relationship between anxiety and family emotional support in pregnant women (Huda et al., 2019).

It can be concluded that the majority of respondents at Permata Medika Hospital Semarang experienced mild anxiety, this is indicated by pregnant women experiencing feelings of anxiety, bad feelings, fear of their own thoughts, and being easily offended.

The relationship between family support and anxiety levels in pregnant women

Research on the relationship between family support and anxiety levels in pregnant women at Permata Medika Hospital Semarang has been analyzed using the Spearman Rank test method, with data measured in the form of an ordinal scale showing that respondents who have low family support with moderate anxiety, as many as 7 people (100%), moderate family support with anxiety category no anxiety, as many as 14 people (50%), moderate family support with anxiety category mild, as many as 14 people (50%), high family support with anxiety category no anxiety, as many as 1 person (6.25%), and high family support with anxiety category mild, as many as 4 people (80%).

The p-value was 0.001, with a relationship of -0.495, as determined by the Spearman Rank test conducted on the relationship between family support and anxiety in high-risk pregnant women at Permata Medika Hospital, Semarang. This indicates that there is a relationship between the two variables. The rho value of -0.495 indicates a moderate correlation coefficient, and the direction of the relationship between family support and anxiety is negative. Consequently, it can be inferred that the level of anxiety experienced by the mother increases as the quality of family support improves.

Based on the theory that factors such as age, education, family support, economy, and work can affect the level of anxiety of pregnant women. This can help provide appropriate support to reduce anxiety and create a better

environment during pregnancy. Researchers (Huda et al., 2019) showed that family support for pregnant women has a positive effect on anxiety levels. Pregnant women can feel calmer and less burdened with daily tasks thanks to this family support. Pregnant women can face pregnancy better if their anxiety is reduced. Pregnant women can also focus more on their health and well-being.

The findings of this study are consistent with the research conducted by Zuhrotunida and Ahmad Yudiharto (2018) at the Mauk Health Center, which examined the relationship between family support and anxiety among expectant women who are encountering the labor process. The chi-square statistical test yielded a p-value of 0.000, indicating that there is a correlation between the apprehension of expectant women and the support they receive from their families when embarking on the labor process at the Mauk Health Center (Zuhrotunida & Yudiharto, 2018).

As per the chi-square statistical test results of Ni Wayan Erviana and Ni Made Ayu Yulia's (2022) research on the relationship between family support and anxiety in TM III pregnant women in preparing for childbirth during the COVID-19 pandemic, there is a substantial correlation between the two. with a p value of $0.003 < 0.05$, family support can alleviate anxiety in expectant women as they prepare for childbirth during the COVID-19 pandemic (Dewi & Teja, 2022).

In conclusion, the relationship between anxiety and family support in pregnant women with high-risk pregnancies at Permata Medika Hospital, Semarang is moderate, significant, in the opposite direction, and negative. Consequently, the level of anxiety experienced by pregnant women decreases as the quality of their family support improves.

CONCLUSIONS AND RECOMMENDATIONS

Family support for high-risk pregnant women in the obstetrics polyclinic of Permata Medika Hospital, Semarang, the majority of respondents experienced moderate family support. Anxiety in high-risk pregnant women in the obstetrics polyclinic of Permata Medika Hospital Semarang, the majority of respondents experienced mild anxiety. There is a relationship between family support and anxiety in pregnant women with high-risk pregnancies at Permata Medika Hospital, Semarang recommendations for hospitals, especially nurses, to increase observation of high-risk pregnant women, especially anxious patients

FURTHER STUDY

The limitation of this research is that it only focuses on one area, therefore the research results This is still difficult to generalize to other areas, and further research can be carried out in Other region.

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