Husnin Nahry Yarza-Analysis of Self Empowerment of Pregnant Women during Covid-19 Pandemic

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ORIGINAL ARTICLE

Analysis of Self-Empowerment of Pregnant Women during Covid-19 Pandemic

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ABSTRACT

Background: Pregnant mother health is very important during pregnancy period. Pregnant mother health monitoring to detect complication is conducted by a routine antenatal care. Pregnant women are recommended to do antenatal care at least four times, once in the first trimester, once in the second trimester, and twice in the third trimester. Currently, Indonesia is experiencing a COVID-19 pandemic since March 2020; the number of cases per April 17, 2020, has now reached 6,248 patients.Since the pandemic hit this country the government has imposed social distancing, this is done to reduce the spread of the virus.
Aim: To analyze pregnant mother self-empowerment during Covid-19 pandemic in *Mustika Jaya* District, Bekasi.
Methods: The method used in the research was *mixed method.* Deep interview was used to implement qualitative research design and cross-sectional approach was used to conduct quantitative research design with 66 pregnant mothers as the samples.The recommendation to carry out routine pregnancy checks or antenatal care is an effort to reduce the complication rate both during pregnancy and during delivery.
Result:of in-depth interviewshowed that psychologically, pregnant mother in a COVID-19 pandemic experience anxiety, which causes discomfort such as insomnia. The results of the bivariate test showed a significant relationship between age, parity, gestational age, occupation, anxiety level and education with self-empowerment of pregnant women during the Covid-19 pandemic.
Conclusion: The pandemic situation affects the psychology of pregnant mother. The education level is a dominant variable in increasing the self-empowerment of a pregnant woman toward a situational change during the Covid-19 pandemic.
Keywords: Pregnant mother. Empowerment, Covid-19.

INTRODUCTION

Health development in Indonesia is directed at increasing awareness, willingness and ability to live a healthy life for every population so that the highest public health status can be realized. Development in the health sector is also directed at fulfilling international commitments, as outlined in the 2015 Millennium Development Goals (MDGs), especially those directly related to maternal and child health services, with the aim of encouraging gender equality and women's empowerment, reducing child mortality, improving maternal health and fighting HIV-AIDS, malaria and other infectious diseases. Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators of health status. The problem of maternal mortality and morbidity in Indonesia is still a big problem, so that maternal and child health services are a top priority in health development in Indonesia. The MMR, which according to the 2007 Indonesian Health Demographic Survey (IDHS) was 228 per 100,000 live births, has experienced a very fantastic increase, to 359 per 100,000 live births in the 2012 SDKI. Meanwhile, the IMR in Indonesia, based on the 2007 IDHS is 34 per 1000 live births, 32 per 1000 live births in the 2012 SDKI.

Based on the results of the inter-census survey (SUPAS) in 2015-2018, it was noted that the Maternal Mortality Rate (MMR) reached 305 per 100,000 live births. This means that in 100,000 births there have been 305 maternal mortality events (MMR) caused by several factors, such as the process during pregnancy, the process at childbirth, and the postpartum period (maternal process). This figure is still far from the health development target listed in the sustainable development goals (SDGS), which is 70 per 100,000 live births (SDKI, 2017).

The direct cause of maternal morality, more than 90%, is the result of obstetric complications, especially delivery complications. Factors causing complications of pregnancy and childbirth are caused by distant determinants and intermediate determinants. Both of these determinants have the opportunity for complications of pregnant women and childbirth which can ultimately lead to maternal death (Carty and Mine, 2005). The determinant variable factors include the health status of pregnant women, reproductive status, access to health services and behavior / use of health services, while distant determinants include the status of mothers in the family and society, family status in the community and community status. The MMR reduction strategy requires an integrated approach, including empowering women and families in terms of increasing access to education for women; developing women's resources, increasing family and community involvement, increasing the opportunities and roles of women in the world of work, partnerships across sectors, institutions, and strengthening traditions that support the safety of pregnant women. (Mikkelsen, 2011). The situation of the Covid 19 pandemic that is currently hitting Indonesia greatly affects the access of pregnant women to health services, this is due to the implementation of social distancing to prevent and reduce the spread of the

Covid virus.

This limitation affects the visits of pregnant women to health facilities for health education services and monitoring of maternal and fetal health. One of the strategic steps is to increase knowledge, awareness and motivation of pregnant women, husbands, families and the community to improve behavior towards prevention of complications of pregnancy and childbirth. This can be done through empowerment activities and family or community participation. Participation is voluntary involvement by the community in self-determined change, it can also be interpreted as community involvement in the development of themselves, their lives and their environment (Mikkelsen, 2011). Community empowerment is intended so that the community can determine practices / actions to solve problems faced and manage planned activities, both increasing individual capacity, increasing control efforts, improving institutions and improving the environment (Mardikanto, 2010). The aim of empowerment is to increase the capacity and capability of the community to be able to recognize the problems faced, being able to explore and utilize available resources, and be able to clearly exist (Purwanti, 2011). Based on the above background, the purpose of this study is to analyze the self-empowerment of pregnant women during the Covic 19 pandemic in Bekasi City

METHODOLOGY

This study was a mixed method approach. To conduct qualitative research the researcher applied in-depth interviews of 4 pregnant women; in-depth interviews aimed at exploring the activities of the mother during the pandemic, whether to carry out pregnancy examinations, to carry out activities that can improve health such as pregnancy exercise, and to ask whether during the pandemic there is support from health workers and family. For a quantitative study, the researchers used cross-sectional approach with 66 pregnant women as the participants. They were given a questionnaire containing questions about the fulfillment of physical, psychological, and maternal needs during the Covid-19 pandemic.

RESULT

1. The reslt of qualitatuie research (in-depth interviews with pregnant women)

This information is obtained from the results of interviews with several informants (pregnant women) as follows:

". I am 35 years old, I am pregnant of my second child, my education is junior high school, and I am a housewife. During the Covid-19 pandemic, PSBB / social distancing was enforced, I never took control of pregnancy and took pregnant women classes like previous pregnancies, this situation made me anxious. I worried about my child's health. I didn't do exercise because I didn't know how to do it, but when I saw YouTube I wasn't excited. During this pandemic, I had difficulty sleeping at night, my mood was also worried, I wanted to check for pregnancy but I was afraid.

(informan1).

". I am a Koran teacher, 25 years old, I am pregnant of my first child, my last education is undergraduate, I work as a factory employee. During the pandemic I worked, it made me anxious, because I was still workin,g and for pregnancy checks during this pandemic I did not visit the midwife because my midwife who used to be my check-up place was closed, so I was advised to go to the hospital, I was afraid that there were many cases of corna in the hospital, during pregnancy I felt a lot of discomfort but I just strengthened myself because I was afraid to check . (informan2).

". I am a housewife who is pregnant with my 1st child, during the pandemic I was afraid to leave the houseand check my pregnancy. I didn't do physical activity, I only eat nutritious food, during this pandemic I find it difficult to sleep at night because I have a lot of fear of contracting the virus later during labor. (informan 3)

".....I am a housewife, this is my 3rd pregnancy, during the pandemic I did not have a prenatal checkup. I actually had a lot of complaints. I only endured it because I was afraid to leave the house so that the effect was I often had nausea and vomiting because I might be worried (informan 4)

Analysis of the depiction of self-empowerment of pregnant women during the Covid-19 pandemic: Based on the results of the *univariate* analysis, it was found that the depiction of self-empowerment of pregnant women during the Covid 19 pandemic in Bekasi city was more than half in the low category (62.1%). Factors that affect self-empowerment of pregnant women include maternal age, parity, gestational age, occupation, anxiety and education. The mother's age category stated that the majority of respondents were 20-35 years old, namely not at risk (62.1%), and the rest were > 35 year category, namely at risk (37.9%). Based on parity, the majority of respondents were primigravida or first pregnancy as much as 65.2%, and multigravida pregnancies or follow-up pregnancies were 34.8%, while the majority of respondents' occupations were not working 66.7% and working 33.3%, based on the anxiety of pregnant women During the Covid 19 pandemic, the majority of mothers felt high anxiety by 66.7% and only 33.3% of pregnant women experienced mild anxiety. After getting a description of the self-empowerment of pregnant women during the COVID-19 pandemic, a bivariate analysis was carried out to see the relationship between variables with the following results.

The result above showed that out of pregnant women aged more than 35 more than half of them have risky age 80% with less self-empowerment during Covid-19 pandemic. Seen from probability value 3.810 (1.200-12.09), it means that pregnant mothers that have a risk of having less self-empowerment during covid-19 pandemic. Pregnant women with parity during the first pregnancy (primigravida), more than half of them were primigravida 72,1% with less self-empowerment. Seen from the probability 0,288 (0,101 - 0,823), it means that primigravida pregnant mother have less ability of self-empowerment during Covid-19.

The first and the second trimester pregnant women variable were 73,2% with less self-empowerment during covid-19 pandemic. Seen from the probability 2.382 (1.183 - 4.796), it means that the first and the second trimester pregnant mother have more potential to have less and lower self-empowerment during Covid-19. Variable of

pregnant mother who work, more than half of them 81,8% were with less self-empowerment during Covid-19 pandemic. Seen from the probability value 4,109 (1,196 - 14,11), it means that pregnant mothers who works will have less self-empowerment during COVID-19. Anxiety variable, more than half of them were pregnant mother that worried (72.2%) with less self-empowerment during Covid-19 pandemic. Seen from the probability value 3.852 (1.310 - 11,32), it means that pregnant women that have a high-level anxiety have more chance to do self-empowerment during covid-19 pandemic. Pregnant women with low education 91,7% have less self-empowerment during the Covid-19 pandemic. If it is seen from the probability value which is 8.800 (1.060 - 73.04), it means that pregnant mother with low education will have more risk to have no self-empowerment during the covid-19 pandemic.

Analysis of factors related to of pregnant mother self-empowerment

Table 1: Analysis of Variable Relationship with Pregnant Women Self-Empowerment during the Covid 19 Pandemic in Bekasi City

Variable	F	Empowerment		Total	P value	OR
	%	Good	Less			(95% CI)
Umur						
Not at risk	F	20	21	41	0.038	3.810
	%	48.8%	51.2%	100%		
at risk	F	5	20	25		(1.200– 12.09)
	%	20.0%	80.0%	100%		
Paritas						
The second pregnancy …	F	13	10	23	0,044	0.288
	%	56.5%	43.5%	100%		
The first pregnancy	F	12	31	43		(0.101– 0.823)
	%	27.9%	72.1%	100%		
Gestational age						
Trimester 1 & 2	F	11	30	41	0.035	2.382
	%	26.8%	73.2%	100%		
Trimester 3	F	14	11	25		(1.183 – 4.796)
	%	56.0%	44.0%	100%		
Occupation						
Not working	F	21	23	44	0,039	4.109
	%	47.7%	52.3%	100%		
Working	F	4	18	22		(1.196 - 14.11)
	%	18.2%	81.8%	100%		
Anxiety						
Not anxious	F	13	9	22	0,025	3.852
	%	59.1%	40.9%	100%		
Anxious	F	12	32	44		(1.310- 11.32)
	%	27.3%	72.2%	100%		
Education						
High	F	24	30	54	0,045	8.800
	%	44.4%	55.6%	100%		
Low	F	1	11	12		(1.060 - 73.04)
	%	8.3%	91.7%	100%		
Total	**F**	**25**	**41**	**66**		
	%	**37.9%**	**62.1%**	**100.0%**		

Note: Note: p-value is obtained from the calculation of Chi Square with the Continuity Correction approach. The relationship is significant if p <0.05, it is very significant if p <0.01. OR = Odds Ratio, CI = Confident Interval.

DISCUSSION

Empowerment is at the core of health policy and is often heard in health services today. From the research results above, it is known that the empowerment of pregnant women during the pandemic is still low due to many factors. During the pandemic, many health service centers were closed and did not make health check visits if it was not in an emergency, thus making pregnant women unable to monitor their pregnancies and unable to attend pregnancy classes, with this situation so far a pregnant woman has not been prepared to have empowerment and awareness raising for pregnant women to be independent in implementing health services even though they are not accompanied by health personnel. From the results of the research, a significant variable for increasing the empowerment of pregnant women is knowledge. The efforts that have been made to increase the knowledge of pregnant women so far are by holding classes for pregnant women, providing MCH books that are used as a guide for mothers to read at home, the use of KIA books is still not optimal. It can also be seen from the results of the research that the empowerment of pregnant women in the efforts of health indicators is still lacking, namely 62.1%, likewise the research results (Colti Sist Terbang, 2014) there is no relationship between education and education functions. Communications function with knowledge and use of the MCH handbook. With the Covid-19 pandemic situation, it turns out that the MCH booklet is not enough for pregnant women to be able to build their ability to empower themselves. The condition of pregnant women who are still lacking self-empowerment during a pandemic, one of the

factors that influence it is the high level of anxiety about the risk of contracting the corona virus which threatens the safety of mothers and babies in a pandemic situation.

The new corona virus or known as COVID-19 has made Indonesians citizens experience high anxiety which triggers stress, anxiety, panic and fear. Excessive anxiety of mother during pregnancy can affect cognitive, behavioral and maternal interactions with the fetus, which is known as prenatal attachment. If the mother is increasingly anxious about the delivery process, the interaction between the mother and the fetus is also not optimal, so that the prenatal attachment score is getting lower and will cause labor complications. So that efforts are needed to reduce anxiety in pregnant women. One of the efforts that can be done is that pregnant women have the ability to empower themselves to improve health, namely reducing anxiety by training pregnant women to relax. Anxiety in pregnant women can increase heart rate, and women are at risk of developing hypertension (Alder, 2007).

The emotional environment is known to influence perinatal morbidity although this is far from being a major cause or determinant, and no one suggests that stress in the various global recommendations is associated with high rates of perinatal mortality. More than half of pregnant women are exposed to stress, the main risk factor for stress is support from family and related people (partner-person). Stress increases the risk of morbidity in the mother, such as: organic disorders (infections, gastritis and hypertensive disorders) and non-organic (insomnia and depression)

The Covid-19 pandemic has had a significant psychological impact on the mental health of pregnant women, according to research (Gallian, 2020), the impact of the COVID-19 pandemic increases anxiety of pregnant women towards the fetus they are carrying. Health anxiety is also an influential factor in the success of public health strategies to avoid Covid-19 infection, a high level of anxiety has an impact on the reduction of immunity to the body of pregnant women. Research results of (Megatsari, 2020) show that men have a lower chance of experiencing moderate to high levels of anxiety disorders than women, meaning that women are more stressed in the COVID-19 pandemic than men.

With this pandemic situation, it is very important for pregnant women to have the ability to empower themselves in order to be able to help themselves with changes during pregnancy and actively monitors the development of the fetus independently through movement and reads a lot of articles on health and establish a good relationship with midwives, doctors, making it easier to consult.

CONCLUSION

Self-empowerment of pregnant women during a pandemic is still lacking, it needs support from families and health workers to form the empowerment needed, namely increasing maternal knowledge and self-ability to manage anxiety. The Covid-19 pandemic has raised anxiety among the pregnant population. Women pay the most attention to their older relatives, then their children, followed by government instructions on social distancing that have resulted in major changes in behavior among pregnant patients. Pregnant women who are under additional stress may have an indirect adverse effect on their physical and mental health. This is important to know and support for pregnant women is very important through the provision of accurate and up to date information, with simple strategies such as in this study that lead to increased satisfaction and empowerment of pregnant women. Support from family and health workers is very important for pregnant women to build their self-confidence in empowering themselves at home.

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REFERENCES

1. AlderJudith,etall.2007.DepresionandAnxietyduringPregnancy:aris kfactorforobstetric, fetalandneonataloutcome?AcriticalreviewoftheliteratureTheJourn alofMaternal–Fetal and NeonatalMedicine 20.
2. ColtiSistiarani, 2014. FungsiPemanfaatanBuku KIA terhadapPengetahuan Kesehatan Ibu dan Anak pada Ibu, Jurnal Kesehatan Masyarakat Nasional Vol. 8, No. 8.
3. Creswell, J. W. (2013). Research design: Qualitative, quantitative, and mixed methods approaches: Sage publications.
4. Crofts, J., Ellis, D., Draycott, T., Winter, C., Hunt, L., & Akande, V. (2007). Change in knowledge of midwives and obstetricians following obstetric emergency training: a randomised controlled trial of local hospital, simulation centre and teamwork training. BJOG: An International Journal of Obstetrics &Gynaecology.
5. Ekirapa-Kiracho, E., Namazzi, G., Tetui, M., Mutebi, A., Waiswa, P., Oo, H., George, A.S. (2016). Unlocking community capabilities for improving maternal and newborn health: participatory action research to improve birth preparedness, health facility
6. Gillian, A. Corbet. Sarah, J. Milne (2020) Health anxienty and behavioral change of pregnant women during the covid -19 pandemic. Elsevier woman emergency collection .PMC.194619.
7. Megatsari, H. et al., 2020. The community psychosocial burden during the COVID-19 pandemic in Indonesia. Heliyon, Volume 6, pp. 1-5.
8. Kementerian Kesehatan RI. (2015). Profil Kesehatan Indonesia 2015. Jakarta: Kementerian Kesehatan.
9. Kementerian Kesehatan RI. (2016). PedomanUmum Program Indonesia SehatdenganPendekatanKeluarga. Jakarta: Kementerian Kesehatan RI.
10. Kementerian Kesehatan RI. (2017). Profil Kesehatan Indonesia 2017 Jakarta: Kementerian Kesehatan RI.
11. Notoatmojo. S. (2010). *Metodologipenelitiankesehatan.* Jakarta: Rinekaciptа*Promosikesehatanteori dan aplikasi.* Jakarta: Rinekacipta.
12. Mikkelsen, B. (2011). *Metodepenelitianpartisipatoris dan upayapemberdayaan: Panduan bagipraktisilapangan*: Yayasan Pustaka Obor Indonesia.
13. Mardikanto, T. (2010). Konsep-konseppemberdayaanmasyarakat. *Solo: FakultasPertanian UNS.*
14. Laksana, N. S. (2013). Bentuk-BentukPartisipasi Masyarakat Desadalam Program DesaSiaga Di Desa Bandung KecamatanPlayenKabupatenGunungKidulProvinsi Daerah Istimewa Yogyakarta. *Jurnalkebijakan dan manajemenpublik.*
15. Purwanti, P. A. P. (2011). Penanggulangankemiskinanberbasismasyarakat. *Tersedia pada: http://ejournal.unud.ac.id/abstrak/penanggulangankemiskinanberb asismasyaraka*

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