THE ROLE OF SOCIAL SUPPORT IN REDUCING ANXIETY AMONG HIGH RISK PREGNANT WOMEN IN THIRD TRIMESTER

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Abstract
Pregnancy anxiety is a common disorder occurred in the third trimester especially in High risk pregnancy. The psychological burden on a high risk pregnant woman can affect both babies' and mothers' condition. It has negative impact on the outcome of pregnancy. Social support is an essential factor to improve the wellbeing of mothers and babies during pregnancy. It provides emotional, material, and information support to relieve pregnancy anxiety. The aim of the study was to determine the correlation between social support and anxiety among high risk pregnant women in third trimester at Panembahan Senopati Bantul hospital, Yogyakarta, Indonesia. This cross sectional study was conducted on 63 high risk pregnant women in third trimester. Purposive sampling was conducted in this study. Data collection tools included validated social support questionnaire and Zung Anxiety Rating Scale. The data collected was analyzed using the Spearman correlation coefficient. The results showed that social support had a negative correlation with anxiety level among high risk pregnant women (r = -0,353; P value= 0,005). Results of regression analysis revealed that social support influencing anxiety in 12.3%. Social support plays an important role on anxiety among high risk pregnant women in third trimester. The higher the social support provided, the lower the anxiety score of pregnant women occurred.

Keywords: social support, anxiety, high risk pregnant women

1. INTRODUCTION

The highest Infant Mortality Rate (IMR) occurred on perinatal deaths as the number of deaths of infants after the seven month pregnancy and infants died before being exactly one week old. Perinatal mortality rate has mostly found on women who give birth to a child in less than 15 months birth interval, women who give birth in ≥40 years of age, women with high parity as well as short birth interval [1] .These conditions will cause adverse impact not only to infants or fetuses but also to the maternal health status even causing maternal death as the death during pregnancy or in 42 days period after the end of pregnancy which caused by any conditions that aggravate the pregnancy or the management on the labor which will be performed [2]. The conditions that aggravate pregnancy or the management during labor are the cause of pain and death of mothers and fetuses. Besides experiencing those several causes, the previous pregnancy history also has an effect as a complication during the pregnancy period [3]. The complications that occur on mothers or fetuses during the pregnancy are categorized as high-risk pregnancy which will cause situation crisis within the family [4].

High-risk pregnancy is a condition of which the life or health of mothers and fetuses is in danger caused by disorders or complications during the pregnancy [5]. High-risk pregnancy can affect several conditions of mothers, couples, and families. The conditions which can be affected include psychological, social, and emotional conditions. Mothers in pregnancy period are vulnerable to anxiety, anger, fear, and failure to become a normal woman. These conditions might generate stress for mothers, couples, and families [6]. Mothers who experience anxiety in facing

labor which they perceive as real threats i.e. fear of pain, death, and destructive responsibility toward family [7]. The anxiety of pregnant mothers in facing labor have been mostly found during 28 weeks – 36 weeks of pregnancy age which referred to as the expecting and cautious period because mothers are being impatient in waiting for the birth of their babies during this period [8].

Anxiety and stress during pregnancy could cause adverse impact on the pregnancy process as well as on the development of fetus. The most fatal impacts which might occur start from premature birth, irregularities of physical development or disabilities to mental retardation [8]. There are some factors that determine the anxiety level on pregnant women who will face the labor process, one of them is the social support of the family especially the husband or the spouse. Women who are taken care and loved by their husbands during the pregnancy will show less emotional and physical symptoms, less complications during the labor, and have easier adaptation during the postpartum period [9].

The social support from the husband will make women to be calmer in expecting the labor process. Husbands have a crucial role in providing support and encouragement for their wives during the pregnancy and labor processes. The forms of social support given by the husband include accompanying the woman during pregnancy control, pouring greater compassion, putting attention to the condition of the wife during the pregnancy and others which will give positive contribution to the psychological atmosphere of the pregnant mother as well as reducing the anxiety level on the upcoming labor process [10].

2. METHODS

This research used Cross-Sectional Design as the research design which aimed to determine the correlation between social support and anxiety among high risk pregnant women in third trimester at Panembahan Senopati Bantul hospital, Yogyakarta, Indonesia. In this research, social support of husbands (independent variable) and the anxiety of mothers (dependent variable) were studied concurrently.

The data were collected in Panembahan Senopati Bantul Hospital in April to May, 2016. This research involved 63 high-risk pregnant mothers in third trimester who conduct pregnancy visit to Obstetrics and Gynecology Clinic. The research sample was selected based on inclusion and exclusion criteria that have been pre-determined by the researcher by applying purposive sampling technique as the sample selection method performed by the researcher in reference to the aim and objective or certain criteria that pre-determined by the researcher. There were two types of data in this research such as primary and secondary data. Research instrument is the tools used to measure, assess, or observe a phenomenon which can be questionnaire, observation form, or other forms. Data collection tools included validated social support questionnaire and Zung Anxiety Rating Scale. The questionnaire of characteristics consists of general identities and health status of respondents. The questionnaire of social support of husbands used Likert's measurement scale. The questionnaire of anxiety that being used was Zung Self-Rating Scale (ZSAS) with 0.85 coefficient reliability value and 0.79 significance validity [11]. The data collected was analyzed using the Spearman correlation coefficient.

3. RESULTS AND DISCUSSION

According to Table 1, it can be known from the characteristic of respondents which based on age; the majority of high-risk pregnant mothers in third semester are categorized as Normal range reproductive age which amount to 61.9% (39 respondents). The characteristic of respondents based on parity shows that most of the respondents are multigravida which amount to 65.1% (41 respondents). From the characteristic of respondents based on education, it can be known that the

majority of respondents are having secondary education which amount to 82.5% (52 respondents). From the characteristic of respondents based on high risk factors, anaemia is the high risk factor that mostly experienced by the majority of respondents which amount to 19.0% (12 respondents). The majority of high-risk pregnant mothers in third semester have more than 1 pregnancy history or multigravida. Mothers in their second pregnancies will show more believe and preparation in facing the labour compared to primigravida mothers who have no prior experience [12]. The majority of high-risk pregnant mothers in third semester have secondary education. Mother who have secondary education or above will conceive more knowledge associated with the pregnancy conditions and in expecting the labor. Higher education conceived by mothers will increase the level of knowledge conceived by them. Mothers with secondary education or above tend to seek information related to their pregnancy conditions and the information regarding the preparation in expecting the labor. This state will make mothers to be more prepared and matured in facing the labor process [12]. The majority of pregnant mothers in third semester have high risk of anemia. The high risk of anemia can occur on pregnant mothers which caused by some conditions including the mothers' dietary habit, and low level of iron in their bodies. Mothers will have symptoms like limp body, dizzy eyes, heart palpitations as well as the pale on eyes, tongue, and palm areas. These conditions will have adverse impacts on the pregnancy of mothers i.e. decreasing the body endurance of pregnant mothers, thus, they will easily get sick, inhibiting the development and growth of the fetus, infants with low birth weight, long labor process, postpartum hemorrhage as well as the death of fetus [13].

Table 1. Distribution of characteristics respondents at Panembahan Senopati Bantul Hospital in 2018

No	Characteristic of Respondents	Frequency (f)	Percentage (%)
1	Age		
	a. At risk reproduction age	24	38,1
	(<20 dan <35 y.o)	39	61,9
	b. Normal range reproductive		
	age (20-35 y.o)		
	Total	**63**	**100**
2	Parity		
	a. Primigravida	22	34,9
	b. Multigravida	41	65,1
	Total	**63**	**100**
3	Education		
	a. Elementary School	1	1,6
	b. High School	52	82,5
	c. Bachelor's degree	10	15,9
	Total	**63**	**100**

Table 2. The data of social support and anxiety among high risk pregnant women at Panembahan Senopati Bantul in 2018

Variables	Minimum	Maximum	Median*	Standard Deviation
Social Support score	51	99	85	9,837
Anxiety score	27	55	37	6,287

*normality test using KS showed that the distribution data was not normal

Table 2 showed that the median score of husband's social supports was 85 with minimum score was 51 and the maximum score was 99. The median anxiety score among high risk pregnant women was 37 with minimum score was 27 and the maximum score was 55. Social support of husband is the reaction of husband's concerning their wives of pregnant mothers which indicated by giving attention, compassion, encouragement as well as accompanying and establishing good relationship as the effort that will make wives to be mentally stronger in facing everything during the pregnancy to labor period [14]. Some underlying factors of social support of husbands include the intimacy of relationship, the existence of support givers, and the quality of encounter. The characteristics of husbands who give supports during the pregnancy period are include providing supportive actions either physically or psychologically, emerging the secure feeling, sparing their time, and giving motivations to wives during the pregnancy to labor period [14].

According to Table 2, it can be known as well that there are husbands who still less supportive with minimum score was 51. This condition can be influenced by some factors which uncontrollable by the researcher namely the intimacy of husbands to wives or respondents, the believe of respondents toward the social support of husbands as well as the quantity and the quality of meeting between respondents and husbands.

The lack of intimacy in relationship between mothers and husbands will cause low allocation of support. Low intimacy can be seen from the quality or the harmony of the relationship between wives and husbands which is lacking and causing uncomfortable atmosphere, lack of attention or less receiving love. Besides the intimacy of relationship, the mothers' believe in the support provided by husbands could also be the underlying factor [15]. Lack of believe or doubt of mothers regarding the support of spouses might cause low support that will be received. Mothers who doubt the availability of husbands in providing support tend to have less confidence in overcoming problems. Lack quantity of encounter and the poor quality of encounter i.e. in condition when husbands work out of town will cause lack of support given toward mothers or respondents [15].

Based on Table 2, it can be known that the majority of high-risk pregnant mothers in third semester who conduct visit to Regional Public Hospital of Panembahan Senopati Bantul experiencing low and moderate scale anxiety. Some underlying factors include the personality development, level of knowledge, characteristic of stimulus, and individual characteristic. The personality development will shape different types of personality on each individual in which the personality type will make an individual to have good coping, for instance, the individual who always having positive thought and loving positive activities. Level of knowledge also becomes one of the factors in which individuals or respondents who have high level of knowledge will have the coping which more capable of adjusting to an issue. The characteristic of stimulus or the source of anxiety is seen from the intensity, the period in which the stressor exists, and the amount of stressor that occurs also becomes the underlying factors. Seen from the intensity, low stimulus which slowly will not always provide good coping development period for individuals. In relation to the length of which the stressor stays, temporary stressor or the one which only comes in a short period will lower the anxiety level of mothers. Lower and smaller amounts of stressor will lower the anxiety of mothers even to a condition of which there is no anxiety occurring. The other factor is individual characteristic in which if an individual interpret an issue in positive manner, thus, the individual will be able of adapting to the situation [16].

Based on Table 3, the results showed that social support had a negative correlation with anxiety level among high risk pregnant women. Social support of husbands becomes one of the factors that influence the anxiety level of mothers during the pregnancy toward the labor process. Several forms of supports that can be provided include care, accompaniment during the pregnancy check or during the labor, the provision of transportation as well as affording the pregnancy and

labor cost [17]. Social support of husbands in expecting the labor is highly needed by mothers because the presence of husbands will minimize the anxiety experienced by mothers during the labor process. The supports can be given through prayer, touch, motivation, and accompaniment will decrease the anxiety, worry, fear of the mothers as well as make them able to fight in giving birth to their children [17]. During these situation and condition, psychosocial supports are crucial to reduce the anxiety level experienced by mothers in approaching the labor. One of the psychosocial supports required by mothers is the husbands or spouses which will minimize the anxiety of mothers [17].

Anxiety is affected by the support factor from the spouse. Some other underlying factors include the development of personality or the type of motherly personality which always thinking positively that can reduce the anxiety. The higher level of knowledge and secondary education or above conceived by mothers a will make them to have better coping in solving issues compared to mothers with lower secondary education and low level of knowledge. Mothers with secondary education or above or having higher level of knowledge will easily acquire information associated with their pregnancy conditions in which this thing can reduce the anxiety of mother in facing the labor process. The individual characteristics are associated with how mothers or respondents interpret various situations, conditions, or stressors that occur during the pregnancy period or approaching the labor. If mothers or respondents can interpret those elements positively, thus, the anxiety will decrease even no anxiety will be experienced [18].

Other factors which also affect the anxiety of pregnant mothers in facing their labor are the factors of age and parity. Mothers who are more mature in age will emotionally more prepared to face the pregnancy and postpartum conditions as well as ready to treat their infants independently [18]. Mothers in their second pregnancy or more have lower anxiety level compared to mothers who experience their first pregnancy because the mothers have experienced a pregnancy before that make them more confidence in facing the following pregnancy [18]. Results of regression analysis revealed that social support influencing anxiety in 12.3%. Social support plays an important role on anxiety among high risk pregnant women in third trimester. The higher the social support provided, the lower the anxiety score of pregnant women occurred.

Table 3. The correlation between social support and anxiety among high risk pregnant women in third trimester at Panembahan Senopati Bantul Hospital in 2018

Variables	Minimum	Maximum	Median*	p-value	Coefficient correlation
Social Support score	51	99	85	0,005	-0,353
Anxiety score	27	55	37		

4. CONCLUSION

Our results showed that Social support play an important role on anxiety among high risk pregnant women in third trimester. The higher the social support provided, the lower the anxiety score of pregnant women occurred. The characteristics of husbands who give supports during the pregnancy period are include providing supportive actions either physically or psychologically, emerging the secure feeling, sparing their time, and giving motivations to wives during the pregnancy to labor period.

5. ACKNOWLEDGEMENTS

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