

Research Article

FAMILY AND ENVIRONMENT ACCEPTANCE FOR PREGNANT WOMEN AND BIRTH CONFIRMED COVID-19 AT SANGLAH RSUP AGAINST: A QUALITATIVE RESEARCH

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ABSTRACT

Background: The Corona Virus Disease 2019 (COVID-19) pandemic exposes women who are pregnant and giving birth to a different and very stressful situation. Not only because of the illness but also being kept away from family and environment. **Objective:** To find out how the acceptance of the family and the environment for women with Covid-19 who have been treated at Sanglah Hospital, Denpasar. **Methods:** A qualitative study of 6 cases of women who had been treated for Covid-19 to get an overview of family and environmental acceptance. The sample of this study were patients who were pregnant and had given birth with confirmed COVID-19. The sample was conducted semi-structured interviews. Since it was confirmed that they were diagnosed with Covid-19, all participants were shocked, afraid, and sad. **Result:** All participants are aware of and believe in the existence of Covid-19 even though knowledge about this infection is very diverse. Even though they were treated well during isolation, all participants felt afraid, sad, lonely, depressed, and felt too long. After surviving an attack of infection, 91.4% said their daily life was disrupted by the COVID-19 pandemic and 80.6% were worried about getting infected again. In addition, encouraging positive behavioral practices to prevent recurrent infections, such as keeping a distance (97%), using masks (96%), washing hands (97%), staying away from crowds (95%), and being determined to use hand antiseptics and colognes more often (84%). The acceptance and support of the family are very good so it supports the participatory healing process. Very little information from the environment about their acceptance of the participants due to the difficulty of involving them due to health protocols. **Conclusion:** The level of family acceptance of the participants is very good but there is very little information about environmental acceptance.

Keywords: Corona Virus Disease 2019, family & environment acceptance.

INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic situation exposes women who are pregnant and giving birth to different and stressful conditions. The epidemic of COVID-19 infection and the existence of social stigma on patients causes psychological effects on patients, including anxiety, fear, and depression. Since its emergence in Wuhan China in 2019, COVID-19 is an infectious disease that has spread rapidly throughout the world like a pandemic. The virus that causes COVID-19 is known as Severe Acute Respiratory Syndrome-Corona Virus-2 (SARS COV-2). In Indonesia, the first COVID-19 case was reported in early February 2020 (Asadi *et al.*, 2020; Rasmussen *et al.*, 2020). The incidence and fatality of this disease are quite high. Based on data on November 11, 2020, the number of global cases reached 52,378. In Indonesia, the number of cases until the same date reached 448,118 people and continues to increase. The global Covid-19 death rate has reached 3.00%. While in Indonesia the number of deaths reached 14,836, with a fatality rate of 3.33%. Currently, 99% of patients with mild to moderate symptoms are severe and 1% are critical (Worldmeters, 2020). The main transmission of this disease is through respiratory droplets and close contact. This disease has a broad and varied clinical spectrum, ranging from asymptomatic, mild, moderate, severe, and critical to fatal. The main clinical symptoms are respiratory system symptoms and fever. Respiratory symptoms such as cough, runny nose, and shortness of breath. However, other symptoms that are not related to the respiratory tract can also occur, such as diarrhea, rash, and other

systemic symptoms. Severe symptoms also occur in a small proportion of patients in the form of respiratory failure and thrombus formation in the pulmonary vessels (Wiersiga *et al.*, 2020). The status of COVID-19 patients is not only confirmed but also suspected and probable which has a significant social impact on society. Several social stigmas have emerged both for patients and for health workers who take care of COVID-19 patients (Dwinantoaji and Sumarni, 2020). This discrimination occurs due to misinformation, feeling insecure, excessive fear, and lack of trust in treatment (Mahmud and Islam, 2020). In addition to social stigma, COVID-19 also has a psychosocial impact on patients and the general public, in the form of anxiety or depression. Research shows that more than half (54%) of respondents experienced moderate to severe psychosocial impacts due to COVID-19. Nearly a third (29%) show symptoms of moderate to severe anxiety, and about 17% have major depression (Wang *et al.*, 2020). The cause of the disorder can be due to the presence of the virus itself or due to the economic difficulties that accompany the pandemic (Dubey *et al.*, 2020). The psychological impact that occurs on the patient may require psychotherapy. During this pandemic, telepsychotherapy may have the advantage of reducing contact. Several qualitative studies have shown that telepsychotherapy is quite significant in improving patients' psychological problems. In addition, virtual family support also improves the patient's psychological condition (Sahoo *et al.*, 2020). This study was conducted by collecting data on the experiences of pregnant and giving birth patients with confirmed Covid-19 on family acceptance and the surrounding environment after returning from hospital treatment. This research is expected to be an input for health workers to determine the psychosocial impact and formulate appropriate psychosocial interventions for pregnant women with COVID-19.

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METHODS

This research was conducted through a qualitative approach to explore and understand a symptom centrally. Semi-structured interviews were conducted with 6 pregnant or giving birth mothers who had confirmed Covid-19 and had been treated at Sanglah Hospital, Denpasar from June 1, 2020, to May 31, 2021. The population of this study was pregnant and childbirth patients with confirmed COVID-19. Informed consent was carried out beforehand. Patients who were unable to provide good information such as patients with severe mental disorders, outpatients, and patients who refused to participate in the study were not included in this study.

The sampling technique used a purposive sampling method, with semi-structured questions. The cases were chosen to be representative so that they were varied, such as those who were still pregnant, or had given birth, the criteria were mild, moderate, or severe. With the reason of complying with health protocols during the COVID-19 pandemic, data collection was carried out by interviewing via the Zoom application, Whatsapp, telephone and face-to-face (video calls), and recorded conversations. The research data were analyzed using the Colaizzi phenomenological method, which consisted of 7 stages, including reading the results of interviews, extracting statements related to the research problem, concluding the extracted data, concluding ideas, and determining themes and sub-themes, describing the relationship between the theme and the object. research, describe the basic structure that forms the phenomenon, and re-verify the final analysis to the object of research.

RESULT AND DISCUSSION

There have been successful interviews with six participants who meet the criteria. The first participant, hereinafter abbreviated as P1, is a 26-year-old woman, the second participant, hereinafter abbreviated as P2, is a 26-year-old woman, and the 3rd participant (P3) is a 26-year-old woman, and the 4th participant (P4) is a 28-year-old woman, the 5th participant (P5) was a woman aged 23 years and the last participant (P6) was a woman aged 34 years. Most (83.3%) were preterm pregnant at 24-28 weeks gestation, and only 1 case (16.7%) was at term (38 weeks). The clinical picture is related to the length of hospitalization. Three cases (50%) had severe clinical features, 2 (33.3%) had moderate features, and 1 (16.7%) had mild features. Cases with severe features were treated for 18 days, 24 days, and 31 days. Clinical features of being treated for 15 and 27 days. While the clinical picture is mild at 11 days. Most of them (66.7%) are private employees, and the remaining two (16.7%) are housewives and students. Work may be related to activities outside the home so that it has a greater chance of exposure to the virus.

Table 1. Characteristics of Research Subjects.

Characteristic	N	%
Age (years old)		
20 – 25	1	16.7
25 – 30	4	66.6
>30	1	16.7
Education		
Junior High School	0	-
Senior High School	6	100
Diploma	0	-
Parity		
Primipara	2	33.3
Multipara	4	66.7
Domicile		
Denpasar	5	83.3
Outside Denpasar	1	16.7

COVID-19 Symptoms		
Mild	1	16.7
Moderate	2	33.3
Severe	3	50
Length of Stay (days)		
7 – 14	1	16.7
14 – 30	2	33.3
>30	3	50

PATIENT'S ACCEPTANCE

Patient's acceptance when confirmed COVID-19

In general, all participants experienced feelings of sadness, fear, and shock when confirmed COVID-19. Some of the reasons were family, social, and medical factors of the mother and the fetus. Family factors, which caused the concern was the fear of transmitting to the other family members (narrative P1), and fear of the same clinical condition arising in the family (narrative P5). Social factors are the most significant, in which all the participants reported the same thing. Some of the social reasons include fear of undergoing isolation so that they were separated from their family, worry about having a bad view from the social environment (family and neighbors), and fear of being ostracized (narratives P1 to P6). The medical factors were the concern of having clinical symptoms of COVID-19 (narration P1), experiencing clinical symptoms (narration P5), and failure to undergo normal delivery (narration P3). Four participants were worried about the condition of the baby they were carrying as a result of being exposed to COVID-19. A COVID-19 diagnosis can be a shocking and stressful event as experienced by participants in previous studies (Sanga *et al.*, 2019). In addition, people infected with COVID are required to be quarantined and possibly removed from the community (NHC, 2020; WHO, 2020). Another qualitative study also showed that as many as fourteen of the sixteen participants whose families died due to COVID-19 said that they were stressed due to family instability, job loss, and stigma both in the surrounding community and the work environment.

Knowledge and views on COVID-19

The views of all participants on COVID-19 are uniform. Everyone believes in COVID-19 even though P1 doesn't directly say they believe in COVID-19. Meanwhile, the level of knowledge of the participants was quite varied. Some of the things explored in this study were knowledge about symptoms, modes of transmission, and handling and prevention. Regarding the symptoms of COVID-19, all of the participants said that the symptoms of this disease were related to the respiratory system, although most only experienced a sense of smell. One patient had a history of fever for three days before hospital admission (narration P5). Knowledge about transmission is quite varied, participants know the mode of transmission by contact with the patient (narrative P1), and contact with the patient's saliva (narration P2-P6). Most of the participants knew how to handle COVID-19 in isolation and experienced self-healing (narrative P1, P2, P4, and P6). One participant (narrative P4) also revealed that psychology is an important factor in the healing process. Several prevention methods were also expressed by the patient, namely using masks, washing hands, and isolation treatments, and not traveling (narratives P3 and P5). Several participants revealed how to get information from electronic media (narrative P6), the internet, and social media (narrative P3). Judging from the clinical picture, the most common symptoms that occur are fever that occurs in more than 90% of patients, shortness of breath (53-80%), dry cough (60-86%), tiredness (38%), myalgia (15-44%) and nausea, vomiting and diarrhea (15-39%) (Wiersinga *et al.*, 2020). Impaired smell and taste

are atypical symptoms that occur in 3% of patients (Spinato *et al.*, 2020). Knowledge about the symptoms of COVID-19 in this study may still be lacking. Most stated that their symptoms were related to the respiratory system, even though the spectrum of clinical symptoms of COVID-19 was very broad.

Experience During Isolation

All participants had an unpleasant experience, although two participants did not directly state their discomfort (P4 and P5). Some of the expressions of discomfort include fear, loneliness, sadness, depression, prolonged isolation, discomfort, and feeling short of breath. All participants received good health services during treatment and received sufficient information about their health conditions. The psychological impact is also significant among people undergoing quarantine or isolation. Quarantine is indeed one of the strategies used to reduce the spread of disease (Runin and Wessely, 2020). However, this can have a psychological impact on patients such as fear, distress, and loss of control. This psychosocial impact will be even more severe if the infected patients were separated from their families (Maunder *et al.*, 2020; Hawryluck *et al.*, 2020; Brooks *et al.*, 2020). As in previous regular outbreaks, quarantine has a significant psychological impact such as irritability, fear of transmitting to family, anger, confusion, frustration, loneliness, denial, anxiety, depression, insomnia, and even suicide (Dubey *et al.*, 2020). Post-traumatic stress disorder (PTSD) may also occur in quarantined patients but is usually related to the length of quarantine. Post quarantine may also cause psychological stress due to socioeconomic conditions such as financial loss. A very important aspect is discrimination and being shunned (Dubey *et al.*, 2020). In this study, almost all participants also experienced the same thing, namely stress, and other unpleasant experiences. However, there was no PTSD disorder found.

Behavior after undergoing isolation

Research on patients with a history of being infected with COVID-19 showed 91.4% said their daily life was disrupted by the COVID-19 pandemic and 80.6% were worried about getting infected again. The study also found a high rate of positive change in practice related to COVID-19. The proportion of participants who practiced prevention practices was very high such as keeping their distance (97%), using masks (96%), washing hands (97%), staying away from crowds (95%), and being determined to use hand antiseptic and cologne more frequently (84%) (Yakut *et al.*, 2021). The results of this study are the same as this study, almost all of the participants carried out prevention practices well.

Families Acceptance

Families' acceptance of participants when confirmed COVID-19 was quite good. Their family tends to support the patient's when they were confirmed positive. Families' acceptance also affects the psychological condition of participants. Family support is also important in handling COVID-19 patients (Fegert *et al.*, 2020). However, on the other hand during the COVID-19 pandemic, maintaining public safety requires limiting the physical contact of the family during treatment in isolation rooms.

Environmental Acceptance

The view from the social environment of the participants obtained is very limited, perhaps because they do not communicate directly with their social environment. So that the view of the social environment on participants when confirmed COVID-19 is unknown. Based on the data obtained from the participants, the acceptance of the social environment varies. Two participants had a history of negative stigma from the social environment, both the living and working environment. Social stigma is a challenge in handling COVID-19. COVID-19 which can spread easily creates fear, panic, worry, and anxiety. This situation creates a negative stigma against sufferers.

CONCLUSION

Most of the participants were shocked, felt afraid and sad when confirmed COVID-19 was caused by family, social, maternal, and fetal medical factors. Most of the families' acceptance of participants when confirmed COVID-19 was quite good. The view from the social environment of the participants obtained is very limited, perhaps because they do not communicate directly with their social environment.

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