

Willingness follow covid-19 vaccination pandemic conditions pregnant women family support

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ABSTRACT

COVID-19 vaccination for pregnant women is a strategic instrument to prevent transmission, reduce the risk of serious illness, and reduce maternal and infant mortality. Family support is an attitude, action, and acceptance of the family towards family members who are seen as an inseparable part where family members are always ready to provide assistance and assistance if needed. Objective: The purpose of this study was to analyze the relationship between willingness to participate in COVID-19 vaccination during the pandemic in terms of family support for pregnant women in the working area of Sampung Public Health Center, Ponorogo Regency. Metode this research is a cross sectional study. The sample in this study was pregnant women aged 13-33 weeks who had not been vaccinated against COVID-19 in the working area of the Sampung Public Health Center, Ponorogo Regency in July 2022 as many as 45 people using simple random sampling technique. Statistical test chi-square with a significant level of = 0.05. The results showed that 68.9% of respondents stated that they received good family support and 66.7% of respondents stated that they were willing to participate of vaccination. The results of the chi-square obtained that the chi (32.402) is greater than the chi table (3.841), it shows that good family support has an effect on vaccine availability. Family support and willingness to take the vaccine in pregnant women have a strong relationship, with test value of 0.647. Good family support can affect vaccination participation in pregnant women.

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INTRODUCTION

The Indonesian Obstetrics and Gynecology Association (POGI) recorded that 536 pregnant women tested positive for COVID-19 during the first year of the COVID-19 pandemic. (Solihah et al., 2021) Of these, 3% of them died, 9.5% were in the category of People Without Symptoms (OTG), and 4.5 percent of the total number of pregnant women who were confirmed positive requiring treatment in the ICU. As a preventive measure, vaccination of pregnant women is also a strategic instrument to prevent transmission, reduce the risk of serious illness, and reduce maternal and infant

mortality. Therefore, since August 2, 2021, the government through the Ministry of Health has expanded the scope of the COVID-19 vaccination program for pregnant women.(Anjelika, 2022) The policy is concerning COVID-19 Vaccination for Pregnant Women and Screening in the Implementation of COVID-19 Vaccination.(Sugiartini & Meriyani, 2022) Of the 315 pregnant women in 2021 in the working area of Sampung Public Health Center, Ponorogo Regency, the number of pregnant women who were confirmed positive was 5 and 1 person was declared dead after undergoing sectio caesarea. In August 2021, out of 100 pregnant women who were targeted for vaccination in the working area of Sampung Public Health Center, Ponorogo Regency, only 25 people came for the COVID-19 vaccination. The results of interviews with 10 pregnant women who came to Sampung Public Health Center on 7-10 March 2022 showed that only 1 person had vaccinated against COVID-19 and 9 others admitted that they had not vaccinated against COVID-19 because of fear, lack of information regarding COVID-19 vaccination for mothers. pregnant, and not allowed by the family (husband, parents, and or in-laws). With the many cases of women who don't do vaccinations there are researchers intetested in examining them.

This study aims to identify and analyze the relationship between willingness to participate in COVID-19 vaccination during the pandemic in terms of family support for pregnant women in the working area of Sampung Public Health Center, Ponorogo Regency.Theoreical benefits it's hoped that this Theoretical Benefits is hoped that this research will add to the literature as a basis for research, especially regarding willingness to participate in the COVID-19 vaccination during a pandemic in terms of family support for pregnant women. Practical Benefits for educational institutions it is hoped that the results of this study can add to the literature, especially regarding willingness to participate in the COVID-19 vaccination during a pandemic in terms of family support for pregnant women. For research land as input and evaluation material regarding the strategy for providing COVID-19 vaccination services. For further researchers, the results of this study can be used as a reference, especially with regard to willingness to participate in the COVID-19 vaccination during a pandemic in terms of family support for pregnant women. And for respondents, the results of this study can add to knowledge about COVID-19 vaccination in pregnant women.

RESEARCH METHOD

The design in this study is a correlation research design which is a cross sectional study. The study was conducted in July 2022 to all pregnant women aged 13-33 weeks in the working area of Sampung Public Health Center, Ponorogo Regency. Variable independent in this study was family support for pregnant women and the dependent was the willingness to participate in the COVID-19 vaccination during the pandemic. The total population in the study was 84 people with a sample of 45 people. Sampling was done using simple random sampling technique. The instrument used is a questionnaire by giving code 1 if you answer "yes" and code 0 if you answer "no". The statistical analysis test between the family support of pregnant women and the willingness to vaccinate against COVID-19 was carried out using the chi-square analysis bivariante was carried out to determine the strength of the correlation between the two variables.

Table 1. Family Support for Pregnant Women in July 2022 in the Working Area of Sampung Public Health Center.

| Family Support | Frequency (n) | Percentage (%) |
|----------------|---------------|----------------|
| Less | 14 | 31.1 |
| Good | 31 | 68.9 |
| Total | 45 | 100 |

Based on Table 1 it is collecting data on 45 respondents obtained results as many as 31 people or 68.9% of respondents stated that they received good family support and 14 people or 31.1% of respondents received poor family support.

Table 2. Availability of Vaccines for Pregnant Women in July 2022 in the Working Area of Sampung Public Health Center

| Willingness | Frequency (n) | Percentage (%) |
|-------------|---------------|----------------|
| Not Willing | 15 | 33.3 |
| Willing | 30 | 66.7 |
| Total | 45 | 100 |

Based on Table 2 it is collecting data on 45 respondents obtained results as many as 30 people or 66.7% of respondents stated willing to be vaccinated against COVID-19 and 15 people or 33.3% of respondents are not willing to be vaccinated against COVID-19.

Table 3. Cross-tabulation of Family Support with Vaccine Availability of Pregnant Women in July 2022 in the Working Area of Sampung Public Health Center

| Variable | | Vaccine Availability | | Total |
|----------------|------|----------------------|------------|-------|
| | | Not Willing | to Have | |
| Family Support | Poor | 13 (28.9%) | 1 (2.2%) | 14 |
| | Good | 2 (4, 4%) | 29 (64.4%) | 31 |
| Total | | 15 | 30 | 45 |

Based on Table 3, it is collecting data on 45 respondents, 13 people or 28.9% of respondents stated that they received poor and unfavorable family support willing to vaccinate, but there is 1 person or 2.2% of respondents who are willing to participate in the vaccine even though their family support is not good. 29 people or 64.4% of respondents received good family support and were willing to take the vaccine, but there were 2 people or 4.4% of respondents who were not willing to take the vaccine even though they received family support

Table 4. Chi-Square and Correlation of Family Support with Vaccine Availability for Pregnant Women in July 2022 in the Work Area of Sampung Public Health Center

| Test Results | Value |
|--------------------------------|-------------|
| <i>Chi-Square</i> (χ^2) | 32.402 |
| Degree of Correlation (dk) | 1 |
| Confidence level (p) | 0.005 (95%) |
| Correlation Coefficient (c) | 0.647 |

Based on Table 4 it is From data analysis using chi-square, the result is χ^2 count = 32, 402 then compared with χ^2 table = 3.841. So the χ^2 count is greater than the χ^2 table, then $[H_0]$ _19 accepted and $[H_1]$ _ vaccination with family support for pregnant women. While the correlation coefficient obtained from the calculation is 0.647, which means that the two variables have a strong relationship.

RESULTS AND DISCUSSIONS

The family as the smallest unit in society consisting of two or more people depends on each other for various supports in accordance with family functions that must be carried out daily, including affective functions, socialization, economy, reproduction, and health care. In carrying out health care practices to prevent or treat sick family members, the family's ability to provide health education will affect the family's health status. (Untari et al., 2022) Family support is an attitude, action, and acceptance of the family towards family members who are seen as an inseparable part where family members are always ready to provide assistance and assistance if needed. Forms of family support include emotional support, information support, instrumental support, and appreciation support. Family participation is needed to motivate pregnant women to participate in

the COVID-19 vaccination. In this study, respondents who were pregnant women received different supports from the four forms of support. The results of the study in table 1 show that 68.9% of respondents stated that they received good family support while 31.1% stated that they were not good at getting family support. Respondents who get good family support indicate that the family has carried out its function where family members will always be ready to provide assistance and assistance. (Vaira & Karinda, 2022)

Family emotional support is manifested in the form of affection, trust, attention, listening and being listened to. The attention and ability of the family to listen increases the respondent's confidence in the family, so that the family can convince the respondent about the benefits of vaccination and fully provide support and encouragement so that the respondent gets the vaccine. Family information support is manifested in the form of advice, proposals, suggestions, instructions, and the provision of information. Families who are looking for instructions and information will inform respondents about the type of vaccine that can be used and will find out the schedule for implementing COVID-19 vaccinations held in their surrounding environment. Family instrumental support is manifested in the form of providing materials that can provide direct assistance that can overcome problems that can be controlled. (Erfiana & Fawziyah, 2022) Provision of conditions for vaccination activities and means of transportation is a form of providing materials, while the willingness of families to take respondents to vaccine activities includes direct assistance to respondents. Respondents who received good instrument support certainly received assistance and facilities from their families, while respondents who received poor support could be caused by one of these aspects. Family appreciation support is manifested in the form of providing information, suggestions or feedback about individual situations and conditions. The family acts as a feedback guide and mediates problem solving where in this case the family involves the respondent in family decision making and receives suggestions and input from the respondent. (Rakhimah, 2022)

COVID-19 vaccines for pregnant and lactating women receive special attention from the government, this is concerning COVID-19 Vaccinations for Pregnant Women and Screening in the Implementation of COVID-19 Vaccinations. A mother who is pregnant or breastfeeding a child has a higher risk than a mother who is not pregnant or breastfeeding. During the COVID-19 pandemic, the risk of pregnant and breastfeeding mothers will of course increase that risk if they are infected with the COVID-19 virus which will affect pregnancy and breast-fed children. (Ningsih et al., 2023) The preparation of the COVID-19 vaccine for pregnant women in this study is very important because it requires a level of maturity for a mother to receive and participate in the COVID-19 vaccination. The first period of COVID-19 vaccination specifically for pregnant women in the research area in August 2021 showed low results, out of 100 targeted pregnant women only 25 pregnant women were vaccinated or 25%. In 2021 the COVID-19 virus is still considered a very frightening specter so the level of public confidence in vaccines is still low. This has an impact on the lack of availability of the first COVID-19 vaccine for pregnant women. The unwillingness of pregnant women to be vaccinated against COVID-19 is not only influenced by fear, but also lacks support from their families. The results of the questionnaire regarding the availability of vaccines in Table 2 show that 66.7% of respondents said they were willing and 33.3% said they were not willing to receive the COVID-19 vaccine. These results indicate an increase in the willingness to vaccinate pregnant women for COVID-19 when compared to the COVID-19 vaccination period for pregnant women in the work area of the previous researcher. (Purwanti, 2022) From the data above, there is a very clear difference between receiving COVID-19 vaccinations for pregnant women in 2021 and 2022. At first, the achievement of vaccination for pregnant women was very low because this was a new thing, so people tended to be hesitant and afraid to make a decision. However, over time, many pregnant women are willing to participate in the COVID-19 vaccination.

Family support is the key in accelerating the implementation of vaccination. As explained by (Manalu & Sitorus, 2022), families who are aware of the importance of vaccines will influence their family members to follow the vaccine. The results of the cross tabulation between family support and vaccine availability for pregnant women in the working area of Sampung Public Health Center in table 3 show that 64.4% of respondents received good family support and were willing to be vaccinated, while 4.4% of respondents were not willing to be vaccinated even though they received family support. the good one. As many as 28.9% of respondents did not get good family support and were not willing to be vaccinated, while there were 2.2% of respondents who were willing to be vaccinated even though they lacked family support. (Salamah, 2022) The initial hypothesis (H0) of the study was that good family support had no effect on willingness to participate in vaccination, while the alternative hypothesis (H1) of the study was that good family support had an effect on willingness to participate in vaccination. The chi-square value of 32.402 is greater than the chi-square table of 3.841 which means the initial hypothesis (H0) is rejected or in other words the alternative hypothesis (H1) is accepted, in other words that good family support has an effect on vaccination willingness. The correlation between family support and vaccine availability for pregnant women in the working area of Sampung Public Health Center obtained a correlation value of 0.647. The strength of the relationship between two variables that have a correlation value between 0.51 - 0.75 indicates a strong relationship. The correlation value of the results of the study of 0.647 indicates a strong relationship between good family support and willingness to follow the vaccine. (Musdalifah, 2022)

In order to maximize the availability of COVID-19 vaccination for pregnant women, good family support is needed. (Sznajder et al., 2022) As explained earlier, family support can be in the form of emotional, informational, instrumental and rewarding support. The family is the smallest part of society whose role is very important. In this family, pregnant women interact a lot, this can affect the mindset and affect the decision making of pregnant women. (Januszek et al., 2021) Family is a safe and peaceful place for rest and recovery and helps control emotions, including maintaining emotional relationships or feelings of security, comfort, and feeling protected in interpersonal situations. (Kiefer et al., 2022). Respondents who received good emotional support and were willing to be vaccinated showed that feeling safe and comfortable in the family was able to motivate respondents to be vaccinated. The function of the family as a provider of knowledge information also plays a role in opening up respondents' insight about the types of vaccines, the importance of vaccination, and the schedule for implementing the COVID-19 vaccination. Information support provided by the family can also motivate respondents to be vaccinated because respondents already know information related to COVID-19 vaccination for pregnant women. (Nguyen et al., 2021)

CONCLUSION

The conclusion in this study is that the form of family support received by pregnant women during the COVID-19 pandemic in the work area of Sampung Public Health Center, Ponorogo Regency includes emotional support, information support, instrumental support, and family appreciation support. 68.9% of pregnant women who received good family support during the COVID-19 pandemic and 31.1% received poor family support. The willingness of pregnant women during the COVID-19 pandemic to participate in vaccination was 66.7% and 33.3% stated that they were not willing to participate in vaccination. The chi-square value of 32.402 is greater than the chi-square table of 3.841 indicating a relationship between willingness to participate in vaccination during the pandemic in terms of family support for pregnant women in the work area of Sampung Public Health Center, Ponorogo Regency. The strength of the correlation between family support and willingness to participate in vaccination is strong.

Suggestions from this study for health workers need to do better socialization, especially in knowledge of the types of COVID-19 vaccines that can be given to pregnant women and the benefits and side effects of COVID-19 vaccination to pregnant women in order to convince pregnant women about the importance of vaccination so that increase the willingness of pregnant women to participate in the COVID-19 vaccination. As the smallest unit of social interaction, families need to increase family support from all factors, especially pregnant women so that they can provide a sense of security and comfort and are able to motivate pregnant women in maintaining their womb. Meanwhile, suggestions for further researchers, further research needs to be done on other factors that affect the willingness of pregnant women to vaccinate against COVID-19.

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