e-ISSN: 3030-878X

The 4th International Conference on Nursing and Public Health (ICONPH)

Self Efficacy of Family Caregivers in Caring for Gestational Pregnant Women in Tuban Regency

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ABSTRACT
Gestational diabetes affects about 3% to 6% of all pregnant women. It usually starts in the fifth and sixth months of pregnancy (weeks 24 and 28) and usually disappears shortly after giving birth. Diabetes mellitus can damage the health of the fetus or mother, and about 20-50% of women with gestational diabetes mellitus survive. The individual approach in dealing with DM disease is more directed to the family approach because the family is the main health service provider for individuals suffering from chronic diseases such as DM. The design of this study uses a descriptive approach, using *a cross sectional approach.* The population of all family caregivers who accompanied DMG mothers who visited the Puskesmas was 102 families, with a sample size formula of 81 caregivers, the sampling technique used for purposive sampling, the research variable Self Efficacy of family caregivers in caring for Gestational Pregnant Women. The results of the study were obtained Family Perception on Family Caregiver Factor Variables, self-efficacy was almost half (48.1%) in the medium category, most families were adults (26-45 years old), male, Secondary Education (SMA), income >Rp 1,851,083, and husband status. Family support provides an experience for the individual to feel cared for and appreciated by his or her family because of getting help from people who he considers meaningful in his or her life, good *self-efficacy* is able to affect the psychological well-being of the caregiver while caring for gestational pregnant women.

Keywords: Self-efficacy, Caregiver family, Gestational diabetes mellitus

INTRODUCTION

Gestational diabetes mellitus is hyperglycemia with blood glucose levels above normal that occurs during pregnancy. Women with gestational diabetes increase the risk of complications during pregnancy and during childbirth (Kosanto et al., 2016). Gestational diabetes affects about 3% to 6% of all pregnant women. It usually starts in the fifth and sixth months of pregnancy (weeks 24 and 28) and usually disappears shortly after giving birth. Diabetes mellitus can damage the health of the fetus or mother, and about 20-50% of women with gestational diabetes mellitus survive. (Mariany, 2017). The adverse effects that can be caused by gestational diabetes mellitus are mostly related to macrosomia caused by fetal hyperinsulinemia in response to high glucose levels arising from the condition of hyperglycemia in the mother.

The prevalence of gestational diabetes mellitus in Indonesia in the general pregnancy population is 1.9-3.6%, in the pregnancy of mothers who have a family history of diabetes mellitus is 5.1% and in women who have experienced gestational diabetes mellitus, in postpartum follow-up observation, around 40-60% will have impaired glucose tolerance (TGT). Some studies report that up to 50% of pregnant women affected by diabetes mellitus will suffer from type 2 diabetes mellitus later in life, gestational diabetes mellitus affects mothers and neonates (Munawaroh & Hafizzurachman, 2020). Data obtained from the Tuban Regency

Health Office Data in December 2022 obtained 9,785 pregnant women who were checked for blood sugar, 102 mothers with blood sugar levels > 140 g/dl found in 4 health centers, namely, senori, parengan, palang and semanding. According to the theory, there are many risk factors associated with the incidence of gestational diabetes mellitus. These factors are: being overweight before pregnancy, being a member of a high-risk ethnic group, a history of diabetes in the family, having previously given birth to a baby of more than 4 kg, and having previously given birth to a stillborn baby.

The management of DM treatment must be carried out for a lifetime so that often patients experience boredom and non-compliance in the management of DM treatment often occurs. Diabetics will have a high level of quality of life if they can manage their diabetes well (International Diabetes Federation, 2017). The results of the study in 600 people, showed that only 16.6% of patients were adherent in anti-diabetic treatment and blood sugar control, 23.3% of DM patients were adhered to dietary arrangements and 31.7% of DM patients were adhered to physical exercise (Sharma, Kalra, Dhasmana, & Basera, 2014). In improving the compliance of DM sufferers, it is very important to know several factors that cause non-compliance of DM sufferers. Some of the factors that cause non-compliance of people with DM include demographic factors (low economic status, low education level, and ethnicity), psychological factors, social support, health workers and the health care system, the nature of the disease and its treatment (Sharma et al., 2014). The results of the study (Anggina, L.L., Hamzah, 2010) show that one of the factors related to therapy compliance is family support, because family support is a factor that has a significant contribution and as a reinforcing factor that greatly affects treatment compliance in DM patients. Hasbi (2012) said that the individual approach in dealing with DM disease is more directed to the family approach because the family is the main health service provider for individuals suffering from chronic diseases such as DM.

RESEARCH METHOD

The research design is descriptive with a *cross sectional* approach that emphasizes the measurement time or observation of research variable data that is carried out once at a time. The population of all family caregivers who accompanied DMG mothers who visited the Puskesmas was 102 families, with a sample size formula obtained 81 caregivers, the sampling technique used was purposive sampling, the research variable was Self Efficacy of family Caregivers in caring for Gestational Pregnant Women.

RESULT AND DISCUSSION

Table 1. Family Caregiver Factors (Age, Gender, Education, Income, Status) June 2024 in Tuban Regency

Indicators	Group	Frequency	Percentage (%)
Age	Teenagers (18- 25 years)	11	13.6
	Adults (26-45 years)	58	71.6
	Seniors (46-65 years)	12	14.8
	Entire	**81**	**100**
Gender	Man	72	88.9
	Woman	9	11.1
	Entire	**81**	**100**
Education	Elementary Education (Elementary, Junior High)	25	30.9
	Secondary Education (SMA)	50	61.7
	Higher Education (D3, S1, S2, S3)	6	7.4
	Entire	**81**	**100**
Income	< IDR 1,851,083	19	23.5

	>IDR 1,851,083	62	76.5
	Entire	**81**	**100**
Condition	Husband	74	91.4
	Mother/In-law	3	3.7
	Son/Son-in-law	2	2.5
	Other families	2	2.5

Based on the characteristic data that the family Caregiver Factor, most families are adults (26-45 years old), male, secondary education (SMA), have an income of >Rp 1,851,083, and have husband status.

The results of Widiawati's research (2015) stated that family support during pregnancy is very much needed by a pregnant woman, especially from the nearest one and especially a mother who is pregnant for the first time. According to Setiadi (2008), family support is influenced by internal factors (developmental stage, education, emotions, spirituality) and external factors (family practices, socio-economic, cultural). One of the factors related to the family's ability to take care of pregnant women is the economic factor. The results of this study support the theory put forward by Miller (2004) that the family economy is one of the important social supports given to pregnant women with DMG because it is related to the provision of health services. These factors affect family support so that the family support obtained by pregnant women about pregnancy care tends to be good. The high level of family support for pregnancy care is also due to the factors of status relationship with pregnant women and parity.

According to Friedman, Bowden, and Jones (2003) who stated that family education is related to health status, because education will shape a person's knowledge and behavior patterns towards health. In addition, according to Notoatmodjo (2005), the status of family education is one of the inputs in the process of forming a new behavioral output. This will affect the family's ability to take the expected action. According to Patt's theory, 1977 (in Friedman, 2014) which states that the family is a basic system where a person's health behavior with health care has been regulated, carried out and secured by the family as a form of preventive care. Individuals who get good family support will be more optimistic to live their lives and will be easy in solving the problems they are facing (Setiadi, 2008). Nurdiana et al (2007) said that the family plays a very important role in determining the way or nursing care needed by patients at home so that it will reduce the rate of recurrence.

Family support can help pregnant women with DMG in managing DMG. One of them is routine monitoring of blood sugar levels is one of the management that must be carried out because it has a positive impact on the health of diabetics, such as blood sugar is more controllable and can minimize the occurrence of complications. The positive impact that can be felt by diabetics can produce adaptive outputs, namely more compliance in carrying out routine care.

Table 2. Self-efficacy Family Caregiver June 2024 in Tuban Regency

Variable	Group	Frequency	%
Self-efficacy	Low	28	34,6
	Keep	39	48,1
	Tall	14	17,3
Entire		**81**	**100**

Based on the results of the data above, it is known that the perception of family in the Family Caregiver Factor Variable, self-efficacy is almost half (48.1%) in the medium category.

Self-efficacy is one of the abilities of individual self-regulation. *Self-efficacy* refers to the perception of an individual's ability to organize and implement actions to display certain abilities (Bandura, 1997). Baron and Byrne (2000) stated that *self-efficacy* is an individual's assessment of his or her ability or competence to perform a

task, achieve a goal, and produce something. In addition, Schultz (2011) defines *self-efficacy* as our feelings about our adequacy, efficiency, and ability to cope with life.

Self-efficacy as one of the elements of positive belief is an element that forms confidence in the certainty that you have to be able to carry out tasks or handle problems with good results (Bandura, 1997). Self-efficacy is related to the individual's ability to control stress. Self-efficacy is one of the abilities of individual self-regulation. Self-efficacy refers to the perception of an individual's ability to organize and implement actions to display certain abilities (Bandura, 1997). Baron and Byrne (2000) stated that self-efficacy is an individual's assessment of their ability or competence to perform a task, achieve a goal, and produce something. In addition, Schultz (2011) defines self-efficacy as our feelings about the adequacy of efficiency, and the ability of individuals to cope with life.

In the case of caring for pregnant women, the caregiver's self-efficacy DMG is related to his ability to overcome problems, stress and problem-solving in caring for his or her sick family members. Self-efficacy is formed through the learning process and is formed as a process of adaptation and learning that exists in the situation it faces. The longer a person works in this case as a caregiver in caring for pregnant women with DMG, the higher the self-efficacy that the caregiver has in the treatment process will have a lot of experience in the treatment process so far.

In addition to the factor of long time to care, other factors that play a role in self-efficacy are gender, age and education level (Bandura, 1997). The majority of caregivers in this study are men who in this case are husbands, in some certain fields of work men have higher self-efficacy than women, and vice versa women excel in some jobs compared to men. (Schneider et al, 2010).

The age in this study of caregivers is in the age range of 26-45 years. Self-efficacy is formed through a social learning process that can take place throughout life. Older individuals tend to have more time span and experience in coping with an event when compared to younger individuals, who may still have fewer experiences and events in their lives. Older individuals will be better able to overcome obstacles in their lives compared to younger individuals, this is also related to the experiences that individuals have throughout their life span.

The level of education of caregivers in this study is the majority of secondary school education, self-efficacy is formed through a learning process that can be accepted by individuals at the formal education level. Individuals who have a higher level of self-efficacy usually have higher self-efficacy, because basically they learn more and receive more formal education, besides that individuals who have a higher level of education will get more opportunities to learn in overcoming problems in their lives.

Good self-efficacy is able to affect the psychological well-being of caregivers while caring for pregnant women with DMG In the dimension of environmental mastery, it can be seen that the profile increases with age. The older a person gets, the more he knows the best condition for himself. Therefore, the individual is increasingly able to manage his environment to be the best according to his or her circumstances (Ryff, 1989 in Tristiana, 2016).

CONCLUSION AND RECOMMENDATION

From the results of the research that has been carried out, the following conclusions can be drawn that most families are adults (26-45 years old), male, secondary education (SMA), have an income of >Rp 1,851,083, and have the status of husband. Family perception on the Family Caregiver Factor Variable, self-efficacy is almost half

(48.1%) in the medium category.

Recommendation for research site Increase family support by educating families about the importance of family support for adherence to routine control in people with diabetes mellitus, so that information support can be met. For pregnant women with diabetes can maintain compliance in curative programs, considering that this disease is an ongoing disease and cannot be cured, only good control can be carried out so that diabetes mellitus does not cause more severe complications. For other researchers conduct further research on other factors that affect gestational pregnant women's care, such as culture and beliefs.

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