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Overview of Mental Health of Pregnant Women in Yogyakarta

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Abstract

PSD (pregnancy-specific distress) is a distress condition regarding physical symptoms during pregnancy, changes in body shape, changes in interpersonal relationships with other people, childbirth, baby's health, how to care for a newborn, and the risks of medical treatment being carried out. higher PSD, the risk of preterm birth and LBW increases. The mental health of pregnant women in Yogyakarta is in the normal category. Health workers and family support play an important role in reducing anxiety to depression in pregnancy.

Keywords: mental health; pregnant women

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Introduction

Pregnancy is the growth and development of the intrauterine fetus starting from conception and ending until the onset of labour. This period of pregnancy is a happy moment for a mother but can also be a period full of vulnerability for some women(Manuaba & IA Chandranita Manuaba, 2010). About 15 percent of women have the potential to experience depression or anxiety during pregnancy. Depression is a mood or feeling disorder, the feeling disorder experienced often interferes with the activities of the individual(Andajani-Sutjahjo et al., 2007).

PSD (pregnancy-specific distress) is a condition of distress regarding physical symptoms during pregnancy, changes in body shape, changes in interpersonal relationships with other people, the delivery process, baby's health, how to care for babies who are born, and the risks of medical treatment performed(Caestara et al., 2019). The higher the PSD, the higher the risk of premature birth and LBW(Cannella et al., 2013;Alderdice et al., 2013).

A study in England conducted by King's College London revealed that one in four women experience mental health problems during pregnancy. 11% had depression, 15% had anxiety, 2% had an eating disorder, and 2% had obsessive compulsive disorder, and the others had a combination of disorders(Alex, 2018).

Some of the things that trigger the occurrence of PSD in pregnant women include a family history of similar mental problems, economic pressure, unmeet need, partner violence and disturbances in the fetus. PSD in pregnant women has an impact on the fetus such as low birth weight and premature birth and has an impact on the fulfillment of breastfeeding after delivery(Gelaye et al., 2016). Teenage mothers, middle to lower economic groups, low education levels and working pregnant women are also vulnerable to depression in pregnancy(Sanguanklin et al., 2014).

Mental health indicators are severe mental disorders, emotional mental disorders, and the scope of treatment. The prevalence of severe mental disorders in the city of Yogyakarta based on the results of the 2017 IDHS is 2.14 per mil and the prevalence of mental emotional disorders is 11.4%. Of the 3.5 million residents of DIY, around 12,300 people have mental disorders. This disorder can progress to become a more serious disorder if it is not treated successfully. Emotional mental disorders do not become more severe if the person experiencing them can get treatment as early as possible at

the health service center. The Yogyakarta City Health Office provides psychological services at primary health facilities in 18 Community Health Centers. Early detection at the Puskesmas is very important to identify mental disorders(IDHS, 2017).

Method

Research Design: This research is a quantitative research. Using a descriptive method with a cross sectional research design.

Samples in the study of pregnant women in trimesters I, II and III who made ANC visits at Independent Practices in the Yogyakarta area (Yogyakarta City, Bantul, Sleman, Kulonprogo, Gunung Kidul), had no pregnancy complications and were willing to be respondents by signing an informed consent sheet. 10 respondents were taken from each region, but there were 3 respondents who did not complete the questionnaire so that the number of respondents became 47.

The data collection tools in this study consisted of socio-demographic data and the Indonesian version of the NuPDQ Prenatal Distress Questionnaire which had been tested for reliability and validity.(Santoso, 2018).

The NuPDQ measuring tool was developed by Lobel (2008), is a unidimensional measuring tool that measures PSD (Pregnancy specific distress). The NuPDQ contains statements regarding the feelings of pregnant women (disturbed, sad, worried) related to aspects of pregnancy such as medical care, baby care, changes in body shape, relationships with other people, childbirth, and baby's health(Lobel et al., 2008).

Result and Discussion

The majority of respondents in this study were aged between 20-35 years (91%), primipara (51%), graduated from high school (30%) and worked as housewives (53%).

Table 1. Respondent Demographic Data

Demographic Data	Frequency	Percentage
Age		
20-35	43	91%
>35	4	9%
Parity		
Primipara	24	51%
Multipara	23	49%
Education		
junior high school	9	19%

high school	14	30%
D3	7	15%
S1	12	26%
S2	5	11%
Profession		
Housewife	25	53%
Private employees	16	34%
Self-employed	5	11%
civil servant	1	2%

According to the Regulation of the Minister of Health Number 97 of 2014 the best pregnancy and the lowest risk are between 20-35 years old(Regulation of the Minister of Health No. 97 Concerning Pre-pregnancy, Pregnancy, Childbirth and Postpartum Health Services, Implementation of Contraception Services, and Sexual Health Services, 2014).

The emotional, psychological and social needs of pregnant women are greater than those of women who are not pregnant(World Health Organization (WHO), 2012)

Table 2. Respondents' NuPDQ Scores

NuPDQ value	
0-17	≥18
46	1

Table 3. Lowest and Highest NuPDQ Scores

NuPDQ value		
Lowest	Highest	Average
0	18	5,9

Based on table 2, the mental health conditions of pregnant women in Yogyakarta are in the normal category, only 1 respondent (0.021%) has a mental disorder according to the results of completing the NuPDQ questionnaire. Research in Japan shows that depression or anxiety occurs in 10-20% of pregnant women. These disorders can affect the health of mother and child(Ibanez et al., 2015).

The prevalence of antenatal psychological problems is estimated to be high worldwide. Studies have shown that the prevalence of antenatal depression or anxiety ranges from 8% to 30%.(Satyanarayana et al., 2011).

Research in Turkey states that most pregnant women in Turkey experience depression and worry about preterm labor, having an unhealthy baby, labor and delivery because they feel tired and have low energy during pregnancy.(Yuksel et al., 2014).

In Indonesia, pregnant women who experience PSD include being pregnant out of wedlock, chronic illness in the family, problems in the household, lack of support from a partner or family, partner unemployment, and insufficient family income, which requires pregnant women to work.(Andajani-Sutjahjo et al., 2007). A study by Sanguanklin et al (2014) states that tension at work in pregnant women can trigger depression during pregnancy and after childbirth.

Non-psychotic depressive episodes in women with mild to severe severity, are one of the main contributors to pregnancy-related morbidity and mortality. Maternal depression (antepartum or post partum) has been associated with negative health-related behaviors and adverse outcomes, including psychological and developmental disorders in infants, children, and adolescents. Despite the enormous burden, depression in mothers in low- and middle-income countries is still under-treated(Gelaye et al., 2016).

About 10 percent of women suffer from depression during pregnancy, the number varies according to the woman's individual history, socioeconomic factors and exposure to stressors. Maternal depression, anxiety, and stress during pregnancy are associated with poor fetal development and poor birth outcomes, including preterm birth and low birth weight (LBW). Children born prematurely or LBW are at risk of experiencing emotional or cognitive problems, including an increased risk of attention deficit/hyperactivity, anxiety, or language delays. In addition, stress in pregnant women in the early trimester will affect brain function with permanent changes in neuroendocrine regulation and behavior. on offspring. These changes can

affect a child's cognitive and emotional processes.(Ibanez et al., 2015).

The role of health workers and families greatly influences the continuity of the birth process, Zulala and Herfanda's research (2020) states that the mother's expectations for maternal care by midwives during the delivery process in Yogyakarta City include 3 main factors, namely the comfort of the delivery process, the safety of delivery and support during the process labor(Zulala & Herfanda, 2020)

Family support and workplace support greatly affect the reduction of PSD in pregnant women(Sanguanklin et al., 2014). Family support plays a very important role in reducing PSD in pregnant women which also reduces the risk of LBW and reduces the risk of neonatal death, delivery by Sectio Caesaria, length of stay in hospital and reduces the risk of postpartum depression(East et al., 2019).

The government through PMK No. 97 of 2014 states that the Indonesian government provides an Integrated Service Center (PPT) for victims of violence, both physical and psychological violence in mothers during the life cycle, handled in a comprehensive manner by multidisciplinary under one roof (one stop services).

Conclusion

Mental health of pregnant women in Yogyakarta is in the normal category. The support of health workers and families plays an important role in reducing anxiety and depression in pregnancy.

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