

FACTORS AFFECTING PRENATAL DISTRESS IN BANYUMAS REGENCY AREA

Mariah Ulfah^{1*}, Munawir Yusuf², Sri Mulyani³, Widiyanto⁴

Community Development/Empowerment Counseling in Health Promotion, Post Graduate School Universitas Sebelas Maret, Indonesia¹

Lecturer of Universitas Sebelas Maret (UNS Center of Disability Studies), Indonesia²

Lecturer at the Vocational School, Universitas Sebelas Maret³

Lecturer at the Agricultural Counseling and Communication, Universitas Sebelas Maret⁴

*Correspondence Email: mariahulfah@uhb.ac.id, munawiryusuf@staff.uns.ac.id,

srimulyani67@staf.uns.ac.id, widiyanto@staff.uns.ac.id

ABSTRACT

Pregnancy is a series of dramatic events experienced by women, and this can affect them both physically and psychologically. Psychological issues might arise during the prenatal period. The objective of the study was to determine the factors affecting prenatal mental health. The study methods used a cross-sectional with chi square data analysis. The results revealed that pregnancy status affected anxiety, mother's age, pregnancy status, and gestational age affected stress, and mother's age and pregnancy status affected depression.

KEYWORDS

Pregnancy, Prenatal distress, anxiety, depression



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INTRODUCTION

Pregnancy is a physiological state where women may experience during the period of reproduction. Despite the fact that it is a medical issue, it has an immense effect on pregnant women's mental health. Pregnancy events elicit a wide range of emotions, including anger, anxiety, fear, and depression, making pregnancy a crisis event that requires a biopsychosocial balance from pregnant women (Türk, Sakar, and Erkaya 2017). One-fifth of pregnant women experience mental health issues throughout the prenatal period (Z. et al. 2018), one of them is distressed. This prenatal anxiety can appear as anxiety, stress, or depression. Anxiety during the prenatal stage involves concerns about the pregnancy and the conditions it is experiencing. Another issue is stress, which is characterized by tension and exhaustion. According to a study, more than half of participants suffered extreme distress (55.6%) (Ayu, Rachmawati, and Ungsianik 2019). Prevalence of stress during the course of pregnancy, both high and low intensity might experience emotional changes brought on by stressors due to specific events and physiological events as a result of hormonal changes (Alves, Cecatti, and Souza 2021) (Bedaso et al. 2021).

In addition to stressful situations during pregnancy, depression is a mental illness that needs additional care. Based on studies by the WHO, prenatal depressive disorders

affect 10–16% of pregnant women (Sūdžiūtė et al. 2020). Pregnant women's mental health is critically important for the growth and development of the newborn, including the emotional health of the infant. Pregnant women of positive mentality are less likely to give birth to babies with mental and behavioral disorders (Lähdepuro et al. 2022), including the risk of premature birth, and babies with low birth weight, stunted growth, malnutrition and poor antenatal care (Sūdžiūtė et al. 2020), the potential for mental health problems including mood, stress during pregnancy has been proven in studies on animals to result in long-term biological and behavioral disturbances in the offspring (Bolten, Fink, and Stadler 2012), including the prevalence of postpartum blues. Supporting pregnant women's mental health and emotional wellbeing is of the utmost importance due to some of these concerns (Brannigan et al. 2019).

In Indonesia, there are few studies on the prevalence of prenatal distress (Ayu et al. 2019). This study fills a gap left by previous studies by examining general factors, pregnancy status, and gravida during the prenatal period in the Banyumas Regency area. Prior studies have not discussed the many factors affecting prenatal mental health in the Banyumas Regency area.

RESEARCH METHOD

This study used observational analysis with cross-sectional design. The study was carried out in the Banyumas Regency from 2022 to January 2023. The study population was pregnant women with a representative sample of 138 pregnant women. The data were collected using a Google Form in the Banyumas Regency Area. The research instrument was chosen from the 42-point DASS scale. Because the study data were categorical, Chi square was used in the analysis. The significance level can be identified from the square test <0.05 compared to the calculated chi square.

RESULT AND DISCUSSION

Most of the respondents were of reproductive age 81.9%, 15.2% of pregnant teenagers, and 2.9% of pregnant women over the age of 35. 95.7% claimed the pregnancy was desired, 57.2% were first-time pregnancy, 46.4% were in the second trimester, 85.5% reported having depression in the normal category, but 8.0% were feeling depressed with and 0.7% had severe and very severe depression. Normal stress was reported by 82.6%, moderate stress by 8.7%, and severe stress by 0.7%. Anxiety disorders 68.8% indicated normal, whereas 4.3% reported severe anxiety and 3.6% indicated extremely severe anxiety.

Table 1: Pregnancy characteristics in Banyumas Regency Area

Characteristics of pregnant women	Frequency (f)	Percentage (%)
Age		
<20 years old	21	15,2%
20-35 years old	113	81,9%
>35 years old	4	2,9%
Gravida		
Primigravida	79	57,2%
Multigravida	40	29%
Grandemultigravida	19	13,8%
Gestational age		
Trimester 1	20	14,5%

Trimester 2	64	46,4%
Trimester 3	54	39,1%
Pregnancy status		
Desired pregnancy	132	95,7%
Undesired pregnancy	6	4,3%
Mental health		
Anxiety		
Normal	95	68,8%
Mild	13	9,4%
Moderate	19	13,8%
Severe	6	4,3%
Very Severe	5	3,6%
Stress		
Normal	114	82,6
Mild	11	8,0
Moderate	12	8,7
Severe	1	0,7
Depression		
Normal	118	85,5%
Mild	7	8,0%
Moderate	11	0,7%
Severe	1	0,7%
Very Severe	1	

Based on the results of the analysis, variables influencing depression were age (with a significance level of 0.009), gestational age did not affect the incidence of depression (0.387), desired pregnancy status had an effect on depression (0.001), gravida did not affect the incidence of depression (0.102). Pregnant women are also susceptible to anxiety and stress. From the results of the analysis, it was found that age had an effect on stress (0.004), desired pregnancy status also had an effect on stress (0.002), gravida had no effect on stress (0.116). While anxiety, age did not affect anxiety (0.16), desired pregnancy status affected anxiety (0.027), gravida did not affect anxiety (0.102).

Table 2. A cross-tabulation of pregnant women's characteristics and mental health.

Characteristics	Mental health	p value
Age	Anxiety	0.168
	Depression	0,009
	Stress	0,004
Pregnancy status	Anxiety	0,027
	Depression	0,001
	Stress	0,002
Gravida	Anxiety	0.102
	Depression	0,188
	Stress	0,116
Gestational age	Anxiety	0,168
	Depression	0,387
	Stress	0,049

DISCUSSION

In this study, age was found to have an effect on prenatal distress, including depression, anxiety, and stress. Pregnant women in their teenage years were more likely to suffer from mental health issues in areas where they experienced high stigma (Field, Abrahams, and Honikman 2020) so they frequently experience stress, anxiety and even depression (Hymas and Girard 2019). A high-risk condition involves being too young or too old, and high-risk situations caused emotional and psychological experiences in pregnant women (Isaacs and Andipatin 2020). The younger the mother, the greater the

psychosocial issues she has. Higher maternal age was believed to correspond to greater adaptation to environmental changes, increasing the likelihood of psychological disorders including depression (Ayu et al. 2019) (Martínez-Paredes and Jácome-Pérez 2019).

Pregnancy is desirable and has no negative impact on mental health. Unwanted pregnancies are three times more likely to result in depression than planned ones (Biratu and Haile 2015), Unplanned pregnancies are additionally at risk for antenatal depression (Yin et al. 2021), (González-Ochoa et al. 2018) and twice the risk of prenatal depression (Field 2017), In addition, the risk of depression increases when there existed a previous adolescent pregnancy, the age of the partner is younger, the adolescent whose mother had an early undesired pregnancy (Osok et al. 2018), additionally, a study by (Türk et al. 2017) found that planned pregnancies increased happiness scores.

Gravida has no effect on an individual's mental health. This is in line with a study by (Atar Gürel and Gürel 2000) found that parity conditions such as grandmultiparity affect low mood during pregnancy. Gestational age has no effect on anxiety and depression, but does have an effect on stress. Prenatal depression was found in 5337 pregnant women aged 24-26 weeks of gestation. Depression affects 12% of the population. Women suffer from depressive symptoms at a substantially lower rate (8%) than housewives (19%), working women and students (14%) (Field 2017). Another study found that the majority of women (92.4%) were unemployed, with total household income <12,000 PKR (64.8%), and a wealth index of the poorest (20.2%), poor (39%), and average (20%). From the total number of participants reported, 80% had adequate accommodation, adequate sanitation (80.2%), and enough money to meet basic needs (80.8%) and food (78.2%). Most women (60.8%) believe they are empowered because they have the authority to spend money entrusted to them by the head of the household. Family debt affects over half of the research population (47.2%). Maternal depression was found to be significantly associated with a lower husband income, no empowerment, a poor wealth index, family debt, and insufficient income for food (Khan et al. 2021) .

CONCLUSION

The results revealed that the factors influencing prenatal distress in the form of depression and stress, including age during pregnancy and planned pregnancy status, in addition to affecting mental health, including anxiety, stress, and depression. Considering these conditions, further study is expected to especially treat pregnant women based on their age and pregnancy status with the objective to improve positive prenatal mental health to ensure that they can make a good contribution to mothers and babies to be born, including preventing baby blues in the postpartum period.

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