Factors Affecting Pregnancy Depression as A Risk Detection for Postpartum Depression

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Abstract

Antepartum depression frequently precedes postpartum depression. Postpartum depression entails a direct impact on the laboring mother and is a long-term risk to the mother's mental health, therefore it is essential to screen and detect the risk of postpartum depression since pregnancy. This study aimed to analyze the factors influencing pregnancy depression descriptively in the Pekalongan Regency Health Office. This research is a quantitative descriptive study using a cross-sectional approach. The population in this study were pregnant women in the Community Health Center in the working area of the Pekalongan Regency Health Office. The sampling technique used is proportional random sampling. The collection of data on the characteristics of pregnant women used a demographic questionnaire, while depression experienced by pregnant women used the EPDS (Edinburg Prenatal Depression Scale) questionnaire. The results of the study showed that most respondents (75.9%) did not experience pregnancy depression, however, 24.1% experienced pregnancy depression, and those who experienced pregnancy depression occurred among pregnant women of reproductive age, with secondary education or above, unemployed respondents, multigravida pregnancies, have never experienced an abortion, and some respondents were depressed by unwanted and unplanned pregnancies, as well as were not supported by their spouses. Thus, special services for pregnancy as an effort to prevent and take action for screening/early detection of signs of pregnancy depression are required and necessary to be procured.

Keywords: Affecting Factor, Pregnancy Depression

1. Introduction

Pregnancy should be the happiest time for a mother, however, oftentimes in some women, it is a physical or psychological burden. Approximately, 10-20% of women struggle with symptoms of depression, and a quarter to half develop severe depression. The occurrence of symptoms of depression in the perinatal period can be easily recognized with an estimated prevalence of around 7.4% to 20% and up to 19.2% in the first three months after delivery.[1]

Based on Riskesdas 2018 data, the prevalence of depression in Indonesia among the population 15 years of age and over was 6.1%. The prevalence of depression in the Central Java population in the age group 15-24 was 14.09%, 12.42% in the age group 25-34, and 12.61% in the age group 35-44 years.

Meanwhile, the prevalence of emotional disorders in Pekalongan Regency is 6.89%, which appears to be an inclination for antenatal depression to occur.[2]

Undesirable effects of antenatal depression may occur in pregnant women and infants. For mothers, antenatal depression will increase the risk of postpartum depression. The results of research on factors related to the event of antenatal depression by Husna et al, in independent practice midwives, showed that there was a relationship between the level of self-confidence, the level of social support, family income, and education with the incidence of antenatal depression and there was no relationship between maternal age, parity, and the incidence of antenatal depression since pregnancy.[3]

Antepartum depression often precedes postpartum depression. Postpartum depression directly impacts the mother and is a long-term risk to the mother's mental health, so it is very important to screen for and detect the risk of postpartum depression since pregnancy.[3]

Research from developing countries reveals that depression is the most common psychiatric disorder experienced by pregnant women ranging from 10-20%, and the research shows that the prevalence of antenatal depression is twice as large as that of postnatal depression.[4]

Identification of factors affecting pregnancy depression as an effort to detect the risk of postpartum depression is pivotal for individuals at risk can be identified and prevention efforts for the main impact related to the fetus and perinatal success can be implemented. Various ways to detect the incidence of depression include the Edinburgh Prenatal Depression Scale (EPDS), a scale to detect and monitor its development in women at risk for depression in the antenatal and postnatal periods.

2. Methods

This research is a quantitative descriptive study using a Cross-Sectional approach, namely the research of variable data collection is carried out simultaneously based on the status of the situation at that time (data collection). The population in this study involved pregnant women in the Community Health Center in the working area of the Pekalongan Regency Health Office.

The sampling technique was carried out by proportional random sampling in the working area of the Pekalongan Regency Health Center that met the inclusion criteria, such as pregnant women with a gestational age of 28-32 weeks, aware of being respondents, and cooperative. Conversely, the exclusion criteria were pregnant women who experienced complications or abnormalities.

Data collection on the characteristics of pregnant women applied a demographic questionnaire while depression experienced by pregnant women utilized the EPDS Questionnaire (Edinburg Prenatal Depression Scale) consisting of 10 items, with a cut-off point of 10. The criteria are < 10 for not depressed and 10 for depressed. Several studies in Indonesia reported that the EPDS was pronounced valid and reliable to measure depression in pregnancy with 80.1% validity and 91-94% reliability with sensitivity and specificity values reaching 100%.

3. Results

The results of the study on 79 pregnant women respondents from January to March 2022 which were displayed in the form of frequency distribution and a mean table were analyzed univariately.

Based on the characteristics of the respondents in Table 1. most of the respondents (84.8%) were from 20-35 years of age with an average age of 27.72 years, which is the reproductive age group. The average education level of respondents was junior high school, with almost all respondents as housewives. The gravida status was found in more than half of the respondents (58.2%) and the multigravida had an average gravida of 2.1 times. Most of the respondents have never had an abortion (87.3%), unplanned pregnancies as much as 3.8%, and unwanted pregnancies as much as 1.3%. Moreover, more than half of the respondents (54.4) were not supported by their spouses.

Table 2. shows that the majority of respondents (75.9%) did not experience pregnancy depression but there were still 24.1% who experienced pregnancy depression.

Table 1. Characteristics of respondents

Variable	Frequency	%
Age		
<20 years	2	2,5
20-35 years	67	84,8
>35 years	10	12,6
Education		
Elementary	6	7,6
Junior High	37	46,8
Senior High	35	44,3
University	1	1,3
Occupation		
Unemployed	73	92,4
Labor	1	1,3
Employee	3	3,8
Entrepreneur	2	2,6
Gravida		
Primigravida	31	39,2
Multigravida	46	58,2
Grandemultigravida	2	2,6
Abortion History		
Yes	10	12,7
No	69	87,3
Pregnancy		
Planned	75	94,9
Unplanned	3	3,8
Unwanted	1	1,3
Spouse support		
Yes	36	45,6
No	43	54,4

Table 2. Frequency distribution of respondents based on the prevalence of pregnancy depression

Category	Frequency	Percentage
Depressed	19	24,1
Not Depressed	60	75,9
Total	79	100

Table 3 describes that respondents who experienced pregnancy depression occurred among those of reproductive age with secondary education or above. The depression was suffered by unemployed mothers followed by multigravida pregnancies. They also have never had an abortion and some of the respondents experienced depression due to unwanted pregnancy and unplanned, as well as were not supported by their spouses.

4. Discussion

The results showed that respondents with pregnancy depression were of reproductive age (lower risk). Following the results of research by Husna, et al (2017), pregnant women who experience antenatal depression are included in the reproductive age.

Table 3. Frequency distribution of factors affecting the incidence of pregnancy depression

Variable	Category	Freq.	%
Age	Low Risk	18	94,7
	High Risk	1	5,3
Education	Elementary	3	15,8
	Junior High	6	31,6
	Senior High	10	52,6
Occupation	Unemployed	15	78,9
	Employee	2	10,5
	Entrepreneur	2	10,5
Gravida	Primigravida	9	47,4
	Multigravida	10	52,6
Abortion history	Yes	5	26,3
	No	14	73,7
Pregnancy	Unwanted	1	5,3
	Unplanned	1	5,3
	Planned	17	89,5
Spouse Support	Yes	6	31,6
	No	13	68,4

The results of this study corroborate the research of Wulandari (2021) that most of the respondents were in the non-risk age category, yet the prevalence of pregnancy depression in the risk-age group remained fairly large. The clinically suggested age for a woman to get pregnant and give birth is at the age of 20-35 years, which is the maturity of the reproductive organs followed by emotional and social maturity. Mothers are better prepared physically, emotionally, psychologically, socially, and economically, therefore they are expected to be able to reduce the triggering factors for pregnancy depression.[5]

The results of this study interrelated the mother's education level with pregnancy depression, which is high school education level. The education level of wives who were likely to be depressed had high school education.[6] It occurred because they did not have a higher education level, consequently, there was no guaranteed job in the future. The level of education affects the mindset and insight in dealing with the problems in life.

The educational factor is very influential on one's knowledge; the higher the education level of pregnant women, the wider the insight they have so that knowledge will subsequently increase and it is unchallenging to receive abundant information and health education. Conversely, low education in pregnant women will narrow their perspective it will reduce the level of knowledge of health problems. Respondents with low knowledge did govern whether they possessed a high level of depression, as well as respondents with a high level of knowledge, did not determine a low depression.[7] That being said, the results of the research imply that the higher the knowledge possessed by pregnant women, the lower the level of depression in pregnancy.

Unemployed mothers had the highest proportion (78.9%) in the prevalence of depression during pregnancy. This study is similar to the study conducted by Masyumi et al. that the propensity for depression to occur was more likely found in those unemployed. Unemployed mothers have a high risk for depression and aggression related to the monotonous work.[4]

The results of Kusuma's qualitative research (2018) report several factors causing perinatal depression, one of which is family financial factors including temporarily employed husbands, unemployed wives, loss of livelihoods due to termination of employment, low family income/income, and high costs of daily life.[8]

The results of research related to gravida status showed that more than half of the respondents experiencing pregnancy depression were multigravida, which is in line with the results of the former study that more than half of the respondents with pregnancy depression were multiparous mothers compared to the group of primiparous mothers.[5] Another study reported that multiparous mothers had higher pregnancy anxiety than those primiparous mothers so maternal parity could predict maternal anxiety during pregnancy, the condition of the infants, the state of oneself, and the mother's attitude towards childbirth.[9]

Multiparous mothers, despite theoretically having the ability to deal with the previous maternal period, are more psychologically prepared to accept the birth of their child, yet there are other conditions such as economic factors, unemployed status, and husband/family support.

The incidence of depression if viewed from the history of abortion in this study was found to be highest among mothers who had never experienced an abortion. This contrasts with James 2011 who suggested that a high depression scale was influenced by the rate of miscarriage in women with a history of previous miscarriages; the higher the

frequency of previous miscarriages, the higher the level of depression suffered by the mother.[10]

The prevalence of pregnancy depression in this study could be observed in some women with unplanned and unwanted pregnancies. The psychological picture during an unwanted pregnancy would impact the psychology of everyone who undergoes it.[11] Psychosocial problems in families who are unprepared to accept pregnancy and babies become internal factors in unwanted pregnancies.

The results of this study were drawn from the factors that family support influenced pregnancy depression and the majority did not get support from the family. Psychological factors that also affect pregnancy usually consist of stressors. Family support also plays a big role in determining the mother's health status. If the whole family expects pregnancy, support, and even radiates support in various ways, then pregnant women will feel more confident, happier, and ready to experience pregnancy, childbirth, and the postpartum period.[1]

Several factors that influence the occurrence of pregnancy depression are important for health workers for screening and early detection of its occurrence. As pregnancy depression may occur unconsciously, pregnant women may not recognize the signs and symptoms of depression themselves. Pregnancy depression can be a mediator for postpartum depression and has the same risk to mother and baby.

5. Conclusion

Pregnant women experienced pregnancy depression with a total of 24.1% and respondents who experienced pregnancy depression occurred among pregnant women of reproductive age, with secondary education or above. depression was found in unemployed mothers, with multigravida

pregnancies, who never experienced an abortion, and some mothers were depressed by unwanted and unplanned pregnancies and no support from their spouses. The risk of developing postpartum depression increases if early detection and screening efforts are not carried out since pregnancy. Therefore, there is a need for special services for pregnancy as an effort to prevent and take action for screening/early detection of signs of depression during pregnancy.

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