

MENTAL HEALTH PROBLEMS OF PREGNANT WOMEN, THE CAUSES, AND THE NEED FOR SOCIAL SUPPORT

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ABSTRACT

Keywords:

mental health,
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social support

Some research reports that women who give birth often experience anxiety, fear, and even depression. This study aims to get an overview of mental health problems of pregnant women, the causes, and the need for social support. The study design is a quantitative study with a survey method. Data collection on mental problems for pregnant women begins with early detection for pregnant women by asking 25 simple questions. Data collection uses a questionnaire with a combination of closed and open questions. The location was at the Bojong Menteng Health Center, Rawalumbu, Bekasi City, in the first-second weeks of February 2020. Samples were taken using a population sampling technique with a total of 44 people. Data analysis uses quantitative descriptive methods. The results found pregnant women who experience depression (22.3%), anxiety (43.2%), sleep disorders (70.4%), and psychosomatic disorders. The cause is an unplanned pregnancy, an unwanted pregnancy, financial problems, a less harmonious family, birth spacing, and demands for work. The need for social support from spouses, family, friends, Posyandu cadres in the form of affection, attention, and a place to confide in, also needs support from health workers to assist them in dealing with problems to overcome their perceived complaints. Mental health problems of pregnant women, the causes, and the need for social support must be addressed with the policies and services of mental health services for pregnant women. So that pregnant women can carry out their pregnancy until delivery and the postpartum period is in a healthy and happy state.

ABSTRAK

Kata Kunci:

kesehatan mental,
ibu hamil,
dukungan sosial

Sejumlah riset melaporkan bahwa wanita yang melahirkan tidak jarang mengalami cemas, takut, bahkan depresi. Penelitian ini bertujuan untuk mendapatkan gambaran masalah kesehatan mental ibu hamil, faktor penyebab, dan kebutuhan dukungan sosial. Desain penelitian merupakan penelitian kuantitatif dengan metode survei. Pengumpulan data persoalan mental ibu hamil diawali dengan melakukan deteksi dini adanya masalah kesehatan jiwa ibu hamil dengan mengajukan 25 pertanyaan sederhana. Pengumpulan data menggunakan kuesioner dengan kombinasi pertanyaan tertutup dan terbuka. Lokasi penelitian di Puskesmas Bojong Menteng, Rawalumbu Kota Bekasi pada bulan Februari 2020 minggu pertama dan kedua. Sampel diambil dengan menggunakan teknik populasi sampling dengan jumlah sampel 44 orang. Analisa data menggunakan metode analisis deskriptif kuantitatif. Hasil penelitian membuktikan adanya ibu hamil yang mengalami depresi (22.3%), kecemasan (43.2%), gangguan tidur (70.4%), dan gangguan psikosomatis. Penyebabnya adalah kehamilan tidak direncanakan, kehamilan tidak dikehendaki, persoalan finansial, keluarga yang kurang harmonis, jarak kelahiran, serta tuntutan pekerjaan. Kebutuhan dukungan sosial dari pasangan, keluarga, teman, kader Posyandu berupa kasih sayang, perhatian, tempat curhat, juga butuh dukungan dari tenaga kesehatan untuk membantu mereka dalam menghadapi permasalahan mengatasi keluhan-keluhan yang dirasakan. Masalah kesehatan mental ibu hamil, faktor penyebab, dan kebutuhan dukungan sosial harus diatasi dengan adanya kebijakan dan upaya pelayanan kesehatan mental ibu hamil. Sehingga ibu hamil dapat menjalankan kehamilannya sampai melahirkan dan masa nifasnya dalam keadaan sehat dan bahagia.

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INTRODUCTION

Health development in Indonesia aims to increase awareness, willingness, and ability of the community to live clean and healthy, so as to achieve optimal public health degrees (1). One indicator of the degree of public health is the maternal mortality rate (MMR). Around 830 women in the world, including in Indonesia, die from complications of pregnancy or childbirth (2).

The health problems of pregnant women that have not been maximally addressed are psychological problems. Psychological aspects of pregnant women can affect the quality of life of mothers and children (3). About 13% of women who have just given birth and 10% of pregnant women worldwide experience mental disorders, especially depression (4). Mental disorders in pregnancy are a common cause of morbidity and mortality with associated risks of adverse neonatal outcomes (5).

Pregnancy, childbirth, postpartum and breastfeeding are very important times in a woman's life. But at that time, they were vulnerable to mental problems. Psychological problems often experienced by pregnant women, childbirth, postpartum and breastfeeding are: depression, anxiety, sleep disorders, and psychosis (6). A number of studies also report that women who give birth often experience anxiety, fear, and even depression. Depression is feeling being sad or upset for weeks or months, while anxiety is a feeling of fear or worry about things that might happen (7). Symptoms of depression, including hopelessness, loss of interest and joy, may be accompanied by difficulty sleeping, eating, and managing daily life (8). So when depression occurs during pregnancy (perinatal) or up to 12 months after delivery (postpartum), it can have a negative impact on the health of both mother and baby.

Some of the stressors that commonly affect pregnant women worldwide are low material resources, unfavorable working conditions, heavy family and household responsibilities, tension in intimate relationships, and pregnancy complications (9).

Factors related to depression in pregnant women include husband's support, social support, first child pregnancy violence, unplanned pregnancy, gestational age in the third trimester, history of abortion and history of depression (10).

From thirty-one studies, the results show that there is a significant relationship between

antenatal mental health risk and variables such as lack of social support, marital status, domestic violence, unwanted pregnancy and socioeconomic status (8). Several factors can affect the psychological problems (stress) of pregnant women, including the level of knowledge about pregnancy and childbirth, as well as support from the people around them (11). Likewise, in Banjarnegara, out of 100 pregnant women, several pregnant women with poor mental health were found (12), where the mental health of pregnant women is influenced by the quality of relationships with those closest to them, such as relationships with husbands, parents, in-laws, friends and neighbors.

One of the community-based maternal health efforts is the establishment of a Mother's Class as a forum for various learning activities for pregnant women, nursing mothers, and mothers of toddlers. The Mother's Class holds discussions, exchange experiences in increasing knowledge and skills about maternal and child health through the practice of using the MCH Handbook facilitated by health workers (13). Mother's Class activities are more concerned with the physical aspects of pregnant women, childbirth, postpartum, and breastfeeding, while the psychological aspects are still lacking in adequate treatment and services so that mental problems such as stress, depression, and anxiety faced by pregnant women have an impact on pregnancy, the process of giving birth, as well as to the production of breast milk.

Psychological problems can start before and continue throughout pregnancy (14). Some causes include certain preferences for the sex of the child, unwanted pregnancies, marital problems, and fear of childbirth. One of the efforts to overcome mental health problems (stress) is that pregnant women can use coping methods and social support (15). A research conducted in 2017 in Turkey showed that pregnant women who used active coping methods (e.g., chatting with friends and relatives, listening to music, reading books, knitting and so on) tended to have lower symptoms of depression.

The impact of social support can affect mental health. Many studies have been conducted in recent decades on the impact of social support on mental health (17).

Therefore, this study aims to describe the mental health problems of pregnant women, the causative factors, and the need for social support in the Work Area of the Rawalumbu District Health Center, Bekasi City, West Java.

METHODS

The research design is a quantitative research with a survey method. Among the functions of the survey method is to describe a symptom and also understand the underlying reason(18). This study aims to identify and describe the mental health problems of pregnant women, the causal factors, and the need for social support in the Work Area of the Rawalumbu District Health Center, Bekasi City, West Java. Data collection was carried out in the first and second weeks of February 2020.

The population is all pregnant women who attend classes for pregnant women at the Bojong Menteng Health Center, Rawalumbu, Bekasi City. The sample is the entire population who are willing to be respondents. The sample obtained during data collection was 44 pregnant women who were present and willing to be respondents by signing a statement of willingness to become research participants.

Collecting data was using a questionnaire instrument with closed and open questions. Data collection on mental health problems for pregnant women begins with early detection of mental health problems for pregnant women by asking 25 simple questions. Collecting data through questionnaires and direct interviews with pregnant women after the class activities for pregnant women was completed.

RESULT

Characteristics and Economic Status of Pregnant Women

The results showed that most of the respondents aged <35 years (81.8%), not married as much as 2.3%, with the third trimester of pregnancy (28-41 weeks) as many as 52.3%, had three children born alive 11, 3%, and pregnant women with low economic status as much as 20.5%.

Mental Health Problems of Pregnant Women

Research results regarding mental health problems experienced by pregnant women are obtained in the form of general physical and psychological complaints that they feel during pregnancy, as well as specific symptoms that indicate certain mental disorders or problems experienced by pregnant women.

Table 1. Characteristics and Economic Status of Pregnant Women in the Work Area of the Bojong Menteng Health Center, Bekasi City 2020

Characteristics	N	%
Age		
<35	36	81.8
35 years old	8	18.2
Marital status		
Not married yet	1	2.3
Married	42	95.4
Separated (left husband)	1	2.3
Gestational Age		
First trimester	2	4.0
Second trimester	18	13.0
Third trimester	23	52.0
Number of living children		
0	11	25.0
1	20	45.5
2	8	18.2
3	5	11.3
Socioeconomic status		
Low	9	20.5
Currently	35	79.5

General Problems/Complaints

The results of early detection of mental health problems for pregnant women for questions 1-20 show that the most complaints are not sleeping well (70.4%), always feeling tired (68.2%), easily tired with light activities (65.9%), followed by discomfort in the stomach (heartburn) (54.5%), headache (52.3%), lack of appetite (40.9%). Only a small proportion of pregnant women experience digestive complaints (36.4%), daily work is disturbed (31.8%), feeling anxious, tense or afraid (29.5%), crying more often than usual (22%), easily scared (20.4%), feeling unhappy (20.4%), difficult to think clearly (15.9%), difficult to make decisions (15.9%), having dreams about things that poor (13.6%), unable to play an active role in daily life (13.6%), difficult to enjoy life (11.6%), shaking hands (9.1%), and feeling worthless 6.8%).

Meanwhile, from questions 21-25, it shows that as many as 18.9% of pregnant women feel that something is bothering their minds, then there are 4.6% pregnant women who hear voices that other people don't hear, and 2, 3% pregnant women feel that someone intends to harm them.

Table 2. Early Detection of Mental Health Problems for Pregnant Women at the Bojong Menteng Health Center, Rawalumbu District, Bekasi City in 2020

Maternal complaints during pregnancy	Yes		No		Total	
	N	%	n	%	n	%
Headache	23	52.3	21	47.7	44	100
Lack/no appetite	18	40.9	26	59.1	44	100
Not sleeping well	31	70.4	13	29.6	44	100
Easily scared	9	20.4	35	79.6	44	100
Feeling anxious, tense or afraid shaking hands	13	29.5	31	70.5	44	100
Digestion disturbed	4	9.1	40	90.9	44	100
Difficult to think clearly	16	36.4	28	63.6	44	100
Not feeling happy	7	15.9	37	84.1	44	100
Crying more often than usual	9	20.4	35	79.6	44	100
It's hard to enjoy life	5	11.4	39	88.6	44	100
Hard to make a decision	7	15.9	37	74.1	44	100
Interrupted daily work	14	31.8	30	68.2	44	100
Unable to play an active role in daily life	6	13.6	38	88.4	44	100
Loss of interest or passion	9	20.4	35	79.6	44	100
Feeling worthless	3	6.8	41	93.2	44	100
Having dreams about bad things	6	13.6	39	86.4	44	100
Always feeling tired	30	68.2	14	31.8	44	100
Feeling uncomfortable in the stomach (heartburn)	24	54.5	20	45.5	44	100
Easily tired with light activities	29	65.9	15	34.1	44	100
Use alcohol/cigarettes/illegal substances more often than usual	0	0	44	100	44	100
Feeling someone means to harm	1	2.3	43	97.7	44	100
Feeling that something is bothering you	8	18.8	36	81.8	44	100
Hearing voices that no one else hears	2	4.6	42	95.4	44	100
Thoughts of suicide	0	0	44	100	44	100

If a pregnant woman answers questions in points 1-20 with five or more yes answers, also if she answers questions in points 21-25 by answering yes once or more, she must immediately contact a health worker or Puskesmas. More details can be seen in Table 2.

Specific Mental Problems

Self-Esteem

The results of the study on the problem of self-esteem, found 15.9% OG pregnant women who did not feel comfortable, 15.9% pregnant women who did not feel useful, and 20 pregnant women who did not feel that their qualities were good (5%).

Prenatal Depression and Anxiety

Prenatal depression is a feeling of being depressed, down, useless, losing the spirit of life that a person feels while undergoing pregnancy. While prenatal anxiety is a feeling of anxiety and

restlessness (anxious) that a person feels during pregnancy. This anxiety can interfere with daily activities and the physical health of pregnant women who are about to give birth. The results of the study found that 27.3% of pregnant women who experienced symptoms showed signs of prenatal depression, while 43.2% of pregnant women experienced anxiety.

All pregnant women who experienced prenatal depression stated that the ways to overcome depression were by confiding in their husbands, praying and spending time with family, getting closer to Allah, diligently worshiping and reading the Koran, praying and listening to music, shopping and traveling, resting, listening to music. Respondents who experienced prenatal anxiety stated that the efforts made when experiencing prenatal anxiety included going to the doctor, telling stories to their husbands, praying, surrendering, getting closer to God, being diligent in worship, positive thinking, stories, or

listening to music. More details can be seen in Table 3.

Causes of Pregnant Women's Mental Health Problems

Various causes of mental health problems in pregnant women include unplanned pregnancy (50.0%), unwanted pregnancy (15.9%), marital dissatisfaction (11.4%), things

not going well with their partner (11.4%), experiencing problems with their marriage 9.1%, due to pressures of life (financial problems 38.6%, unemployment 18.2%, job change problems 18.2%, family members who are seriously ill 15.9%, difficulty moving 11.4%, family problems 9.1%, marital problems 6.8%) and because they had a previous history of depression 6.8%.

Table 3. Specific Mental Problems for Pregnant Women (Self-Esteem, Depression, and Anxiety) in the Work Area of the Bojong Menteng Health Center, Bekasi City in 2020

Specific Mental Problems	Yes		No		Total	
	n	%	n	%	n	%
Self-Appreciation						
Feel comfortable with herself	37	84.1	7	15.5	44	100
Feeling useful	37	84.1	7	15.5	44	100
Feeling a number of her qualities are good	35	79.5	9	20.5	44	100
Prenatal Depression	13	27.3	31	72.7	44	100
Prenatal Anxiety	19	43.2	25	56.8	44	100

Table 4. Causes of Mental Health Problems for Pregnant Women in the Work Area of the Bojong Menteng Health Center, Kita Bekasi in 2020

Causes of mental health problems	Yes		No		Total	
	n	%	n	%	n	%
Unplanned pregnancy	22	50	22	50	44	100
Unwanted pregnancy	7	15.9	37	84.1	44	100
Marriage Satisfaction						
Satisfied with her marriage	39	88.6	5	11.4	44	100
Not having problems with her wedding	40	90.9	4	9.1	44	100
Everything is going well with the partner	39	88.6	5	11.4	44	100
Life pressure						
Financial problems	17	38.6	27	61.4	44	100
Marriage issues	3	6.8	41	93.2	44	100
Family issues	4	9.1	40	90.9	44	100
Family member is seriously ill	7	15.9	37	84.1	44	100
Difficult to move	5	14.1	39	88.6	44	100
Unemployment	8	18.2	36	81.8	44	100
Job change issues	8	18.2	36	81.8	44	100
Previous history of depression	3	6.8	41	93.2	44	100

Maternal Social Support Needs

The results of the study on the social support needs of pregnant women, including social support from partners found pregnant women who did not receive adequate emotional support from their partners (22.7%), pregnant women did not receive adequate

instrumental support, such as help with taking care of the house, taking care of children, etc. (15.9%), pregnant women cannot rely on their partners when they need them (15.9%), and pregnant women cannot pour their hearts out to

their partners (13.6%). Meanwhile, family social support (parents, brothers, sisters, relatives) shows that pregnant women who do not receive adequate instrumental support (such as assistance with taking care of the house, taking care of children, etc.) are 27.3%, pregnant women do not receive adequate emotional support from their families are 18.2%, pregnant women cannot rely on their family when they need it 13.6%, and pregnant women cannot pour their hearts out to their families 11.4%. While social support from friends shows that pregnant

women who do not get adequate instrumental support from friends (such as help with taking care of the house, taking care of children, etc.) are 54.5%, pregnant women cannot rely on friends when they need it 40.9%, pregnant

women cannot pour out their hearts to friends 29.5%, and pregnant women do not get adequate emotional support from friends as much as 18.2%. More details can be seen in Table 5.

Table 5. Social Support Needs for Pregnant Women in the Work Area of the Bojong Menteng Health Center, Bekasi City in 2020

Social Support Needs	Yes		No		Total	
	n	%	N	%	n	%
Spouse social support						
Obtaining adequate emotional support from a partner	34	77.4	10	22.7	44	100
Obtain adequate instrumental support (such as help with housework, babysitting, etc.)	37	84.1	7	15.9	44	100
Can rely on a partner when needed	37	84.1	7	15.9	44	100
Can pour out your heart to your partner	38	86.1	6	13.6	44	100
Family social support						
Obtaining adequate emotional support from family	36	81.6	8	18.2	44	100
Obtain adequate instrumental support (such as help with housework, babysitting, etc.)	32	72.7	12	27.3	44	100
Can rely on family when need it	38	86.4	6	13.6	44	100
Can pour her heart out to her family	39	88.6	5	11.4	44	100
Friends social support						
Obtaining adequate emotional support from friends	36	81.9	8	18.2	44	100
Obtain adequate instrumental support (such as help with housework, babysitting, etc.)	20	45,5	24	54,5	44	100
Can rely on friends when you need them	26	59,1	18	40,9	44	100
Can pour her heart out to friends	31	70.5	13	29.5	44	100

DISCUSSION

Mental health of pregnant women should get attention, not be something that is considered taboo or disgraceful. Mental disorders in pregnant women can occur due to various factors. WHO states that women experiencing mental disorders during pregnancy can be triggered by several factors, including a low economy, stress, exposure to violence, emergency and conflict situations, natural disasters, and low social support (19).

The results of the mental health analysis of pregnant women in this study were that less than half of them experienced mental health problems specifically in the form of anxiety and anxiety which were quite high (43.2%), a small proportion of respondents experienced depression during their pregnancy (27.3%). This was similar to the results of a study conducted between November 2012 and December 2013 on pregnant women from two

teaching hospitals at Babol University of Medical Sciences, in that 25.3% of pregnant women reported having depressive symptoms, and 49.3% of subjects reported having anxiety symptoms (20). When looking at the general complaints submitted by pregnant women, basically more than half of them feel symptoms such as not being able to sleep well, always feeling tired, easily tired even though doing light physical activities, feeling uncomfortable in the stomach (heartburn), and pain in the head. These symptoms are often associated or interpreted as physical symptoms due to pregnancy, but in fact it does not rule out this is also an early sign of an underlying mental problem in pregnant women. Psychiatric cases such as depression, anxiety, and low self-esteem, are also often accompanied by complaints of difficulty sleeping, headaches, and easily tired (not excited).

Furthermore, although less than half of the respondents stated that they had signs with complaints that lead to specific mental

problems such as depression, anxiety or low self-esteem, a third of the respondents stated that they had a lack of appetite, disturbed digestion, and felt anxious and tense. These complaints can be said to be complaints that are strong enough to indicate a problem or mental burden they feel. Based on special interviews with several people, it appears that they have a heavy burden in the form of a less harmonious family, unwanted pregnancy, or lack of support from the parties they need. Some try to seek help to solve their problems, either from their husbands, neighbors, relatives, or friends. Besides that, there are also efforts to overcome themselves such as praying, surrendering to God, and so on. Therefore, in assisting pregnant women, general complaints submitted or felt by pregnant women should be explored further to find out the causal factors behind them, through an early detection program for mental health problems for pregnant women integrated with maternal health services in health facilities.

The potential causative factors for mental problems obtained in this study of pregnant women were unplanned and unwanted pregnancies. Most of them wanted to get pregnant but 50% stated that the pregnancy experienced at that time was not planned. That is, there are indications that half of these mothers were not mentally ready to get pregnant at that time.

Unwanted pregnancies contribute to an increased risk of maternal depression and parenting stress. Efforts to increase father participation in childcare and reduce marital conflict may help reduce the adverse effects of unwanted pregnancy on maternal perinatal mental health (21).

Factors that can be suspected as the cause of mental unpreparedness for pregnancy are financial problems, a less harmonious family, birth spacing, and job demands. Mental readiness to face and experience pregnancy is indeed very necessary, not only to reduce pregnancy problems, but also to affect readiness to care for babies and become parents when they are born. Studies published in 2012 have shown that mental and emotional wellbeing during pregnancy can have an impact on birth outcomes as well as mental state during the postpartum period (22).

Improving the mental health of pregnant women requires various supports. Such psychological support is needed for pregnant women with high risk and low education, especially in the third trimester, to improve their mental health (20).

Regarding social support, in this study, most of the pregnant women stated that they received emotional support such as calmness, attention, and listening to complaints by their husbands, family, and friends. Likewise, support in the form of finance, energy assistance, for example cleaning the house, or buying daily necessities. In particular, social support from friends is mostly in the form of emotional support because it is a place to vent and exchange ideas in dealing with pregnancy problems and other problems.

Specifically regarding this social support, quite a number of respondents stated that, in addition to support from partners, family, and friends, Posyandu cadres support in the form of attention, a place to vent; they also need support from health workers (midwives, nurses, doctors) at the Puskesmas, and other health facilities, to assist them in dealing with the problems and complaints they feel or create programs that can reduce anxiety, and can provide a sense of comfort in dealing with their pregnancy.

The continuum of support provided by integrated mental healthcare through multidisciplinary maternal and child health services in the community can improve women's mental health in the postpartum period and help women and their children receive more health services from community health nurses (23).

CONCLUSIONS AND SUGGESTIONS

Conclusion

The results of data analysis found that there were pregnant women who experienced mental health problems such as depression and anxiety during their pregnancy, with specific mental problems that can potentially interfere with pregnancy and childbirth. Based on the general complaints submitted, there are indications of problems that make her uncomfortable. Most of them are quite able to cope with it with good support from the people around them, but there are still some pregnant

women who lack the support of their husbands, family, and friends.

Social support needs that are still expected apart from husbands, family and friends, are posyandu cadres in the form of attention, a place to vent, also support from health workers to help them face problems and overcome perceived complaints, health workers at the Puskesmas, and other facilities. Other health services include mother's classes in the form of counseling, and mental health programs that make it easier for them to cope with the complaints they feel.

Suggestion

Mental health problems of pregnant women, causative factors, and the need for social support must be addressed immediately with policies and efforts for mental health services for pregnant women that are integrated with Antenatal Care (ANC) in Puskesmas, Hospitals, Midwifery Clinics, including mothers classes. So that pregnant women can carry out their pregnancies until they give birth and postpartum in a healthy and happy state, are able to care for babies, and provide exclusive breastfeeding properly.

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