

Original Research

Occupation of The Husband is a Risk Factor for Psychological Problems Among Pregnant Immigrant Women in East Belitung, Indonesia

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Abstracts

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Introduction: According to WHO, there are 970 million people in the world who had psychological problems. The prevalence of psychological problems is highest in women (34.5%), and pregnant women who had psychological problems, especially depression, were about 10%, and 13% occurred in postpartum mothers. Psychological disorders in pregnant women might be caused by various factors, including the husband's occupation and residency status. In order to provide the necessary care to pregnant women, it is important to know whether there is a relationship between a husband's occupation and demographic status with maternal psychological problems. With this study, the relationship between a husband's occupation and demographic status with psychological problems of pregnant women in the work area of Manggar Health Center, East Belitung, Indonesia can be analyzed. **Methods:** The study design was cross-sectional and analytic observation. The study sample consisted of 90 pregnant women (45 primiparous and 45 multiparous), who were randomly selected. The instrument used to collect data was the SRQ. Data from this study were analyzed using the chi-square test. **Results:** The results showed that the psychological problems in pregnant women were associated with the husband's occupation ($p = 0.018$) and demographic status ($p = 0.014$). **Conclusion:** There were significant findings on the relationship between a husband's occupation, pregnant women's demographic status, and psychological problems.

Keywords: Psychological Problems, Pregnant Women, Occupation, Husband, Demographic Status

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INTRODUCTION

An unresolved issue or challenge in both developed and developing countries to date is the issue of mental health. Data from the WHO showed that 970 million people worldwide who had experienced psychological problems [1]. There approximately about 4.7 million people who attempted self-harm [1]. The prevalence of psychological problems was higher among women (34.5%), men (23.2%), and pregnant women who experienced psychological problems, especially depression, around 10%, and 13% occurred in postpartum women [2].

The mental health and well-being of pregnant women were impacted by their own lives and the lives of their unborn children [3]. One of the antenatal psychological problems was associated with an increased risk of postpartum depression and decreased breastfeeding [4]. Another impact on pregnant women was preterm births [4]. Preterm birth has been identified as a common indirect cause of increased morbidity and mortality [5]. One of the indicators of Sustainable Development Goals (SDGs) was to improve well-being and ensure healthy lives for all people of all ages, including pregnant women, newborns, and children under five. The SDGs stated that by 2030, a country's neonatal mortality and maternal mortality rates should be less than 12 and 70 per 100,000 live births, respectively. The 2020-2024 strategic plan was established through the Minister of Health Regulation (PMK) Number 21 in the year 2020 to prevent and control mental health disorders. Therefore, it would be expected that all districts and cities should prioritize mental health issues to reach national goals. The Minister of Health Regulation stated that Puskesmas and its network were the first lines to conduct mental health checks using a special tool, the Self-Reporting Questionnaire (SRQ). Screening using SRQ was tailored based on target groups, which included people of productive age as well as pregnant and lactating mothers. Pregnant women who had been

screened and treated were expected to reduce maternal and neonatal mortality. Research finds that primigravida women are likely to mothers have a higher likelihood of experience psychological problems (70.74%) than multigravida mothers (65.70%) [6].

The emotional states of pregnant women needed to be known because the phases of a woman's life—pregnancy, childbirth, postpartum period, and breastfeeding—were very important. The most common reasons for psychological problems faced by pregnant women include lack of material resources, unfavorable working conditions, the burden of heavy household and family responsibilities, dysfunctional family relationships, and pregnancy complications [7]. First-level primary healthcare facilities have implemented SRQ screening according to the Ministry of Health guidelines as part of the mandatory program. One of the sub-districts in East Belitung Regency with the largest population, screening results showed that the community experienced psychological problems. However, women and pregnant women had never been specifically screened for emotional status, so the emotional state of pregnant women was unknown. Research on the relationship between a husband's occupation and psychological problems in pregnant women in the working area of First Level Health Facilities Manggar, East Belitung Regency, had never been investigated.

METHODS

This study used a cross-sectional design and analytic observations. The population was all pregnant women in the working area of First Level Health Facilities Manggar. The research period began in November 2023 and ended in April 2024. The sample used amounted to 90 respondents and was divided into two groups, namely 45 primigravida mothers and 45 multigravida mothers, using random sampling techniques from the total population at the time of the study. The inclusion criteria were pregnant women, age >19 years, and gestational age >28 weeks. Data collection was carried out through the

distribution of questionnaires to eligible respondents. After signing the research consent form, respondents filled out the questionnaire. The SRQ questionnaire consisted of 20 questions. Positive answer scores of 6-20 indicated the presence of psychological problems. Data were processed by using IBM SPSS 22 software and analyzed by univariate and bivariate analyses with a significance level of $p < 0.05$ by the Chi-Square test. This study received ethical approval No. 25/EC/KEPK/FKUA/2024 from the Faculty of Medicine, Universitas Airlangga Surabaya, Indonesia.

RESULTS

The first-level health facility Manggar is

an ambulatory care facility located in Kur-nia Jaya Village, Manggar Sub-region, East Belitung Regency. Its working area consists of nine villages. The population of Kecamatan Manggar in 2022 was approximately 40,007 people. Most of the population were migrants, had a primary school education, and were freelancers/entrepreneurs. The first-level health facility in Manggar consisted of three sub-primary health centers, forty-two integrated health centers, and seven midwives' practices. The first-level health facility in Manggar has a total of four general practitioners, twenty-two midwives, twenty nurses, one pharmacist, two laboratory staff, and three nutrition staff.

Table 1 Distribution of Respondent Characteristics

Characteristics		Primiparous n = 45		Multiparous n = 45	
		N	%	N	%
Population	Immigrants	27	46.6	31	53.4
	Native people	18	56.3	14	43.8
Husband's Occupation	Freelancers	27	44.3	34	55.7
	Permanent staff	18	62.1	11	37.9

Table 1 explains the frequency distribution of respondents' characteristics. Most of the pregnant women were immigrants, and their husbands' occupations were freelancers.

Table 2 Data analysis of population status with psychological problems in pregnant women

Variable	Pregnant Women n = 90				Total		Chi-Square nilai P	PR (95% CI)
	Immigrants		Native people					
	N	%	N	%	N	%		
Psychological problems Score 6-20	23	82.1	5	17.9	28	100	0,018	3.549 (1.194- 10.551)
No psychological problem Score 1-5	35	56.5	27	43.5	62	100		

* This means that if $P < 0.05$

Table 2 showed that of the 90 pregnant women, 58 were migrants, and 32 were natives. About 82.1% of pregnant women who suffered from psychological problems were migrants. The results of the bivariate study were analyzed using the Chi-Square method in the IBM SPSS Statistics program on a 2x2 contingency table, and no expectation value less than 5 was found. The test results showed an asymptote value (sig.) of 0.018. The value showed $P < 0.05$, which meant that residence status was associated with psychological problems in pregnant women, and immigrant pregnant women were 3.549 times more likely to have psychological problems than natives.

Table 3 Data analysis of the relationship between the occupation of the husband and psychological problems in pregnant women

Variable	Pregnant Women n = 90				Total		Chi-Square nilai P	PR (95% CI)
	Freelancers		Permanent Staff					
	N	%	N	%	N	%		
Psychological problems Score 6-20	24	85.7	4	14.3	28	100	0,014	4.054 (1.253- 13.112)
No psychological problem Score 1-5	37	59.7	25	40.3	29	100		

* This means that if $P < 0.05$

Table 2 explained that out of 90 pregnant women, 61 husbands of pregnant women worked as freelancers, and only 29 husbands had permanent jobs. The majority of pregnant women whose husbands worked as freelancers experienced psychological problems (82.1%). The results of the bivariate study were analyzed using the Chi-Square method in the IBM SPSS Statistics program on a 2x2 contingency table, and no expectation value was obtained that was less than 5. The test results showed an asymptote $P = 0.014$. The value showed $P < 0.05$, which means that pregnant women who had husbands working as freelancers were 4.054 times more likely to experience psychological problems than pregnant women who had husbands as permanent staff.

DISCUSSION

Emotional change in early pregnancy is definitely a life-changing transition for a woman. The husband's responses may be varied, with some experiencing feelings of jealousy and anger towards the baby. Some changes due to pregnancy can lead to emotional immaturity, and such difficulties can weaken their emotional bond [8].

The husband's occupation was closely related to the family's economic status [9]. Based on regional characteristics, the study showed that the main source of income for pregnant women was their husbands, who worked as freelancers. Family heads who work as free-

lancers generally show an unstable source of income every day. Unstable economic status created a feeling of insecurity for wives, especially pregnant women. The study found that monthly income level and husband's occupation positively affected pregnant women's quality of life [10]. Women with low parity had higher emotional levels due to the physiological and psychological adaptations they were experiencing for the first time [11]. It is suggested that exposure to stressful situations may lead to maladaptive responses in the immune system, which will be involved in the pathophysiology of depression [12]. The importance of regular health checks during pregnancy is expected by pregnant women [13]. The government's bureaucracy, long waiting lines, and government insurance make mothers less interested in having their pregnancies checked, so they would rather go to a general practitioner, which costs money. Preparing the first delivery process, such as baby and mother equipment, is also necessary [7]. Research has shown that mothers' anxiety about not being able to fulfill the needs of the mother and baby due to unstable income could be detrimental to the mother's psychology.

In contrast to mothers with high parity who have lower quality of life scores, this affects the psychological problems of pregnant women [14]. Mothers with high parity or multiparous should maximize family income at least with existing and future family members. Based on the characteristics of the

study area, multigravida mothers who did not work or had a sole source of income from their husbands tended to have high expectations of their husband's daily income. This makes pregnant women worried that their husband's income won't be enough to fulfill the daily needs of the mother and child in the future. The cost of preparation for childbirth and education of the child in the future is also the most significant factor that caused mothers' worries. Therefore, family income had a significant effect on the emotional status of mothers [15].

Women who have migrated from one region to another and who are pregnant should pay attention to their physical and mental health. Based on the characteristics of the study population, most of the pregnant women, 58 people (64.4%), were migrants, and the remaining were natives. A migrant pregnant woman was a woman who migrated from a location to get married and settled down with her partner. Pregnant women who only lived with their husbands had increased concerns about the adaptation and delivery process they would face [16]. Accompanying the mother, family, or support during pregnancy and delivery is regarded as crucial by pregnant women [17]. Pregnant women require a lot of direct support to get through pregnancy and delivery. In multigravida mothers, the family presence reduces the mother's anxiety, especially in taking care of her child [18]. Changes in maternal habits after childbirth, if not given full support, directly affect the mother's psychological condition [19]. The association between pregnancy anxiety and symptoms of psychological problems suggests the need for assistance to improve the psychological health of pregnant women [20].

Pregnant immigrant mothers have a higher risk of psychological disorders [21]. Lack of environmental adaptation in pregnant women who are immigrants is a contributing factor to psychological disorders [22]. In addition to physiological changes, psychological problems also occurred in pregnant women

who lacked support from their environment [23], [24]. Another study found that immigrant pregnant women who had a language barrier, felt lonely, and lacked social support were more likely to experience psychological problems. Pregnant women felt less supported by their families and tended to be worried about what would happen to them and their babies in the future [25]. Other studies found that support from partners and family was a significant risk factor for the psychological development of pregnant women [26]. A mother who lacked social support during pregnancy would affect the process of self-acceptance in caring for her child in the future [27]. Therefore, as health workers, we have a huge role in accompanying and providing emotional support to mothers to minimize the mental state suffered during pregnancy.

CONCLUSION

There were significant findings on the relationship between husband's occupation, pregnant women's demographic status, and psychological problems. Husbands who work as freelancers have a significant effect on the psychological problems of migrant pregnant women. Mental health screening is helpful in determining the appropriate treatment for pregnant women.

Future researchers need to explore further other factors that contribute to the psychological problems in pregnant women and evaluate the appropriate interventions for pregnant women who had psychological problems. There were significant findings on the relationship between a husband's occupation, pregnant women's demographic status, and psychological problems. Husbands who work as freelancers have a significant effect on the psychological problems of migrant pregnant women. Mental health screening is helpful in determining the appropriate treatment for pregnant women.

Future researchers need to explore further other factors that contribute to the psychological problems in pregnant women and

evaluate the appropriate interventions for pregnant women who had psychological problems.

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The limitations of this study There are many characteristic factors that could affect psychological problems in pregnancy, but in this study the selection of characteristics was adjusted to the characteristics in the working area of the First Level Health Facility.

CONFLICT OF INTEREST

The authors declared no conflict of interest.

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