The Influence of Husband Support and Psychosocial Conditions of Adolescent Pregnancy on Antepartum Depression

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Abstract—**Pregnancy in adolescent mothers could trigger mental disorders. One mental disorder that could be occurred in pregnant women is antepartum depression. This is caused by changes both physically and psychologically. The purpose of this study was to analyze further the relationship between husband support, psychosocial, and physical conditions of adolescent pregnant women with the incidence of antepartum depression. This research was quantitative with a study of a cross-sectional design, which used a consecutive sampling method, 86 adolescent pregnant mothers. They were eligible to participate if their age is in the range of 12 to 19 years; we are in their third trimester of pregnancy. The research instrument used a husband's support questionnaire, psychosocial conditions, and the Edinburgh postnatal depression scale (EPDS). Chi-Square applied to analysis in this study. The results showed that a husband's support was most associated with the incidence of antepartum depression (p = 0.000; α = 0.05) and psychosocial conditions related to the impact of antepartum depression (p = 0.006; α = 0.05). The incidence of antepartum depression in women who get less support was 87.5%, and mothers who have psychosocial conditions at risk of developing antepartum depression by 45.3%.**

Keywords—Husband Support, Psychosocial, Adolescent, Depression

I. INTRODUCTION

Depression is a mental health disorder characterized by feelings of guilt, depressed moods, low self-esteem, insomnia, loss of interest, and difficulty concentrating [1]. The incidence of depression is 300 million people of all ages [1]. The prevalence of depression during pregnancy is between 11-18% [2], especially during the second and third trimesters [3]. Depression is a common problem during pregnancy and childbearing [4] and is one of the medical conditions during pregnancy [5].

The leading cause of depression during pregnancy is due to hormonal changes [6], the prevalence is increasing in low-income countries [7] in the range of 5-30% [8], and 6-31.3% [9]. Risk factors for depression during pregnancy are poor obstetric history, previous history of mental disorders, lack of social support, financial difficulties, history of violence and unpleasant relationships [7], lack of care about HIV, low socioeconomic and adolescent age [10].

Adolescent pregnancy can be caused by socioeconomic, cultural, lack of information about reproductive health, and the poor to access health services [11]. Births occur in women aged 15-19 years by 11% [12]. Around 41% of these pregnancies are unintended, 26% are mistimed, and 15% are unwanted [13]. Unplanned pregnancy will make adolescents vulnerable to STIs and HIV, will have an illegal abortion so that the risk of experiencing birth complications [13]. Adolescent pregnancy will lead to complications of pregnancy and childbirth such as mothers experiencing anaemia, cervical cancer, prolonged labour, thereby increasing the risk of infant death, premature birth and low birth weight, and the risk of eclampsia [14].

Besides physical complications, psychosocial complications will also occur so that the mother will experience poor mental health [3] such as prolonged trauma, experiencing a crisis of confidence, feeling embarrassed and inferior especially if the pregnancy is not planned such as pregnancy due to rape or due to premarital sex [14].

The above conditions can increase the risk of depression in adolescent pregnancy. Risk factors from antepartum depression on adolescent pregnancy are a history of previous adolescent pregnancies, the age of young couples, unwanted pregnancies [15], lack of social support [16]. Mood disorders that consume alcohol and drugs together can cause pregnancy and birth disorders [17].

II. METHOD

The research used is quantitative research with cross-sectional design. The purpose of this study was to determine the relationship of husband support and psychosocial conditions with the incidence of postpartum

depression in adolescent pregnant women. The number of samples in this study amounted to 86 teenage pregnant women. The sampling technique was consecutive sampling. Criteria for inclusion of adolescent pregnant women aged 12-19 years, third trimester of pregnancy, marriage, and living with a husband, pregnant women do not have complications. The study was conducted in the fostered areas of Nagrak Health Center, Cimaung Health Center, and Cikalong Health Center in Bandung Regency. The study was conducted in July-August 2019. This study was approved for passing the ethical test from the Ethics Research Committee of STIKes Aisyiyah Bandung with Number: 06 / KEP.02 / STIKes-AB / V / 2019.

Data collection tool in this study using the Edinburgh Postpartum Depression Scale (EPDS), a pregnancy planning questionnaire using The London Measure of Unplanned Pregnancy (LMUP), the husband support questionnaire, and the psychosocial condition questionnaire. Data analysis uses univariate and bivariate analysis. The univariate analysis aims to describe the characteristics of respondents consisting of maternal age,

husband's age, husband's education, husband's occupation, husband's income, and home living. Bivariate analysis using chi-square aims to determine the relationship of husband support and psychosocial conditions with the incidence of antepartum depression.

III. RESULT

The result of univariate analysis the characteristic of the respondents that the mean age of teenage mothers is 17.98 (18) years, the mean age of the husband is 21.83 (22) years and the mean monthly income of the husband is Rp. 1,648,000, the husband's education is a high school (39.5%); most of the husband's work is as a labourer (65.1%), and the most home living is his own / rented house (45.3%).

The results of the univariate analysis to illustrate the pregnancy planning, husband support, psychosocial conditions, and antepartum depression can be seen in tables I, II and III.

A. *Pregnancy Planning, Husband Support, Psychosocial Condition and Antepartum Depression*

TABLE I. FREQUENCY DISTRIBUTION CHARACTERISTICS BASED ON PREGNANCY PLANNING, HUSBAND SUPPORT, PSYCHOSOCIAL CONDITION AND ANTEPARTUM DEPRESSION (N=86)

Variable	Frecuency (f)	Percentage (%)
Pregnancy Planning		
Planned	35	40.7
Unplanned	51	59.3
Husband Support		
Good	38	44.2
Lack	48	55.8
Psychosocial Condition		
Risk	54	62.8
No risk	32	37.2
Antepartum Depression		
Depression	44	51.2
No Depression	42	48.8

The table above shows that most pregnancies are unplanned (59.3%), most husband support is lacked (55.8%), most psychosocial conditions are at risk (62.8%), and the majority experience antepartum depression (51.2%).

The results of the bivariate analysis of the relationship between husband support, psychosocial conditions, and antepartum depression are shown in table.

TABLE 2. THE RELATIONSHIP HUSBAND SUPPORT, PSYCHOSOCIAL CONDITION WITH ANTEPARTUM DEPRESSION INCIDENCE IN ADOLESCENT PREGNANT MOTHER (N=86)

Independent Variable	Antepartum Depression Variable				OR (95%CI)	*P value*
	No Depression		Depression			
	n	%	n	%		
Husband Support					73.5	0.000
Good	42	91.3	4	8.7	(18.322-294.855)	
Lack	5	12.5	35	87.5		
Psychosocial Condition					4.958	0.006
Risk	17	81	4	19	(1.503-16.354)	
No risk	30	46.2	35	45.3		

The results of the analysis above show that adolescent mothers with support from husbands who lack antepartum depression by 87.5% compared with those who get good support by 8.7%. Chi-square analysis results showed a relationship between a husband's support and the incidence of antepartum depression (p-value = 0,000). Psychosocial conditions with antepartum depression show that mothers with psychosocial conditions are at risk of experiencing

antepartum depression by 19% compared to adolescent pregnant women who are not at risk by 45.3%. The results of the chi-square analysis showed that psychosocial conditions had a relationship with the incidence of antepartum depression (p-value = 0.006).

IV. DISCUSSION

The results showed that adolescent pregnant women experience antepartum depression as much as 51.2%. The age of pregnant women in this study ranged from 15-19 years. Age is one of the risk factors for antepartum depression [10]. Adolescent mothers are at risk of depression during the maternal period, because adolescents have additional new roles and tasks, especially tasks in affective abilities [18]. Some of the results of previous studies of adolescent mothers experience postpartum depression because of the handling of problems during the antepartum [19].

Antepartum depression in adolescent pregnant women is associated with husband support. The results showed that adolescent pregnant women who lacked support from their husbands experienced antepartum depression as much as 87.5%. Risk factors for antepartum depression are caused by a lack of social support and family/partner [7]. Husband's support is one form of social support needed by teenage pregnant women to deal with stress due to physical and psychological changes [20]. Family support, including spouses and social, is a protection mechanism to reduce the incidence of depression and mental health disorders [16]. Social support can come from husbands, parents, friends, and health workers [21]. A good husband and wife relationship will be a good source of social support for maternal psychological well-being [22], [23]. Lack of family and husband support in adolescent mothers can cause anxiety and depression during pregnancy [24], [25].

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Unplanned pregnancy has a relationship between the incidence of antepartum depression [28]. The results showed that 59.3% of teenage pregnant women did not plan their pregnancies. The incidence of antepartum depression resulting from unwanted pregnancy increased by 21% [29]. Other studies have shown that unplanned pregnancies, chronic diseases and problems during pregnancy will increase the severity of antepartum depression [30].

Antepartum depression is more common in mothers who do not work and homemakers and husbands who do not work [31]. Low income or financial difficulties are a risk factor for antepartum depression [23], [32].

V. CONCLUSIONS

The results of this study indicate that there is a relationship between the support of adolescent pregnant husbands with the incidence of antepartum depression (p-value 0,000), and there is a relationship between the psychosocial condition of adolescent pregnant women with the incidence of antepartum depression (p-value 0.006). The incidence of antepartum depression in women who get less support is 87.5% and mothers who have psychosocial conditions at risk of developing antepartum depression by 45.3%.

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