

The Relation of Nurul's Model with Mental Health during Pregnancy

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ABSTRACT

Mental health as a condition of the welfare of the mother during pregnancy needs to be managed by health personnel as well as pregnant women themselves. Midwives still pay less attention to mental health problems in pregnant women, which can be seen in the low level of mental health examinations for pregnant women during pregnancy checks, even though 29% of pregnant women in Bogor district experience mental emotional problems.

This was a quantitative research and was conducted from March to May 2019 in Independent Midwifery Practice in Bogor. The subjects of this research were pregnant women and the data were analyzed by using Partial Least square.

Based on result of the research, The Construction Model Mental Health on Mothers during pregnancy in Independent Midwifery Practice is very important and needs attention. Pregnancy is still considered as a physical change that needs to be intervened because it is easier to be handled and detected. Maternal examination during pregnancy is carried out by Midwives, in the implementation of mental health checks during pregnancy for pregnant women and this role has not been carried out optimally.

This research suggests conducting socialization with midwives as well as across related sectors to get political support in carrying out activities in health facilities and independent practice midwives.

Keywords: Pregnancy, Mental Health, Nurul's Model

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INTRODUCTION

Mental health problem during pregnancy is a public health problem that should be focused on seriously. 10-20% women in the world experienced mental health problem during the first stage of labor. The common mental illness experienced by women include antenatal and postnatal depression, obsessive-compulsive, post-trauma stress, and post-partum psychosis¹. The prevalence of mental illness or mental health problem during pregnancy in low-income countries reached 15.6%. One of five women experienced mental health issues during pregnancy such as depression, acute anxiety and fear towards labor, and mild to moderate emotional disorders. Depression and anxiety are common during pregnancy. The prevalence rates of 6% and 17% have been reported for major and minor depression, respectively. Meanwhile, the prevalence rate of anxiety symptom is reported for 23% due to change in appearance which affects the self-efficacy⁵, and 15% for anxiety during antenatal period due to the feeling of unworthiness caused by pregnancy.

According to World Health Organization (WHO), around 10% of pregnant women and 15% of post-partum women experienced mental illness, especially depression. The prevalence rate is even higher in developing countries that reach 15.6% during the pregnancy and 19.8% towards the labor.

Some studies were focused on decreasing the effect of pregnancy to mental health – psychology, stress and depression, knowledge, empowerment, and self-efficacy by improving the quality of pregnancy examination with antenatal care. Health workers are responsible to provide education on psychosocial condition of pregnancy to pregnant women. Besides, additional care during pregnancy should also be provided by health workers (obstetric, midwife, and nurse). This attempt is needed to foster empathy among the health workers and encourage pregnant women to check their condition; which in the long term will decrease the adverse psychological condition during the pregnancy, after pregnancy, and child care.

Mental health problem and other issues during pregnancy can be dangerous for the pregnant women and their children. The children might experience premature birth, low birth weight, and others. In addition, social stigma, low self-efficacy, and negative perception will encourage pregnant women to visit the health facilities.

The prevalence rate of depression during pregnancy in Indonesia has reached 22.4% that may increase the morbidity and mortality rates of mother and children during the pregnancy and postpartum periods. Mental health problems caused adverse effects to the pregnancy and the baby.

MATERIAL AND METHOD

This research was a quantitative research with explorative primary data approach. The interview was conducted by having 168 pregnant women as subjects of the research at Bogor of mental health in pregnant women and the members of Indonesian midwives' branch associations to reveal the cause-effect finding. The samples were taken using cluster random sampling technique. The research time was around March to May in 2019. The data analyses were carried out by Partial Least Square.

RESULT

Research results of the partial least square analysis outer

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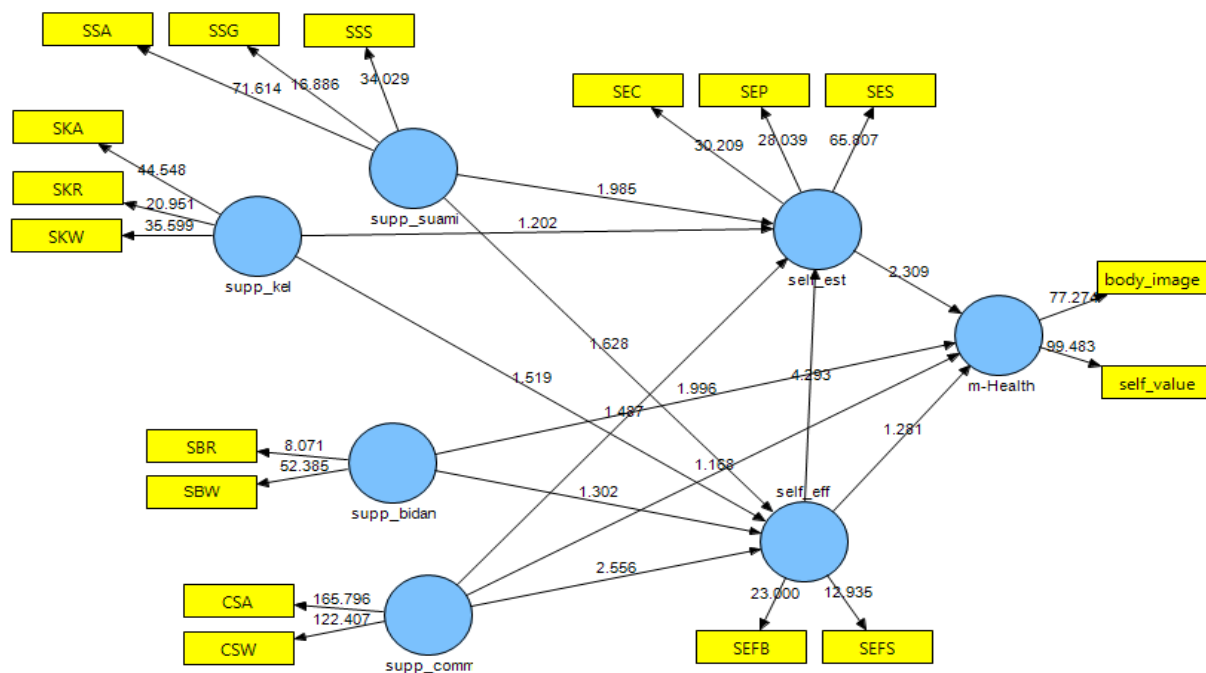


Figure 1. Output Structural Inner Model After Bootstrapping

Through Figure 1. It can be stated for the self efficacy variable, it has an R Square value of 43.27%. The variables of husband support, family support, midwife support and community support together affect self efficacy that reached 43.27%. In the self esteem variable, the calculation value of R Square was quite large at 73.98% which was influenced by husband support, family support, community support and self esteem.

The indirect effect of self-esteem on the mental health conditions of pregnant women was 8.41%, the indirect effect of midwife support on the mental health conditions of pregnant women was 1.05%, the indirect effect of community support, family support and husbands on the condition The mental health of pregnant women was 3.21%, 3.02%, 3.42%.

Each direct effect of these exogenous latent variables together shows conformity with the R square or in other words it states that the variables of self-esteem, self-efficacy, midwife support and community support are $(7.06\% + 20.69\% + 15.39\% + 7.55) = 50.69\%$ plays a role in the mental health condition of pregnant women.

The last variable or endogenous variable was the mental health of pregnant women with an R square value of 50.69 That means, there were 51% of variables that together affect the mental health of pregnant women,

model before bootstrapping It can be stated that the magnitude of the t-statistic value of self-esteem for maternal mental health during pregnancy was 1.775, while for self-efficacy for maternal mental health during pregnancy was 1.489, midwife support for mental health was 2.064, support of fellow pregnant women for self-efficacy was 3.236, family support for self-efficacy was 1.790, family support for self-esteem was 1.225, husband's support for self-efficacy was 2.305 and husband's support for self-esteem was 1.474. It can be concluded that all t values were significant at a minimum of 75% CI.

namely self esteem, self efficacy, midwife support and community support. The higher the value self of R Square, the better the model or fit the analyzed data.

The compilation of the Nurul's Model for mental health promotion is compatible with what is happening on the ground, which means that this model is good (fit) at predicting maternal mental health during pregnancy.

DISCUSSION

The Nurul's model that was formed had been tested statically and showed results that were fit with the mental health of pregnant women. Researchers quite believe that the model was in accordance with the socio-anthropological conditions of people in Bogor. This model showed that mental health of pregnant women is strongly influenced by psychosocial factors that accompany it including self-esteem, self-efficacy, husband's role, role of biological mother (of pregnant women), role of fellow pregnant women and also the role of midwife. These variables together affect the mental health of mothers during pregnancy which reached 51%.

This model was also consistent with the results of a meta-analysis that the risk factors for mental disorders in pregnant women were low self-esteem, low social support, and other factors such as a history of depression,

anxiety and stressful living conditions. Nevertheless, there were biological factors such as hormonal that played a role in causing this mental disorder, especially postpartum mental disorders⁹.

Pregnancy is a major event in a woman's life and involves drastic changes in both aspects of physical-biological and psychological-mental aspects¹⁵. These changes make pregnant women vulnerable and fragile, and easily cause mental stress¹⁶. A study showed nearly 40% of pregnant women suffer from one or more psychological symptoms⁹. Substantial evidence suggests that maternal mental stress during pregnancy, including depression and anxiety, is associated with negative consequences for mother and child, including pregnancy complications, obesity^{16,17}, premature birth, weight gain low birth, and neurodevelopmental disorders in the baby¹³. Therefore, it is important to prevent or reduce mental stress for pregnant women involving psychosocial variables.

It can be said that Nurul's model is a fairly appropriate and "fit" model for an approach in preventing or reducing mental stress that results in mental disorders in the mother during pregnancy. The psychosocial variables in Nurul's Model have a sociogeographic background representing various ethnic and Indonesian cultures and are an appropriate model to be used in mental health promotion interventions in pregnant women.

CONCLUSION

The compilation of the Nurul's Model for mental health promotion is compatible (fit) with what is happening on the ground, which means that this model is good at predicting maternal mental health during pregnancy.

There is a relationship between the role Nurul's Model and mental health of pregnant women. Pregnant women need social support from their health workers. Hopefully, with the support of health workers, they can improve their self-efficacy so that pregnant women can appreciate their role and can make sure and trust the capabilities of pregnant women. There is a balance between overall physical mental healths.

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