



RINGKASAN

FAKTOR RISIKO DEPRESI ANTENATAL DI PUSKESMAS JAGIR DAN TANAH KALI KEDINDING SURABAYA

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WHO menyatakan jika depresi menjadi penyebab utama masalah kesehatan dan ketidakmampuan di seluruh dunia dan estimasi beban penyakit akibat depresi di tahun 2020 berada di peringkat ke-2 dan di tahun 2030 berada di peringkat ke-1. Depresi lebih banyak terjadi pada perempuan. Depresi dalam psikiatri digunakan untuk menyatakan suatu kondisi mood yang abnormal yang memiliki kesamaan arti dengan ketidakhagiaan, kesedihan, dan kesengsaraan. Depresi selama kehamilan merupakan gangguan suasana hati yang sama seperti halnya pada depresi yang terjadi pada orang secara umum, dimana pada kejadian depresi akan terjadi perubahan kimiawi pada otak

Beberapa penelitian telah melaporkan bahwa gejala depresi lebih sering terjadi selama kehamilan daripada selama periode postpartum. Prevalensi tinggi depresi antenatal telah dilaporkan dari negara-negara berkembang yaitu 29% di Bangladesh, 25% di Pakistan, 20,2% di Brazil, 39% di Afrika Selatan, 38,5% di Afrika Selatan dan 39,5% di Tanzania. Penelitian serupa di Jakarta menyatakan bahwa prevalensi depresi antenatal sebesar 14,8%.

Depresi antenatal memiliki dampak yang negatif baik bagi ibu maupun bayi yang akan dilahirkan. Depresi pada kehamilan memiliki dampak kepada janin seperti prematur, BBLR, skor APGAR yang buruk, gangguan dalam pertumbuhan janin dan juga berpengaruh pada perkembangan mental janin. Stres antenatal melalui perubahan epigenetik, menjadi salah satu pengaruh paling kuat pada kesehatan mental anak yang dilahirkan di kemudian hari. Sedangkan dampak bagi ibu yakni risiko bakterial vaginosis pada kehamilan, peningkatan penggunaan rokok, narkoba pada kehamilan, dan depresi pada masa postnatal dan *parenting*. Selain itu diperkirakan 13% dari semua perempuan hamil yang mengalami depresi berkembang menjadi depresi pada saat postpartum hingga saat masa *parenting*.

Penelitian ini bertujuan untuk mengetahui dan menganalisis prevalensi dan faktor risiko (faktor biologis, faktor psikologis dan faktor sosial) ibu hamil yang berisiko depresi antenatal di Puskesmas Jagir dan Tanah Kali Kedinding Surabaya. Jenis penelitian ini adalah analitik observasional dengan menggunakan desain *cross sectional*. Subjek penelitian ini adalah ibu hamil yang memeriksakan diri di Puskesmas Jagir dan Tanah Kali Kedinding Surabaya. Penelitian dilakukan dengan pengisian kuesioner dengan didampingi oleh peneliti. Sebelum dimulai, peneliti memberikan penjelasan mengenai penelitian dan meminta subjek mengisi *informed for consent* dan *informed consent* sebagai persetujuan untuk ikut serta dalam penelitian. Kuesioner terdiri dari data umum, faktor risiko dan instrumen. Instrumen menggunakan skala *Edinburgh Postnatal Depression Scale (EPDS)* untuk mengetahui risiko depresi antenatal.

Sampel penelitian didapatkan total 153 orang subjek yang memenuhi kriteria. Diketahui 29 ibu hamil (18,95%) yang berisiko depresi antenatal. Diketahui 2 (7,69%) ibu hamil berusia ≤ 20 & ≥ 35 tahun berisiko depresi antenatal, 5 (25%)

ibu hamil dengan riwayat keguguran dan cara persalinan berisiko depresi antenatal, 6 (17,14%) ibu hamil berisiko tinggi dan sangat tinggi berisiko depresi antenatal, 3 (17,65%) ibu hamil dengan riwayat PMDD berisiko depresi antenatal, 6 (30,99%) ibu hamil dengan riwayat *child abuse* berisiko depresi antenatal, 5 (17,86%) ibu hamil memiliki peristiwa kehidupan yang negatif pada 1 tahun terakhir berisiko depresi antenatal, 2 (20%) ibu hamil dengan konflik perkawinan berisiko depresi antenatal, 4 (16,67%) ibu hamil dengan status kehamilan yang tidak direncanakan dan diinginkan berisiko depresi antenatal, tidak ada ibu hamil berisiko depresi antenatal berdasar dukungan keluarga, pasangan dan sosial, 4 (19,05%) ibu hamil dengan kesulitan finansial yang berisiko depresi antenatal.

Hasil uji statistik didapatkan nilai p masing-masing variabel adalah usia ($P=0,168$), riwayat keguguran dan cara persalinan ($P=0,540$), risiko kehamilan ($P=0,756$), riwayat PMDD ($P=1,000$), riwayat *child abuse* ($P=0,219$), peristiwa kehidupan yang negatif ($P=0,870$), konflik perkawinan ($P=1,000$), status kehamilan ($P=1,000$), dukungan keluarga, pasangan dan sosial ($P= -$), dan kesulitan kondisi finansial ($P=1,000$).

Didapatkan kesimpulan dari penelitian ini bahwa tidak ada hubungan depresi antenatal dengan faktor risiko yang diteliti. Saran dari penelitian ini adalah Puskesmas Jagir dan Tanah Kali Kedinding disarankan emberlakukan skrining depresi antenatal secara rutin dan berkala, perlu dilakukan penelitian lanjutan; 1) mengenai risiko lain yang berkaitan dengan depresi antenatal; 2) bersifat *multi-center*; dan 3) dengan jumlah subjek yang lebih besar, perlu dilakukan penelitian bersama dengan ahli kedokteran jiwa, perlu dilakukan penelitian dengan design kualitatif pada subjek yang berisiko pada penelitian ini, perlu dilakukan penelitian dengan design *case control*.

SUMMARY

THE RISK FACTORS OF ANTENATAL DEPRESSION AT HEALTH CENTER OF JAGIR AND TANAH KALI KEDINDING SURABAYA

Depression was the main cause of health problems and disability in the whole world and the estimation of the burden of illness due to depression in 2020 is ranked second and in 2030 is ranked 1st (WHO). Depression was more common in women. Psychiatric depression used to express an abnormal mood condition that has the same meaning as unhappiness, sadness, and misery. Depression during pregnancy was the same mood disorder as in depression that occurs in people in general, where in the event of depression there would be chemical changes in the brain

Some studies were reported that depressive symptoms occur more frequently during pregnancy than during the postpartum period. The high prevalence of antenatal depression has been reported from developing countries, 29% in Bangladesh, 25% in Pakistan, 20.2% in Brazil, 39% in South Africa, 38.5% in South Africa and 39.5% in Tanzania. A similar study in Jakarta was 14.8%.

Antenatal depression has a negative impact both the mother and the baby to be born. Depression in pregnancy has an impact on the fetus such as premature, low birth weight, poor APGAR score, disruption in fetal growth and also affects the mental development of the fetus. Antenatal stress through epigenetic changes, was one of the most powerful influences on the mental health of children born later. While the impact on mothers was bacterial vaginosis, increased use of cigarettes, drugs, postnatal depression and parenting. In addition, estimated that 13% of all pregnant women who experience depression develop depression during postpartum until the time of parenting.

This study aims to find and analyze the prevalence and risk factors (biological factors, psychological factors and social factors) of pregnant women at risk of antenatal depression at the Jagir Health Center and Tanah Kali Kedinding Surabaya. This type of research was observational analytic used a cross sectional design. The subjects of this study were pregnant women who check her pregnant at the Jagir Health Center and Tanah Kali Kedinding Surabaya. The study was conducted by filled out the questionnaire accompanied by researchers. Before it starts, the researcher gave an explanation of the research and asks the subject; agreement through informed consent and informed consent to participate in the study. The questionnaire consists of general data, risk factors and instruments. The instrument used the Edinburgh Postnatal Depression Scale (EPDS) to determine the risk of antenatal depression.

The research sample obtained a total of 153 subjects who met the criteria. 29 pregnant women (18.95%) are at risk of antenatal depression. 2 (7,69%) pregnant women aged ≤ 20 & ≥ 35 years were at risk of antenatal depression, 5 (25%) pregnant women with a history of miscarriage and mode of delivery were at risk of antenatal depression, 6 (17,14%) high and very high risk pregnant women were at risk of antenatal depression, 3 (17,65%) pregnant women with PMDD were at risk of antenatal depression, 6 (30,99%) pregnant women with a history of child abuse were at risk of antenatal depression, 5 (17,86%) pregnant women had



negative life events in the past 1 year were at risk of antenatal depression, 2 (20%) pregnant women with marital conflict were at risk of antenatal depression, 4 (16,67%) pregnant women with unplanned and desirable pregnancy status were at risk of depression antenatal, no one was at risk of antenatal depression based on family, spouse and social support, 4 (19,05%) pregnant women with financial difficulties were at risk of antenatal depression.

The results of statistical tests found that the p value of each variable were, age ($p= 0.168$), history of miscarriage and mode of delivery ($p= 0.540$), pregnancy risk ($p= 0.756$), history of PMDD ($p= 1,000$), history of child abuse ($p= 0.219$), negative life events ($p= 0.870$), marital conflict ($p= 1,000$), pregnancy status ($p= 1,000$), family, spouse and social support ($p= -$), and financial condition difficulties ($p= 1,000$).

The conclusion from this study is that there is no correlation between antenatal depression and the risk factors studied. Suggestions from this research were Jagir health center and Tanah Kali Kedinding did routine and periodic antenatal screening, further research is needed; 1) regarding other risks related to antenatal depression; 2) multi-center; and 3) with a larger number of subjects, it is necessary to do research together with psychiatrists, it is necessary to do a qualitative design study on risky subjects in this study, it is necessary to do a case control design study.

ABSTRAK

FAKTOR RISIKO PADA RISIKO DEPRESI ANTENATAL DI PUSKESMAS JAGIR DAN TANAH KALI KEDINDING SURABAYA

Latar belakang : Depresi antenatal memiliki dampak yang negatif baik pada ibu maupun pada janin.

Tujuan : Mengetahui prevalensi dan menganalisis faktor risiko (biologis, psikologis dan sosial) ibu hamil yang mengalami depresi antenatal.

Metode : Rancangan penelitian cross sectional, setelah dilakukan uji kelayakan etik, didapatkan 153 subjek. Variabel independen adalah faktor biologis, faktor psikologis dan faktor sosial. Faktor biologis meliputi riwayat *Premenstrual dysphoric disorder* (PMDD), dan status obstetrik (usia ibu hamil, riwayat keguguran dan cara persalinan, dan risiko kehamilan). Faktor psikologis meliputi riwayat *child abuse* dan peristiwa kehidupan yang negatif. Faktor sosial meliputi konflik perkawinan, status kehamilan, dukungan keluarga, pasangan dan sosial, kondisi finansial ibu hamil. Variabel dependen (tergantung) pada penelitian ini adalah pasien yang mengalami depresi antenatal ditentukan dengan skoring skala *Edinburgh Postnatal Depression Scale* (EPDS) dengan nilai *cut off* 10. Uji statistik menggunakan uji yang sesuai.

Hasil : Prevalensi risiko depresi antenatal adalah sebesar 18,95%. Tidak ada hubungan signifikan antara faktor biologis (riwayat *Premenstrual dysphoric disorder* (PMDD, usia ibu hamil, riwayat keguguran dan cara persalinan, dan risiko kehamilan), faktor psikologis (riwayat *child abuse* dan peristiwa kehidupan yang negatife) dan faktor sosial (konflik perkawinan, status kehamilan, dukungan keluarga, pasangan dan sosial, kondisi finansial ibu hamil) dengan risik depress antenatal ($p < 0,05$).

Kesimpulan : Tidak ada hubungan antara depresi antenatal dengan pada usia ibu hamil, riwayat keguguran dan cara persalinan, risiko kehamilan, riwayat PMDD, riwayat *child abuse*, peristiwa kehidupan yang negatif, konflik perkawinan, status kehamilan, dukungan keluarga, pasangan dan sosial, dan kesulitan kondisi finansial.

Kata kunci : Depresi antenatal, faktor biologis, faktor psikologis, faktor sosial, risiko



ABSTRACT
**THE RISK FACTORS OF ANTENATAL DEPRESSION'S RISK AT
HEALTH CENTER OF JAGIR AND TANAH KALI KEDINDING
SURABAYA**

Background: Antenatal depression had a negative impact on fetal and pregnant women

Objective: To found the prevalence and analyze the risk factors (biological, psychological and social) of pregnant women who experience antenatal depression at health center of Jagir and Tanah Kali Kedinding Surabaya.

Methods: A cross sectional study design, after got the ethical clearance certificate, the subjects were pregnant women who visited antenatal clinic and meet the criteria in Mei-Juni 2019. Independent variables were biological factors : a history of Premenstrual dysphoric disorder (PMDD), and obstetric status (age, history of miscarriage and mode of delivery, and risk of pregnancy), psychological factors : the history of child abuse and negative life events and social factors : marital conflict, pregnancy status, family/spouse/social support, and financial stress. The dependent variable was determined by Edinburgh Postnatal Depression Scale (EPDS) with a cut off value of 10. Statistics analysis used accordingly.

Results: The prevalence of the risk of antenatal depression is 18.95%. There were no significant associations between biological factors (history of premenstrual dysphoric disorder (PMDD, age of pregnant women, history of miscarriage and mode of delivery, and risk of pregnancy), psychological factors (history of child abuse and negative life events) and social factors (marital conflict, status pregnancy, family support, spouse and social, financial condition of pregnant women) with antenatal depressive risk ($p < 0.05$).

Conclusion: There was no relationship between antenatal depression and the age of pregnant women, history of miscarriage and mode of delivery, pregnancy risk, history of PMDD, history of child abuse, negative life events, marital conflict, pregnancy status, family, spouse and social support, and financial stress.

Keywords: Antenatal depression, biological factors, psychological factors, risk, social factors

