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CROSS SECTIONAL STUDY : THE RELATIONSHIP BETWEEN HUSBAND SUPPORT AND THE RISK OF DEPRESSION IN PREGNANT WOMEN IN THE THIRD TRIMESTER

STUDI CROSS-SECTIONAL: HUBUNGAN ANTARA DUKUNGAN SUAMI DAN RISIKO DEPRESI PADA IBU HAMIL TRIMESTER KETIGA

Dwina Mastryagung[1*], Ni Nyoman Sri Artina Dewi[2], Putu Eka Dewi Silayuni[3]

[1*,3]Institut Teknologi dan Kesehatan Bali, Email : komang.artina@gmail.com
[2]Sekolah Tinggi Ilmu Kesehatan Sint Carolus

*email koresponden: komang.artina@gmail.com

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Abstract

Mental health issues such as depression and anxiety among pregnant women remain a significant challenge, particularly in the third trimester leading up to delivery. These conditions can negatively impact nutritional intake and fetal growth. Based on the latest Antenatal Care (ANC) program, mental health screening is included in the 12T services implemented at the Bebandem Community Health Center since 2025. This study aims to analyze the relationship between family support and the risk of depression among pregnant women in the third trimester within the service area of the Bebandem Community Health Center. The study employed an analytical, cross-sectional design with a sample size of 124 pregnant women in the third trimester, selected using a combination of stratified random sampling and consecutive sampling, and analyzed using the Chi-Square (χ^2) test. The results showed that family support (p=0.665) was associated with the incidence of depression among pregnant women.

Keywords : Pregnancy, Family Support, Depression.

Abstrak

Masalah kesehatan mental, seperti depresi dan kecemasan, pada ibu hamil masih menjadi tantangan signifikan, khususnya pada trimester ketiga menjelang persalinan. Kondisi-kondisi ini dapat berdampak negatif terhadap asupan gizi dan pertumbuhan janin. Berdasarkan program Antenatal Care (ANC) terkini, skrining kesehatan mental termasuk dalam layanan 12T yang diterapkan di Puskesmas Bebandem sejak tahun 2025. Penelitian ini bertujuan untuk menganalisis hubungan antara dukungan keluarga dan risiko depresi pada ibu hamil trimester ketiga di wilayah kerja Puskesmas Bebandem.

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Penelitian ini menggunakan desain analitik cross-sectional dengan sampel sebanyak 124 ibu hamil trimester ketiga, yang dipilih menggunakan kombinasi teknik stratified random sampling dan consecutive sampling, serta dianalisis menggunakan uji Chi-Square (χ^2). Hasil penelitian menunjukkan bahwa dukungan keluarga (p=0,665) berhubungan dengan kejadian depresi pada ibu hamil.

Kata Kunci : Kehamilan, Dukungan Keluarga, Depresi.

1. INTRODUCTION

Pregnancy is a biological process that begins with the union of a sperm cell and an egg cell (fertilization/conception), followed by the implantation of the fertilized egg in a woman's uterus, and continues with the development of the embryo into a fetus until birth. Pregnancy represents the hope and dream of every married couple to bring joy to a happy family; a healthy pregnancy and a bright child are what parents long for (Siregar et al., 2023).

Anxiety can arise during pregnancy, as women undergo physical and psychological changes; the process of adjusting to these conditions can trigger anxiety. Anxiety has been shown to be a common mental health issue among pregnant women, with higher prevalence observed during the third trimester (Isnaini et al., 2020)

The World Health Organization (WHO) states that depression and anxiety among pregnant women are among the mental health issues (WHO 2018). Based on a study conducted by Marwah et al. (2023) titled "Analysis of Factors Associated with Stress Levels in Pregnant Women and Their Implications for Fetal Health," 33.93% of pregnant women in Indonesia experience stress during the third trimester, and among healthy pregnant women, 47.7% experience severe stress approaching delivery, 16.9% experience moderate stress, and 35.4% experienced mild stress.Given the results of the above study, screening is necessary for the early detection of mental health issues in pregnant women, which has now been incorporated into the 12T program as part of antenatal care. This screening should be conducted for pregnant women, particularly those in the third trimester (Ministry of Health, 2024)

Data from the Maternal and Child Health (MCH) PWS at the Bebandem Community Health Center in Karangasem Regency show that the number of pregnant women in the third trimester (K4) in 2024 was 637, while the number of pregnant women in the third trimester (K4) in 2025 was 547 (Bebandem Community Health Center PWS 2024, 2025). Pregnant women included in the PWS KIA program are screened using the Edinburgh Postnatal Depression Scale (EPDS), which determines whether they exhibit significant symptoms or show indications of possible depression (EPDS, 2024).

According to a study by Alini et al. (2024) on Factors Associated with the Mental Health of Pregnant Women in Pulau Rambai Village, knowledge is the most important factor for pregnant women because it influences their behavior during pregnancy. Pregnant women who possess good knowledge will be spared from anxiety and stress during pregnancy, which can affect the health of both the mother and the fetus.

Family support also influences anxiety in pregnant women. A study by Sunarmi (2023) in the journal Factors Affecting Mental Health in Pregnant Women states that family support is a factor contributing to psychological distress in mothers during pregnancy; pregnant women with insufficient family support may feel that they and their pregnancy are not very important to their families, and thus they will experience stress because they feel unimportant in the eyes of their families.

Meanwhile, according to Kartika et al. (2021) in their study titled "The Relationship Between Family Support and Anxiety Levels in Pregnant Women Facing Childbirth," one way to reduce anxiety in pregnant women is through family support. A lack of family support that leads to anxiety in pregnant women can result in premature birth, learning difficulties, hyperactivity, or even autism in the child. This study shows that there is no relationship between family support and the level of anxiety among pregnant women facing childbirth at PMB Bd. C in Bandung.

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2. RESEARCH METHOD

This study employed a correlational analytical method and a quantitative approach using a cross-sectional design to investigate the relationship between spousal support and the risk of depression among pregnant women in their third trimester in the service area of the Bebandem Community Health Center. The study population consisted of 547 pregnant women, with a sample size of 124 pregnant women in their third trimester. The sampling technique used in this study was stratified random sampling. Data analysis in this study consisted of univariate and bivariate analyses using the chi-square test. An ethics review was conducted by the Ethics Committee of the Bali Institute of Technology and Health, with letter number 04.116/KEPITEKES-BALI/II/2026.

3. RESULT AND DISCCUSSION

Respondent Characteristics

The respondents in this study were pregnant women in their third trimester within the service area of the Bebandem Community Health Center (UPTD Puskesmas). A sample of 124 participants was selected based on the study criteria. The characteristics of the respondents in this study are presented as follows.

Frequency distribution of respondent characteristics (n=124)

Characteristic	Frequency (f)	Percentage (%)
Mother's age		
<20 years	0	0
20-35 years	103	83.1
>35 years	21	16.9
Education		
Did not complete school	3	2.4
Elementary School	19	15.3
Junior High School	21	16.9
High School	52	41.9
Diploma	12	9.7
College	17	13.7
Employment		
Unemployed	64	51.6
Merchant	9	7.3
Farmer	15	12.1
Self-employed	14	11.3
Civil servant	2	1.6
Other	20	16.1
Information on Prenatal Depression		65.3
Yes	81	34.7
No	43	
Information Sources		
No sources of information	40	32.3
Books		
Healthcare Professionals	15	12.1
Friends/Family	10	8.1
Social Media/Internet	5	4.0
	54	43.5

Based on the data in the table above, the largest age group among mothers was 20–35 years old, with 103 mothers (83.1%). In terms of education, the majority of mothers were high school graduates, totaling 52 (41.9%). In terms of occupation, the largest group was homemakers, totaling 64 (51.6%).

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Regarding information on pregnancy depression, the majority of mothers—81 (65.3%)—had received information on the topic, and the most common source of this information was social media or the internet, at 54 (43.5%). The 20–35 age range is considered a safe period for a mother to plan for pregnancy and childbirth. Mothers under 20 years of age are not yet psychologically or mentally prepared for pregnancy because they feel anxious and fearful about the childbirth process. Mothers over 35 years of age also have concerns about the risks that may arise for themselves and their babies (Setyaningsih, 2023).

This study is consistent with research conducted by Setiawati et al. (2023) in the service area of the Beruntung Raya Community Health Center, which found that the majority of pregnant women aged 20–35 years fall into the low-risk category. An individual's ability to cope with anxiety and depression is influenced, in part, by age, particularly among pregnant women in the third trimester. Regarding education, the study found that the majority of the mothers—52 (41.9%)—were high school graduates. Education is an effort to develop an individual's personality and abilities both inside and outside of school. Higher levels of education tend to provide better opportunities for accessing health-related information (Harahap et al., 2024). This aligns with a study (Veftisia & Afriyani, 2021) indicating that education and anxiety were not associated at the Ibu Alam Maternity Clinic in Salatiga. Employment can influence a person's way of thinking and behavior. Working women tend to have broader access to information and experiences, which can enhance their knowledge, self-confidence, creativity, and decision-making skills (W. L. N. I. Sari et al., 2025).

Based on the research findings, the majority of mothers—64 (51.6%)—are homemakers. This study aligns with the research by Mufidah et al. (2024), which found that the majority of respondents were not employed and did not experience anxiety (41%). This may be due to variations in the type, circumstances, and environment of each respondent. Although they do not work outside the home, stay-at-home mothers play a significant role in managing the family and preparing for childbirth. Their more flexible schedules allow them to attend routine prenatal care appointments and access health information.

Cross-tabulation of the results of the Analysis of the Relationship Between Maternal Family Support and Factors **Associated with the Risk of Depression in Pregnant Women in the Third Trimester in the Service Area of the Bebandem Community Health Center, using the Chi-Square test**

Kategori	**EPDS**		**Total**	**P-value**
Dukungan Keluarga	Tidak Depresi	Depresi		
Dukungan Keluarga	53	21	74	0,665
Buruk	71.6 %	28.4 %		
Dukungan Keluarga	34	16	50	
Baik	68 %	32 %		
Total	**87**	**37**	**124**	

The results of the study show that among 74 pregnant women in their third trimester with poor family support, the majority did not experience depression—specifically, 53 pregnant women (71.6%)—and among 50 pregnant women with good family support, the majority did not experience depression—specifically, 34 pregnant women (68%). The results of the Chi-Square test yielded a p-value of 0.665 ($p > 0.05$); therefore, it can be concluded that there is no significant association between family support and factors related to the risk of depression among third-trimester pregnant women in the service area of the Bebandem Community Health Center.

The results of the study showed that the majority of pregnant women in their third trimester with poor family support did not experience depression, namely 53 women (71.6%). Similarly, in the group of pregnant women who received good family support, the majority also did not experience depression, namely 34 women (68%). The results of the Chi-Square statistical test showed a p-value of 0.665 ($p > 0.05$), leading to the conclusion that there is no significant association between family support and the risk of depression among pregnant women in their third trimester. These results

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indicate that family support is not a factor directly associated with the occurrence of depression among the respondents in this study.

The results of this study are consistent with research conducted by N. N. Sari et al. (2025), which found that there is no association between family support and the level of anxiety experienced by pregnant women as they prepare for childbirth. Similar findings were also reported by Fatrin et al. (2026) and Veftisia & Afriyani (2021), who showed that family support is not significantly associated with anxiety in third-trimester pregnant women. Nevertheless, in theory, family support continues to play a crucial role in maintaining maternal mental health, particularly among pregnant women. Tahir et al. (2025) explain that family support—in the form of emotional, informational, appreciative, and instrumental support—can help mothers cope with stress and improve their ability to adapt to the challenges experienced during pregnancy.

4. CONCLUSION

Based on the results of the study and discussion of factors associated with the risk of depression among pregnant women in their third trimester in the service area of the Bebandem Community Health Center, the following conclusions can be drawn:

1. Regarding respondent characteristics, the majority of respondents—103 respondents (83.1%)—were aged 20–35 years; 52 respondents (41.9%), were homemakers (64 respondents, 51.6%), had received information about pregnancy depression (81 respondents, 65.3%), and the most common source of information was social media/the internet (54 respondents, 43.5%).
2. Family support for pregnant women in the third trimester showed that the majority of respondents—74 respondents (59.7%)—received poor family support, while 50 respondents (40.3%) received good family support.
3. The relationship between family support and the risk of depression among pregnant women in the third trimester showed that the majority of respondents with poor family support did not experience depression—53 respondents (42.7%)—with a p-value of 0.665. There was no relationship between family support and the risk of depression among pregnant women in the third trimester.

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