



Depression among Teenager Pregnant Women Receiving Antenatal Care at a Community Hospital in Thailand's Chachoengsao Province

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Abstract

The purpose of descriptive research was to study the depression among teenager pregnant women receiving antenatal care at a community hospital in Chachoengsao province. The sample was 80 teenager pregnant women receiving antenatal care at a community hospital in Chachoengsao province. The data were collected between January to May of 2023. The instruments used for data collection were a questionnaire regarding personal data and a depression assessment form (9Q). The statistics used for data analysis were frequency and percentage. According to the results of the depression assessment (9Q) among teenager pregnant women, 43 percent were slightly depressed, 41 percent had no depression, 13 percent had moderate depression, and 3 percent had severe depression. The research suggestions were to be guidelines for care of young pregnant women in depression prevention, and they emphasized the need of mental health evaluation in both young pregnant women and their families. It should be assessed periodically throughout pregnancy and followed up after birth. The individual factors and the pregnant woman's context should be considered in the assessment in order to have access to the causes and prevention of depression comprehensively.

Keywords: Depression, Pregnant Women, teenager, Family

Introduction

Depression is a type of mood illness. The primary symptoms include a sad mood, dissatisfaction, boredom, and a desire to do nothing or engaging in activities that are less exciting and delightful

than they were previously, in conjunction with at least 5 of the following symptoms: 1) anorexia or excessive eating; 2) difficulty falling, remaining or sleeping excessively; 3) thinking slowly, talking slowly, doing things slowly, or being irritated, restless, and unable to stay still; 4) feeling fatigued, exhausted, and lacking energy 5) a sense of worthlessness 6) A decrease in concentration 7) having thoughts of not wanting to live or of hurting oneself. These symptoms continued most of the day for up to two weeks and interfered with regular tasks. Participants in social activities are unable to execute their previous work tasks (WHO, 2022). Depression will be the second most important public health concern by 2020, behind coronary artery disease (Department of Mental Health, 2022). Depression situation in Thailand found that up to 1.5 million Thai people suffer from depression. In the past 3 years, the number of patients has increased by 36% (Department of Mental Health, 2022).

Okagbue et al. (2019) conducted a study on depression in pregnant women, reviewing the incidence of depression among pregnant women from 26 published studies. The study included 4304 pregnant women. It was found that 16.4% of pregnant women were depressed. Depression in pregnant women may occur as a result of stress or other stimulating factors, which impact both fetuses and pregnant women, resulting in malnutrition, insufficient rest, labor pains, early birth, and kids growing slowly in the womb. It also found that depression during pregnancy was the cause of high rates of postpartum depression. The transition to maternal status is a life stressor that can cause postpartum depression. In other words, mental health problems in pregnant women could lead to in depression. Personal factors such as age, education, marital status, and income were found to be associated with depression. Sarutya Rongluen et al. (2021) discovered that pregnant women of school age are feeling sad, depressed throughout pregnancy (67.1%), and have suicidal thoughts or plans (15.1%). Depression in pregnancy is a health condition that affects pregnant women and their newborns. The prenatal nurse is therefore responsible for caring for and nursing pregnant women through the nursing process, beginning with assessing and identifying issues in pregnant women who are at risk and arranging nursing care to avoid depression or suicide.

Teenagers are the age that the world pays attention to because they are a population that has beyond childhood and are ready to enter the workforce. At the same time, the teenage population continues to face changes in many areas, including physical and mental physiology, gender transition, economic, social, environmental, and technological advancement. Teenager demographics, therefore, are at the age that is appropriate for development and face risks from a variety of problems, since depression in pregnant women is a significant issue that negatively impacts both mothers, newborns, and people around them. Most depressed teenage pregnant women are unaware of their illness or may become aware of it again when the disease progresses to a severe level that interferes with their everyday life or the lives of people around them. As a

result, a preliminary survey is required to assess and plan care and treatment (Phenpan Butchaignam and Supapan Kongjan, 2018).

Chachoengsao is one of the provinces in the EEC (Eastern Economic Corridors) that the government has designated as a green area or will develop into a livable residential area. In 2019, the administrative area was divided into 11 districts, 93 sub-districts, and 851 villages, with a population of 711,035 people. According to data from Chachoengsao Province for 2020-2022, the percentage of pregnant women taking care of themselves throughout pregnancy or obtaining prenatal care services for 5 times is still low and on the decline. By 2020, there were 5 antenatal cares, representing 66.97%; by 2021, there were 5 antenatal cares, representing 61.21%; and by 2022, there were 59.80% of 5 antenatal cares. In 2021, there were 101 births of teenager pregnant women (Chachoengsao Province, 2022). It can be observed that, despite the province's goal of developing people to be good and quality citizens who contribute to economic progress and a livable city, pregnant women's antenatal treatment has gotten insufficient attention. There are also some adolescent pregnancies. Which, if there is depression, will have an impact on the quality of the baby who will be delivered. This is consistent with the findings of Wongniyom and Apinuntavech (2014), who discovered that age factors, gestational age at first antenatal care, current educational status, relationship with spouse, factors on income sufficiency, and pregnancy planning were all associated with depression in pregnant women.

The researchers are lecturers at Rajanagarindra Rajabhat University's Faculty of Nursing, which is a new faculty. As a result, it is interested in studying any factors related to depression among adolescent pregnant women receiving antenatal care at hospitals in Chachoengsao Province, as this is an area with an urban context, industrial and rural areas, and cultural diversity, all of which are important features of EEC cities. The findings of this study will serve as a guideline for the development of nursing teaching curriculum, as well as a guideline for the nursing departments of hospitals in Chachoengsao Province and other hospitals to use in nursing administration to prevent pregnant women from developing depression and to continue to promote the family's quality of life.

The objective of research

To study the depression of adolescent pregnant women attending antenatal care at a community hospital in Chachoengsao Province, Thailand.

Research Methodology/Research Scope

The research is descriptive research.

Population and Sample

The population is teenager pregnant women who receive antenatal care services at the antenatal clinics of community hospitals in Chachoengsao Province during 2023. The average estimated number from 2022 is 101 people per month (regional government inspectorate report, 2021).

The sample is comprised of teenager pregnant women who receive antenatal care services at a community hospital's antenatal clinic in Chachoengsao Province between January 2023 and May 2023.

A purposive sampling method is applied to choose adolescent pregnant women who received services throughout the study period and willing to answer the questionnaire.

Inclusion criteria is determined as follows:

- 1) They are adolescent pregnant women who get prenatal care services at hospitals in Chachoengsao Province at scheduled times.
- 2) be willing and volunteer to answer the questions
- 3) be able to communicate in Thai with comprehension

Exclusion criteria is determined as follows:

- 1) unwilling to participate in the project
- 2) unable to communicate
- 3) The family is not ready or convenient.

The research instrument is divided into two parts.

Part 1 a questionnaire on general information of the respondents, namely age, gestational age, marital status, education level, relationship with spouse, occupation, sufficiency of income, and pregnancy planning

Part 2: The 9-question depression assessment form (9Q) of the Department of Mental Health (2022) contains 9 questions, a total score of 27, assessing symptoms of depression within 2 weeks before coming to the hospital. There are criteria for dividing scores as follows:

No sadness if your score is less than 7.

Scores 7-12 indicate moderate depression.

Scores of 13-18 indicate mild depression.

Scores greater than 19 indicate serious depression.

The data collection

The researchers gathered data manually within one month to avoid duplicate replies by permitting the sample to answer the questionnaire on their own. The data will be analyzed after the requisite number is attained.

The data analysis

Descriptive statistics were used for analyzing general data from respondents, while quantitative data was reported in quantities and percentages.

The results of research

General information

Most of the sample, 66 percent, were between the ages of 15 and 19. 50% of these pregnancies were first pregnancies, and most of them (70%) received antenatal care for the first time after 12 weeks of gestation. Current educational status, most of them (80%) graduated with less than a bachelor's degree. 12% of the sample became pregnant during the study's duration. Marital status: 50% of the sample lived together without having a marriage license, 10% of the sample had relationships that were uncertain, and 38% of the sample's couples had healthy relationships. Most of them, 62 percent, had their own employment and income. In terms of income sufficiency, most of them, 70 percent, were insufficient. Most of them, 70 percent, had no plan getting pregnant. The details are shown in Table 1.

Table 1 shows the number and percentage of the sample categorized by general data (n=80).

Variable	Number	Percentage
1. Age (Year old)		
Less than 15	12	15
15-19	53	66
20-23	15	19
2. Times to get pregnant		
The initial pregnancy	50	62
The next pregnancy	30	38
3. The initial antenatal care period		
Before 12 weeks	10	12
After 12 weeks	70	88
4. Current education level		
Studying	10	12
	70	88

Variable	Number	Percentage
Graduated with less than a bachelor's degree		
5. Marital status		
Married	20	25
Living together without marriage registration	50	62
Unclear	10	12
6. Relationship with spouse		
Not good	1	1
moderate	8	10
Good	38	48
Excellent	33	41
7. Occupation		
work and earn money on your own	62	77
unemployed	18	23
8. Income sufficiency		
Insufficiency	70	88
Sufficient and to spare	10	12
9. Planning for this pregnancy		
Unplanned	70	88
preparing for and expecting to have children	10	12

Depression of teenage pregnant women

According to the results of the depression assessment (9Q) among teenager pregnant women, 43 percent were slightly depressed, 41 percent had no depression, 13 percent had moderate depression, and 3 percent had severe depression. The details are shown in Table 2.

Table 2 Number and percentage of sample categorized by degree of depression and suicidal tendency (n=80).

In the previous two weeks, including today, how often do you have these symptoms?	None (0)	Some days (1)	Often (2)	every day (3)
	(%)	7-1 days (%)	>7 days (%)	(%)
Bored and uninterested in doing anything	31(41)	34(43)	8(10)	5(6)

Uneasy, depressed, and discouraged	30(38)	34(42)	15(19)	1(1)
Difficulty falling or staying asleep, or sleeping excessively	23(29)	32(40)	19(24)	6(7)
Tired easily or low in energy	30(38)	34(42)	13(16)	3(4)
Appetite loss or overeating	28(35)	37(46)	14(18)	1(1)
Feeling horrible about yourself, thinking you're a failure, or disappointing yourself or your family	43(54)	25(31)	11(14)	1(1)
Poor concentrate when doing something, such as watching television, listening to the radio, or performing jobs that need attention	26(33)	45(56)	8(10)	1(1)
Talk slowly; do things slowly enough that others notice; or restless, unable to stay still as previously	44(55)	29(36)	7(8)	1(1)
Thoughts of self-harm, or thinking it would be better to die	70(88)	8(10)	1(1)	1(1)
Have depression on average (%)	41	43	13	3

Discussion

Depression of teenager pregnant women

According to this study, depression was found in 35% of teenager pregnant women, a greater incidence than the study by Okagbue et. al (2019) that reviewing the incidence of depression among pregnant women from 26 published issues. The study included 4304 pregnant women. It was found that 16.4% of pregnant women were depressed. This may be because the study was conducted at the period when the economy was recovering from the COVID-19 epidemic. Pregnant girls were in their teens. Everyone began to adjust to their everyday lives, and some people had to study and work to support themselves and their families, including some who were still pregnant. Depression is more likely in these situations and requirements.

According to the study, 43 percent of teenager pregnant women had slightly depression. This is consistent with Sawitree Wongpradit, Sopen Chunuan, and Sunanta Youngvanichset's (2022) study, which discovered that depression levels among teenager pregnant women were

moderate. Depression at this level is considered severe, yet the person is still able to carry on with their everyday lives and interact with people regularly. It's possible that this is because teenager pregnant women receive love and encouragement from their family. As a result, they can continue to support the pregnancy during this time. Furthermore, it was shown that most of the sample had a positive relationship with their spouse. This is most likely due to receiving affection from a decent, loving family that understands each other. Thailand's Department of Mental Health provided knowledge and understanding about caring for young adults thoroughly. As a result, most of the sample revealed slight depression.

According to the research, 13 percent of teenager pregnant women had moderate depression, while 3 percent had severe depression. This contrasts the findings of Sawitree Wongpradit, Sopen Chunuan, and Sunanta Youngvanichset (2022), who discovered that 23.50% of teenager pregnant women had high levels of depression. This may be due to the research locations' different locations. Because this study was conducted in provincial areas located on the edges or semi-urban, semi-industrial society, an urban lifestyle with an open-minded view of both pregnant women, husbands, and families, including the environment, workplace, and school, it may make it easier to accept and adapt to society, understand each other more easily than some areas with different contexts based on beliefs, local cultures, and values. As a result, adolescent pregnant women were discovered to have lower levels of depression than others. However, although this study discovered that a tiny percentage of teenager pregnant women with severe depression, but with violence, there is a chance of thoughts of suicide leading to death, therefore this level should not have been discovered.

General data factors and depression in teenager pregnant women

This study investigated personal characteristics as well as depression as assessed by the Department of Mental Health's 9Q Depression Scale. There are interesting issues that can be discussed as follows.

In terms of age, most of the sample were between the ages of 15 and 19, representing 66%, which is consistent with research by Sawitree Wongpradit, Sopen Chunuan, and Sunanta Youngvanichset (2022), which discovered that the most of pregnant women were teenagers aged 17 to 19, representing for 62.10%. This might be because globalization has made knowledge and communication more accessible to everyone in the global community, allowing for much faster learning than previously. People in distant nations and continents may now obtain information fast and easily without having to go as far as they did previously. Consequently, teens who are naturally growing both physically and cognitively and who are interested in experiments have self-confidence. It is an age with numerous activities, such as attending to school every day, special education sports practice, or other activities, and the nature of sex hormones allows for easy sex. If some families are separated, there is a lack of warmth in the family, and as a result, it

is at risk of relying on a boyfriend or male friend. It may still be lacking in understanding and knowledge of life skills, as well as proper pregnancy prevention. As a result, pregnancy among teenagers is probable at this age.

The study discovered that most of them had their first antenatal treatment after 12 weeks of gestation, representing 70%, due to changes in sex hormones in teenagers. Some people have irregular periods; for example, some get every month, while others come every 2-3 months. As a result, it causes an acknowledged delay when pregnant. As a result, most antenatal appointments last longer than 12 weeks.

Implications of the Study

1. The results of this study will provide information to create a holistic approach to care of pregnant women of all hospital antenatal clinics.

2. The findings of this study are available to relevant agencies and individuals interested in acquiring information on the prenatal requirements of pregnant women for future development.

3. The study discovered that teenager pregnant women had the highest level of moderate depression. As a result, it is recommended that antenatal nurses assess the mental health of pregnant women on periodically. For example, after receiving the initial prenatal care or assessing every quarter since emotional changes in pregnant women differ. Comprehensive mental health care should be monitored periodically until after birth to detect depression more quickly. It will also help pregnant women get treatment faster. When the evaluation, the risk of suicidal ideation was found to be even low, the information should be forwarded and consulted with a psychiatrist.

4. According to the findings, 70 percent of them had their first antenatal treatment after 12 weeks of gestation. Late antenatal care will allow pregnant women to be screened for risks such as anemia, thalassemia, and various infectious diseases such as syphilis, hepatitis B, and AIDS, all of having a direct impact on the health of the mother and fetus. It is therefore recommended that antenatal nurses proactively assist students, students, or adolescents in the community to prevent teenage pregnancy at risk.

The further research recommendations

The study discovered that assessing mental health status is delicate because inner mental information is involved. Sometimes the sample may be afraid of sharing their actual sentiments in front of others. Some of the sample may not grasp the question; for example, loss of appetite during pregnancy may be caused by changes in bodily conditions or by psychological problems. Before conducting the assessment, the researcher must provide clarification before participants

respond to the questionnaire and emphasize the significance of the assessment in obtaining accurate and truthful data. Therefore, the assessor must situate the patient in a secluded setting before every assessment, emphasizing that responses should reflect the patient's true feeling. Therefore, it presents a challenge to the researcher to resolve the issue, discover a method to correctly base the evaluation on true sensations, and to identify the most effective way of preventing depression.

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