INFLUENCE OF MATERNAL DEPRESSION AND SUICIDAL THOUGHTS: ROLE OF SPOUSAL SUPPORT DURING PREGNANCY

Deviga a/p Marappan¹*, Aqeel Khan¹, Adibah Abdul Latif¹, Ahmad Mustaqim Yusoff¹

Aims of this study is to examine the presence of spousal support during pregnancy and its influence on maternal depression and suicidal thought among women. Survey method with random sampling employed on pregnant women (N=50) from Health Clinic of Malaysia in Johor, Malaysia. Results indicated significant negative correlation between the spousal support and maternal depression and a significant positive correlation between maternal depression and suicidal thoughts. Findings revealed maternal depression indirectly develops self-harming behaviours or suicidal thoughts during pregnancy and spousal support act as a coping in reducing maternal depression and suicidal thoughts. Moreover, current research may benefit to the society in recognising women’s actual conditions during pregnancy.

Keywords: maternal depression; spousal support; pregnancy; suicidal thought

Introduction

Generally, pregnancy is stereotypically known as the most joyous moments in the lives of every mother. However, in reality, pregnancy appears to be typically stressful experience which can bring the feelings of depression and suicidal thoughts, especially with little presence of spousal support (Breedlove et al, 2004 & Lye, 2011). Depression during pregnancy is frequently shadowed by anxiety, sadness, and difficulties in decision making. For pregnant women is difficult to find dynamism for their personal cares, families and their new-borns. These women often neglect to take care health, do not get enough sleep, neglect to take proper diet, take up smoking and they might drink alcohol and not taking care of their personal hygiene (Moffatt, 2004; Robinson et al., 2001; Whiffen, 2009; Grush et al., 1998).

Symptoms like these might result in increase in risk of pregnancy, such as, premature baby, retardation, suicidal ideation, low birth weight, complicated delivery, slow brain development, insecure attachment, and poor emotional development which will slower the fetal activity, fetal development or even committing suicide (Hansen et al., 2000; Da Costa et al., 1998; Da Costa et al., 2000a; Hedegaard et al., 1993; Rondo et al., 2003; Badr et al., 2005; Berle et al., 2005; Pagel et al., 1999; Dole et al., 2003), however opposite or obscure results did reported (Brooke et al., 1989; Berle et al., 2005; O’Hara, 2009; Hedegaard et al., 1996).

Suicidal thoughts or self-harming due to maternal depression during pregnancy will not stop upon giving birth. Many studies indicate that maternal depression

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and suicidal thoughts can be continued even after delivery, and the healing process takes time and women do not feel that they are back to normal physically and emotionally even after six months of delivery (Neter et al., 1995; Lindahl, et al., 2005; Da Costa et al., 2000; Howard et al., 2011).

Furthermore in Unites States suicide was rated as one of the main cause of death (Gavin, et al., 2011 & Chang, et al., 2005) and this is also the case in many other industrialised countries (Austin, Kildea & Sulivan, 2007 & Lewis, 2007). Recent study of Confidential Enquiry (2011) indicates that more than 50% of maternal suicides are due to severe depression or psychosis (Healey et al., 2013; Henshaw, 2014; Oates & Cantwell, 2011).

In the process of searching for the main factor of maternal depression and suicidal thoughts during pregnancy, numerous research have reported that the presence of positive spousal support plays a dominant role in maintaining a good emotional health, and well-being (Badr et al., 2005; Rondo et al., 2003; Gausia et al., 2012) and quality of life for mother and child (Alio et al., 2011; Ghosh et al, 2010; Yee & Lua Pei Lin, 2006; Ngui, Cortright & lair, 2009; Alio et al, 2001; Alio et al., 2010) while absents of the spousal support during pregnancy will drastically increase the level of depression (Elsenbruch et al., 2007) and the risk of suicidal thoughts (Philipps & O’Hare 1991; Chaudron 2003).

Even though the understanding of maternal depression and suicidal thoughts has improved by time, unfortunately, a common understanding about the maternal depression is still narrow (Gua, Gavin, Tabb, Melville & Kanton, 2011) or either mostly been conducted in medical field or in western context.

Over last few decades many research have been conducted locally and internationally but they are mainly addressing the maternal depression and suicidal thoughts during pregnancy (Mukhtar & Oei, 2011; Wmwm, Baizuri, Amir, & Nm, 2005; Lye, 2011; Besar, 2002) or focused more on depression during pregnancy (Yee & Lua Pei Lin, 2006), depression during postpartum (Wmwm et al., 2005), and Malay community in rural area (Besar, 2002). Fewer studies were conducted in testing spousal support on maternal depression and suicidal thoughts during pregnancy. Also, it is not very clear to what extend the studies conducted in western culture will be applicable in Malaysian context. Therefore the main aspect of this study is 1) to determine the relationship among spousal support and maternal depression during pregnancy. 2) To determine to what extend do suicidal thoughts influenced by maternal depression during pregnancy in Johor, Malaysia

Methodology

Procedure

In this research, survey method with random sampling was implemented. Data was collected using 2 sets of questionnaire, namely, Edinburg Postnatal Depression
INFLUENCE OF MATERNAL DEPRESSION AND SUICIDAL...

Scale (EPDS) and Social Support Questionnaire (SSQ-6) at Health Clinics of Malaysia, Taman Universiti, Johor, Malaysia. A Total of 50 pregnant women participated in this research with each participant guided by inform consent and researcher explained the meaning of each questions to avoid misunderstanding.

Measures

1. *Edinburg Postnatal Depression Scale (EPDS)* also known as Edinburgh Depression Scale (EDS) was developed in 1987 by Murray, Cox, Holden, & Sagovsky, (2005). EPDS is a 10 item self-report scale which is still in use and EPDS was specially designed for screening maternal depression on pregnant and postpartum women. EPDS is a validated scale and many studies has indicate on its sensitivity and reliability in detecting maternal depression (Edinburgh, Depression, & Epds, 1987; Austin *et al*., 2007) and anxiety disorder (Gibson *et al*., 2009).

2. *Social Support Questionnaire* is a 6 item self-report measurement within 5-10 minute completion. SSQ-6 is a shortened version of the 27-item Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983). SSQ-6 reported a very high internal reliability for satisfaction scores with coefficients from 0.90 to 0.93 (Sarason, Sarason, Shearin, & Pierce, 1987). In this study SSQ-6 is specified and only used to study spousal support.

Data Analysis

Result

1) **Research question 1**: What is the relationship between spousal support and maternal depression during pregnancy?

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>sd</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spousal Support</td>
<td>18.34</td>
<td>12.057</td>
<td>-0.770**</td>
<td></td>
</tr>
<tr>
<td>2. Maternal Depression</td>
<td>12.66</td>
<td>7.569</td>
<td>-0.664**</td>
<td></td>
</tr>
<tr>
<td>3. Suicidal Thought</td>
<td>1.20</td>
<td>1.01</td>
<td>-</td>
<td>0.802**</td>
</tr>
</tbody>
</table>

There was a negative correlation between the spousal support (M=18.34, SD=12.057) and maternal depression (M=12.66, SD=7.569), (r = -0.770**, p < 0.001, N = 50) from table 1, the Pearson Correlation measures the strength and direction of the linear relationship between spousal support and maternal depression during pregnancy. The result hypothesized a negative relationship between the spousal support and maternal depression (r = -0.770**) with Sig. (2-Tailed) value (p < 0.001). Based on the result, researchers concludes that there is a statistically
significant negative correlation between spousal support and maternal depressions during pregnancy. From the above result we can clearly define that when mothers who perceive good spousal support during pregnancy found to be less depressed.

Research question 2: What is the influence of maternal depression on suicidal thoughts during pregnancy?

<table>
<thead>
<tr>
<th>Suicidal thoughts</th>
<th>n=50</th>
<th>Percentage</th>
<th>High risk (70%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>15</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>hardly ever</td>
<td>16</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Sometimes</td>
<td>13</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>yes, quite often</td>
<td>6</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

Results of table 2 indicated 30% (n=15) participants declared do not having any intention in self-harming, and the remaining 70 % pregnant women reported of having self-harming thoughts during pregnancy (high risk), which 32% (n=16) hardly ever, 26 % (n=13) sometimes, and 12% (n=6) quite often.

Research indicate a significant positive correlation between maternal depression and suicidal thoughts, \( r = 0.802^{**}, p < 0.001, N = 50 \). The result hypothesized a positive relationship between the maternal depression and suicidal thoughts \( r = 0.80^{**} \) with Sig. (2-Tailed) value \( p < 0.001 \) refer table 1.

Discussion

Question 1

Current research showed a strong negative correlation between spousal support and maternal depression during pregnancy. Spousal support is proven to be one of the most important factor during pregnancy. Er alier studies has reported the necessity of spousal support during pregnancy (Alio, Lewis, Scarborough, Harris, & Fiscella, 2013). Absence of spousal support during pregnancy will lead to high level of maternal depression. Women who perceived low level of spousal support during pregnancy were found with high level of maternal depression (Rondo et al., 2003; Badr et al., 2005). Therefore spousal support play a dominant role in shaping the quality of life of a pregnant woman. Surprisingly, very little people aware about the importance of spousal support and its influence on emotional health and well-being (Coyne & Bolger, 1990; Coyne & DeLongis, 1986; Lakey & Casady, 1990). (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993) maternal depression (Mustaffa, Marappan, Abu, Khan, & Ahmad, 2014; Elsenbruch et al., 2007) and quality of life (Yee & Lua Pei Lin, 2006).
Question 2

Current research indicates about 70% women has experienced self-harming thoughts at least once in two weeks, which indicates a serious scenario as women with suicidal symptoms are not safe and need to be treated. Depression is the leading cause in maternal morbidity and suicidal thoughts (Oates et al., 2004.) Maternal depression should be diagnosed and suitable treatment has to be provided. Doing this will lessen the suicidal thoughts and psychological suffering (Pirl, 2004). In many cases maternal depression remain invisible (Kelly, et al. 2001) and women are less likely to be screened for suicidal thoughts during pregnancy (Stallones, et al., 2007; Paris, et al., 2009; Gausia, et al., 2009; Newport et al., 2007; Copersino et al., 2005) and less likely to receive treatment for maternal depression during pregnancy (Mustaffa, Marappan, Abu, Khan, & Ahmad, 2014; Vegisa Lopez et al., 2008).

Conclusion

Spousal support during pregnancy is crucial in mothers’ psychological well-being, especially in reducing the maternal depression and risk of self-harming. It is important to diagnose the maternal depression at earlier stage because depression might badly effect the delivery process and new-borns’ health. Early detection and treatment for maternal depression is crucial in reducing the risk of suicidal thoughts and psychological suffering. Appropriate counselling sessions and psychotherapies during early stage of pregnancy might be extremely helpful in tracing potential risk of mothers during pregnancy. Current research shows that it is essential for the partners to realize the importance of spousal support. Moreover, current research might benefit Health Ministry of Malaysia in recognising women’s actual conditions during pregnancy and it will be immensely beneficial if Health Ministry of Malaysia could organize awareness programs, counselling sessions and psychotherapies for pregnant women with depression to help them minimize their tendency to suicidal thoughts.

References


