

The Role of Trait Mindfulness and Relationship Quality toward Depression Symptom in Pregnant Women

Diriyanti Purnama Sari and Endang Fourianalistyawati
Faculty of Psychology, Universitas YARSI, Indonesia

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Abstract: During the period of pregnancy there are many changes that occur in women . The changes that can lead to symptoms of depression during the period of pregnancy. Some of the results of research related trait mindfulness and quality of relationships may lower the level of symptoms of depression. By because it, research it aims to examine the role trait mindfulness and the quality of the relationship to depressive symptoms in pregnant women. The study is using a tool measuring the Edinburgh Postnatal Depression Scale (EPDS), The Five- Facet Mindfulness questionnaire (FFMQ), and The Perceived Relationship Quality Components (PRQC). Method: This research was conducted with a quantitative approach with a correlational design. Participants in the study it was 65 mothers pregnant who have a score cut-off symptoms of depression >9, housed live in the Greater Jakarta, and selected based on the technique of accidental sampling . Results: The study showed that there is a role -dimensional non-judging on the trait of mindfulness as well as the quality of the relationship that is experienced by mothers pregnant which has a value of 9 % against the symptoms of depression during the period of pregnancy.

1 INTRODUCTION

During the period of pregnancy, many changes occur in women . Changes that occur starting from changes in hormones, attitudes, and physical form (Wilson, 2017). Mother pregnant will have emotions that tend to fluctuate without any cause were clear, making the mother pregnant becomes sad, easily irritable, angry or just otherwise feel very happy (Astuti, Santosa & Utami, 2000). Mothers pregnant also experience stress or anxiety about the health of the child, a variety of complications that can occur with pregnancy. Concerns that happened to be in the level of mild or severe, but stressed that caused cause some mothers experience an increase in tension physical or mental, depression or health physically that bad, that everything can lead to an increase in risk at birth later (DiBenedetto, 2015).

Stress that is not addressed can lead to a person falling on a phase of depression (Sudirman, 2016). In one of the studies, stress can contribute to depression in which the reaction of stress often causes the occurrence of depression (Harvard Health Publishing, 2017). It will make mom pregnant depressed because of the feeling that worry

excessive in the circumstances infants (Kaplan and Sadok, 1998). According to the Health Organization or the World Health Organization (WHO) in 2016, depression is a state full of sadness, loss of appeal to the interest and fun, guilt or low self-overload, sleep disturbances and appetite, easily fatigued, and high concentration of concentration. A person is said to be experiencing interference depression if the person concerned experienced a disruption in the field of physical (somatic) and psychological that interfere with functioning in life every day.

The results of Dunkel's research (2011) stated that depression rates in pregnant women reached 16% of them experienced 5% with severe depression. Not there are figures which definitely on the prevalence of depression were experienced by mothers pregnant in Indonesia currently is. According to Roomruangwong and Epperson (2011) who examined perinatal depression, it is known that Asia is a continent that has the highest level of perinatal depression compared to Western countries. Also, the findings in many surveys and studies in various countries found that 23% -50% of pregnant women at risk of experiencing psychological disorders, including depression.

Depression during pregnancy has been shown as harm to birth. This was found in the Grote study (in Kristjansson et al., 2014), which found that depression during pregnancy can cause premature birth and low body weight when the baby is born. Also, depression in pregnant women can affect the fetus, the child tends to experience depression when he is large, and the lack of nutrition of the mother and stomach disorders due to decreased appetite in the mother. Because it is, the condition of the mother was pregnant at the symptoms of depression that need to be understood and researched more about the factors that affect or contribute to the symptoms of depression.

By knowing things are, it can be done in anticipation of or treatment of symptoms of depression in mothers pregnant. Several psychological factors are correlated with low levels of depression in pregnant women. On factors internal consists of strategy coping, self-esteem, trait mindfulness (Dumont & Provost, 1999; Matsudaira and Kitamura, 2005; Felder, Lemon, Shea, Kripke, and Dimidjian, 2016). Among several factors that, researchers will focus on the relationship between trait mindfulness with depression.

Based on several studies have found that the trait mindfulness as a trait can help individuals reduce depression. In the research of Carson, Carson, Gill, and Baucom (2004), trait mindfulness can improve the function of interpersonal relationships and be able to overcome depression. Besides that, research Muzik, Hamilton, Rosenblum, Waxler, and Hadi (2012) explain that the mother pregnant who have trait mindfulness by combining a focus of meditation is significant can reduce the symptoms of depression. Concerns were experienced by mothers pregnant also can be reduced after applying trait mindfulness (Guardino, Dunkel, Bower, Lu, and Smalley, 2014).

Trait Mindfulness is the ability of individuals to deliberately bring attention and awareness to the experience when it is unintentional and without any assessment that can respond to the reception, and rather than react, to experience the experienced every day. (Bishop et al., 2004; Chiesa, 2013; Kabat-Zinn, 1994; Khaddouma et al, 2016). Besides that, Kabat-Zinn et al (in the West, 2008), revealed that trait mindfulness can help a person to be able to have a better life, improve relationships positively with others, increase self-esteem, and improve the function of the resilience of the body human. Baer (2006) defining the trait of mindfulness as an increased awareness by focusing on experience when it and the reception without giving a rating.

Baer (2006) revealed 5 facet trait mindfulness namely observing, describing, acting with awareness, non-judging, and non-reactivity. Some research shows facet trait mindfulness has a negative relationship with depressive symptoms. In the research of Forianalistyawati, Listiyandini and Fitriana (2017) revealed that if an individual has the trait of mindfulness, paying attention, and accepting all internal and external experiences that exist without judging or reacting negatively, the lower the tendency to experience depression or anxiety, and the more he feels have good health. Other research showed that higher non-reactivity to the pregnant mother will be lower symptoms of depression because of trait mindfulness give a positive effect during pregnancy (Duncan & Bardacke 2010). Therefore because of it, each facet on the trait mindfulness fairly able to cope with depression symptoms well.

The results of the study Brown and Ryan (2003) showed that high trait mindfulness can be associated negatively with depression, seen in clients who have a consciousness of time to the time associated with a decrease in the level of depression. In the study of Lailatulshifah and Sulastoyo (2008), it was suggested that the higher the trait mindfulness, the lower the level of depression in adolescent girls, seen in the contribution of the level of trait mindfulness to depression in adolescent girls in his study of 46.5% with behavioral habits that tend to be driven by emotional. In addition to the research by the exposure of the above, then mindfulness as a trait can help individuals to reduce the symptoms of depression. By thus, mothers pregnant to cope with the symptoms of depression if it has the trait of mindfulness that is pretty good.

Besides trait mindfulness, there are several factors psychological else that is a factor of external influence the level of depression in mothers pregnant, such as the experience of life, quality of relationships, and support social (O'Hara, 1986; Karacam & Ancel, 2009). Focus on research this on the quality of the relationship, seen in the course of a study conducted Witt (in Kristjansson et al., 2014) showed that when individuals have the quality of relationships that both can reduce the level of depression and vice versa if the individual has the quality of the relationship that bad then level high depression. According to Collins (in Ducat & Zimmer, 2010) the quality of a relationship is an individual's perception of the meaning of a relationship that is being intertwined giving or not providing benefits through experience and interaction. In research Proulx, Helms, and Buehler

(2007) found the correlation significant between the quality of the relationship with depression, where the quality of the relationship that is bad will affect depression in pairs. On the quality of the relationship between the mother was pregnant and her partner, need to maintain a relationship that is owned because the condition of the relationship in a marriage will continue to change, as children are born and grow mature, bear responsibility and interests of children change as well as the search for identity itself.

The quality of the relationship with the partner have impacted significantly the positive on the symptom of depression when the gestational mother (Records & Rice; Kristjansdóttir, 2014). The Quality of relations during the period of pregnancy and support were emotional highly associated with happiness in a woman pregnant. (Blake, 2007; Rahmatika, Fourianalistyawati, & Akmal, 2014). According to Fletcher (2000), there are six dimensions of quality of relationships in marriage, among others, namely: satisfaction relationship, commitment, intimacy, trust, passion, and love. The quality of the relationship is important based on the results of research that has been done Guardino and SCHETTER (2014), that the process of coping Asians when facing situations that suppress the role is psychosocial compared characteristics personal. On their finding, Guardino and SCHETTER strengthen the research is due in Indonesia is very influential on the part of the quality of the relationship (Karacam & Ancel, 2009).

Based on the research that is done as far as this, research on depression in mothers of pregnant already done by Dunn, et al (2012) revealed that trait mindfulness can reduce the level of depression that was included in the factor internally. In addition, on external factors, the quality of the relationship can also reduce the level of depression (Witt, 2010; Kristjansdóttir, 2014). In previous studies in Indonesia related to depression in pregnant women were quality of life (Fauzy & Fourianalistyawati, 2016), spirituality (Chairunnisa, Fourianalistyawati, 2017), and husband support (Rahmi, 2010). In studies previously not combine factors internal and external to associate depression in mothers pregnant. By because it's, researchers assume the study is important because it emphasizes on factors internal and external to assess symptoms of depression. Researchers focused on analyzing the role of trait mindfulness and the quality of the relationship between the symptoms of depression in mothers pregnant.

This research is expected to enrich the literature relating to mindfulness trait, relationship quality, and depressive symptoms, especially for pregnant women. In addition to that, the research is expected to provide benefits for psychologists to develop interventions that are appropriate for the mother pregnant who have symptoms of depression and expected to provide input for a mother pregnant or practitioner related the way to manage or anticipate the symptoms of depression..

2 LITERATURE REVIEW

2.1 Symptoms of Depression

Symptoms of depression is a disorder of mental general, characterized by sadness that constantly as well as the loss of interest and inability to perform activities of daily, at least for two weeks (WHO, 2017). Besides that, according to the American Psychology Association (2017), the symptoms of depression is the reduced interest pleasure in activities of daily, occurrence of a decrease in weight body, sleep that is less or sleep that is excessive, decreasing energy, decreasing the concentration, the feeling is not worthwhile or a sense of guilt that excessive as well as the mind which constantly thinking about death or suicide himself. According to Parekh (2017), the symptoms of depression is a disease medical are common and serious and tend to be negative, which can affect the feelings of someone like feeling sad and losing interest in activities. It's can cause a variety of problems emotionally as well as physically and can lower the ability of a person. If the case is constantly going on up in time two weeks then individuals diagnosed with depression (Parekh, 2017).

2.2 Mindfulness Trait

According to Kabat-Zinn (in Baer, Smith, Hopkins, Krietemeyer, and Toney, 2006). Mindfulness is a state of consciousness at the moment is with the attitude of acceptance and not judgmental. Baer et al (2006) defining the trait of mindfulness as an increased awareness of the experience when this and the acceptance and without judgment. Katz (2015) defines that mindfulness is a form of consciousness that occurs in a variety of activities when these. According to Bishop (2004), trait mindfulness is a state in which a person focuses the mind and body in the experience of time is. Kabat-Zinn also revealed that trait mindfulness can help a person to be able to

have a life that is healthy and not easily anxious, not easily depressed, looking at life more better, improve relationships positively with others, and improve self-esteem, as well as increased functionality resilience of the body humans (in West, 2008).

2.3 Relationship Quality

The quality of the relationship is how happy or how satisfied someone is in the relationship (Khaddouma, et al., 2016). Khaddouma, et al (2016) also reveal there are two approaches to the quality of the relationship, namely: first, the approach interpersonal focuses on the interaction partner, communicating with a partner, the behavior of the conflict that faced, and how to spend time together. Second, the approach intrapersonal that way couples cherish happiness or contentment couple against the relationship. On the approach to this involves the evaluation of the subjective in the pair. Besides that, according to Willetts (in Hardie & Lucas, 2010), the quality of the relationship is a level of welfare of the couple which can be measured objectively and subjectively. According to Collins (in Ducat & Zimmer, 2010), the quality of relationships is an individual's perception of the meaning of a relationship that is being intertwined giving or not providing benefits through experience and interaction.

The hypothesis, there is the role of trait mindfulness (observing, describing, acting with awareness, non-judging non- reactivity and) and the quality of the relationship of the symptoms of depression in mothers.

3 RESEARCH METHOD

Variables that are used in the research of this are: Symptoms of Depression Mindfulness Trait and Relationship Quality.

3.1 Research Subject

Subjects in the study have amounted to 65 mothers pregnant who have a score cut-off symptoms of depression > 9 is based on a scale of EPDS and housed live in the Greater Jakarta.

3.2 Research Instruments

Instruments in the study is in the form of a questionnaire which consists of four parts, namely Data demographics, The scale of the Edinburgh Postnatal Depression Scale (EPDS), Scale The Five Facet Mindfulness Questionnaire (FFMQ), Scale The Perceived Relationship Quality Components (PRQC), Questionnaires are shaped self-report, where participants study were asked to provide a response that is appropriate to the conditions of his time was.

3.3 Data Analysis Method

Research is using multiple linear regression to test the hypothesis to know influence of variable trait mindfulness and symptoms of depression to the symptoms of depression in mothers pregnant.

4 RESULT

4.1 Description of Research Subjects

Table 1: Demographic Data.

Variable	Amount	Percentage
Ages (Papalia, 2009)		
Teen (10-20 years)	2	3.1%
Young adults (20-40 years)	63	96.9%
Domisili		
Jakarta	18	27.7%
Bogor	11	16.9%
Depok	10	15.3%
Tangerang	5	7.7%
Bekasi	21	32.3%
Education		
Basic education (elementary, junior high)	3	4.6%
Secondary education (SMA)	8	12.3%
Higher education (D1, D2, D3, S1, S 2, S 3)	54	83.1%
Expenditure (World Bank, 2018)		
< Rp . 867,792	0	0%
Rp. 867,792 - Rp.8,677,920	58	89.2%
> Rp . 8,677,920	7	10.8%
Marital status		
Married (First marriage)	65	100%

4.2 Analysis of Research Results

4.2.1 Normality Test

Normality test is not done through the Kolmogorov-Smirnov technique with the results of $Z = 0.118$, $p = 0.118$ ($p > 0.05$), which means the symptoms of depression, trait mindfulness, and the quality of the relationship are normally distributed.

4.2.2 Linearity Test Analysis

Linearity test is performed to determine whether the independent variable and the dependent variable have a linear relationship. The following results from the linearity test:

Table 2: Linearity Test Results.

Variable	F	Sig.
Mindfulness trait		
Observing	0.082	.776
Describing	0.570	.454
Act with awareness	0.469	.497
Non-judging	4,667	0.036 *
Non-reactivity	0.330	0.568
Relationship quality	12,825	0,000 *

Based on the results of the test of linearity can be known that the dimensions of the non-judging on variable trait mindfulness and the variable quality of the relationships formed relationships linear significantly with variable symptoms of depression ($p < 0.05$). Meanwhile, the dimensions of observing, describing, acting with awareness and non-reactivity on variable trait mindfulness does not form a relationship linear significantly with variable symptoms of depression because it has a number that is more substantial than the value of the significance of which has been determined is 0.05.

Analysis of regression linear multiple between symptoms of depression, trait mindfulness. The regression test is performed to see which variable has the most influence on depressive symptoms. The following are the results of the hierarchy regression test.

Based on the data contained in Table 5 at the top, seen that the first models of researchers just entering the variable quality of the relationship and generate peranakan 17.7% (R^2 change = 0.177; F

change = 13.512, $p < 0.05$) against the symptoms of depression in mothers get pregnant.

Table 3: Hierarchy Regression Test Results.

Model	Variable	Adjusted R ²	ΔR^2	F _{ΔR^2}	β	Sig.
	(Model 1)	.164	.177	13,512		0,000
1	Quality of relationship				-0,420	0,000
	(Model 2)	.193	0.092	1,454		0,219
2	Quality of relationship				-0,074	0,007
	Non-judging				-0,323	0,022
	Describing				-0,080	.348
	Non-reactivity				-0,166	0,260
	Acting With Awareness				-0,146	.200
	Observing				0,000	.994

In model 2 researchers added a variable trait mindfulness dimensions of observing, describing, acting with awareness, non-judging, and non-reactivity in addition to the quality of the relationship to see the variables where the dimensions of the most instrumental the results show that there is a role that is significant between the quality of the relationship and the dimensions of trait mindfulness in model 2 amounted to 9% of the symptoms of depression (R^2 change = 0.092, F change = 1.454; $p < 0.05$). When seen in each dimension, a variable that is significant is the dimension of non-judging on the trait of mindfulness with the value of the coefficient B of -0.323, and the variable quality of the relationship with the value of the coefficient B of -0.074. It means that the variable quality of the relationship and a non-judging can decrease the symptoms of depression during pregnancy.

5 DISCUSSION

Participants in the study it is the mother pregnant who have a tendency to symptoms of depression that is located on a score cutoff ≥ 9 that housed live in Jakarta, Bogor, Depok, Tangerang, Bekasi. The results of the research test regression hierarchy indicates that there is a role in the quality of relationships, non-judging, describing, non-reactivity, acting with awareness, and observing that experienced by the mother pregnant against symptoms of depression in JABODETABEK.

It is in line with research beforehand, the more high-quality relationship which is owned by the mother was pregnant, then increasingly contribute to the reduction of depression that he had. Results of the study is also in line with research beforehand, that the quality of the relationship that high proved to have effect positively on the reduction of depression during pregnancy (Witt, 2010; Kristjansson & Ttir, 2014). Other studies also say that the quality of the relationship has a significant impact on depressive symptoms during pregnancy. Mother pregnant who have a quality relationship that both mentioned in the study are becoming more easily in a live birth (Records & Rice, 2007; Kristjansson & Ttir, 2014).

The test results of regression hierarchy who do, look at one of the dimensions of trait mindfulness that is non-judging and the quality of relationships has a value significantly against the symptoms of depression (0.022, $p < 0.05$). Non-judging is the ability of a person receiving any feeling or pikiran that happen without giving ratings (Baer et al, 2006). If there is a non-judging in self mother pregnant, the mother pregnant is able to accept all the terms of the ever berlapang chest and heart open and able to make sense of all things is what their without siding. With regard this, the more the mother pregnant is able to accept all the problems that occur without sided and judgmental, and capable berlapang chest with a heart open, then more able to escape from the symptoms of depression.

On the whole, the research is still has some shortcomings. The sample distribution in this study was not evenly distributed, either based on age range, region, education or income. Besides that, the population of the study who did not focus on the pregnancy first or next could potentially affect the results of the study, shg need to be considered Limitation of pregnancy in the study next addition to that, studies have yet to consider factors other that helped contribute to depression in mothers pregnant. Factors other that may be the length of marriage and

the number of members of the family were there in the house, such as the results of research that found in research Miller (in Cavanaugh & Blanchard-Fields, 2006), that the quality of the relationship in the couple found the most high at the start of the wedding. In addition to the samples that mothers pregnant may be at very specific such as pregnant with problems physical or pregnant normal.

6 CONCLUSION

Research is finding that the quality of relationships, non-judging, describing, non-reactivity, acting with awareness, and observing a role in the symptoms of depression were experienced by the mother was pregnant.

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