



Mental Illness During Pregnancy: Schizophrenic Couples' Perspectives on Pregnancy

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ABSTRACT

Schizophrenic patients during pregnancy have significant consequences such as gestational diabetes (especially when taking antipsychotics), gestational hypertension, venous thromboembolism, fetal growth restriction, stillbirth, premature delivery, and fetal anomalies. The quality of life of schizophrenic patients during pregnancy will never be realized without the support of all parties, including their partners. This study aims to explore the schizophrenic couple's perspective on pregnancy. The method used in this research is qualitative research using a descriptive phenomenological approach. Data collection techniques used 30-45 minutes of in-depth interviews and were analyzed using Colaizzi's seven stages.

The results of this study found three themes, namely (1) sincerity in caring for those in distress, (2) Belief in God's destiny, and (3) Fear of having a child with a mental disorder. New insights in this research about 'sincerity in caring for in distress' can provide inspiration that there is still sincerity in caring for a sick partner in a difficult life. This research encourages health workers, especially nurses, to provide holistic and comprehensive health services to their partners.

Keywords: pregnancy; qualitative; schizophrenic partner

ABSTRAK

Pasien skizofrenia selama kehamilan memiliki konsekuensi besar seperti diabetes gestasional (terutama bila mengkonsumsi antipsikotik), hipertensi gestasional, tromboemboli vena, hambatan pertumbuhan janin, lahir mati, persalinan premature, dan anomaly janin. Kualitas hidup pasien skizofrenia selama kehamilan tidak akan pernah terwujud tanpa dukungan semua pihak termasuk pasangannya. Penelitian ini bertujuan untuk mengeksplorasi perspektif pasangan skizofrenia tentang kehamilan. Metode yang digunakan dalam penelitian ini yaitu penelitian kualitatif menggunakan pendekatan fenomenologis deskriptif. Teknik pengumpulan data menggunakan in-depth interview selama 30-45 menit dan dianalisis dengan tujuh tahapan Colaizzi. Hasil penelitian ini menemukan tiga tema, yaitu (1) ketulusan merawat dalam kesusahan, (2) Percaya takdir Tuhan, (3) Takut anaknya mengalami gangguan jiwa. New insight dalam penelitian ini tentang 'ketulusan merawat dalam kesusahan', hal ini dapat memberi inspirasi bahwa dalam kehidupan yang susah masih ada ketulusan dalam merawat pasangan yang sakit. Penelitian ini mendorong tenaga kesehatan khususnya perawat untuk memberi layanan kesehatan secara holistik dan komprehensif, termasuk kepada pasangannya.

Kata Kunci: kehamilan; kualitatif; pasangan skizofrenia

INTRODUCTION

Schizophrenia has psychotic episodes with the most complex clinical manifestations of any mental illness. In addition, the prevalence and incidence rate of mental disorders are relatively high in Indonesia according to the 2013 and 2018 Riskesdas data comparison with an increase of 5.3% (Kementerian Kesehatan RI, 2018). The challenge for mental health professionals relates to identification and appropriate treatment, particularly with pregnancy. Several studies have found that schizophrenic women experience higher rates of unplanned pregnancies (Biggs et al., 2023; Delanerolle et al., 2023; Patabendige et al., 2020).

In an unplanned pregnancy, psychotic episodes can have consequences for the mother and the fetus. This is because psychotic episodes have resulted in manifestation and pharmacological management with teratogenic effects that impact pregnancy. Thus, pregnant schizophrenic women should be reviewed periodically by different specialists by maintaining close contact during the puerperium, given the high incidence of relapse of psychotic episodes (Ortega et al., 2023). Then, pregnant schizophrenic women are more likely to experience unpredictable manifestations of psychiatric illness. Therefore, partners must treat and manage stress and clinical management (such as medication and control to specialists).

Pregnancy is generally a happy, stressful state and requires psychological adjustment. Research reports that one in five mothers experience anxiety and depression during pregnancy (Nanjundaswamy et al., 2022). However, if schizophrenic patients experience pregnancy, greater attention is needed because of weak resilience, supported by stressors of fetal development, which significantly impacts pregnancy (Noorbala et al., 2019). This is because schizophrenic women during pregnancy have significant consequences such as premature birth, complications of pregnancy and childbirth, and intrauterine growth restriction. So, support from peers, family, health workers, and partners is significant.

A phenomenological study of 20 pregnant women with mental health problems revealed that support from their partners was lacking (Savory et al., 2022). This is related to self-stigma related to mood and emotional openness. So that pregnant women will be careful who they talk to, including their partners. This is inconsistent with previous research, which revealed that partner support correlated with coping strategies in supporting pregnancy (Antonioni et al., 2022; McLeish &

Redshaw, 2017). A study showed that the partner's role is vital at antenatal meetings to help mental health management of female schizophrenic patients (Antoniou et al., 2022). This study also revealed that couples experience psychosocial difficulties, which hurt making decisions and supporting their wives during critical times (Antoniou et al., 2022).

Previous research has also found that sexual and pregnancy problems in schizophrenic patients and partners in Indonesia are still being neglected (Rosdiana & Tasijawa, 2022; Tasijawa & Rosdiana, 2023). This is supported by other research that health services still ignore the involvement of partners of schizophrenic patients in pregnancy-related assessments and interventions (Tasijawa, Supiatun, et al., 2021). Likewise, research on pregnancy in schizophrenic women is very limited in searching international databases. Similarly, in Indonesia, no study has been related to this matter. So, this research aims to fill the gap and become a service breakthrough by exploring the experiences of schizophrenic women's partners related to pregnancy.

METHOD

Setting and participants

A phenomenological qualitative approach using in-depth interview method at 12 community health centers in Buru District. This research began by approaching the person in charge of mental health at the community health center to obtain data on schizophrenia patients who were pregnant or three months postpartum. The respondents involved were schizophrenic couples who did not experience severe mental disorders, could communicate, and were married. Data collection was carried out from July to August 2023.

Data collection

Respondents who met the eligibility criteria were subjected to face-to-face interviews of approximately 30-45 minutes and were recorded. This interview consists of opening (greeting the respondent, explaining the interview process, explaining how it will be recorded, asking the respondent's willingness to sign informed consent, and explaining that you can request to stop or refuse to continue the interview whenever the respondent wants to do so), Warming up (asking questions to tell about the respondent and his wife), then do the main questions (can you tell me about your experience in caring for your wife during pregnancy) with follow-up questions that have been prepared. Next is closing (asking for respondents' responses regarding the interview process that has been carried out and thanking them). This research has received ethical clearance from FKM Airlangga University.

Data analysis

The data that has been collected is done verbatim transcript with seven stages of Colaizzi (Praveena & Sasikumar, 2021). Colaizzi's seven steps can be described as follows:

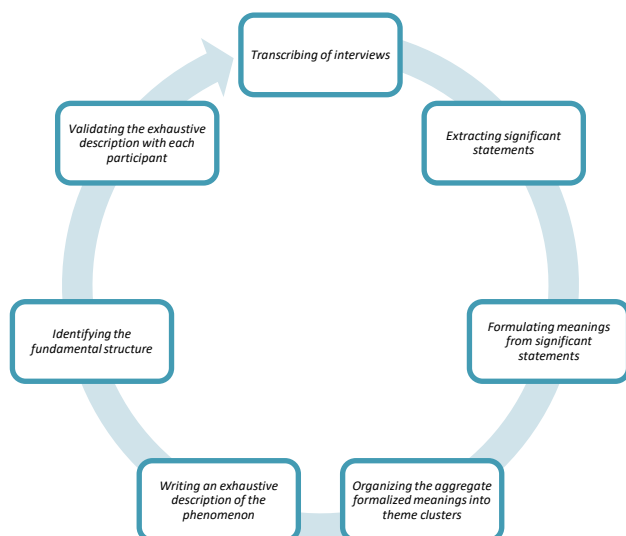


Figure 1. Stages of Colaizzi's analysis

Rigor

The rigor of this study was ensured using a peer-checking method by professor in qualitative research who evaluated and analyzed all data as well as compared and contrasted data quality, and interpretations. Data in research is maintained by referring to four types of validity of qualitative research data: data credibility, data transferability, data defendability, and data confirmability (Afiyanti & Rachmawati, 2014).

RESULTS

Participant characteristics

Participants involved in this study amounted to 6 people. In general, the participants in this study were aged 35-58 years with various education, namely junior high school, high school, and bachelor's degree. The participants in this study were all married and had varied occupations as farmers, fishermen, and private employees. Partners of participants in this study were medically diagnosed with schizophrenia and psychosis with a diagnosis of 2 months – 4 years. The researchers in this study conducted 2-3 face-to-face and telephone interviews. The second or third meeting uses the telephone to validate findings.

Table 1
Characteristics of participants

Participants	Age (yrs)	Last education	Sex	Employment	Marital status	Partner medical diagnosis	Length of time diagnosed with partner mental disorder	Partner's treatment status	Interview method	Number of meetings
1	35	SMA	L	Farmer	Married	Psychotic	± 1 years	Take medicine at puskesmas	Face to face and telephone	2
2	32	SMA	L	Farmer	Married	Psychotic	± 1 years	Take medicine at puskesmas	Face to face and telephone	2
3	40	SMP	L	Farmer	Married	Psychotic	± 4 years	Take medicine at puskesmas	Face to face and telephone	3
4	42	SMP	L	Farmer	Married	Schizophrenic	± 2 years	Take medicine at puskesmas	Face to face and telephone	3
5	58	SMP	L	Fisherman	Married	Psychotic	± 4 years	Take medicine at puskesmas	Face to face and telephone	3
6	35	S1	L	Private sector employed	Married	Schizophrenic	± 2 month	Take medicine at puskesmas	Face to face and telephone	2

Analysis results

The results of this study provide an overview of the experiences of partners of schizophrenic patients in caring for patients when or have been pregnant. In the data processing process, the researcher transcribed each interview recording, and the transcript results were read repeatedly to find the essence of the participants' expressions. Then, determine the significant statements and do the coding to become a collection of substantial reports formulated into meaning. This was done on the

results of the six interviews that have been transcribed. Substances with similar types of participants are developed into the appropriate group of themes.

Based on the results of data processing, three themes were obtained in this study. The first theme is sincerity in caring for people in distress, the second is believing in God's destiny, and the third is fear that their child will have a mental disorder. To get an overview of the theme as a whole can be seen in the image below:

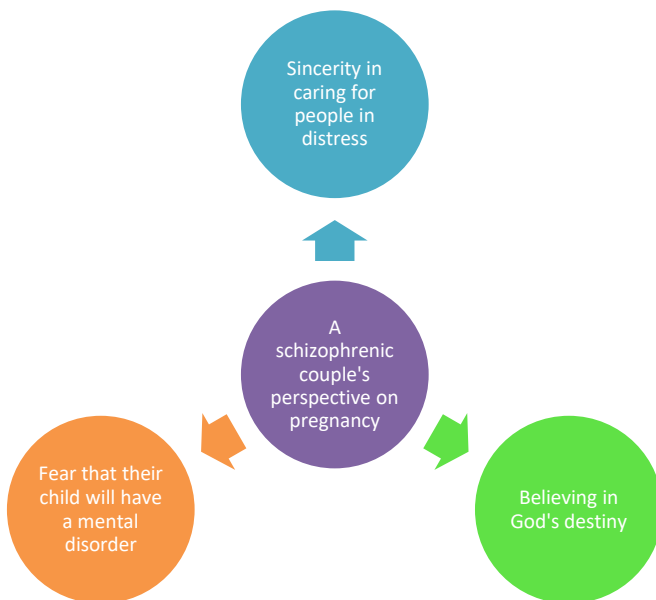


Figure 2. Theme in this research

The themes obtained in this study each describe the participants' perspective as spouses of schizophrenic patients about pregnancy. There is a connection between one piece and another. The following is an explanation of each of the themes obtained.

1) Sincerity cares in distress

Most of the participants described their sincerity in treating patients. This sincerity arises because of the love for the couple who have lived together by believing in God's confession at the time of marriage. Participant 6 said: *"God has given him to me... but because he is sick, I have left him. When I got married, I confessed that I loved him until the end of my life.."* (P6, 35 yrs). In addition to believing in God, the couple always works to fulfill their partner's treatment. Participant 1 said, *"We are difficult people...It is challenging...I work so I can get medicine in Ambon"* (P1, 35 yrs). Another participant also revealed that *"... I only focus on healing my wife"* (P5, 58 yrs). In addition, Participant 4 stated, *"I don't want my wife to work, she's pregnant...yes I wash the dishes, wash the clothes, mop, cook..."* (P4, 42).

The participants also revealed that their focus was on healing their wives and being able to give birth smoothly. Participant 4 said, *"...my focus is on my wife... it's tough...but try first"* (P4, 42).

2) Trust God's fate

Some participants accepted God's fate for what happened to their wives. Even though one schizophrenic patient in this study had a miscarriage, the couple still supported and accepted their fate. Participant 2 said: *"When my wife was sick, we went to the community health centers and were given medicine. We also didn't know that my wife was pregnant at the time...She*

took medication regularly; then she had a stomach ache...we took her to the community health centers; she said my wife was pregnant and had problems with her pregnancy." (P2, 32 yrs). More told, "I'm sad because we don't have children yet..but God said otherwise" (P2, 32 yrs). However, another participant revealed: "My wife last month gave birth... God's destiny is to be like this" (P3, 40 yrs). It was also explained further that there is a stigma from people that their child will be like their mother: "People often say that mental disorders are hereditary...the child must have a mental illness too" (P3, 40 yrs).

Other participants always leave everything to God. Participant 1 said, "You have to be sincere and pray....we have tried to only believe in trust...I am getting closer to God..." (P1, 35 yrs). The participant also continued, "His wife had said that she wanted a normal delivery...I was caught by her that she was pregnant until now and kept on praying" (P1, 35 yrs). The same thing was also expressed by Participant 6, but he showed fear: "We continue to pray...my wife can give birth well" (P6, 35 yrs). It was further stated that "I pray to God alone...if to man it's just in vain" (P6, 35 yrs).

3) Afraid that their child has a mental disorder

Some participants expressed fear for their child's future. This is based on the community's stigma that affects their perceptions. Participant 4 said: "Afraid... people say that their child will be born to be like his mother" (P4, 42 yrs). Other participants also said the same thing: "I'm nervous... friends once said that if a mother is like that (has a mental disorder), her child will definitely be like that again" (P6, 35 yrs). Further disclosed, "When we meet, we always talk carelessly about my wife's pregnancy" (P6, 35 yrs).

Apart from being afraid of other people, the views of the family are also almost the same as other people. Participant 6 revealed: "Sometimes I hear it myself from my close family" (P6, 35 yrs). However, the participants in this study showed that the wife, as a schizophrenic patient, also felt afraid of her child. "My wife once said I was afraid of her child because I was sick like this" (P4, 42 yrs).

DISCUSSION

The results of this study reveal the experiences of six schizophrenic couples in caring for their pregnant wives. There are three themes: sincerity in taking care of trouble, believing in God's destiny, and fear of having a child with a mental disorder. Following is a detailed discussion of the results of this study:

1) Sincerity cares in distress

Most of the participants in this study expressed sincerity in caring for their wives despite their limited economy. They act as "nurses" to provide emotional support, care for the household, and pick up medicines at the community health center. This is because the psychotic episode experienced is one of the complex manifestations, especially in pregnant schizophrenic women (Ortega et al., 2023). The consequences of these mental disorder manifestations place the mother and the fetus at risk during a psychotic episode. So, pharmacological and nonpharmacological management is complex because of the different teratogenic effects of various antipsychotic drugs. This is in line with a review of 585,615 pregnant women, with 4,772 receiving antipsychotic medication (Toh et al., 2013).

This review revealed that the risk of teratogenicity and perinatal complications is associated with antipsychotics (Toh et al., 2013). This is in accordance with phenothiazines' use, which shows a slightly increased risk of congenital abnormalities when antipsychotic treatment is in the first trimester. In addition, psychiatric illness during pregnancy requires unpredictable follow-up. This means the partner is ready to provide support. A study in Wales

of 20 pregnant women with mental problems revealed that partner support is significant to help mental well-being during pregnancy (Savory et al., 2022).

The role of partners during pregnancy is vital, especially in providing motivation and avoiding stress due to the low resilience of schizophrenic patients. In addition, schizophrenic patients must feel cared for, loved, valued and have hope to continue their pregnancy (Setyorini et al., 2023; Wulandari & Suryaningsih, 2022). The theme of this study is 'sincere to care', in line with the two previous studies. These two studies show that patients need emotional support with the phrase 'being with her' (Anders et al., 2018; Han et al., 2016). The couples in this study tried to provide the best support that could be given as the patient's closest person—help, such as doing household chores, providing daily assistance to patients, and taking medications. A schizophrenic couple revealed how their sincerity changed the role of a husband to a 'nurse' in caring for a pregnant wife. This perspective is in line with previous research in Maluku that the life motto of the Maluku people, namely 'hidop orang basudara' or we are brothers, is part of local wisdom that needs to be maintained to support the recovery of schizophrenic patients (Tasijawa, Suryani, et al., 2021).

2) Trust God's fate

The findings of this study show the importance of spirituality in building resilience in household life. Spirituality for Muslim and Christian participants is the same, namely maintaining an intense relationship with God (Mutmainnah & Afiyanti, 2019). Most of the participants expressed their belief in the destiny that God had made in their lives. Participants believe that God has the power to control their family life. Couples in complicated lives still believe in God's will. This shows a balance between trying and surrendering to God for destiny.

Participants in this study believe that they always receive help from God. This faith emerged when his wife experienced a mental disorder and faced pregnancy and later childbirth challenges. This theme provides positive coping in dealing with life's problems because participants believe God will enable them to overcome their problems. This is in line with a study in Texas of 403 women with unwanted pregnancies expressing pregnancy as an important matter due to destiny or God's plan (Aiken et al., 2015). This expression keeps them from experiencing psychosocial pressure.

3) Afraid that their child has a mental disorder

Stigma has been known to reduce disclosure about mental health (Staneva et al., 2017). So, in studies like this, participants are conscientious about who they talk to. However, the community and their immediate family are sometimes not aware of the impact of their conversations, thus making the mood and emotions of schizophrenic patients or their partners uncomfortable. In line with this study, participants considered talking to health professionals more confidential than talking to family or friends.

There are many aspects to consider when treating psychotic episodes during pregnancy, such as antipsychotic medication that enters breast milk. In addition, handling emergencies in psychiatry, such as self-aggression and patients' hetero-aggressiveness towards newborns, must receive attention. The first thing to pay attention to is the newborn's and the mother's safety. So, it is essential to maintain vigilance in interactions between mothers and newborns when admitted to the hospital or health center. In addition, medications during pregnancy such as quetiapine, risperidone or olanzapine, lithium, and valproic acid are essential to consider.

In addition, the review also showed that mental health problems during the antenatal period were associated with an increased risk of preterm birth (gestational age <37 weeks) (Côté-Corriveau et al., 2022). Other studies have also revealed that schizophrenia is associated with an increased risk of low birth weight, premature birth, stillbirth, and infant death within one year after delivery (Stein et al., 2014).

A longitudinal study also shows that antenatal mental health problems are related to children's emotional issues and social behavior (Côté-Corriveau et al., 2022). This study also indicates an increased risk of fetal psychiatric disorders in adulthood for pregnant women with mental health problems (Côté-Corriveau et al., 2022). Another study with a sample of mothers with severe psychopathological problems who were hospitalized also showed that infants have a sense of insecurity at the age of 12 months and older compared to mothers without perinatal disorders (Stein et al., 2014). So, some of the studies above show that mothers' mental health during pregnancy influences the baby's life after birth. Yet another study has found that fathers are associated with mental health problems in mothers. This shows that fathers have an essential role in maintaining their wives' mental health during pregnancy and after childbirth related to emotions and behavior (Agustina et al., 2021; Setyorini et al., 2023; Wulandari & Suryaningsih, 2022).

Research on genetic relatedness and schizophrenia reveals that many interactive variations within a genome determine genetic susceptibility to schizophrenia (Stein et al., 2014). Epigenetic changes (modifications of gene expression) have implications for the long-term effects of early life experiences, including the perinatal environment. So that patients with mental health problems who are pregnant can increase glucocorticoid receptor methylation. In addition, it was also found that mental health problems during pregnancy were associated with decreased regulation of enzymes that metabolize cortisol. This can interfere with the mother's neurocognitive changes and impact the fetus.

CONCLUSIONS AND SUGGESTIONS

The results of this study indicate that the sincerity of the couple takes care of his wife, who has a mental disorder and a difficult life, but still believes in God's destiny, even though there is a feeling of fear that their child will have a mental illness like his mother. This research inspires us to believe that building spirituality in the family is essential so that any problems can still be dealt with. This study also encourages nurses to see schizophrenia patients who are pregnant holistically and comprehensively, including their partners. Health practitioners must be able to integrate various dimensions, including emotional and spiritual support, into the mental health service approach and discuss this with patients and their partners. This study illustrates the importance of partners in improving mental health services in schizophrenic pregnant or postpartum patients.

ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

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