



HELP-SEEKING BEHAVIOR FOR MENTAL HEALTH AMONG PREGNANT WOMEN IN RURAL INDONESIA

Lutfatul Latifah*, Nina Setiawati, Aprilia Kartikasari, Reza Fajar Amalia
Department of Nursing, Faculty of Health Sciences, Universitas Jenderal Soedirman, Purwokerto, 53123, Central Java, Indonesia

*Email: lutfatul.latifah@unsoed.ac.id

Abstract. Perinatal mental health disorders are a global health issue with substantial implications for maternal and child well-being. However, help-seeking behavior for mental health among pregnant women in rural areas remains underexplored, particularly in Indonesia, where access to professional services is limited. This study aimed to examine the actual and intended help-seeking behaviors for mental health among pregnant women in rural Indonesia. A cross-sectional study was conducted involving 125 pregnant women with Edinburgh Postnatal Depression Scale (EPDS) scores ≥ 13 . Respondents were asked about their mental health help-seeking behavior over the past three months and their future intentions regarding sources of support, including family, community, and healthcare providers. A descriptive analysis was employed to identify patterns in both actual behavior and future intentions. In the past three months, the majority of respondents sought help from their husbands (84%), parents (64.8%), and general healthcare providers (68.8%). Only 40% consulted mental health professionals, and 38.4% reported not perceiving a need for such services. In contrast, future intentions showed an increase: 76.8% planned to access professional mental health services, alongside continued reliance on husbands (100%) and parents (92%). Intentions to seek help from friends (50.4%), neighbors (42.4%), and religious leaders (40%) remained relatively low. The findings highlight the central role of husbands and parents in providing mental health support to pregnant women in rural Indonesia, while the utilization of professional services remains limited despite higher intentions. Bridging the gap between actual behavior and intention requires interventions that engage family members and integrate mental health services into primary maternal healthcare.

Keywords: Mental health, pregnant women, help-seeking behavior, rural population, primary health care

1. Introduction

Perinatal mental disorders, including depression and anxiety, represent a significant global health concern, affecting approximately one in five pregnant women worldwide [1]; [2]; [3]. These conditions have serious consequences not only for maternal well-being but also for fetal health, mother–infant bonding, and long-term child development [4]; [5]. Mental health help-seeking behavior plays a critical role in preventing and mitigating these adverse outcomes.

Help-seeking behavior refers to the process by which individuals recognize symptoms, make decisions to seek assistance, choose sources of support, and access either formal or informal health services [6]; [7]. However, pregnant women, particularly those in low and middle-income countries, and especially in rural areas, face substantial barriers to accessing mental



health services. Social stigma, a shortage of professional providers, and geographic and economic constraints are among the primary obstacles [8]; [9]; [10]. During pregnancy, a period marked by intense biological and emotional changes, these barriers become even more pronounced and may critically influence whether a woman receives timely and appropriate care.

Global guidelines, such as those issued by the World Health Organization (WHO), recommend integrating mental health services into primary maternal and child health care through task shifting and strengthening mental health literacy [11]. Nevertheless, in Indonesia, research on mental health help-seeking behavior among pregnant women, particularly in rural areas, remains limited. Existing studies on maternal mental health in Indonesia have primarily focused on the prevalence of antenatal depression [12], postpartum depression [13], or levels of mental health literacy [14]. At the international level, research on help-seeking behavior among pregnant women is beginning to expand [15], [16]. Yet empirical evidence from rural communities in Southeast Asia, especially Indonesia, remains limited.

Given these gaps, this study aims to examine and map the mental health help-seeking behavior of pregnant women in rural areas of Indonesia, focusing on both recent behavior over the past three months and future intentions to seek support.

2. Methods

This study employed a cross-sectional design and was conducted from July to August 2025 at a primary healthcare center (Puskesmas) located in a rural area of Banyumas, Central Java. The participants were pregnant women who attended antenatal care, had a single pregnancy without complications, and scored ≥ 13 on the Edinburgh Postnatal Depression Scale (EPDS). A total of 125 respondents were involved in the study. The instrument used was the Pregnant Women Help-Seeking Behaviour Questionnaire [17], adapted from Kaligis [18]. This questionnaire assessed mental health help-seeking behavior over the past three months and intentions for future help-seeking. Data were presented in the form of frequency distributions.

3. Results And Discussion

Research findings indicate that over the past three months, the majority of respondents sought mental health support primarily from their husbands (84%), followed by general healthcare providers (68.8%) and parents (64.8%). Support from siblings was also relatively high (54.4%), whereas assistance from extended family members (40%), close friends (36%), neighbors (29.6%), and religious figures (27.2%) was comparatively lower. Only 40% of respondents had ever sought help from professional mental health practitioners; 38.4% reported not feeling the need for such assistance, as shown in Table 1. These results highlight that the nuclear family—particularly husbands and parents—plays a central role in the mental health help-seeking behavior of pregnant women. This finding aligns with previous studies emphasizing the critical importance of spousal support in maternal mental health [19], especially in collectivist cultures such as those found in Southeast Asia [20], including Indonesia.

The greater trust placed in general healthcare providers compared to mental health professionals indicates a persistent gap in access to and acceptance of formal mental health services. This disparity may be attributed to several factors, including the limited availability of mental health professionals in rural areas [21], the enduring stigma surrounding mental health issues [22], and the prevailing belief that psychological problems can be managed within the family setting or through general healthcare services [23].

Table 2 illustrates an increased intention to seek help from both formal and primary sources. All respondents reported that they would seek assistance from their husbands (100%), followed by parents (92%) and general healthcare providers (87.2%). There was also a marked rise in the intention to consult professional mental health practitioners (76.8%), despite previously low engagement. This pattern underscores the central role of the family—particularly the spouse—



as a key facilitator of access to mental health services during the perinatal period. Husbands often serve as problem identifiers, providers of emotional support, and decision-makers regarding referrals, making spousal support a significant predictor of formal help-seeking among mothers. Similar findings have been reported in studies highlighting how spousal involvement and awareness influence the recognition of mental health issues and the motivation to seek formal assistance [24].

Table 1. Seeking mental health behaviour in the last 3 months (N=125)

	Ask for help		Intent, but do not ask for help		No need for help	
	n	%	n	%	n	%
Husband/Spouse	105	84	12	9.6	8	6.4
Parents	81	64.8	25	20	19	15.2
Siblings	68	54.4	31	24.8	26	20.8
Extended family (cousins, uncles, aunts, grandparents, etc.)	50	40.0	28	22.4	47	37.6
Close friend	45	36.0	32	25.6	48	38.4
Neighbour	37	29.6	29	23.2	59	47.2
Religious leader	34	27.2	28	22.4	63	50.4
Health professional	86	68.8	18	14.4	21	16.8
Mental health professional	50	40	27	21.6	48	38.4

On the other hand, the relatively lower intention to rely on close friends (50.4%), neighbors (42.4%), and religious figures (40%) reflects a shift in preference away from traditional community-based informal sources toward nuclear family support and formal healthcare services. This phenomenon can be explained by two mechanisms: (1) the level of mental health literacy, which influences awareness of the benefits of professional services—higher literacy tends to correlate with increased demand for professional care; and (2) social barriers such as stigma, cultural norms, and limited access, which constrain help-seeking behavior despite rising intentions [9]. A systematic review of perinatal populations found that although knowledge and attitudes toward mental health have improved, structural and social barriers continue to hinder actual help-seeking actions. Therefore, interventions must target literacy, stigma reduction, and the strengthening of primary-to-secondary referral pathways [25].

The practical implication of this pattern is that maternal mental health programs should prioritize a family-centered approach—engaging both partners and parents—and strengthen the role of primary healthcare providers as gatekeepers to psychiatric services. Interventions that enhance mental health literacy among mothers and their partners, reduce stigma, and improve access (e.g., standardized referral systems, peer support, and mHealth services) have the potential to translate intention into action and increase the utilization of professional services during the perinatal period. These findings provide robust empirical support for such strategies within the Indonesian context and other societies with similar collectivist cultures.



Table 2. Plans to seek mental health assistance in the future (N=125)

	Willing to ask for help		Not willing to ask for help	
	n	%	n	%
Husband/Spouse	125	100	0	0
Parents	115	92	10	8
Siblings	84	75.2	31	24.8
Extended family (cousins, uncles, aunts, grandparents, etc.)	72	57.6	53	42.4
Close friend	63	50.4	62	49.6
Neighbour	53	42.4	72	57.6
Religious leader	50	40	75	60
Health professional	109	87.2	16	12.8
Mental health professional	96	76.8	29	23.2

4. Conclusion

Most pregnant women tend to seek mental health support from their spouses, nuclear family members, and general healthcare providers. At the same time, the utilization of professional psychiatric services remains low despite a growing intention to engage with such services in the future. This pattern highlights the dominant role of nuclear family support over broader social networks, as well as the presence of barriers such as perceived need, stigma, and cultural preferences that limit access to professional care. Therefore, perinatal mental health interventions should emphasize family-based approaches and the enhancement of mental health literacy to bridge the gap between intention and actual help-seeking behavior.

5. Acknowledgement

Thanks to Universitas Jenderal Soedirman for funding Riset Dasar Unsoed through the BLU Grants (Decree Number: 14.342/UN23.34/PT.01/V/2025). We would also like to thank the participants of this study for their contributions.

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