
Differences In Mental Health Literacy In Pregnant Women Based On Socioeconomic Level At Kembaran 1 Community Health Center, Banyumas Regency

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Abstract

Mental health literacy is an important aspect in maintaining the mental well-being of pregnant women, as it affects their ability to recognize, understand, and make appropriate decisions regarding psychological conditions during pregnancy. Maternal mental health is influenced not only by biological factors but also by socioeconomic factors that play a role in access to information, health services, and support during pregnancy. Differences in socioeconomic status are assumed to affect the level of mental health literacy among pregnant women. This study aimed to determine the relationship between socioeconomic status and mental health literacy among pregnant women in the working area of Kembaran 1 Primary Health Center, Banyumas Regency. This study employed a quantitative approach with a cross-sectional design. The sample consisted of 93 pregnant women selected using consecutive sampling based on inclusion criteria, including pregnant women from all trimesters who were able to read and write and willing to participate, and exclusion criteria including pregnant women with mental disorders or intellectual disabilities. Data were obtained through a mental health knowledge questionnaire and a socioeconomic status questionnaire based on the standards of the Indonesian Ministry of Health, using occupation and income indicators. The results of bivariate statistical analysis showed that there was no relationship between socioeconomic status and mental health literacy among pregnant women at Kembaran 1 Primary Health Center, Banyumas Regency, with a p value of 0.516 ($p > 0.05$). Although the results indicated no significant relationship, other factors that may influence mental health literacy among pregnant women need to be further investigated to obtain a more comprehensive understanding.

Keywords: *Mental Health Literacy, Pregnant Women, Socioeconomic Status..*

INTRODUCTION

Mental health is a crucial aspect of human life that is inseparable from physical health, especially during pregnancy. Pregnancy is a time of significant physical, psychological, and social change for a woman. During this time, pregnant women are susceptible to various mental health issues such as anxiety, depression, and stress, which can negatively impact the health of both the mother and the fetus (Priyanto et al., 2023).

World Health Organization (WHO) data shows that the prevalence of mental health disorders, such as depression, is higher among women (4.6%) than among men (2.6%). Recent data indicates that approximately 10% of pregnant women and 13% of women who have recently given birth worldwide experience mental disorders, particularly depression. This figure is even higher in developing countries, at 15.6% during pregnancy and 19.8% during postpartum. Among women with mental health disorders during pregnancy, there is a risk of experiencing suicidal thoughts or harming themselves or their babies (WHO, 2024).

The Indonesian Ministry of Health in 2023, there were 43.3% of pregnant women experiencing mental health disorders including anxiety, and increased to 48.7% during childbirth, indicating that many pregnant women experience greater mental stress before and during childbirth. (Ministry of Health, 2023). According to data from the Banyumas Regency Population Service in 2024, there were 1,868,446 people consisting of 926,277 women (49.57%) in 638,888 households. In Central Java Province, pregnant women who had a prevalence of emotional mental disorders were 7.7% of 95,460, where the results of basic health research in 2023 showed an increase in the prevalence of emotional mental disorders in pregnant women, namely by 8.1% to 10.1%. Meanwhile, on the other hand, based on the 2024 Indonesian demographic and health survey, the MMR was recorded at 4,151 maternal deaths nationally, an average of 691 deaths per month (Ningrum et al., 2024).

The mental health of pregnant women can be disturbed by excessive worry about the health of the fetus and the threat of death, which is often not recognized because of the focus on physical changes, symptoms such as mood swings, chronic anxiety, and impulsive actions can lead to pregnancy depression, which has the potential to cause adverse effects such as abortion, premature birth, and mental disorders in the baby (Kartika Adyani et al., 2023).

One important factor that can influence the mental health of pregnant women is mental health literacy. Maternal health literacy is a crucial factor influencing healthcare behavior during pregnancy, as it plays a role in a pregnant woman's ability to obtain, understand, and use basic health information to make informed decisions for herself and her fetus. This literacy includes the ability to detect pregnancy risks, understand the actions necessary to maintain a healthy pregnancy, and avoid unhealthy lifestyles (Ningrum et al., 2024).

However, mental health literacy rates in Indonesia remain relatively low, especially among groups with lower-middle socioeconomic status (Puspitasari et al., 2020). Socioeconomic status is a social determinant that influences access to health information and services, including mental health. Pregnant women with low socioeconomic status tend to have limited access to accurate and reliable information about mental health, putting them at risk of experiencing undetected and undertreated mental health problems (Putri & Sari, 2022).

On the other hand, social and economic changes occurring in society, particularly in the current digital era, present unique challenges in efforts to improve mental health literacy. Although access to information through digital media has become increasingly easier, not all pregnant women have the same abilities and opportunities to utilize this technology. Education, income, and social environment significantly influence a pregnant woman's ability to understand and apply the mental health information they receive (Sari & Wulandari, 2021).

This indicates a gap in mental health literacy based on socioeconomic level that requires special attention. Furthermore, another challenge is the persistent stigma surrounding mental health issues in society, particularly among groups with lower educational and socioeconomic levels. This stigma discourages pregnant women from seeking help or speaking out about their mental health issues (Fitriani et al., 2022).

In Indonesia, efforts to improve mental health literacy among pregnant women still face various challenges. One of these challenges is mental health education and promotion in primary healthcare facilities, such as community health centers (Puskesmas). Furthermore, the stigma surrounding mental disorders remains high in society, making pregnant women reluctant to seek help when experiencing mental health issues (Sari & Wulandari, 2022).

Research by Suriyani Tan and Kusumawati (2023) in Bengkulu showed that health information literacy among pregnant women from lower to middle socioeconomic statuses is still low, and they tend to rely on information obtained from others. The majority of pregnant women (66.1%) obtain information from informal sources such as parents, siblings, friends, or health workers, but very few utilize this information optimally. Most mothers (78%) stated they trust the information they receive, but only 11.9% actually utilize it fully. The most frequently sought information relates to how to maintain postpartum self-hygiene (44.1%) and routine postpartum health checks (39%). The study also showed that the more frequently mothers experience pregnancy, the less they seek information, as they feel they already have sufficient experience. Internet access as a source of information remains low (30.5%), with many mothers doubting the validity of online information, compounded by language barriers and limited access to technology (Salsa Putri Kusumah et al., 2025).

RESEARCH METHODS

This study uses a quantitative approach with a comparative research type. The comparative study aims to compare differences in mental health literacy levels between two groups of pregnant women, namely the high socioeconomic group and the low socioeconomic group at the Kembaran I Community Health Center. The quantitative approach was chosen because it allows for objective measurement of variables and statistical analysis to test the formulated hypotheses (Sugiyono, 2017). This study will use a cross-sectional approach, a type of research that emphasizes the time of measurement or observation of independent and dependent variable data only once at a time (Asnita Sinaga et al., 2023). In this study, the variables measured are the socioeconomic level and mental health literacy of pregnant women. This study was conducted at the Kembaran 1 Community Health Center, Banyumas Regency, Central Java, from September 2025 to November 2025.

Population is a generalization area consisting of objects/subjects that have certain quantities and characteristics determined by the researcher to be studied and then conclusions drawn (Sugiyono, 2023). The population in this study was 120 pregnant women registered at the Kembaran I Health Center in the period of August 2025. This number became the basis of the target population of the study. Based on the known population size, namely 120 pregnant women at the Kembaran 1 Health Center, Banyumas Regency, the researcher used the Slovin formula to determine the minimum sample size. With a margin of error of 5% (0.5), In this study, the number of samples was calculated using the Slovin formula. So the minimum sample size used in this study was 93 respondents. This number is considered adequate to represent the population and maintain the validity and reliability of the research data, because it meets the minimum number requirements recommended in correlational studies (Creswell, 2018). Because the population size in each village is different, the sampling technique used in this study is Consecutive Sampling, which is a non-probability sampling technique. According to Sugiyono (2022), Consecutive Sampling is a sampling technique by taking all subjects who meet the research criteria sequentially until the required number of samples is met.

The variables in this study are the independent variable and the dependent variable. The independent variable in this study is socioeconomic level. The dependent variable in this study is the mental health literacy of pregnant women. In this study, there are two main variables: socioeconomic level as the independent variable (X), and mental health literacy of pregnant women (Y). Each variable is explained through conceptual definitions, measurement indicators, and its operationalization in the research context. According to Ibnu Hadjar in Ahyar et al. (2020), a research instrument is a measuring tool used to obtain quantitative information about variations in variable characteristics objectively. The instrument used in this study is a questionnaire that is systematically compiled based on previously validated theories and instruments.

The questionnaire in this study used an instrument that had been used in previous research by Wulandari A, et al. (2020), namely regarding mental health and depression, especially those that occur during pregnancy and postpartum for mental health literacy and social welfare questionnaires used in the Integrated Social Welfare Data (DTKS) managed by the Ministry of Social Affairs of the Republic of Indonesia for socio-economic levels. The results of the validity test showed that all items in both instruments were valid ($r > 0.361$), the reliability test using Cronbach's Alpha also showed very good results, namely 0.70. Thus, both questionnaires were declared suitable and reliable for use in this study.

This study used primary and secondary data. Primary data were obtained from mental health and depression questionnaires and social welfare questionnaires, which generated numeric Likert-scale data for quantitative analysis. Secondary data came from community health center documentation, such as maternal and child health books, patient profiles, and health programs. The combination of these two data sets aims to provide a more complete picture, both from respondents' perceptions and actual conditions on the ground, thereby increasing the strength and relevance of the research results. The data collection technique used a quantitative approach with standardized questionnaires, namely Mental Health and Depression (20 items) and social welfare (10 items). The collected primary data

were in the form of numeric scores from pregnant women at the Kembaran 1 Banyumas Community Health Center. The process included coordination with the community health center, respondent selection, obtaining informed consent, completing the questionnaire, and checking the data. Validity was guaranteed through the use of tested instruments, so that the data obtained were accurate and could be analyzed statistically. This study used inferential statistical analysis with a quantitative approach to examine differences in mental health literacy of pregnant women by socioeconomic level. Univariate analysis was used to describe the characteristics of respondents and each variable, while bivariate analysis used a correlation test. Chi-Square test. If in the contingency table there are cells with an expected count value <5 for more than 20% of the cells, then the Fisher's Exact Test is used as an alternative. The Chi-Square test is used to test the relationship or difference between two categorical variables in nominal or ordinal data. Meanwhile, the Fisher's Exact test is used when the Chi-Square test requirements are not met, especially in small sample sizes according to Sugiyono, (2019). Data processing is carried out through the stages of input, coding, validity and reliability testing (Cronbach's Alpha), and statistical analysis using software. The results are interpreted based on the correlation coefficient (r) and p-value. With this procedure, the data obtained is expected to be accurate, valid, and can support research conclusions objectively.

RESULTS AND DISCUSSION

The results of the study "Differences in Mental Health Literacy in Pregnant Women Based on Socioeconomic Level at the Kembaran 1 Community Health Center, Banyumas Regency" were conducted in October 2025 with a sample of 93 respondents. The results are described in the table below:

Characteristics of Pregnant Women at Kembaran 1 Community Health Center, Banyumas Regency

Data describing the characteristics of pregnant women in this study can be seen in Table 1 as follows.

Table 1. Frequency Distribution of Respondent Characteristics of Pregnant Women at Kembaran 1 Community Health Center, Banyumas Regency

| No | Characteristics | Frequency | Percentage |
|--------------|--|-----------|------------|
| | | f | % |
| 1 | Age | | |
| | Age < 20 years | 1 | 1.1 |
| | Age 20–35 years (healthy reproduction) | 39 | 41.9 |
| | Age > 35 years | 53 | 57.0 |
| 2 | Parity Status | | |
| | First pregnancy | 19 | 20.4 |
| | Multigravida | 72 | 77.4 |
| | Grand multigravida >5 | 2 | 2.2 |
| 3 | Gestational Age | | |
| | Trimester 1 | 9 | 9.7 |
| | Trimester 2 | 48 | 51.6 |
| | Trimester 3 | 35 | 37.6 |
| 4 | Work | | |
| | Doesn't work | 73 | 78.5 |
| | Work | 20 | 21.5 |
| 5 | Socioeconomic level | | |
| | Low | 17 | 18.3 |
| | Tall | 76 | 81.7 |
| Total | | 93 | 100 |

Based on Table 1, it is known that the majority were aged > 35 years as many as 53 respondents (57.0%), with multigravida parity status as many as 72 respondents (77.4%), and were in the second trimester of pregnancy as many as 48 respondents (51.6%). In addition, the majority of respondents were unemployed, as many as 73 respondents (78.5%), and had a high socioeconomic level as many as 76 respondents (81.7%).

Overview of Mental Health Literacy Levels in Pregnant Women Based on Socioeconomic Levels at Kembaran 1 Community Health Center, Banyumas Regency

Data depicting the level of mental health literacy in pregnant women based on high socioeconomic levels can be seen in Table 2 below.

Table 2. Frequency Distribution of Mental Health Literacy Levels in Pregnant Women Based on Socioeconomic Level at Kembaran 1 Community Health Center, Banyumas Regency

| No | Characteristics | Frequency | Percentage |
|--------------|--|-----------|------------|
| | | f | % |
| 1 | Mental health literacy of pregnant women | | |
| | Good | 25 | 32.9 |
| | Not enough | 51 | 67.1 |
| Total | | 76 | 100 |

Based on Table 2, it shows that respondents with a high socio-economic level mostly have mental health literacy in the poor category, namely 51 respondents (67.1%).

Overview of Mental Health Literacy Levels in Pregnant Women Based on Low Socioeconomic Levels at Kembaran 1 Community Health Center, Banyumas Regency

Data depicting the level of mental health literacy in pregnant women based on low socioeconomic levels can be seen in Table 3 below.

Table 3. Frequency Distribution of Mental Health Literacy Levels in Pregnant Women Based on Low Socioeconomic Levels at Kembaran 1 Community Health Center, Banyumas Regency

| No | Characteristics | Frequency | Percentage |
|--------------|--|-----------|------------|
| | | f | % |
| 1 | Mental health literacy of pregnant women | | |
| | Good | 7 | 41.2 |
| | Not enough | 10 | 58.8 |
| Total | | 17 | 100 |

Based on Table 3, it shows that respondents with low socioeconomic levels, most of them have mental health literacy in the poor category, namely 10 respondents (58.8%).

Differences in Mental Health Literacy in Pregnant Women Based on Socioeconomic Level at Kembaran 1 Community Health Center, Banyumas Regency

Data on differences in mental health literacy by socioeconomic level in pregnant women can be seen in Table 4 below.

Table 4 Differences in Mental Health Literacy in Pregnant Women Based on Socioeconomic Level at Kembaran 1 Community Health Center, Banyumas Regency (n=93)

| Health Literacy Mental health of pregnant women | Socioeconomic Level | | | | Amount | | P value |
|---|---------------------|-------------|-----------|-------------|-----------|------------|---------|
| | Low | | Tall | | f | % | |
| | f | % | f | % | | | |
| Good | 7 | 21.9 | 25 | 78.1 | 32 | 100 | 0.516 |
| Not enough | 10 | 16.4 | 51 | 83.6 | 61 | 100 | |
| Total | 17 | 18.3 | 76 | 81.7 | 93 | 100 | |

Based on Table 4, the results of the cross-tabulation between mental health literacy and the socioeconomic level of pregnant women at the Kembaran 1 Community Health Center, Banyumas Regency, it is known that in the respondents with good mental health literacy category, most came from the high socioeconomic group, namely 25 respondents (78.1%). Likewise, in the respondents with poor mental health literacy category, the majority also came from the high socioeconomic group, namely 51 respondents (83.6%). The results of the statistical test using Chi-Square showed a p value = 0.516 ($p > 0.05$). This indicates that there is no significant difference between the mental health literacy of pregnant women based on socioeconomic level at the Kembaran 1 Community Health Center, Banyumas Regency.

Discussion

Characteristics

The results of the study showed that the majority of pregnant women were aged > 35 years (53 respondents) (57.0%), followed by those aged 20–35 years (healthy reproduction) with 39 respondents (41.9%), and those aged < 20 years (1.1%). In theory, the age of 20–35 years is a healthy reproductive age with a lower risk of complications (Ministry of Health of the Republic of Indonesia, 2020). However, the dominance of those aged > 35 years in this study indicates the characteristics of respondents who are in the mature adult phase. From a mental health literacy perspective, mature adulthood tends to be associated with cognitive maturity and broader life experiences, thus potentially increasing the ability to understand, assess, and use mental health information more rationally and reflectively (WHO, 2023). Compared with those aged < 20 years who are still in the early stages of psychosocial development and have limited experience, the age group > 35 years theoretically has a better capacity to manage information and make decisions related to mental health during pregnancy. Thus, age characteristics in this study can be a supporting factor for better levels of mental health literacy because they are supported by maturity and life experience (WHO, 2023).

Based on parity status, the majority of respondents were multigravida (72 respondents) (77.4%), primigravida (19 respondents) (20.4%), and grandemultigravida (2 respondents) (2.2%). The predominance of multigravida indicates that the majority of mothers had previous pregnancy experience. This experience is important in developing mental health literacy, as mothers who have experienced pregnancy are more likely to be exposed to information from health workers, pregnancy classes, and personal experience in recognizing psychological changes during pregnancy. Unlike primigravida, who are still in the early stages of reproductive experience and tend to rely on external information, multigravida have experiential learning that strengthens their understanding and attitudes toward mental health. Thus, the results of this study indicate that respondents who are predominantly multigravida have the potential to have better mental health literacy than mothers experiencing their first pregnancy (Fauziah & Sutejo, 2023).

In terms of gestational age, the majority of respondents were in the second trimester (48 respondents) (51.6%), followed by the third trimester (35 respondents) (37.6%), and the first trimester (9 respondents) (9.7%). The second trimester is often referred to as a more stable adaptation phase to pregnancy (Bobak, Lowdermilk, & Jensen, 2022). In the context of mental health literacy, this phase allows mothers to focus more on receiving and processing health information because their physical condition is relatively more comfortable compared to the first trimester. Furthermore, in the second trimester, mothers generally have had several antenatal care (ANC) visits, thus increasing the opportunity to receive education about health, including mental health. Compared to the first trimester, which is still in the initial adjustment phase, mothers in the second trimester have more time and experience interacting with health services, which can strengthen their understanding of the importance of maintaining mental health during pregnancy. Therefore, the distribution of respondents, who are predominantly in the second trimester, can support a more optimal level of mental health literacy (Biaggi et al., 2021).

Based on occupation, the majority of pregnant women (73 respondents) were unemployed, while 20 respondents (21.5%) were employed. Employment status is associated with variations in access to information and learning resources regarding mental health. Working mothers tend to have access to broader social interactions and information exposure, both through the workplace and digital media, thus potentially improving mental health literacy. However, unemployed mothers have more flexible time to attend prenatal classes, ANC visits, and health education activities at health care facilities. In this study, the predominance of

unemployed mothers suggests that improvements in mental health literacy are likely to be achieved more through formal health services than through workplace-based information sources. Thus, the characteristics of respondents' occupations indicate differences in access to information, but both still have the potential to develop good mental health literacy if supported by adequate educational exposure (Gurung et al., 2023).

In terms of socioeconomic status, the majority of respondents were in the high category (76 respondents (81.7%)), while 17 respondents (18.3%) were in the low category. Socioeconomic status is an important determinant of access to health services and health literacy. According to the theory of social determinants of health (WHO, 2022), individuals with higher socioeconomic status tend to have better access to information, health services, and resources that support physical and mental well-being. Research by Reiss (2023) also shows that socioeconomic status is significantly associated with mental health conditions, with lower socioeconomic groups being more susceptible to psychological disorders.

Mental Health Literacy Levels in Pregnant Women Based on Socioeconomic Levels at Kembaran 1 Community Health Center, Banyumas Regency

The results of the study show that Of the 76 respondents with high socioeconomic status, the majority (51 respondents (67.1%)) had poor mental health literacy. Meanwhile, 25 respondents (32.9%) had good mental health literacy. These data indicate that among pregnant women with high socioeconomic status, the majority still had poor mental health literacy.

In theory, mental health literacy is the knowledge and beliefs about mental disorders that help individuals recognize, manage, and prevent mental health problems (Jorm et al., 2021). Socioeconomic status is often associated with better access to education, information, and healthcare services. According to the World Health Organization's theory of social determinants of health (WHO, 2021), individuals with higher socioeconomic status generally have a greater opportunity to access adequate health information and services.

However, the results of this study indicate that high socioeconomic status does not automatically equate to high mental health literacy. This is in line with research by Furnham and Swami (2023), which states that mental health literacy is influenced not only by economic factors but also by cultural factors, education level, personal experiences, and exposure to mental health information. Another study by Kutcher, Wei, and Coniglio (2023) also confirms that a lack of specific mental health education in routine health services can lead to low mental health literacy even in individuals with good socioeconomic status.

In the context of pregnant women, mental health is often not a primary focus of antenatal care services compared to physical examinations and fetal development. This situation can result in pregnant women, even those in higher socioeconomic groups, receiving insufficient education regarding the signs, symptoms, and prevention of mental health disorders during pregnancy. Therefore, the results of this study indicate that improving mental health literacy depends not only on socioeconomic conditions but also on the availability and quality of mental health education provided by healthcare providers.

Mental Health Literacy Levels in Pregnant Women Based on Low Socioeconomic Levels at Kembaran 1 Community Health Center, Banyumas Regency

The results showed that of the 17 respondents with low socioeconomic status, the majority (10 respondents, 58.8%) had poor mental health literacy. Meanwhile, 7 respondents (41.2%) had good mental health literacy. These data indicate that among pregnant women with low socioeconomic status, the majority had poor mental health literacy.

In theory, socioeconomic status is a social determinant of health that influences an individual's ability to access information, education, and health services (World Health Organization, WHO, 2021). Individuals with low socioeconomic status tend to have limited access to health information sources, including information on mental health. This limitation can result in a poor understanding of recognizing the symptoms of mental disorders and seeking appropriate help.

In low socioeconomic contexts, limited access to education and information can impact all of these aspects. Research by Reiss (2023) shows that low socioeconomic status is associated with increased vulnerability to mental health problems and lower utilization of mental health services.

Other research also suggests that pregnant women from lower socioeconomic groups are more susceptible to stress and anxiety due to financial pressures and limited resources, which can ultimately impact psychological well-being and understanding of mental health (Biaggi et al., 2023). Furthermore, the lack of integration of mental health education into antenatal care services may also contribute to low mental health literacy, particularly among groups with limited access to information (Kutcher, Wei, & Coniglio, 2023).

Thus, the results of this study align with previous theory and research suggesting that socioeconomic

limitations can be a contributing factor to low mental health literacy. Therefore, efforts are needed to improve mental health education that is more targeted and accessible, especially for pregnant women from lower socioeconomic levels.

Differences in Mental Health Literacy in Pregnant Women Based on Socioeconomic Level at Kembaran 1 Community Health Center, Banyumas Regency

Based on the results of this study, it shows Cross-tabulation results show that the majority of respondents with good mental health literacy came from high socioeconomic groups (78.1%), while those with poor literacy were also dominated by high socioeconomic groups (83.6%). The Chi-Square test results showed a p-value of 0.516 ($p > 0.05$), therefore, H_0 was accepted, indicating that there was no significant difference between the mental health literacy of pregnant women based on socioeconomic level. This indicates that socioeconomic level was not the main differentiating factor in mental health literacy in this study.

In theory, the social determinants of health state that socioeconomic status influences access to education, information, and health services (WHO, 2021). Individuals with higher socioeconomic status generally have better access to health resources. However, the concept of mental health literacy proposed by Jorm et al. (2021) emphasizes that mental health literacy is influenced by the ability to recognize disorders, understanding treatment options, and attitudes toward seeking help, which are determined not only by economic factors but also by experience, social environment, and education.

The results of this study align with those of Daehn et al. (2022), who stated that perinatal mental health literacy is more influenced by the quality of education and interactions with healthcare providers than by economic factors alone. Nawabi et al. (2021) also found that the delivery of clear and structured health information plays a greater role in improving literacy than income.

From a theoretical perspective, these findings suggest that in the context of primary care, such as community health centers, relatively equitable access to healthcare services can minimize literacy gaps based on socioeconomic status. This contrasts with classical social determinant theory, which tends to emphasize the dominant role of economic factors.

The researchers' assumption that there are no significant differences is likely due to several factors. First, the provision of routine and equitable antenatal care (ANC) education to all pregnant women allows each respondent to obtain relatively equal mental health information regardless of socioeconomic background. Second, technological developments and the widespread use of social media now allow pregnant women to independently seek health information online (health information-seeking behavior), such as through Google searches, social media (Instagram, TikTok, YouTube), pregnancy apps, and pregnancy forums. Access to this digital information tends to be less strictly limited by economic conditions, so pregnant women from various socioeconomic levels have nearly equal opportunities to acquire knowledge about mental health. Third, the existence of WhatsApp groups for pregnancy classes or online communities can also serve as sources of information exchange, narrowing the literacy gap. Therefore, easy access to digital-based information may be a contributing factor to the lack of significant differences in mental health literacy based on socioeconomic level in this study.

Thus, efforts to improve mental health literacy need to be carried out comprehensively for all pregnant women, not only focused on certain socioeconomic groups, by emphasizing the quality of education, effective communication, and mental health screening in antenatal care services.

CONCLUSION

Based on the results of the study, most of the characteristics of respondents, from 93 pregnant women at the Kembaran 1 Health Center, Banyumas Regency, the majority were aged > 35 years as many as 53 respondents (57.0%), with multigravida status as many as 72 respondents (77.4%), and were in the second trimester as many as 48 respondents (51.6%). In addition, most of the respondents were unemployed as many as 73 respondents (78.5%) and had a high socioeconomic level as many as 76 respondents (81.7%). In the group of pregnant women with a high socioeconomic level (76 respondents), most had mental health literacy in the poor category as many as 51 respondents (67.1%), while the good category was 25 respondents (32.9%). In the group of pregnant women with a low socioeconomic level (17 respondents), most also had mental health literacy in the poor category as many as 10 respondents (58.8%), while the good category was 7 respondents (41.2%).

The cross-tabulation results showed that both in the good and poor mental health literacy categories, the majority of respondents came from high socioeconomic groups. The Chi-Square test results obtained a p-value of 0.516 ($p > 0.05$), which means there is no significant difference between the mental health literacy of pregnant women based on socioeconomic level. Thus, socioeconomic level is not a significant differentiating factor in the mental health literacy of pregnant women at the Kembaran 1 Community Health Center in Banyumas Regency.

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