

Original Research

The influence of knowledge and group therapy on postpartum blues at PMB Bangsalan Teras Boyolali

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Abstract

During the birth period, sometimes support from the family is needed. This kind of situation can be a trigger that causes depression in postpartum mothers. Depression felt by the individual can cause an attempt to react to the depression experienced. This reaction is an activity to make adjustments to certain stimulus situations, which if not done properly will cause physical and psychological disorders. Symptoms arising from postpartum depression are filled with feelings and depression accompanied by crying for no reason, having no energy or only a little energy they have, unable to concentrate, feeling guilty and worthless in themselves, becoming uninterested in babies. For mothers who suffer from postpartum depression, they cannot establish a good relationship with their newborn baby. Group therapy to reduce depression includes psychoeducation groups, supportive groups, and self-help groups. The purpose of this study is to analyze the provision of self-help group therapy to mothers with postpartum depression. The research design uses an experimental quasi with one group pretest-posttest. The results showed that there was a significant relationship between knowledge and the incidence of postpartum blues, with a p-value of 0.001. The provision of group therapy had an effective impact on the change in the incidence of postpartum blues with a p-value of 0.000.

Keywords: depression; postpartum mother; self-help group

1. Introduction

Women who suffer from postpartum depression may experience delusions, hallucinations, and suicidal thoughts. About 20–40% of women report experiencing cognitive impairment or emotional problems after giving birth. Mothers who experience postpartum depression do not accept the psychological adaptation process they undergo (Qoyimah, 2022). This situation may last for several weeks or months, and postpartum mothers may not realize that they are experiencing a medical condition (Dewi et al., 2019). Given that this is a woman's first pregnancy, ambivalent feelings of both positive and negative thoughts about the presence of a baby are commonplace for pregnant women. After giving birth, it is normal for a mother to feel worried, the weight of the task, and other problems, especially when caring for a newborn. This condition can cause postpartum mothers to experience depression (Winarni et al., 2017).

According to the World Health Organization (2021), postpartum depressive disorder ranks fourth globally with a prevalence of 20%. The Centers for Disease Control and Prevention (CDC) estimates that between 11.7 and 20.4% of Americans suffered from postpartum depression in 2004–2005. If these

episodes are not adequately treated, they can develop into postpartum psychosis (Nasri et al., 2017). On average 20%, postpartum depression is still common worldwide, and international conflicts can reach 60%. The rate of postpartum depression in Asia ranges from 15% to 20%, and Indonesia, one of the ASEAN countries, has an average of 20% (World Health Organization, 2020).

Symptoms arising from postpartum depression are filled with feelings and depression accompanied by crying for no reason, having no energy or only a little energy they have, unable to concentrate, feeling guilty and worthless in themselves, becoming uninterested in babies. For mothers who suffer from postpartum depression, they cannot establish a good relationship with their newborn baby (Dewi et al., 2019).

Group therapy to reduce depression includes psychoeducational groups, supportive groups, and self-help groups. Efforts to form self-help groups or support as a means of overcoming postpartum depression in mothers (Meritaet, 2017). The researchers plan to investigate the effect of self-help group therapy on the level of postpartum maternal depression (Farlikhatun & Holilah, 2023).

Exclusive breastfeeding is still not widely covered. Only 32.6% of the 136.7 million babies born worldwide receive exclusive breastfeeding, according to the WHO (Senghore et al., 2018). Based on national data from the Ministry of Health Indonesia (2023), the percentage of women who exclusively breastfeed is 78.3% in 2023, showing a steady increase from 2022 of 82.3% achieved. The target of the strategic plan is 85%. Nonetheless, seven of the 38 provinces have met the objectives of the 2023 Strategic Plan; in Central Java Province the percentage is 80.20%. Children have basic principles to achieve optimal growth and development, according to the World Health Assembly (WHA). As is known, breast milk functions as the main source of food for children after childbirth. There are many benefits of breastfeeding, especially for mothers and babies (Fahrina & Desmawati, 2022). Being the main provider of baby food and a means of preventing a number of infectious diseases are two advantages of breast milk. Meanwhile, one of the benefits of breast milk for mothers is that it can reduce breast cancer risk factors (Cascone et al., 2019).

The risk of having too many children (more than two), being too young to give birth before the age of 21, being too old to give birth after the age of 35, and being too close to the birth distance of less than three years are some of the factors that cause this to happen (Yolanda et al., 2022). contributing to an increase in maternal mortality rates. 33% of all maternal deaths occur in mothers who give birth under 20 years old and over 35 years old. Therefore, if the family planning program is implemented properly through the provision of health information, then 33% of maternal deaths can be prevented through the use of contraception (Ministry of Health Indonesia, 2020). The formation of quality human beings begins from the time the baby is in the womb accompanied by breastfeeding from an early age, especially exclusive breastfeeding (Arif & Fayasari, 2020).

From a preliminary study conducted at PMB Mira Haryati, there are 8 breastfeeding mothers, 5 breastfeeding mothers were anxious and afraid when they wanted to breastfeed their babies. Based on the above background, the researcher is interested in conducting a study entitled " The Influence of Knowledge and Group Therapy on Breastfeeding Mothers on the Incidence of Post Partum Blues in PMB Mira Haryati".

2. Research Methods

This study uses a pseudo-experimental research design and is quantitative. One group was used for pre and post-test research in the design of this study. The purpose of this study is to find out how the influence of breastfeeding mothers' knowledge and self-help groups on the prevalence of postpartum depression. In addition to examining the impact of offering self-help groups on the prevalence of postpartum blues, this study will evaluate the relationship between knowledge and conditions.

All members of the population are the subjects of the study. The research population consisted of 32 respondents, all of whom were breastfeeding mothers at PMB Mira Haryati, Bangsalan Teras Boyolali from September to November 2023. All the objects studied were used as research samples, which were considered representative of the entire population. Purposive sampling, or the methodology of sampling data sources with certain considerations, is a sampling strategy used in this study. With EC No. 1750/UKH. L.02/EC/1/2024, this study has successfully completed the ethics permit exam at the KEPK of Kusuma Husada University of Surakarta.

3. Results and Discussion

The results and discussion contain an exposure to the results of the analysis related to the research question. Every research result must be discussed. The discussion contains the meaning of the results and comparisons with theories and/or similar research results. The length of the presentation and discussion results is 40-60% of the length of the article.

The results of this study will display data on knowledge and occurrence of postpartum blues as well as the correlation or relationship between the two variables that have been statistically analyzed.

3.1. Knowledge Distribution

Table 1. Distribution of Knowledge in Postpartum Mothers

Knowledge	Frequency	Percent (%)
Less	12	37.5
Fair	8	25.0
Good	12	37.5
Total	32	100.0

Source: Primary Data, 2024

The results of the study showed that the frequency distribution of the most knowledge was poor and good as many as 12 people (37.5%).

3.2. Distribution of Post-Partum Blues Incidence Before Providing The Intervention

Table 2. Postpartum Blues Incidence Before Intervention

Post Partum Blues	Frequency	Percent (%)
Not	4	12.5
Yes	28	87.5
Total	32	100.0

Source: Primary Data, 2024

The results showed that the incidence of postpartum blues before providing group therapy was the most as many as 28 people (87.5%).

3.3. Distribution of Post-Partum Blues Events After Providing The Intervention

Table 3. Postpartum blues events after intervention

Post Partum Blues	Frequency	Percent (%)
Not	17	53.1
Yes	15	46.9
Total	32	100.0

Source: Primary Data, 2024

The results showed that the incidence of postpartum blues after providing group therapy was as

many as 17 people (53.1%).

3.4. The Effect of Self-Help Groups on Breastfeeding Mothers on the Incidence of Post Partum Blues

Table 4. Correlation Analysis of Knowledge and Postpartum Blues and The Influence of Self-Help Groups on The Incidence of Postpartum Blues

Variable	R	P Value
Knowledge–The Occurrence of PostPartum Blues	0,537	0,001
Variable	Z	P Value
Pre-Post Test Incident Post Partum Blues	3,606	0,000

Source: Primary Data, 2024

The results showed that there was a significant relationship between knowledge and the incidence of postpartum blues, with a p -value of 0.001. The provision of group therapy had an effective impact on the change in the incidence of postpartum blues with a p -value of 0.000.

Both internal and external influences are included as the cause of the occurrence of infant blues. According to previous research, the occurrence of baby blues syndrome in postpartum mothers correlates with age, parity, and social support (Alnasser et al., 2018). Other studies also mention the relationship between education, type of childbirth and birth complications with baby blues syndrome in mothers postpartum (Ariani, 2022). Researchers conducted a pilot study on 15 postpartum mothers and found that 53% of them reported symptoms such as mood swings, easy crying for no apparent reason, and unhappiness and difficulty controlling emotions. The purpose of this study is to determine the relationship between the occurrence of baby blues syndrome in postpartum mothers and age, parity, education, mode of delivery, and social support (Hertati et al, 2022).

Education is an effort to shield or learn from the community so that people want to take actions to maintain and improve their health (Notoatmodjo., 2018) The level of education has a significant impact on emotional intelligence, rational reasoning, and information acceptance. Postpartum mothers can easily change their preparation to become mothers and manage their emotions by learning more about various topics through social media or activities offered by the village midwife program. Make sure you prepare well during pregnancy so that you feel confident during childbirth (Abuidhail et al., 2019).

Supportive therapy for a group of people with relatively similar traits and problems is known as group supportive therapy. Based on the explanation above, supportive therapy is defined as a form of therapy in which members work together to support and encourage each other. There are guidelines that distinguish Supportive Therapy from other group psychotherapies, including the inclusion of "suggestions" that motivate participants to engage with each other outside of the session (Maternity et al., 2021).

The results of this study support the research conducted by Hidayah et al. (2017) which shows that there is a relationship between System Support with Postpartum Blues with the value of p -value 0.028, where *System Support* obtained by mothers from the support of family and husband (Hidayah et al., 2017). According to research by Pratiwi et al. (2017), warm and friendly communication and emotional bonds are the main ways that families, especially parents (mothers), can help you. Husbands can offer close emotional bonds, communication, and attention. Social support has an influence of 30.2% on the emergence of postpartum blues, according to a study by Ningrum (2017) which used multivariate analysis to test the components of social support. Help from those closest to you is an example of social support that makes a person feel valued, cared for, and part of the community (Ariesca et al, 2019).

Mothers who do not receive social support will tend to feel worthless and feel less cared for by their family (Abdulahi et al., 2018).

According to the study, anxiety is common in mothers who give birth or have babies for a variety of reasons, but each respondent's level of anxiety varies based on how they handle the problem that arises. Mothers who strongly believe that worshipping can help them feel calmer experience less anxiety than those who do not use spiritual abilities to manage their worries. The coping mechanism refers to behavioral and mental conditions to control, tolerate, and minimize stressful situations. If this mechanism is applied effectively, then stressors no longer cause psychological stress or pain, but rather change. The coping mechanism is a process to overcome the anxiety you are experiencing by sharing your story or feelings with people around you, such as your partner, parents, or friends.

4. Conclusion

There is an effect of knowledge and group therapy on breastfeeding mothers on the incidence of postpartum blues at PMB Mira Haryati Bangsalan Teras Boyolali. The results showed that there was a significant relationship between knowledge and the incidence of postpartum blues, with a p-value of 0.001. The provision of group therapy had an effective impact on the change in the incidence of postpartum blues with a p-value of 0.000

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