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THE EFFECT OF PSYCHOEDUCATION ON THE LEVEL OF POSTPARTUM BLUES IN POSTPARTUM MOTHERS

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ABSTRACT
Postpartum "blues" are defined as low mood and symptoms of mild depression that are temporary and self-limited. However, a diagnosis of postpartum blues can make a person vulnerable to postpartum depression or postpartum anxiety disorder. The aim of this research is to determine the effect of psychoeducation on the level of postpartum blues in postpartum mothers. This research is quantitative research using a pre-experimental design with a one-group pre-post test design type of research. The population in this study was postpartum/postpartum mothers on days 3-10. The research results show that the value of Asymp. Sig. (2-tailed) > 0.05, namely 0.841. The conclusion from this study is that there is no effect of psychoeducation on the level of postpartum blues in postpartum mothers.

Keywords: psychoeducation; postpartum blues; postpartum mothers

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INTRODUCTION

Postpartum "blues" are defined as low mood and symptoms of mild depression that are temporary and self-limited. However, a diagnosis of postpartum blues can make a person vulnerable to postpartum depression or postpartum anxiety disorder. Postpartum blues has symptoms such as excessive sadness, sudden crying, irritability, difficulty sleeping, headaches, and a tendency to blame yourself. Postpartum blues causes mothers to become passive and ignore their babies as well as hormonal imbalances due to anxiety and stress. In babies, it results in a weakened baby's immune system due to lack of attention and touch from the mother. Postpartum blues must be treated appropriately before it develops into postpartum depression. Postpartum depression is a mood change disorder that occurs after childbirth, which usually occurs within 4 weeks after delivery. In Indonesia itself, the number of cases of post partum depression often goes undetected because it is considered a common symptom in new mothers. This research shows that postpartum blues can be followed up immediately before it leads to postpartum depression. The purpose of this study was to determine the effect of psychoeducation on the level of postpartum blues in postpartum mothers.

METHOD

This research is quantitative research using pre-experimental methods with a one-group pre-post test design research type. The sampling method in this research used purposive sampling with a sample size of 30 people. Research design pre test-post test one group design. The population in this study were postpartum mothers on days 3-10 at the Mother and Child Hospital in Balikpapan City. In this study, the measuring tool used was the Edinburgh Postnatal Depression Scale (EPDS) questionnaire. EPDS has a sensitivity of 96% and a specificity of 82% with a cut-off value of 10. EPDS was first developed by Cox, et al. in 1987, and then by Cox and Holden with 13 question items. While now, EPDS used in various

countries has 10 easy-to-use question items. Each EPDS item itself has a value that varies around 0-3 where this scoring is adjusted to the severity of the mother's feelings felt during the past 7 days before screening using the EPDS questionnaire (Adli, Farhan K. 2022). Research results Data analysis used using the Wilcoxon signed-ranked test. Data analysis used used the Wilcoxon signed-ranked test.

RESULT

Table 1.
Age frequency distribution

		f	%	Valid Percent	Cumulative Percent
Valid	15 - 25	11	36.7	36.7	36.7
	26 - 35	16	53.3	53.3	90.0
	36 - 45	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

Based on the table above, there are 11 samples aged 15-25 years, or around 36.7%, 16 respondents aged 26-35 years, or 53% of the total respondents, and there are at least 3 people aged 36-35 years. 45 years or around 10% of the total respondents of 30 respondents.

Table 2.
Frequency distribution of baby's date of birth

		f	%	Valid Percent	Cumulative Percent
Valid	Juli	2	6.7	6.7	6.7
	Agustus	28	93.3	93.3	100.0
	Total	30	100.0	100.0	

The information from the table is the frequency distribution of baby birth dates. Namely, there were 28 or around 93.3% of the total respondents, who were born in August, while only 2 respondents (6.7%) were babies born in July.

Table 3.
Status frequency distribution

		f	%	Valid Percent	Cumulative Percent
Valid	Marry	29	96.7	96.7	96.7
	Singgle	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

The table above shows the status of the 30 respondents. It can be seen that as many as 96.7 (76.66%) or 29 respondents were married, while 1 respondent was still single (3.33%)

Table 4.
Frequency distribution of types of childbirth

		f	%	Valid Percent	Cumulative Percent
Valid	Normal	6	20.0	20.0	20.0
	SC	24	80.0	80.0	100.0
	Total	30	100.0	100.0	

The table above shows that most respondents gave birth by SC, namely 24 respondents (80%) compared to respondents who gave birth normally, namely 6 respondents (20%)

Table 5.
Frequency distribution of duration of labor

		f	%	Valid Percent	Cumulative Percent
Valid	Long	1	3.3	3.3	3.3
	Not long	29	96.7	96.7	100.0
	Total	30	100.0	100.0	

The table above shows the frequency distribution of respondents' labor duration. It was found that only 1 respondent (3.33%) experienced a long delivery time, while 29 (96.66%) others admitted that they gave birth quickly.

Table 6.
Frequency distribution of Religion

		f	%	Valid Percent	Cumulative Percent
Valid	Islam	28	93.3	93.3	93.3
	Christian	1	3.3	3.3	96.7
	Hindu	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

The table above shows the frequency distribution of religion. It was found that 28 respondents (93.33%) were Muslim, 1 Christian (3.33) and 1 Hindu (3.33).

Table 7.
Frequency distribution of Number of Children

		f	%	Valid Percent	Cumulative Percent
Valid	1	14	46.7	46.7	46.7
	2	9	30.0	30.0	76.7
	3	4	13.3	13.3	90.0
	4	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

The table above shows the frequency distribution of the number of children. It was found that 14 respondents (46.7%) had 1 child, and 9 respondents (30%) had 2 children, and 4 (13.33%) respondents had 3 children, 3 respondents (10%) had 4 children.

Table 8.
Occupational frequency distribution

		f	%	Valid Percent	Cumulative Percent
Valid	Housewife	27	90.0	90.0	90.0
	Employee Private	2	6.7	6.7	96.7
	Admin	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

The table above shows the frequency distribution of work. It was found that 27 respondents (90%) became housewives, 2 respondents (6.7%) became private employees, 1 respondent (3.3%) became an admin

Table 9.
Frequency distribution of Last Education

		f	%	Valid Percent	Cumulative Percent
Valid	Elementary school	2	6.7	6.7	6.7
	Junior High School	7	23.3	23.3	30.0
	High School/Equivalent	16	53.3	53.3	83.3
	S1	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

The table above shows the frequency distribution of recent education. It was found that 16 respondents (53.3%) were high school graduates/equivalent, 7 respondents (23.3%) were junior high school graduates, 5 respondents (16.7%) were undergraduate graduates, 2 respondents (6.7%) were elementary school graduates.

Table 10.
Frequency distribution of income

		f	%	Valid Percent	Cumulative Percent
Valid	Rp 0 - 2000.000	1	3.3	3.3	3.3
	Rp 2000.000 - 4000.000	23	76.7	76.7	80.0
	>Rp 4000.000	6	20.0	20.0	100.0
	Total	30	100.0	100.0	

The table above shows the frequency distribution of income. It was found that 23 respondents (76.7%) had a salary of Rp. 2,000,000-Rp. 4,000,000, 6 respondents (20%) had a salary > Rp. 4,000,000, 1 respondent (3.3%) had a salary ≤ IDR 2,000,0000

Tabel 11.
Wilcoxon Signed Rank Test

		N	Mean Rank	Sum of Ranks
Post Test - Pre Test	Negative Ranks	11[a]	14.27	157.00
	Positive Ranks	13[b]	11.00	143.00
	Ties	6[c]		
	Total	30		

a. Post Test < Pre Test
b. Post Test > Pre Test
c. Post Test = Pre Test

Negative ranks or the negative difference between the pre-test and post-test results is 11, this shows that there are 11 people who experienced a decrease in the results of the post-test compared to the pre-test.

Positive ranks or the positive difference in value is 13. So it shows that there were 13 people who experienced an increase in their post test results.

Ties is the similarity between the pre-test and post-test scores, namely 6. So there are 6 people who have the same scores on the pre- and post-test.

Tabel 12.
Test Statistics[a]

	Post Test - Pre Test
Z	-.201[b]
Asymp. Sig. (2-tailed)	.841

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

The table above shows that the value of Asymp. Sig. (2-tailed) is 0.841. So it can be

concluded that the hypothesis is rejected. Or there is no effect between psychoeducation on the level of postpartum blues in postpartum mothers

DISCUSSION

Postpartum blues is categorized as a mild mental disorder syndrome, therefore it is often ignored so that it is not diagnosed and there is no treatment as it should be, in the end it can become a problem that is difficult, unpleasant and can make the woman who experiences it feel uncomfortable. Postpartum blues is a mild psychological disorder during the postpartum period. Even though this disorder is mild, if it is not treated properly, postpartum blues can turn into more severe conditions, namely postpartum depression and postpartum psychosis (Marmi, 2014)According to the research results of Tindaon (2018), postpartum blues is a psychological problem after giving birth such as feelings of sadness, anxiety, depression, loss of appetite, sleep disorders and sometimes not caring about the baby. Postpartum depression is an internal part of mental disorders that occur in mothers who give birth, the impact of this depression can reduce the spirit of life, even to the point of extreme action, namely suicide. As with the results of Winarni's research (2017), 50-70% of all postpartum mothers will experience this syndrome. While in Indonesia it is 50-70% and can develop into postpartum depression with varying numbers and 5% to more than 25% after the mother gives birth.

The results of Winarni's research (2017), 50-70% of all postpartum mothers will experience this syndrome. While in Indonesia it is 46 50-70% and this can cause postpartum depression with varying amounts and 5% to more than 25% after the mother gives birth. In Kusnaningsih's (2015) study, it was found that health education packages and relaxation techniques were effective in reducing the incidence of postpartum blues, as well as the results of Murwati's (2017) study, the results of the analysis showed the effect of CBT implementation on postpartum depression as indicated by a p value <0.014. based on testing the application of CBT can reduce the score of 4.5 on the DPP measurement based on the EPDS scale. This is supported by Azmi's theory (2016), the effect of counseling on depression in postpartum mothers, the sample of this study was 55 27 intervention groups and 28 control groups analysis, using counseling in order to provide information and help these mothers. better for the preparation of the postpartum period that will be experienced and can find out what needs the mother wants during the pregnancy, childbirth, and postpartum process.

In this study, the test results showed that there was no influence between psychoeducation on the level of postpartum blues in postpartum mothers. This is proven by the results of the Wilcoxon Signed Ranks test for the Asymp value. Sig. (2-tailed) > 0.05 with Asymp value. Sig. (2-tailed) is 0.841 . In this study, all respondents received psychoeducation about the definition of postpartum, postpartum problems including postpartum blues, characteristics of postpartum, levels of postpartum blues, how to accept changes in postpartum mothers. This research is not in line with research by Nazara, Yafeti, 2009 that psychoeducational intervention is very effective in preventing postpartum depression after being controlled by family support factors. The differences in the results of this study are in the type of sample and research object, and the current study does not include family support which could provide control over the incidence of postpartum blues.Some postpartum mothers may experience postpartum blues either through natural or spontaneous labor. However, mothers who undergo surgical delivery tend to experience higher levels of postpartum blues (Wijayarini, et al, 2005 in Yunanto, et al 2023). In the current study, the number of respondents who underwent surgical delivery (Section Caesarea) was 80%. This provides a note that postpartum blues still occurs even though psychoeducation has been provided well by researchers.

Current research shows that the majority of respondents are primiparas or mothers who have given birth for the first time, namely 46.7%. The results of Kurniasari, 2014's research showed that there was a significant relationship between parity and the incidence of postpartum blues with p-value = 0.04, OR value = 2.667, meaning that respondents with primiparous parity had a 2.667 times greater chance of experiencing postpartum blues. As well as research by Olii, Nancy; et al. 2023 which states that age, parity, level of education, family support, sleep disorders, type of delivery, and readiness to become a mother are factors that cause postpartum blues and can be overcome by involving the husband, family and the surrounding environment through support for postpartum mothers. Based on this comparison, it can be concluded that in this study psychoeducation did not have an influence on the level of postpartum blues, one of which was because the respondents consisted of more primiparas than multiparas.

CONCLUSION

Based on the results of the analysis and discussion of research results, it can be concluded that the influence of psychoeducation on the level of postpartum blues in postpartum mothers is that there is no influence of psychoeducation on the level of postpartum blues in postpartum mothers.What needs to be noted is that from reviewing several previous studies regarding the level of postpartum blues, there are several important things that can influence the occurrence of postpartum blues apart from psychoeducation, including family support in the postpartum period, type of surgical delivery, primiparous parity.

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