

EFFECTIVENESS OF PARENTING COUNSELING ON POSTPARTUM BLUES EVENTS IN THE WORKING AREA OF LUBUK BUAYA COMMUNITY HEALTH CENTER IN 2017

Aldina Ayunda Insani¹ Defrin², Shinta Aulia³

¹ Bachelor of Midwifery Program Faculty of Medicine Universitas Andalas Jln. Niaga no. 56 Padang, Indonesia

² Department of Obstetrics and Gynecology, Faculty of Medicine Hospital UNAND Dr. M. Djamil Padang, Indonesia

³ Bachelor of Midwifery Program Faculty of Medicine Universitas Andalas Jln. Niaga no. 56 Padang, Indonesia
aldinaayundainsani@med.unand.ac.id¹

Abstract

Postpartum blues occur in the first week after days 3-5 of labor, which occurs about 30% -80% in postpartum mothers. The purpose of this study was to determine the effectiveness of parenting counseling on postpartum blues incidence in the working area of Lubuk Buaya Community Health Center in 2017.

The type of this research is Pre-Experiment conducted in the work area of Lubuk Buaya Puskesmas in 60 mothers of primigravida aterm (experimental and control group) selected by purposive sampling technique. The experimental group was given 1 time parenting counseling. All data were collected using questionnaires and data analyzed using the Wilcoxon test and Mann Whitney test, considered significant if $p < 0.05$.

The results of all respondents study age is not risky. The 37 weeks maternal gestational age categories in the experimental and control group were 73.3% and 63.3% and middle-level maternal education in the experimental and control group were 66.7% and 56.7%. With $p\text{-value} < 0,05$, it means that parenting counseling done to mother and her husband is effective to increase mother's knowledge about parents readiness and there is difference / decrease of postpartum blues event.

From the result of this study it can be conclude there is Parenting counseling performed on primigravida mothers is effective in improving maternal knowledge about parental readiness and there are differences in postpartum blues events between mothers given parenting counseling and those not given counseling. For further research can add more frequency of counseling

Keywords : Postpartum Blues, Parenting Counseling

INTRODUCTION

Childbirth is one of the most important and happy events for women. However, some women experience mood disorders after childbirth which is a factor triggering the emergence of emotional, intellectual and behavioral disorders in a woman. Some women can adapt well so it will not be an ongoing problem, but for women who can not adapt to those changes will experience psychological disorders such as postpartum blues (Dewi and Sunarsih, 2012; Pitriani and Andriyani, 2014).

Postpartum blues or so-called baby blues is a mild ill-effects syndrome in the first week after childbirth that usually peaks on 3-5 days, usually disappears within 24-72 hours or at day 10 (Dewi and Sunarsih, 2012; Sinclair, 2009). According to Jones and Shakespeare (2014) postpartum blues occur about 30% - 80% in women after childbirth. Postpartum blues may progress to postpartum depression (7% and 19%) and do not rule out the incidence of postpartum depression increased and about 0.1% (1 in 1000) of labor progresses into postpartum psychosis.

Postpartum blues occur due to several factors, including due to physical and hormonal changes, adaptability, age and number of children, family support, husband, stress experienced by women

themselves such as not being able to breastfeed their babies, psychosocial background and unpreparedness for role change in the woman (Pitriani and Andriyani, 2014).

Based on research Fatmawati et al (2015) in Puskesmas working area of Yogyakarta city there are 46% of respondents experiencing postpartum blues and 54% of respondents do not experience postpartum blues. Postpartum blues occur most often in primiparas (62%) due to new primiparas entering their role as a mother. According to Wijayanti (2013) in the Blora Community Health Center, the incidence of postpartum blues in primiparous mothers is 17.4% higher compared to multiparous women.

Mothers who experience postpartum blues usually insomnia, often crying, anxiety, decreased concentration and irritability. As a result of the anxiety felt by the mother, the mother is obsessed with her baby or feels anxious to endanger her own baby so as to regard the baby as a burden for him (Saleha, 2009).

During pregnancy and before birth, health professionals should describe the early signs and symptoms of postpartum blues and tell the mother of how to cope with the postpartum blues (Orshan, 2008). Good self-preparation facing childbirth should be strengthened during pregnancy because the person who is going to be a parent feels worried about her ability as a parent, her partner's ability to be a parent or how to cope her mother and husband against parenting. Mothers are more likely to worry about physical appearance after delivery while their husbands are worried about the baby's effect on work and personal time (Pitriani and Andriyani, 2014; Varney, 2015).

The magnitude of risk for the mother and baby if experiencing this symptom, then made various efforts that start from the period of pregnancy. Early detection / screening of mood disorders is important so that the mood disorder is handled quickly and does not continue to be worse. To do the screening using the Edinburg Postnatal Depression Scale (EPDS) tool containing questions relating to the liability of feelings of anxiety, guilt, and covering things that include postpartum blues (Dewi and Sunarsih, 2012).

Some researchers have made some interventions to prevent postpartum blues, such as research conducted by Indriyanti (2014) Bina Keluarga Mandiri (BKM) proved to increase family independence in order to reduce the incidence of postpartum blues. Research conducted by Girsang et al (2015) proves that psychiatric psychiatry during postpartum period is effective in decreasing postpartum blues in primipara in adolescence.

Based on data from the health profile Padang (2015) Puskesmas Lubuk Buaya is an area that has a number of pregnant women and birth mothers highest number among the 22 health centers in Padang that the number of 2.146 pregnant women and 2.048 maternal (Department of Health, 2016)

Based on the above background, researchers are interested to examine the effectiveness of parenting counseling on postpartum blues events in the working area of Lubuk Buaya Community Health Center in 2017.

METHODS

The type of this research is Pre-Experiment conducted in the working area of Lubuk Buaya Health Center in 60 mothers of primigravida aterm (experimental and control group) selected by purposive sampling technique from October to November 2017. The experimental group was given 1 parenting counseling. All data were collected using questionnaires and univariate and bivariate data analysis. Bivariate analysis using the Wilcoxon test and Mann Whitney test.

RESULT

The number of respondents in this study were 60 primigravida mothers with term pregnancy (30 experimental group and 30 control group).

Table 1 Distribution of Mother Age

Age (year)	Experiment		Control	
	f (n=30)	(%)	f (n=30)	(%)
< 20	0	0,0	0	0,0
20-35	30	100,0	30	100,0
> 35	0	0,0	0	0,0
Total	30	100	30	100

Based on the results of distribution in table 1 above can be seen that all respondents aged 20-35 years in the experimental group or control group (100%).

Table 2 Distribution of Maternal Pregnancy Age

Pregnancy Age (week)	Experiment		Control	
	f (n=30)	(%)	f (n=30)	(%)
37	22	73,3	19	63,3
38	8	26,7	10	33,3
39	0	0	1	3,3
40	0	0	0	0
41	0	0	0	0
42	0	0	0	0
Total	30	100	30	100

Based on table 2 it can be seen that the 37 weeks of pregnancy age group in experiment and control group is 73.3% and 63.3%.

Table 3 Distribution of Mother's Education

Education	Experiment		Control	
	f (n=30)	(%)	f (n=30)	(%)
High	10	33,3	12	40,0
Secondary	20	66,7	17	56,7
Priary	0	0	1	3,3
Total	30	100	30	100

Based on table 3 it can be seen that mothers are at secondary education level in experiment and control group is 66,7% and 56,7%

Primigravida's mother's knowledge after being given parenting counseling

Based on bivariate analysis of primigravida mother knowledge after given parenting counseling can be seen in table 4 and table 5

Table 4 Wilcoxon Test Results Experiment Group

	Pretest – Posttest Experiment
Z	-4,405
Asymp. Sig. (2-tailed)	0,000

Table 4 shows that Wilcoxon (pretest-posttest) test results obtained by sig value in experimental group ($0.000 < \alpha (0,05)$), this result means that parenting counseling to mother and also her husband is effective to increase mother's knowledge about readiness to be parents.

Table 5 Data Analysis Pretest-Posttest Experiment Group

	N	Mean	Std. Deviation	Min	Max
Pretest	30	53,70	12,61	36,00	81,00
Posttest	30	73,53	7,98	63,00	100,00

Table 5 shows the average pretest value before treatment to the experimental group of 53,70 whereas after the treatment the posttest average score of 73,53. This means that the mean value after treatment in the experimental group is greater than the initial value. This value difference is significant so it can be said that giving parenting counseling can improve mother's knowledge about the readiness to become a parent.

Table 6 Data Analysis Pretest-Posttest Control Group

	N	Mean	Std. Deviation	Min	Max
Pretest	30	48,90	13,71	18,00	71,00
Posttest	30	48,00	11,16	27,00	72,00

Table 5 shows the mean value of pretest control group of 48,90 whereas the mean posttest score that was not given parenting counseling was 48,00. This means that there is no additional knowledge of mother about the readiness to be parents to mothers who are not given parenting counseling.

Effectiveness of Parenting Counseling on Postpartum Blues Occurrences

Based on the bivariate analysis of frequency of postpartum blues events after being given parenting counseling on experimental group and control group (posttest) can be seen in Table 7.

Table 7 Frequency of Postpartum Blues Event After Giving Parenting Counseling In Experiment Group And Control Group (Posttest)

Konseling Parenting	Postpartum Blues				Total		OR (95% CI)	p-value
	No		Yes		f	%		
	f	%	f	%				
Experiment	8	33,3	22	61,1	30	100	0,318 (0,108-0,938)	0,037
Control	16	66,7	14	38,9	30	100		
Total	24	40	36	60	60	100		

Table 7 shows the percentage of mothers who experienced postpartum blues after parenting counseling was lower than mothers who were not given parenting counseling (33.3%). Based on Mann Whitney statistic test results obtained p-value ($0,037 < \alpha (0,05)$), meaning there is difference of postpartum blues incidence between parenting counseling given with not given counseling which means effective parenting counseling to decrease postpartum blues event. Primigravida mothers who were given 1 parenting counseling had a 0.318-fold risk of having postpartum blues compared with those not given parenting counseling. (OR 0.318, 95% CI 0.108-0.938).

DISCUSSION

Primigravida Mother's Knowledge After Given Parenting Counseling in the Work Area of Lubuk Buaya Community Health Centers of 2017

Data analysis using Wilcoxon test obtained by sig value in experimental group (0.000) $< \alpha$ (0,05), this result means that parenting counseling done to mother and also her husband is effective to increase mother's knowledge about parent readiness.

The average pretest value before treatment to the experimental group was 53.70 while after the treatment the posttest average score was 73.53. This means that the mean value after treatment in the experimental group is greater than the initial value. This value difference is significant so it can be said that giving parenting counseling can improve mother's knowledge about the readiness to become a parent.

The mean value of pretest control group was 48.90 while the mean posttest score that was not given parenting counseling was 48.00. This means there is no addition of mother's knowledge about the readiness to be a parent to mothers who are not given parenting counseling. The likelihood of decreasing the mean score in the control group due to the inconsistency of respondents in answering the pretest-posttest question.

According to Notoadmodjo (2012) the level of one's knowledge can be influenced by several factors such as age, education level and experience. Mother's knowledge increases after being given parenting counseling with the media booklet. This is possible because the media booklet has the advantages can be studied independently because it is designed in the form of a book so that the mother can listen to what is delivered without having to record all the material delivered. Research conducted by Wijayanti (2015) at Gatak Public Health Center, booklet media is one of the print media that prioritizes visual messages in book form either writing or drawing. From the results of research conducted there is an increase in knowledge on pregnant women who are given counseling by using booklet media so as to change the attitude of the mother in maintaining her pregnancy for the better.

Effectiveness of Parenting Counseling on Postpartum Blues Occurrence in the Work Area of Lubuk Buaya Community Health Center 2017

The results showed the percentage of mothers who experienced postpartum blues after being given parenting counseling lower than mothers who were not given parenting counseling (33.3%). Based on the statistical test, p-value 0,037 (p-value $< 0,05$) means different postpartum blues incidence between parenting counseling and not given counseling. Primigravida mothers who were given 1 parenting counseling had a 0.318-fold risk of having postpartum blues compared with those not given parenting counseling. (OR 0.318, 95% CI 0.108-0.938)

The results of this study are in line with research Budihastuti, et al (2012), providing effective counseling in helping positive coping mechanism in the mother so that mothers tend not to experience stress. Likewise, the research conducted by Kenwa, et al (2015) the existence of the influence of counseling on the occurrence of stress on postpartum mothers in Public Health Center II and IV South Denpasar.

Parenting counseling is one of the experiments that can be given to the mother because the mother can excite the mother's feelings when counseling and can solve the problems experienced. Counseling is also conducted to the husband aims to make the husband know the role needed and needed by pregnant women to face delivery or after childbirth. The authority of midwife in running government program that is giving health service one of them provide integrated antenatal care for example doing parenting counseling (Nurdiyana, 2016). Health education given to a person will affect in doing attitude one of the behavior in maintaining pregnancy (Yulizawati, 2016).

According to research conducted by Kirana (2015) at Dustira Cimahi Hospital postpartum blues can be caused by maternal psychological factors in maternal pregnancy and childbirth are emotional problems that accompany childbirth and lack of support from husband or family. There are four wishes of mother in childbirth that is accompanied by the nearest person, get pain relief, get a sense of security from the nearest person to the baby and receive the baby, and get attention, affection and appreciated by the nearest person during childbirth.

CONCLUSION

There is an addition of maternal knowledge after parenting counseling and parenting counseling performed on primigravida mothers is effective in reducing postpartum blues events. For further research can increase the frequency of counseling and for health institutions to make parenting counseling as a model or preventive action and Perform psychological assessment using EPDS in a postpartum week

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