



Health Education on the Prevention of Post Partum Depression at the Bara-Baraya Health Center, Makassar City

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ABSTRACT

Postnatal depression is a disorder that occurs in mothers after giving birth. This disorder occurs in her mood, this condition can cause the mother to be easily sad, tired, irritable, cry for no apparent reason, easily anxious and have difficulty concentrating. The worst condition a mother can experience is when she hurts herself or even her baby. The aim of community service is to increase public knowledge about postnatal depression and how to prevent it. The method for organizing PKM is lectures/counseling, discussions and questions and answers with activities providing material related to postnatal depression and its prevention. This activity was attended by 26 participants who were postpartum mothers. Results: mothers were very enthusiastic and active in asking questions, the level of knowledge of postpartum mothers before being given education about postpartum depression was at sufficient knowledge and after being given education increased to high to good knowledge. Health education regarding the prevention of postnatal depression in postpartum mothers needs to be carried out continuously to reduce the incidence of postnatal depression and requires the role and support of husbands to provide special attention to reduce the incidence. from postpartum depression.

Keywords: Community Service; Health Education; Post Partum Depression

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1. Introduction

Postpartum is a period where a mother will undergo tiring days compared to the pregnancy period, both physically and psychologically, which will further cause feelings of stress/depression (Sudarto, Zakiyya, & Handrika, 2022). The postpartum period begins 1 hour after birth. placenta up to 6 weeks (42 days) after that. Mood disorders are a common problem that occurs during the postpartum period. There are 3 types of disorders that can occur during this period, including: baby blues, postpartum depression, and postpartum psychosis. Baby blues affects almost 80% of mothers, this disorder is milder than postpartum depression, usually appearing from the 2nd day to 2 weeks postpartum and will disappear by itself. Common symptoms of baby blues include worry, lack of self-confidence, crying for no apparent reason, sensitivity, irritability and restlessness (Lindayani & Marhaeni, 2020).

The postpartum period will make changes to the reproductive organs. One of them is changes in the psychology of postpartum mothers. While the transition to motherhood is usually seen as a positive experience in a woman's life, it is also a time of physical, psychological, and social adaptation that can leave women in a state. Post partum depression is a relatively common mental disorder estimated to affect 13-19% of women in the first year after giving birth (Mayangsari et al., 2022). Based on data from (WHO, 2017), globally it is estimated that 5% of adults suffer from depression. Depression often occurs in the Southeast Asia and West Pacific regions. Indonesia itself has a prevalence of depression of 3.7% or below

India which is in first place with a prevalence rate of 4.5%, while depression in the Southeast Asia region is 27%. About 20% of women with a history of depression before pregnancy experienced major depression during pregnancy or after giving birth, whereas 56% of women with a history of anxiety before pregnancy experienced anxiety during this period. Meanwhile, of women with depression and anxiety before pregnancy, 29% reported repeated episodes of major depression, while as many as 63% experienced anxiety during pregnancy and after giving birth (Hidayati et al., 2022).

Post-partum psychological problems can interfere with a mother's ability to care for her baby, and their intensity can negatively affect quality. Anxiety symptoms often appear during pregnancy, which can increase the risk of post-partum depression and other health conditions that are detrimental to the mother and her offspring. Post-partum depression and anxiety have a variety of consequences. Post-partum depression can have a negative impact on children's cognitive and emotional development as well as social behavior (Hidayati et al., 2022), the results of activities carried out (Lailiyana & Susilawati, 2020). Based on the results of monitoring and evaluation, it was found that there was an increase in the application of EPDS by midwives for early detection postpartum maternal psychological problems, namely from 66.7 to 88.9. It is recommended that midwives increase efforts to detect early postpartum depression in every postpartum mother by using EPDS both during home visits and when clients visit service facilities (Khatimah, Akhfari, & Khaera, 2021). There are several ways to prevent postpartum depression. One effort to reduce the incidence of disease is to carry out health education and disease prevention measures. Health education is carried out to maximize healthy potential in society. Meanwhile, prevention or preventive action is carried out to prevent recurrence if individuals in the community are at risk of getting sick. Health education and disease prevention efforts require less money when compared to the treatment conditions that must be carried out if they are already sick.

2. Method

This activity was carried out by two lecturers from the D3 midwifery study program at STIKES Nani Hasanuddin and three midwifery students in October 2023. The activity was carried out at the Bara-Baraya Community Health Center. The activity stages are as follows:

- a) Situation Analysis The first stage is identifying the location and place of implementation at the Bara-Baraya Community Health Center, as well as coordinating with the midwife in charge and preparing an implementation schedule.
- b) Preparation Implementation of preparing counseling plans, designing postpartum depression risk evaluation formats, preparing evaluation questionnaires, preparing licensing letters and recording targets and participants.
- c) Implementation The implementation of this community service begins with distributing pre-test postpartum depression questionnaires to postpartum mothers. Next, providing counseling using the lecture method with material: preventing baby blues, understanding baby blues and postpartum depression, how to prevent postpartum depression and providing explanations about management. postnatal stress, anxiety and depression, and discussion. The activity was held on October 23 2023 at the Bara-Baraya Community Health Center with 26 participants taking part in the counseling activity.



Figure 1. Extension Activities

- d) Monitoring and Evaluation The first evaluation was carried out directly during the counseling, namely that participants demonstrated the ability to answer questions and improve their post-test scores.

3. Result and Discussion

The results of community service activities at the Bara-baraya Community Health Center in October 2023 by 26 D3 Midwifery study program lecturers obtained the following results:

Table 1. Evaluation results of the Pre-Activity Knowledge Questionnaire

Knowledge	Result	Percentage (%)
Fair	21	81
Good	5	10
Total	26	100

The next stage is delivering the material using the lecture, question and answer method. All material targeted to be delivered in service activities has been implemented 100%. Then the activity participants were given a post-activity questionnaire again to find out the development of knowledge about preventing baby blues, understanding baby blues and postpartum depression, how to prevent postpartum depression and provide an explanation about the management of postpartum stress, anxiety and depression.

Table 2. Post Test Knowledge Questionnaire Evaluation Results

Knowledge	Result	Percentage (%)
Fair	7	27
Good	19	73
Total	26	100

From this table, it is known that there has been an increase in activity participants' knowledge about preventing baby blues, understanding baby blues and postnatal depression, how to prevent postnatal depression and providing an explanation about managing postnatal stress, anxiety, and depression. postpartum perineum. However, there were still participants who had a medium classification.

Extension is also an educational activity through the dissemination of information that makes people aware, knowledgeable, and understanding, and also willing and able to carry out the recommendations in the extension message. The aim of health education is to change the behavior of the target of counseling, both individuals and the community, so that it conforms to health norms. Counseling education by health workers is very important to prevent postpartum depression. Midwives as women's partners throughout their life cycle have the main role of early detection of psychological disorders and helping or providing education and counseling (support person) to clients, families, and the community (Sudarto et al., 2022)

The results of research (Nova & Zagoto, 2020) regarding psychological adaptation during the postpartum period had sufficient knowledge, namely 15 people (50%). So, it is hoped that the results of this research can provide information to respondents regarding Psychological Adaptation during the Postpartum Period and respondents can expand their knowledge by seeking information from health workers and through print media, electronic media, books and articles.

Health education is an effort to exchange ideas with partners so that information can increase mutually accompanied by knowledge. The results of the activities carried out (SURBAKTI et al., 2022) are that there is an increase in the average knowledge of participants after being given education about recognizing and preventing post-partum depression. Activities to prevent the incidence of post-partum depression need to be intensified to reduce

the incidence of post-partum depression in mothers. Community service is an effort to prevent postpartum depression that can be recognized early. For this reason, community service was held by D3 Midwifery study program lecturers and students.

4. Conclusion

The outreach activities aimed at health education for the prevention of postpartum depression at the Bara-Baraya Health Center in Makassar City were notably successful. The seamless coordination with the community health center, insightful interviews with postpartum mothers, and the effective execution of health education sessions contributed to the overall positive outcomes. The interactive nature of the sessions facilitated a comprehensive understanding among the mothers, fostering an environment conducive to learning. The subsequent evaluation revealed that postpartum mothers provided very good answers, indicating a significant increase in knowledge regarding the prevention of postpartum depression. This success underscores the importance of community-based health education initiatives in addressing maternal mental health concerns and sets a commendable example for future programs. As we move forward, sustaining and expanding similar health education initiatives will be crucial for the ongoing well-being of postpartum mothers, emphasizing the impact of community collaboration and education in promoting mental health and preventing postpartum depression within the community of Makassar City.

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