


Application Of Cognitive Behavioral Therapy (CBT) In An Effort To Prevent Postpartum Depression

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Article Info	ABSTRACT
<p>Keywords: Cognitif Behavior, therapy, (CBT), Postpartum Depression</p>	<p>In some countries, the prevalence of postpartum depression is relatively higher. Postpartum depression can have a negative impact on the mother's physical and mental health, and can affect the relationship between mother and baby. Cognitive behavioral therapy (CBT) is an approach that focuses on changing behavior and ways of thinking, as well as increasing the mother's ability to deal with stress and pressure. Therefore, to study this problem, researchers are interested in conducting research on the application of cognitive behavioral therapy (CBT) in an effort to prevent postpartum depression in the working area of the Makrayu health center in Palembang city. The design of this study was <i>quasi experiment</i>, the sample was normal postpartum mothers day 10-40. The number of samples was 15 experimental groups and 15 control groups with <i>purposive consecutive sampling</i> technique. To measure postpartum depression using EPDS (<i>Edinburg Postnatal Depression Scale</i>). From the results of the study it can be concluded that the results of the <i>unpaired t-test</i> obtained a <i>significance</i> value of 0.003, this means "there is a significant mean difference in postpartum depression scores between the intervention group and the control group". Thus it can be concluded that there is an effect of CBT application on postpartum depression. The results of the linear regression test obtained the linearity equation is the application of CBT = $3.863 + 0.208 \text{ KF}$. This means that the application of CBT to postpartum women can reduce depression scores by 3.863 compared to postpartum care without providing CBT-based counseling. Suggestions for each health service are expected to conduct early detection or <i>screening</i> of the possibility of postpartum depression. The <i>screening</i> process should be part of a regular assessment of postpartum women, and anticipate the possibility of postpartum depression.</p>
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INTRODUCTION

Pregnancy and childbirth are exciting but also *stressful* periods of life. Pregnancy and childbirth provide many psychological and psychosocial changes. Women in pregnancy and the *postpartum* period tend to experience considerable *stress* due to physical limitations that must limit activities and experience the process of adaptation to motherhood so that in this period there is the potential for *postpartum* depression (Smitt *et al*, 2011). Postpartum

mothers who do not successfully adjust to their new role may experience psychological disorders such as postpartum depression.

Postpartum depression is a more serious problem than maternity blues or postpartum blues. Postpartum blues or often called temporary sadness is the lowest level of depression because it lasts very quickly, while the most severe level is postpartum psychosis. The phase between postpartum blues and postpartum psychosis is postpartum depression. Women who experience symptoms of postpartum blues can progress to postpartum depression or even at a more severe level of psychosis. As many as 85% of women will experience postpartum blues and about 20% of mothers with postpartum blues progress to postpartum depression in the first year after birth. The incidence of postpartum psychosis is 1 to 2 per 1000 births (Sadock et al, 2007).

The causative factors of postpartum depression tend to be complex and remain unclear. Postpartum hormonal changes are thought to be associated with depressive symptoms and few biological factors can explain postpartum depression (Corey & Tapha, 2011). Efforts to treat Postpartum Depression include medical treatment, psychological therapy, psychosocial and non-drug treatments such as exercise, acupuncture and massage therapy (Fitelson et al, 2011). The national program for postpartum re-visits is carried out at least 3 times including early detection, prevention and handling of complications (Muchtar, A. Sursilah, I. Isir, M. Dkk., 2014). This visit is considered to have not touched the psychological aspect, even though postpartum women experience changes not only physically but also psychologically and socially. Professional home visiting models with structured DPP prevention interventions have been successful in improving maternal and child health (Barnes, Senior, & MacPherson, 2009). Other studies have shown that cognitive therapy can reduce postpartum depression. For this reason, a form of cognitive intervention is needed that can overcome mood swings and feelings of inadequacy in postpartum mothers who fail so that they do not continue to become DPP (postpartum depression) and lazy breastfeeding (Diaz, V. A., & Carolyn, C. 2012).

In some countries, the prevalence of postpartum depression is relatively higher. Postpartum depression can have a negative impact on the mother's physical and mental health, and can affect the relationship between mother and baby. Therefore, it is important to make effective prevention efforts against postpartum depression. Cognitive behavioral therapy (CBT) is an approach that has been shown to be effective in treating depression. CBT focuses on changing negative behaviors and ways of thinking, and improving the mother's ability to cope with stress and pressure.

According to Cooper, Murray and Halligan (2010), explained that research on the application of therapy focused on the effectiveness of psychotherapeutic interventions. Later it was known that the metaanalysis of psychotherapy for postpartum depression was Cognitive Behavioral Therapy (CBT), social support, interpersonal therapy, counseling with unstructured interviews, and psychoanalysis therapy.

While Hyun Jo Cho, et al (2008), said that recently it was known through his published study that Cognitive Behavioral Therapy (CBT) was effective in reducing symptoms of postpartum depression (perinatal), it is hoped that CBT will focus more on the

cognitive component than the behavioral component because if not, then the therapy will not be effective in healing clients.

Postpartum depression is found to occur in 70% of postpartum women with nonpathological symptoms. Observation is needed to see the development of the symptoms. It is reported that psychotherapy with CBT (Cognitive Behavioral Therapy) and IPT (Intepersonal Psychotherapy) shows good results (Maramis, 2009).

Based on the causes and effects of postpartum depression and the factors that influence it, it is necessary to treat it by providing therapy. One of the methods used in the treatment of postpartum depression is Cognitive Behavioral Therapy (CBT). Cognitive Behavioral Therapy (CBT) can be applied for reasons: (a) in accordance with the existing theory that depression occurs due to a cognitive scheme with characteristics of low self-assessment and no confidence in one's own abilities. The process of cognition affects a person in behavior, this cognition process will be a determining factor in explaining how humans think, feel and act because cognition is a bridge in the human learning process; (b) thoughts, feelings and behavior are causally interconnected. Thus the approach used must be able to overcome the depression experienced by people with depression in this case is postpartum depression. Cognitive Behavioral Therapy (CBT) is a combination of cognitive and behavioral strategies. The basic concept of this therapy is that human thought patterns are formed through a process of stimulus- cognition-response sequences, which are interrelated and form networks in the brain. (Copper, Murray and Halligan in Dewi, Ni Nyoman Ari Indra and Dermawan Waruwu: 2018).

In this study, we will evaluate the effectiveness of the application of cognitive behavioral therapy in postpartum mothers in an effort to prevent postpartum depression. It is hoped that the results of this study can help increase awareness and ability of postpartum women in dealing with postpartum depression, and help reduce maternal mortality caused by postpartum depression. Based on the description above, the researcher is interested in conducting research on the application of cognitive behavioral therapy (CBT, Cognitive Behavioral Therapy) in an effort to prevent postpartum depression in the working area of the makrayu health center in Palembang city ".

METHODS

This research design is a *quasi-experiment*. The type is *post test control design* (Kothari, 2004). The population in this study were all postpartum mothers in the working area of the Makrayu Palembang health center. The sample was a portion of normal postpartum mothers on days 10-40, divided into 15 intervention groups and 15 control groups. The sampling technique is *purposive consecutive sampling*. With measurement measures using CBT-based postpartum counseling guide (Cognitive

Behavioral Therapy) to measure postpartum depression will use EPDS (Edinburg Postnatal Depression Scale). After measuring depression with a depression scale on the research subjects, both the intervention group and the control group will be given treatment to the experimental group (as the intervention group) while the control group is not given treatment. The experimental group is the group that will be given treatment in the form of

Cognitive Behavioral Therapy and the control group is used as a comparison that does not get therapy.

So to see the effectiveness of the application of cognitive behavioral therapy on efforts to prevent postpartum depression can be seen from the difference in pretest and posttest scores. Then continue data analysis with the *Unpaired t-test* statistical test and continue the simple liner regression test with the equation $Y = a + bx$ (Dahlan, 2014).

RESULTS AND DISCUSSION

The results of the Frequency Distribution Analysis explain or describe the research data in the form of characteristics of postpartum depression respondents presented in several tables as follows:

Table. 1 Frequency distribution of characteristics

No.	Variables	Intervention group		Group Control	
		n	%	n	%
1	Mother's age				
	1. <20 years or >35 years	4	26,7	3	20
	2. 20-35 years	11	73,3	12	80
	TOTAL	15	100	15	100
2	Parity				
	1. Primiparous	5	33,3	3	20
	2. Multiparous	10	6,67	12	80
	TOTAL	15	100	15	100
3	Education				
	1. SD	0	0	1	6,7
	2. SMP	3	20	2	13,3
	3. HIGH SCHOOL	6	40	9	60
	4. PT	4	26,7	3	20
	TOTAL	15	100	15	100
4	Labor History				
	1. Action	12	80	4	26,7
	2. Spontaneous	3	20	11	73,3
	TOTAL	15	100	15	100
5	Depression Level Intervention group				
	1. Normal	10	66,7	9	60
	2. Lightweight	5	33,3	3	20
	3. Medium			2	13,3
	4. Weight			1	6,7
	TOTAL	15	100	15	100

Based on the results of the table above, it can be seen that the comparison of postpartum depression scores in the intervention group after CBT counseling, there were 5 people with mild depression. This is less than in the control group with the provision

of postpartum care as many as 6 people with mild, moderate to severe depression care categories.

Table. 2 UNPAIRED T-TEST RESULT

No.	Score	Postpartum Depression			
		n	Average	Mean	P
1	KF + CBT group	15	3,60	1,41	0,003
2	KF group	15	5,01		

The results of the unpaired t-test obtained a significance value of 0.003, this indicates that there is a difference in the mean score of postpartum depression where the P value > 0.05. This means that there is a difference between the intervention group and the control group. So it can be concluded that there is a difference between the application of CBT on postpartum depression.

Table.3 Simple Linear Regression Test Results

Adjusted R ²	P-value	Regression Equation
11,5%	0,29	3.863 + 0.208 KF

The results of the linear regression test obtained the linearity equation is the application of CBT = 3.863 + 0.208 KF. This shows that the application of CBT to postpartum women in an effort to reduce postpartum depression gets a score of 3.863 compared to postpartum care without providing CBT-based counseling.

Discussion

In this study, postpartum women after being treated with postpartum care and CBT-based counseling were found to be mostly normal or not depressed although there were a few who experienced mild depression, while some postpartum women experienced mild, moderate and even severe depression in postpartum care without CBT-based counseling.

The results of the unpaired t-test obtained a significance value of 0.003, this indicates that there is a difference in the mean score of postpartum depression where the P value > 0.05. This means that there is a difference between the intervention group and the control group. So it can be concluded that there is a difference between the application of CBT on postpartum depression.

The results of research by Hyun Jo Cho, et al (2008), said that recently it was known through a study published that Cognitive Behavioral Therapy (CBT) was effective in reducing symptoms of postpartum depression (perinatal), it is hoped that CBT will focus more on the cognitive component than the behavioral component because if not, then the therapy will not be effective in healing clients. Postpartum depression or postpartum depression is found to occur as much as 70% in postpartum women with nonpathological symptoms. Observation is needed to see the development of the symptoms. It is reported that psychotherapy with CBT (Cognitive Behavioral Therapy) and IPT (Intepersonal Psychotherapy) showed good results (Maramis, 2009).

Meanwhile, based on the regression test results, although this can only explain about 11.5%, while 88.5% is likely to be caused by other conditions not studied. Methodologically,

the results of this study may be affected by various unavoidable limitations, such as selection bias, information and control of confounding. The influence of these biases may magnify or minimize the effect of actual exposure.

So it can be concluded that the results of this study are in accordance with several studies that providing psychoeducation including CBT-based counseling is one of the efforts to prevent postpartum depression. Postpartum depression is a common condition in postpartum women, with a relatively high prevalence in several countries. Postpartum depression can have a negative impact on the mother's physical and mental health, and can affect the relationship between mother and baby. Therefore, it is important to make effective prevention efforts against postpartum depression. Cognitive behavioral therapy (CBT) is an approach that has been shown to be effective in treating depression. CBT focuses on changing negative behaviors and ways of thinking, and improving the mother's ability to cope with stress and pressure.

The application of CBT in postpartum women can be done in several ways, such as: (a).Risk assessment of postpartum depression is done using depression scales such as the Edinburgh Postnatal Depression Scale (EPDS). This assessment helps in early detection of postpartum depression and determining appropriate prevention strategies. (b).Education and counseling about postpartum depression, as well as how to cope and prevent it, can help postpartum women understand and deal with this condition. (c).CBT therapy conducted individually or in groups, with the aim of improving the mother's ability to deal with stress and pressure, and changing negative ways of thinking. (d).Strong social support from husband, family and friends can help postpartum women deal with stress and pressure and reduce the risk of postpartum depression. (5).The use of technology such as apps and websites that offer help and support can help postpartum women cope with postpartum depression.

In applying CBT to postpartum women, it is important to pay attention to several things, such as: The involvement of husbands and families in the CBT therapy process can help increase social support and reduce the risk of postpartum depression, the use of language that is easy to understand and not too technical can help postpartum women understand the concepts and strategies provided, the use of social media can help postpartum women access the necessary information and support.

In this study, evaluating the effectiveness of the application of cognitive behavioral therapy in postpartum mothers in an effort to prevent postpartum depression. We hope that the results of this study can help in increasing the awareness and ability of postpartum women in dealing with postpartum depression, and help in reducing maternal mortality caused by postpartum depression.

Postpartum depression treatment efforts include medication, psychological therapy, psychosocial and non-medication treatments such as exercise, acupuncture and massage therapy (Fitelson.et al, 2011). CBT is scientifically proven for the treatment of patients with depression, and its implementation requires understanding the nature and application of CBT; access to professional resources that support effective collaboration with patients and consultants. CBT was developed by Aaron Beck, who reasoned that some people learn to

view themselves, the world, and the future influenced by various biases. Cognitive errors allow people to develop dysfunctional beliefs that lead to ineffective behaviors (*coping*), feelings of depression and unpleasant physical symptoms.

CBT focuses on the relationship between thoughts, attitudes, behaviors, physical reactions and the environment; provides education about the interrelationships between each domain; and includes strategies that target positive changes in each domain. CBT has been applied to treat a variety of psychiatric disorders including depression, anxiety and eating disorders, with reported success rates ranging from 52% to 97% (Misri, S & Kendrick, K, 2007).

CONCLUSION

Based on the results of the study, it can be concluded that postpartum depression is in the midst of society. Health workers and the community do not realize the impact of the problems caused by postpartum depression. From the results of the above research it can be concluded that the results of the *unpaired t-test* obtained a *significance* value of 0.003, this means "there is a significant mean difference in postpartum depression scores between the intervention group and the control group". Thus it can be concluded that there is an effect of CBT application on postpartum depression. The results of the linear regression test obtained the linearity equation is the application of $CBT = 3.863 + 0.208 KF$. This means that the application of CBT to postpartum women can reduce depression scores by 3.863 compared to postpartum care without providing CBT-based counseling. The results of this study indicate that postpartum depression is experienced by each respondent with varying degrees of depression and there are risk factors that can increase the prevalence of depression. So it is hoped that health care institutions can provide facilities and psychological services that can prevent and treat this mental disorder, namely by providing postpartum care services with CBT-based counseling as an effort to prevent the occurrence of DPP and as one of the nonpharmacological and psychoeducational therapies in addition to conventional therapy.

ADVICE

Every health service is expected to conduct early detection or *screening* for the possibility of postpartum depression. The *screening* process should be part of the regular assessment of postpartum women, especially at Makrayu Health Center. Anticipation of the possibility of postpartum depression should be done early in pregnancy, namely by conducting health education about physiological and psychological changes in pregnancy, childbirth, and postpartum when the mother does *Antenatal Care* (ANC). The Makrayu community health center is expected to further increase its participation in providing counseling to postpartum mothers about the postpartum period and baby care. This facilitates early detection of postpartum depression so that it can be recognized early and preventive measures can be taken so that postpartum depression does not develop into postpartum psychosis.

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