

Effect Of Laughter Therapy Lowers Depression Rates In Postpartum Blues Mothers At Puskesmas Carenang

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Abstract.

In June there was an average number of post partum mothers per month as many as 40 post partum mothers in the working area of the Puskesmas Carenang. Based on the results of interviews and screenings using the Edinburgh Postnatal Depression Scale (EPDS) questionnaire, out of 20 mothers, data were obtained from 13 mothers who experienced post partum blues. The purpose of this study is to determine the Effect of Laughter Therapy on Reducing Depression Rates in Post Partum Blues Mothers at the Puskesmas Carenang in 2022. This research method uses Quasi Experiment with a pre-test post test design. The samples in this study were postpartum mothers who experienced postpartum blues depression in June to July 2022 as many as 58 people, a sampling technique, namely total sampling. Data analysis using Wilcoxon test. The results showed that the average EPDS score before being given laughter therapy was 6.2. The average EPDS score after being given laughing therapy was 4.38. There is an effect of laughter therapy on decreasing postpartum depression rates (p value $0.000 < 0.05$). So it is hoped that this study will be able to provide education and information in overcoming postpartum blues depression conditions in post partum mothers with laughter therapy.

Keywords : *Laughter Therapy, Post Partum Blues Depression and Post partum Mother.*

I. INTRODUCTION

Many women go through quite difficult processes in their lives, these processes include the process of pregnancy, childbirth and puerperium, as well as the process of changing the role of being a mother. The postpartum period is a transition period for mothers because there are many changes, both physically, psychologically, emotionally and socially (Baston & Hall, 2018). Post Partum Blues is a mild affect disorder syndrome that often appears in postpartum mothers within the first week after delivery and peaks on days three to five and attacks within 14 days of delivery (Susanti, 2017). Post partum blues is a postpartum psychic problem such as the onset of feelings of sadness, anxiety anxiety, moodiness, loss of appetite, sleep disturbances, and sometimes not caring about the baby, if this situation occurs continuously and is not treated immediately then the mother will fall into a depressive state (Sari et al., 2020). A study from India found risk factors for postpartum blues including low income, parity, difficult relationships with mothers-in-law and parents, which resulted in life events during pregnancy, lack of physical assistance (Nasreen et al, 2016). Data from WHO (2018) notes that the prevalence of postpartum blues in general in the world population is 3-8% with 50% of cases occurring in the productive age of 20-50 years. WHO also states that this postpartum blues disorder affects about 20% of women and 12% of men at any time of life (Hutagaol, 2019). While the prevalence of postpartum blues in Asian Countries is quite high and varies between 26-85% of postpartum women (Munawaroh, 2018).

The incidence of postpartum blues in Indonesia according to USAID (United Stase Agency for International Development) (2016) is 31 births per 1000 population. Indonesia is ranked fourth highest in ASEAN after Laos with 26 births per 1000 population and Cambodia with 25 births per 1000 population. In Indonesia, several studies have been conducted on postpartum blues, according to research conducted by Edward (2017) the incidence of postpartum blues in Indonesia reaches 23%, while screening using EPDS found that 14-17% of postpartum women are at risk of experiencing postpartum blues. The high incidence of postpartum blues in postpartum mothers can have a significant impact on the psychological state of the mother. Interventions that can be done to reduce post partum blues maternal depression are pharmacological and non-pharmacology. pharmacological method by taking anti-depressant drugs. (Susanti, 2017). Relatively safer therapies are non-pharmacological therapies can be in the form of psychotherapy, counseling, environ-

mental modification, art therapy, relaxation therapy, one of which is laughter therapy (Sari, 2014). Laughter therapy is joy in the heart that is released through the mouth in the form of laughter, seyumana that decorates the face, the feeling of a loose heart, joy and joy, an airy chest, smooth blood circulation so that it can prevent disease, maintain health, and relieve stress from mild to severe and also depression (Nurwela, 2015).

Laughter therapy is laughter that starts with step by step, laughter can stimulate the production of endorphin and serotonin, which is a kind of natural chemical compound of the body and also melatonin that can serve to create feelings of pleasure, laughter therapy is an easy technique to do, but the effect is very remarkable, it can even cure patients with mental disorders due to severe stress (Padila, 2013). The results of a preliminary study in June 2022 at the Carenang Health Center found that in June there were an average number of post partum mothers per month as many as 40 post partum mothers in the Puskesmas Carenang. Based on the results of interviews and screenings using the Edinburgh Postnatal Depression Scale (EPDS) questionnaire, out of 20 mothers, data were obtained from 13 mothers who experienced post partum blues. According to 13 mothers who are 20-35 years old and have never had a previous history of childbirth say that post partum blues occurs because many are not ready to change roles as a mother, first pregnancy, age factors and lack of experience in caring for babies. Based on the background above post partum blues can cause bad feelings, fear, crying, disturbed sleep patterns, impaired concentration, and feelings of anxiety, so it is necessary to do companion therapy with the provision of laughter therapy. Based on the description above, researchers feel interested in conducting research that has the effect of laughter therapy on reducing depression rates in post partum blues mothers at the Carenang Health Center in 2022.

II. METHODS

The method in this study used experimental quasy with a one-group pretest-posttest research design in postpartum mothers. The population in this study was all postpartum mothers in November 2022 at the Carenang Health Center, which amounted to 58 respondents. The samples in this study used total sampling, namely all postpartum mothers in November 2022 at Puskesmas Carenang. In this study, a pretest was carried out by assessing the depressive state in post partum blues mothers using the EPDS questionnaire then the researcher intervened in laughter therapy for 20-30 minutes, after which the respondent's laughter therapy was posttest. Data testing was carried out using the Wilcoxon statistical test aimed at comparing the averages of two groups in pairs with each other. A paired sample can be interpreted as a sample with the same subject but undergoing 2 different treatments or measurements, namely measurements before and after a treatment.

III. RESULT

1. Univariate Analysis

Table 5.1. Frequency Distribution of Postpartum Depression (Pretest)

No	Depression Postpartum	Sum	Percentage
1	Medium	37	63.8
2	Heavy	21	36.2
Total		58	100

Based on table 5.1, it shows that the majority of respondents with postpartum pretest depression experienced moderate postpartum depression with 37 respondents (63.8%) while respondents with severe postpartum depression there were 21 respondents (36.2%).

Tabel 5.2. Distribusi Frekuensi Depresi Postpartum (Posttest)

No	Depression Postpartum	Sum	Percentage (%)
1	Light	52	89.7
2	Heavy	6	10.3
Total		58	100

Based on table 5.2, it shows that the majority of respondents with postpartum posttest depression experienced moderate postpartum depression with 52 respondents (89.7%) while respondents with severe postpartum depression there were 6 respondents (10.3%).

2. Analisis Bivariat

Tabel 5.3. Perbedaan Rata-Rata Depresi Postpartum Responden Pretest Dan Posttest

Intervensi	N	Mean	Std. Deviasi	Min-Max
Depresi Post Partum - EPDS Pretest	58	6.28	3.815	1-14
Depresi Post Partum – EPDS Posttest	58	4.38	2.943	1-11

Based on Table 5.3 shows the difference in the average EPDS score of respondents on pretest and posttest. The pretest EPDS score had a mean value of 6.28 then decreased after an intervention in the form of a laughing therapy with the mean value on the EPDS posttest score was 4.38. Thus it can be concluded that there is a difference in EPDS score between before and after being given laughing therapy.

Tabel 5.4. Pengaruh Pemberian Terapi Tertawa Terhadap Depresi Post Partum

Depresi Post Partum Posttest - Depresi Post Partum Pretest	
Z	-6.194 ^b
Asymp. Sig. (2-tailed)	.000

Based on Table 4.4 showing the effect of laughter therapy on postpartum depression with wilcoxon test analysis, which obtained a significance value of 0.000 ($p < 0.05$), it can be concluded that there is a significant difference between postpartum depression before and postpartum depression after being given laughter therapy at the Carenang Health Center, in 2022.

DISCUSSION

Based on the results of observation pretest and posttest shows that respondents with postpartum pretest depression majority experience moderate postpartum depression with a total of 37 respondents (68.3%) while respondents with severe postpartum depression were 21 respondents (36.2%), while respondents with postpartum posttest depression were the majority experiencing moderate postpartum depression with 52 respondents (89.7%) while respondents with severe postpartum depression were 6 respondents (10.3%). In line with the research conducted by Kiki Nia Hastuti Ningsih, Martina Ekacahyaningtyas, Gatot Suparmanto with the title Laughter Therapy Lowers Depression Rates in Post Partum Blues Mothers in the Sibela Health Center Work Area in 2020 that the most depression rate in the pretest of laughing therapy is the moderate depression rate of 7 post partum blues mothers (70.0%). Based on the results of the study, it is known that the most level of post test depression is the level of mild depression as many as 9 post partum blues mothers. The results showed that respondents experienced a decrease in depression levels after being given laughter therapy interventions (Nia et al., 2020). According to the theory that approximately 10-15% of mothers will experience mild to moderate postpartum depression for the first time. Depression is an important public health issue. Strong evidence from the results suggests that these disorders can become chronic, damage the relationship between the mother and her partner, and have a detrimental impact on the child's emotional and cognitive development.

The incidence of depression is higher at 3 months postpartum compared to 1 month postpartum. The term postpartum depression is only used to describe mild to moderate non-psychotic conditions, this term should not be used as a general term for all forms of mental health disorders after childbirth (Lailiyana & Sari, 2021). The results of statistical test analysis on the score of anxiety levels before and after classical music therapy in respondents showed that there was a difference in the level of postpartum depression between before and after being given the therapist with (p value = 0.000) or ($p < 0.05$). It also shows that there are statistical test results lower than the significance figures. This is in line with research conducted by Kiki Nia Hastuti Ningsih, Martina Ekacahyaningtyas, Gatot Suparmanto with the title Laughter Therapy Reducing Depression Rates in Post Partum Blues Mothers in the Sibela Health Center Work Area in 2020, the results of analysis with the Wilcoxon test that there was a decrease in the level of depression with a p value of 0.003 ($p < 0.05$) so that there was an influence on the level of depression before and after being given laughing therapy. Laughter therapy is therapy using humor and laughter in order to help a person solve problems, both in the form of physical disorders and mental disorders (Zajonc & Robert, 2010). Laughter therapy is therapy using humor and laughter in order to help a person solve problems, both in the form of physical disorders and mental disorders.

Laughter therapy is a dance training session in the form of a combination of several yoga exercises (breathing, stretching, laughter exercises with stimulus, and processing children's play attitudes) (Kataria & Wiratmo, 2004). Laughter therapy is a method of therapy using humor and laughter to help individuals solve problems, both in the form of physical disorders and mental disorders. The use of laughter in therapy will generate a feeling of relief in the individual. This is because laughter naturally produces stress and pain relievers (Dumbre, 2012). Laughing for 5-10 minutes can stimulate the production of endorphins and serotins, which are, a type of natural morphine from the body and also melatonin. These three substances are good substances for the brain so that we can feel calmer (Indraswuri, 2019). According to the researchers' assumption that respondents experienced a decrease in the level of postpartum depression after being given laughter therapy for 20-30 minutes, this is because laughter therapy can reduce certain stress levels and release balancing hormones produced during stress. In a state of stress, hormones will be produced that suppress the immune system, by laughing stress hormones can be balanced to a certain degree.

IV. CONCLUSION

Based on the results of a study entitled the effect of laughter therapy on reducing the level of depression in postpartum blues mothers at the Carenang Health Center in 2022, it can be concluded that there is an influence of laughter therapy on reducing the level of depression postpartum blues before and after with significance values of 0.000 ($p < 0.05$).

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