

ABSTRAK

Latar belakang: Wanita hamil merupakan kelompok rentan gangguan kesehatan mental. Perubahan fisik dan hormonal diikuti emosional yang tidak stabil berdampak pada kesejahteraan ibu. Sekitar 10% wanita hamil dan 13% wanita pasca melahirkan di seluruh dunia mengalami gangguan mental, terutama depresi. Depresi maternal memberikan dampak pada bayi dan ibu. Jika tidak dikelola dengan baik, dapat berlanjut sampai pascamelahirkan dan lebih berat. Upaya deteksi dini dan pencegahan terjadinya depresi maternal perlu dilakukan sejak pemeriksaan kehamilan di pelayanan *Ante Natal Care* (ANC).

Tujuan penelitian: mengembangkan model promosi kesehatan yang sesuai dalam upaya pencegahan depresi maternal di puskesmas wilayah Kota Surakarta.

Metode Penelitian: Penelitian ini merupakan *mixed methods* dengan *Sequential exploratory design*. Fase pertama, penelitian kualitatif untuk menggali kebutuhan informasi dan model promosi kesehatan mental untuk mencegah depresi maternal. Informan penelitian adalah bidan di layanan ANC, ibu hamil yang melakukan ANC dan suami/keluarga yang mendampingi. Pengumpulan data dengan *focus group discussion* (FGD) pada bidan, dan wawancara mendalam pada ibu hamil dan suami/keluarga. Fase kedua penelitian kuantitatif, dimulai dari penyusunan instrumen, uji validitas dan reliabilitas, pengembangan media modul dan video, pelatihan bidan dan implementasi intervensi promosi kesehatan kepada ibu hamil. Lokasi penelitian di empat puskesmas (Pelayanan Obstetrik dan Neonatal Emergesi Dasar) PONED wilayah Kota Surakarta, yaitu Puskesmas Gajahan dan Sibela sebagai kelompok intervensi, sedangkan puskesmas Pajang dan Banyuwangi sebagai kelompok kontrol. Penelitian intervensi berupa *quasi experiment* dengan *non equivalent with control group design*. Subjek penelitian adalah ibu hamil dengan usia kehamilan 22-36 minggu. Jumlah sampel kelompok intervensi 67 orang dan kontrol 60 orang. Pengumpulan data menggunakan kuesioner. Intervensi promosi kesehatan mental menggunakan metode psikoedukasi personal oleh bidan terlatih pada saat pelayanan ANC. Media modul dan video digunakan untuk menyampaikan materi. Pengukuran variabel terikat meliputi pengetahuan, *self efficacy*, perilaku ibu, persepsi dukungan suami, skor dan skor gejala depresi (EPDS), diukur dua minggu setelah intervensi (*posttest-1*) dan satu minggu setelah melahirkan (*follow-up*) masa nifas. Analisis data untuk menggunakan *paired t-test* dan *independent t-test*. Untuk data yang tidak berdistribusi normal menggunakan uji *Wilcoxon sign rank test* dan *Mann Whitney test*. Analisis variabel kovariat untuk mengendalikan variabel luar, menggunakan analisis *Regresi Linier berganda*.

Hasil: Hasil kualitatif diperoleh enam tema yaitu kerentanan ibu hamil terhadap gangguan mental, persepsi terhadap dampak depresi kehamilan, hambatan dan kebutuhan bidan, manajemen depresi kehamilan, sumber informasi dan media edukasi yang disukai, serta materi edukasi kesehatan mental. Model promosi kesehatan mental

ibu hamil yang dikembangkan disebut Protamil. Terdapat peningkatan skor pengetahuan sebelum dan sesudah Protamil Δ 1,40 pada kelompok intervensi. Terdapat peningkatan skor *self-efficacy* sebelum dan sesudah Protamil Δ 2,07 pada kelompok intervensi. Terdapat peningkatan skor perilaku sebelum dan sesudah Protamil Δ 1,70 pada kelompok intervensi. Terdapat penurunan skor persepsi dukungan suami pada tahap dan peningkatan pada masa nifas Δ 2,28 kelompok intervensi. Terdapat penurunan skor depresi pada dua minggu setelah intervensi Δ 0,84 dan pada masa nifas Δ 1,21. Secara statistik peningkatan pengetahuan, *self-efficacy*, perilaku ibu, dan persepsi dukungan suami, namun tidak berbeda bermakna. Hasil perhitungan besar efek, secara klinik edukasi protamil dapat meningkatkan pengetahuan, *self-efficacy*, perilaku ibu, dan persepsi dukungan suami dalam kategori kecil. Secara klinis edukasi Protamil dapat menurunkan skor depresi pada masa kehamilan dan masa nifas dengan *effect size* kecil.

Kesimpulan: Secara statistik tidak terdapat perbedaan anatar intervensi protamil dan edukasi ANC standart dalam meningkatkan skor pengetahuan, *self-efficacy*, perilaku dan persepsi dukungan suami namun secara klinik ada peningkatan. Secara klinis intervensi protamil dapat menurunkan mencegah depresi dengan menurunkan skor EPDS, dalam kategori kecil.

Kata kunci: Promosi kesehatan mental, pencegahan, depresi kehamilan, depresi nifas.

ABSTRACT

Background: Pregnant women are a group that is vulnerable to mental health problems. An emotional impact accompanies physical and hormonal changes on the well-being of the mother. Approximately 10% of pregnant women and 13% of postpartum women worldwide experience mental disorders, especially depression. Maternal depression affects both the baby and the mother. If not managed properly, it can continue to the puerperium and get more severe. Early detection and prevention of maternal depression need to be done since antenatal care at Ante Natal Care (ANC) services. This study aims to develop a health promotion model suitable for the prevention of maternal depression in public health centers in the Surakarta City area.

Methods: This study used a mixed-method with a sequential exploratory design. The first phase, qualitative research, explores information needs and mental health promotion models to prevent maternal depression. The informants were midwives at ANC services, pregnant women who performed ANC, and their husbands/families who accompanied them. Data collection with focus group discussions (FGD) on midwives and in-depth interviews with pregnant women and husbands/families. The second phase of quantitative research starts with the preparation of instruments, testing the instruments' validity and reliability and developing media modules and videos, training midwives, and implementing health promotion interventions for pregnant women. The study was conducted in four primary health care (PHC) with Basic Obstetric and Neonatal Emergency Services (BONES) in Surakarta City, namely Gajahan and Sibela Public Health Centre (PHC) as the intervention group, while Pajang and Banyuanyar as the control group. The intervention research was a quasi-experiment with a non-equivalent control group design. These study subjects were pregnant women at 22-36 weeks' gestational age. The sample size in the intervention group was 67 people, and the control group was 60 people. Data collection using a questionnaire. Mental health promotion interventions using personal psychoeducation methods by midwives during ANC services. Modules and videos are used to deliver the material. The dependent variable measures include knowledge, *self-efficacy*, maternal behaviour, perceptions of husband's support, scores and depression symptom scores (EPDS), measured two weeks after the intervention (posttest-1) and one week after delivery (follow-up) during the postpartum period. Data analysis used a paired t-test, an independent T-test and the Wilcoxon signed-rank test, and the Mann Whitney test for abnormally distributed data. Analysis of covariate variables to control for external variables, using multiple linear regression analysis.

Results: The qualitative results found six themes, namely the susceptibility of pregnant women to mental disorders, perceptions of the impact of pregnancy depression, obstacles and needs of midwives, management of pregnancy depression, preferred sources of information and educational media, and mental health education materials. The mental health promotion model of pregnant women developed based on qualitative research results is called Protamil. There was an increase in the knowledge score before

and after Protamil $\Delta 1.40$ in the intervention group. There was an increase in *self-efficacy* scores before and after Protamil $\Delta 2.07$ in the intervention group. There was an increase in the behavior score before and after Protamil $\Delta 1.70$ in the intervention group. There was a decrease in the perception score of husband's support at the stage and an increase in the postpartum period $\Delta 2.28$ in the intervention group. In the intervention group, there was a decrease in depression score at two weeks after $\Delta 0.84$ and at the postpartum period 1.21. Statistically, the increase in knowledge, *self-efficacy*, maternal behavior, and perceptions of husband's support, but not significantly different. The results of the calculation of the effect, clinically protamil education can increase knowledge, *self-efficacy*, maternal behavior, and perceptions of husband's support in the small category. Clinically, Protamil education can reduce depression scores during pregnancy and childbirth with a small *effect size*.

Conclusion: Statistically there is no difference between protamil intervention and standard ANC education in increasing the score of knowledge, *self-efficacy*, behavior and perception of husband's support, but clinically there is an increase. Clinically protamil intervention can reduce prevention of depression by lowering the EPDS score, in a small category.

Keywords: Mental health promotion, prevention, *antenatal* depression, *postpartum* depression.