

The Differences in Anxiety Levels of Mothers Provided with Bakera Plus Psychoeducation with Those Given Bakera During The Puerperium

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ABSTRACT

Background: The high incidence of postpartum anxiety in postpartum mothers can significantly impact the mother's psychological state. Based on data from the Basic Health Research (Riskesdas) in 2018, it was stated that the prevalence of mental disorders such as depression and anxiety disorders in mothers was recorded at 15.6% during pregnancy and 19.8% after giving birth from around 14 million people from the Indonesian population.

Objective: This study aims to determine the difference in the level of anxiety of mothers who were given Bakera plus psychoeducation with those shown Bakera during the puerperium.

Method: This research used a quantitative methodology with a quasi-experimental approach. The population were all postpartum mothers in the Independent Practice of Laikit Midwives, North Minahasa Regency. The sampling technique used was purposive sampling, with a total sample of 20 respondents in the Bakera plus psychoeducation group and 20 respondents in the Bakera group. The data were then analysed using Wilcoxon and Mann-Whitney tests.

Results: The results of the Mann-Whitney test to test the difference in anxiety levels after treatment (post test) between the Bakera + Psychoeducation group and the Bakera group showed a Z value of 2.149 and a significance value of 0.032. These results indicated a significance value of less than 0.05 ($p < 0.05$), so it can be concluded that there was a significant difference in the level of anxiety after treatment (post test) between the Bakera + Psychoeducational group and the Bakera group

Keywords: Postpartum Mother, Anxiety, Psychoeducation, Bakera

INTRODUCTION

Postpartum is a period that lasts for six to eight weeks from the time the baby is born until the reproductive organs return to normal. During the postpartum period, mothers face physiological and psychological changes. The physiological changes of postpartum mothers are the changes in reproductive and hormonal organs. The psychological changes which occur in a mother such as anxiety, fear, and worry (Kirana, 2015). The continuous postpartum mother anxiety impacts mental development, relationship and attachment, and the lack of self-care of mothers and babies (Fallon et al, 2016). The psychological symptoms, including anxiety which can lead to more severe psychological disorders, are postpartum blues.

Anxiety is a typical response to any stressful situation. Pregnant women and the mental and physical changes during pregnancy are more likely to be at risk. The prevalence of anxiety disorders during pregnancy is 10% in modern countries and 25% in developing countries (Mappa et al., 2020). The study conducted by (Saccone G, 2020) conveyed that 53% of pregnant mothers faced high anxiety about vertical transmission of COVID-19 to their fetuses during the first trimester (Saccone G, 2020).

World Health Organization (WHO) estimated that in 2020 almost all over the world, the main cause of the individual's inability to adjust to new life is anxiety, which is around 15% of global morbidity. In 2018, the World Health Organization wrote that anxiety habits in the world population were 3-8 per cent, with 50 percent of problems occurring in the productive age of 20-50 years. The World Health Organization reported that anxiety problems are close to 20 per cent of women at some time in life (Hutagaol, et al, 2017). The prevalence of anxiety during postpartum in several Asian countries is quite high and varies between 26-85%.

Based on the 2015 Riskesdas information, the habit of emotional psychological problems in Indonesia, such as anxiety and mental stress, is 6 per cent of the 15-year-old adult population (Ministry of Health, 2018). Anxiety events in the postpartum period are between 50-70 per cent. Based on several studies that have been conducted in various places in Indonesia, in 2001-2010, including in Jakarta, Yogyakarta, and Surabaya, it was found that 11-30 percent of mothers faced anxiety in postpartum mothers (Yunita, 2015).

The study conducted by Bentelu, et al (2015) found that in performing the new roles as mother in postpartum period, mothers face anxiety both mild to medium including the anxiety of lactation process (Bantelu, et al, 2015). The other study found that 98.9 postpartum mother faced restlessness from mild to severe (Binar, 2015). Likewise, the study of (Sulastri, 2016) found that 42.8 percent of postpartum mothers face anxiety from mild to severe types of fear.

Progressive muscle relaxation has been proven to be a method of providing health information as a promotive and preventive effort. Muscle relaxation has been proven to be a method that can reduce patient anxiety (Rahayu et al., 2014). Not only that, progressive muscle relaxation can also increase focus, overcome sleeplessness, and create positive anger from negative anger (Muller et al, 2015) in (Mawardika et al., 2020).

One of the muscle relaxation therapy is maternity spa/ steam bath thereapy for postpartum mothers. According to Wang et al., herbal steam baths support women's recovery after childbirth in different ethnic groups in the hills and lowlands of Thailand (Zumsteg & Weckerle, 2007). In Indonesia, stem bath is known by various terms namely in the Minahasa language known as bakera, oukup from Batak (Sumatra), lulur from Java region, boreh (Bali), so'oso (Madura), and bedda lottong (Bugis, Sulawesi Selatan) (Zumsteg & Wekerle, 2007).

Traditional and herbal medicine in Indonesia have important role in the health services of Indonesia citizens. As a result it has significant potential to be raised. Indonesia has many kind of medicinal plants, which is still not used optimally for health. Indonesia is known has various the second largest biological diversity on earth after Brazil (Notoatmodjo, 2014). Indonesia has 7.000 from 30.000 plants types which develop and can use as traditional medicines which are scattered in all regions and have approximately 280.000 traditional healers in various regions (Sembiring et al, 2015 in (Rambi et al., 2015) al., 2022).

Objective

This study aims to investigate the difference in the level of anxiety of mothers who were given Bakera plus psychoeducation with those given Bakera during the puerperium.

MATERIAL AND METHODS

The method of this study used quantitative study with quasi experimental approach. On this study, the writer would investigate the difference of anxiety mothers level provided bakera plus psychoeducation with those given Bakera during puerperium.

RESULTS

This study used the anxiety level as a variable observed before and after treatment. The description test was conducted using the frequency distribution test in each group with the following results.

Table 1
Anxiety Description of Bakera + Psychoeducation Group

No	Anxiety Level	Giving Treatment			
		Before (Pre test)		After (post-test)	
		n	%	n	%
1	No anxiety	0	0%	2	10%
2	Light	1	5%	12	60%
3	Medium	17	85%	6	30%
4	Heavy	2	10%	0	0%
Total		20	100%	20	100%

The result description of anxiety of the group provided Bakera + Psychoeducation before giving treatment (pre test) is obtained the most anxiety on a medium level with a total of 17 people or 85 per cent. Later after treatment (post-test) is obtained, the most face anxiety on the light level is 12 people or 60 per cent. Based on the finding, it can be explained that anxiety levels are reduced after being given Bakera + Psychoeducation.

Table 2. Anxiety Description of Bakera Group

No	Anxiety Level	Giving Treatment			
		Before (Pre test)		After (post test)	
		n	%	n	%
1	No anxiety	0	0%	0	0%
2	Light	1	5%	8	40%
3	Medium	17	85%	11	55%
4	Heavy	2	10%	1	5%
Total		20	100%	20	100%

The results description of anxiety in the group provided Bakera before treatment (pre test) are obtained the most experienced anxiety at a medium level with total 17 people or 85 percent. Then after treatment (post test) it is obtained that the most experienced anxiety at a medium level are 11 people or 55 percent. From these results it can be explained that there is a decrease in anxiety levels after being given Bakera.

Wilcoxon Test

Wilcoxon test is a test for knowing whether there is a change or not when giving treatment in each groups on the anxiety level with the following results below.

Table 3
Wilcoxon Test Result of Bakera + Psychoeducation Group

No	Anxiety Change	n	%	Z	p	Ket.
1	A decrease	16	80%	-3.900	0.000	Significant
2	An increase	0	0%			
3	No change	4	20%			

The results of the Wilcoxon test to compare anxiety before and after treatment in the Bakera + Psychoeducation group are obtained the most decrease in anxiety as many as 16 people. Then the results of the statistical test are obtained a Z value of -3.900 and a significance value of 0.000. These results showed a significance value of less than 0.05 ($p < 0.05$) so it is stated that there is a significant decrease in anxiety levels in the Bakera + Psychoeducation group.

Table 4
Wilcoxon Test Result of Bakea Group

No	Anxiety Change	n	%	Z	p	Ket.
1	A decrease	8	40%	-2.828	0.005	Significant
2	An increase	0	0%			
3	No change	12	60%			

The Wilcoxon test result to compare anxiety before and after treatment in the Bakera group is obtained at most there is no change in anxiety in as many as 12 people. Then the statistical test results got a Z value of -2.828 and a significance value of 0.005. These results showed a significance value of less than 0.05 ($p < 0.05$), so it is stated that there is a significant decrease in anxiety levels in the Bakera group.

Mann-Whiney Test

Mann-Whitney test is a test for determining whether there is a difference in anxiety levels between the Bakera + psychoeducational group and the Bakera group with the following results.

Table 5
Mann-Whitney Test Result on Anxiety Level Before Treatment

No	Anxiety Level Before Treatment (Pre test)	Group				Z	p	Ket.
		Bakera + Psikoedukasi		Bakera				
		n	%	n	%			
1	No Anxiety	0	0%	0	0%	0.000	1.000	Not Significant
2	Light	1	5%	1	5%			
3	Medium	17	85%	17	85%			
4	Heavy	2	10%	2	10%			
Total		20	100%	20	100%			

The Mann-Whitney test results to test the difference in anxiety levels before treatment (pre test) between the Bakera + Psychoeducation group and the Bakera group obtained a Z value of 0.000 and a significance value of 1,000. These results showed a significance value of more than 0.05 ($p > 0.05$) so that it is stated that there is no significant difference in the level of anxiety before treatment (pre test) between the Bakera + Psychoeducational group and the Bakera group.

Table 6
Mann-Whitney Test Result on Anxiety Level After Treatment

No	Anxiety Level After Treatment (Post test)	Group				Z	p	Ket.
		Bakera + Psikoedukasi		Bakera				
		n	%	n	%			
1	No Anxiety	2	10%	0	0%	2.149	0.032	Significant
2	Light	12	60%	8	40%			
3	Medium	6	30%	11	55%			
4	Heavy	0	0%	1	5%			
Total		20	100%	20	100%			

The Mann-Whitney test result to test the difference in anxiety levels after treatment (post test) between the Bakera + Psychoeducation group and the Bakera group obtained a Z value of 2.149 and a significance value of 0.032. These results indicate a significance value of less than 0.05 ($p < 0.05$) so that it is stated that there is a significant difference in the level of anxiety after treatment (post test) between the Bakera + Psychoeducational group and the Bakera group.

Table 7. Mann-Whitney Test Result on Anxiety Level Change

No	Anxiety Level Change	Group				Z	p	Ket.
		Bakera + Psikoedukasi		Bakera				
		n	%	n	%			
1	A decrease	16	80%	8	40%	2.550	0.011	Significant
2	A increase	0	0%	0	0%			
3	No change	4	20%	12	60%			
Total		20	100%	20	100%			

The changes in anxiety levels in the Bakera + Psychoeducation group obtained the most experienced a decrease in anxiety levels by 16 people or 80 percent, while in the Bakera group there are no changes in anxiety levels at most 12 people or 60 percent. The results of the Mann-Whitney test to examine the difference in changes in anxiety levels between the Bakera + Psychoeducation group and the Bakera group obtained a Z value of 2.550 and a significance value of 0.011. These results show a significance value of less than 0.05 ($p < 0.05$) so it is stated that there is a significant difference in changes in anxiety levels between the Bakera + Psychoeducational group and the Bakera group. The difference is that in the Bakera + Psychoeducation group, there is a greater decrease in anxiety levels in postpartum mothers compared to the Bakera group.

DISCUSSION

Mothers' Anxiety on Puerperium Period Before and After Provided Bakera Plus Psychoeducation.

Based on the results showed that the anxiety on the group provided Bakera + Psychoeducation before treatment (pre test) are obtained the most experienced anxiety at a medium level as many as 17 people or 85 percent. Then after treatment (post test) it is obtained that the most experienced anxiety at a light level as many as 12 people or 60 percent. From these results it can be explained that there is a decrease in anxiety levels after being given Bakera + Psychoeducation.

Based on the results of the Wilcoxon test to compare anxiety before and after treatment in the Bakera + Psychoeducation group, it was found that the most decreased anxiety is 16 people. Then the results of the statistical test obtained a Z value of -3.900 and a significance value of 0.000. These results showed a significance value of less than 0.05 ($p < 0.05$) so it is stated that there is a significant decrease in anxiety levels in the Bakera + Psychoeducation group.

This demonstrates that there is a decline in the degree of anxiety experienced by mother. This is in line with the study (Sampouw, 2015) that Bakera has likewise been displayed to have an impact as a mode for giving data and training to puerperium mother. As well as the research directed by (Fathra Annis Nauli, Eka Yuliatrri, 2014) that psychoeducation has a powerful impact in decreasing degrees of postpartum blues.

Puerperium treatment is the time of healing after childbirth, in the customary approach to keeping up with parturition, known as Bakera, can assist with treating mothers subsequent to conceiving an offspring. For the faith in Minahasa occupants while doing practices the body will feel new on the grounds that the perspiration that goes while completing bacterial medicines is accepted to have the option to assuage the aggravation experienced during labor and can likewise recuperate wounds after childbirth. This strategy for treatment can help and assist the arrival of lochia, and furthermore make the flow of blood more straightforward, in light of the fact that the hot steam and sweat that goes while doing microbes can build the course of blood in the body.

Anxiety is tension, a sensation of distress joined by people's autonomic responses as well as turmoil brought about by predictions of dangers (Wilkinson, 2007). The psychoeducational technique conducted on mothers who experience uneasiness during the postpartum time frame by bundling instructive materials as recordings and furthermore addresses by proficient staff (maternity specialists) which contains the idea of nervousness, changes both genuinely and intellectually, factors that can cause tension in youngsters. the post pregnancy time frame, because of postpartum, postpartum in children and their families, ways of forestalling post pregnancy nervousness, and ways of defeating when uneasiness happens during the puerperium with a way to deal with reinforcing people adapting in conquering misery. The applied outcomes demonstrate that there is a decline in tension during the post pregnancy time frame after the psychoeducation program as the material is completed.

Mothers' Anxiety on Postpartum Period Before and After Provided Bakera

Based on the results of the study, it was found that the results of the description of anxiety in the group given Bakera before treatment (pre test) obtained the most experiencing anxiety at a moderate level as many as 17 people or 85 percent. Then after treatment (post test) it was obtained that the most experienced anxiety at a moderate level were 11 people or 55 percent. Through these results, it can be explained that there was a decrease in anxiety levels after being given Bakera.

Based on the results of the study, it was also found that the results of the Wilcoxon test to compare anxiety before and after treatment in the Bakera group obtained at most no change in anxiety as many as 12 people. Then the results of the statistical test obtained a Z value of -2.828 and a significance value of 0.005. These results show a significance value of less than 0.05 ($p < 0.05$) so it is stated that there is a significant decrease in anxiety levels in the Bakera group.

This is in line with research led by (Rahayu et al., 2014) that ever-evolving muscle relaxation has been demonstrated to be a technique for giving wellbeing data as a promotive and preventive exertion. Relaxation of muscle unwinding has been demonstrated to be a technique that can diminish patient uneasiness. Where one type of muscle unwinding treatment is maternity spa treatment/steam shower for post pregnancy moms. As per Wang, et al (2003) the utilization of natural steam showers upholds the recuperation of ladies after labor in various ethnic gatherings in the slopes and marshes of Thailand (Zumsteg and Weckerle, 2007).

Bakera is a steam bath with a variety of plants used in Minahasa (North Sulawesi, Indonesia) as a conventional maintenance procedure for postpartum mothers for postnatal treatment. Bakera is considered an effective method of treatment after childbirth because there are many benefits received from bacteria, not only for postnatal treatment, it can also relieve symptoms of muscle tension, heaviness in the legs, edema, loss of appetite and hemorrhoids (Zumsteg, 2007).

Bakera is completed in a genetic manner by mother subsequent to conceiving an offspring or mothers in the postpartum time (Sampouw, 2015). Native convictions and religions for the consideration of postpartum mothers are still broadly tracked down in occupants' areas. Occupants determined to deal with mothers after giving a birth can share positive and productive impacts for medical services (Rahayu, et al, 2017) (Rambi et al., 2020).

The principle of planning the application of Bakera is to help with postnatal treatment. The things that need to be observed in the application of Bakera are the beginning, the mother who performs the obligatory Bakera, the mother who gives birth naturally without surgery,

the second is the readiness of the mother, which means that the mother is ready to carry out the Bakera, the third duration of the application, which is tried in the morning or at night, the four places of application. Tried in a closed room or room to protect the mother's personality, and the five ingredients used are boiled lemon juice (*Citrus hystrix* DC. (Rutaceae), balacai leaves, flames, shell fire, bricks (tela) that are burned or heated wrapped in mbe leaves (tagaolo) and cloth. The duration of the application of Bakera if the boiled water from lemong suangi and balacai leaves no longer produces hot steam or the boiled water starts to cool down. Likewise with the heat of the wood fire, the coconut shell burns. is no longer hot and the bricks (tela) that are burned or heated have started to cool.

Differences Between Mothers Anxiety Level Provided Bakera Plus Pysvhoeducational with Those during Postpartum

Based on the research, the results of the Mann-Whitney test to test the difference in anxiety levels after treatment (post test) between the Bakera + Psychoeducation group and the Bakera group obtained a Z value of 2.149 and a significance value of 0.032. These results show a significance value of less than 0.05 ($p < 0.05$) so it is stated that there is a significant difference in the level of anxiety after treatment (post test) between the Bakera + Psychoeducational group and the Bakera group.

Furthermore, in the study, it was found that adjustments of anxiety levels in the Bakera + Psychoeducation bunch got the most encountered a decline in anxiety levels by 16 people or 80%, while in the Bakera bunch there were no progressions in anxiety levels all things considered 12 people or 60%. The consequences of the Mann-Whitney test to look at the distinction in changes in tension levels between the Bakera + Psychoeducation bunch and the Bakera bunch got a Z worth of 2.550 and an importance worth of 0.011. These outcomes show an importance worth of under 0.05 ($p < 0.05$) so it is expressed that there is a huge contrast in changes in tension levels between the Bakera + Psychoeducational bunch and the Bakera bunch. The thing that matters is that in the Bakera + Psychoeducation bunch, there was a more prominent decline in anxiety levels in postpartum mother contrasted with the Bakera group.

In the Bakera + Psychoeducation group, it was found that the degree of anxiety diminished more than the Bakera group. A portion of the elements that might impact it are the expansion of psychoeducation for postpartum mother to have the option to adjust to scholarly changes (self-plan, position and reliance). Training is expected to further develop survival strategies through direction. Although between the two gatherings isn't a lot. The motivation behind psychoeducation is to legitimize or increment positive responses from mother and husband. The information required is centered around keeping up with psychosocial

flawlessness (self-idea needs), changing capabilities or positions as well as reliance or collaboration wants (Roy, 1999).

The psychoeducation provision to postpartum mothers also has the aim of preventing the development of a crisis situation or enhancing the resolution of a crisis situation. In the crisis theory that underlies the psychoeducation provisions, Anguilera conveyed that there are three important factors that must be balanced, namely: the real perception of an event, adequate support situations, and adequate coping mechanisms (Anguilera, 1998). The information or services provided at the time of providing psychoeducation in dealing with crisis conditions that occur in postpartum women aim to harmonize these three factors.

In Orem's Self-Care Philosophy (Orem, 1995), which is based on the power of people to violate themselves and have something to fulfill their needs. The purpose of this philosophy in providing psychoeducation is to increase the consumer's power to take care of himself. Orem recognized 3 self-care systems: wholly compensatory, partly compensatory, and supportive-educative. In wholly compensatory, people do not function to take care of themselves but really want the encouragement of others (total care). Partly compensatory, people can carry out self-maintenance but not entirely, people are in need of encouragement from others. On the other hand, supportive-educative, people are able to take care of themselves and do not need a direct health boost. However, information is needed to improve the health sector (Orem, 1995). This proves that providing psychoeducation to postpartum mothers are able to share the information needed by mothers in improving their health.

Bakera is conventional ways conducted by North Sulawesi citizens, namely mothers after giving birth or mothers in postpartum period. Bakera or steam bath with various herbal plants and medicines are conventional method which are used by North Sulawesi citizens, namely mothers after giving birth or mothers in the postpartum period. Bakera is tried from generation to generation by mothers after giving birth or mothers in the postpartum era (Sampouw, 2015). Indigenous beliefs and religions for the care of post partum mothers are still widely found in community areas. Residents with the intention of taking care of mothers after giving birth can have positive and profitable effects for health care (Rahayu, et al, 2017) in (Rambi et al., 2020).

CONCLUSION

Based on study that has been conducted on the difference mothers' anxiety provided bakera plus psychoeducation with provided Bakera during postpartum period, so the writer conclude that:

1. There is a significant reduction of anxiety level in the Bakera + pychoeducation
2. There was a significant reduction in anxiety levels in the Bakera group.
3. There is a significant difference in the level of anxiety between the Bakera + Psychoeducation group and the Bakera group after treatment (posttest). The difference is that in the Bakera + Psychoeducation group, there was a greater decrease in anxiety levels in postpartum mothers compared to the Bakera group.

On this study is expected that Bakera and Psychoeducation can be used by postpartum mothers during this method which can reduce the mothers' anxiety and accelerate the healing process during the postpartum period. Futhermore, it can enhance mothers' understanding and information about the ins and outs of dealing with the postpartum period, as well as other things about the psychology of postpartum mothers so that mothers know and care more about their condition during the postpartum period. In addition, the research can be used by health workers as an additional reference to existing methods in overcoming anxiety during the postpartum period.

Limitation and Suggestions (optional)

Providing Bakera which is sometimes limited in time. The ideal administration of Bakera is 45-60 minutes, but in this case the mother is also breastfeeding her baby, so that sometimes the postpartum mother's concentration is divided between focusing on giving interventions and remembering that her baby should be breastfed.

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