



The Effect of Double D Method on Post Partum Depression Levels in post partum Mothers Phase Letting Go in Wonokromo Village Surabaya

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Abstract: Women had high risk to be postpartum depression attacks. Postpartum depression is described as a non-psychotic disorder in the form of mood disorders and self-confidence lasting for up to one year (Almond, 2009; Apter, Devouche, Gratier, Valente, & Nestour, 2012). In the western states the incidence of postpartum depression reaches 10- 20% while the share of developing countries reaches > 20%. This condition will affect the social status of mothers, disorders of self-confidence, comfort disorders and even have the intention to commit suicide and disruption of child development both intelligence, social and psychology (Hansotte, Payne, & Babich, 2017). A preliminary study conducted in March 2018 in the Wonokromo sub-district found that 45% of postpartum mothers had postpartum depression at mild and moderate levels. The purpose of this study was to determine the differences in the degree of postpartum depression between the control group and the treatment group after being given a double D method (dhikr and prayer). This type of research is quasi-experimental quantitative analysis with EDPS questionnaire instrument (Edinburgh Depression Postpartum Scale). The sampling used was purposive sampling by determining the inclusion criteria which amounted to 84 respondents by dividing 42 respondents as the control group and 42 respondents as the treatment group. Analysis test used was Mann Whitney with a value of $p < 0.005$. The results of the analysis test obtained $p = 0.001$ which means that there was a significant difference in the level of postpartum depression between the control group and the treatment group after being given a double D method (dzikir and prayer) in postpartum mothers in the letting go phase (day 7). Conclusion: The double D method was effective in reducing postpartum depression in postpartum mothers in the letting go phase.

Keywords: Double D Method (Prayer and Dhikr), Post partum Depression.

1. Introduction

Postpartum women are very susceptible to postpartum depression. The postpartum incidence in developed countries reaches 10-20% while in developing countries there is a higher incidence of > 20%. Whereas the results of a preliminary study conducted in March 2018 in Wonokromo Sub-District found 45% of postpartum mothers experienced depression from low to moderate levels. Although this postpartum depression level is still low, if it does not get the right treatment it will become a high level of depression. Post-partum depression events are influenced by multiple factors including unwanted pregnancies, stress in pregnancy, socio-economic, infant sex (Taherifard, Delpisheh, Shirali, Afkhamzadeh, & Veisani, 2013; Tarrant, Younger, Sheridan-pereira, White, & Kearney, 2009; VanderKruik et al., 2017).

Some studies reveal that the biggest predisposing factor for postpartum depression is stress conditions during pregnancy and unwanted pregnancy, socioeconomic and sex of the baby that are not appropriate (Pooler, Perry, & Ghandour, 2013). Postpartum depression has the definition of a non-psychomatic disorder in the mood area, feeling lonely and feeling a condition of helplessness in postpartum mothers that lasts up to a year (Almond, 2009; VanderKruik et al., 2017). Postpartum diagnosis is established through signs and symptoms that arise, including mood disorders, insecurity, and insomnia, feeling he is unable to care for his baby, appetite disorders, weight loss or drastic weight gain, there is even a tendency to hurt himself and his baby when depression reaches a severe level (Almond, 2009).

Until now the handling of postpartum depression includes efforts in the form of biology, psychology and social. Treatment in the form of biology is done by giving chemical drugs, but this method has an impact on the lactation process. Psychological management is done through counseling with patients and families through the CBT method (Cognitive Health Therapy). The CBT method has a higher level of effectiveness than the chemical method. Social methods are carried out by forming a family environment, the surrounding community to provide support for postpartum mothers, especially for mothers who have suffered depression before. These three aspects still have not touched the domain of beliefs and religion, so the values of submission to the creator (Allah SWT) have not yet been formed in individuals (Bonelli & Koenig, 2013; Sulthan, Saifuddin, Duren, & Jambi, 2018). As for the impact of postpartum is the disharmony of mothers with babies born, emotional and social disorders in children. Therefore it is necessary to manage postpartum depression through a belief and religious approach through dhikr and prayer which is a combination of cognitive approaches, behavior, social and religiosity.

2. Research Methodology

2.1. Research methods

This research is quantitative analytical research using quasy experiments. The independent variable of this study is the double D method (Dhikr and Prayer) and the dependent variable of this study is postpartum depression. The subjects in this study were postpartum mothers on the 7th day who experienced low, medium and high post-natal depression. The inclusion criteria in this study were postpartum mothers on day 7, had low level postpartum depression, could be invited to communicate, primipara and multipara, norm and labor delivery, age 25 years - 35 years, sex of children born male or female, Islam. The total sample was 84 postpartum mothers with low level postpartum depression. Sampling used purposive sampling totality with details of 42 as the control group and 44 as the treatment group. The instrument used was the EDPS (Edinburgh Postnatal Scale) questionnaire. The analysis test used was the man whitney test with $p = 0.05$

3. Result and Discussion

Table 1: Characteristics of research subjects

Karakteristik subjek penelitian	N	Persen	Mean	Median
Pregnancy			2.13	2.00
1. Primipara	24	28.6		
2. Multipara	31	36.9		
3. Grande multipara	23	25		
Types of labour			1.54	2.00
1. Normal per vagina	40	47.6		
2. SC	42	50.0		
Level of education			2.32	2.00
1. Elementary	15	17.9		
2. Yunior High School	33	39.3		
3. Senior High School	30	35.7		
4. Bachelor	6	6.5		
Working Status			1.52	2.00
1. Doesn't work	40	47.6		
2. Work	44	52.4		

Table 1 explained that most of the research subjects were multiparous pregnancies which were 36.9% with a mean value of 2.13, experiencing labor with an operation of 50% with a mean of 1.54, junior high school education level of 39.3% with a mean of 2.00 and working at 52.4% with a mean 1.52. This means that the research subject has the qualifications determined by the researcher

Table 2. Variabel distribution table

Variabel	n	percent	Mean
Control group	42	50	21.50
Tratment goup	42	50	63.50

Table 2 explains that the research subjects in the control group amounted to 42 such in the treatment group, but the mean value had a difference between the treatment group and the control group by 42%, which means that after obtaining a double meode the study subjects experienced a depression decline of 42%. Based on the results of the Kolmogorv Smirnof normality test, $p = 0.001$, which means the data is not normally distributed, so that it meets the requirements for the mann whitney test. Based on the results of Mann Whitney's analysis, $p = 0.001$ where $p < 0.05$. This explanation explains that there are significant differences between the treatment groups and the control group.

The Mann Whitney test that has been done is obtained $p = 0.001$ which explains that there is a difference between the treatment group and the control group after obtaining a double method D. The method of duble D (Dhikr and Prayer) in Islam is a form of healing using one's own body that can increase social support , comfort and safety and achieving solutions to problems (Sternthal, Williams, Musick, & Buck, 2010; Sulthan et al., 2018)

This double D method includes reading the dhikr and prayer after the obligatory prayer, reading istighfar when feeling sadness, reading laa khaula wala kuwwata illah billah which has the meaning there is no power other than the Allah Almighty when experiencing helplessness, and reading laa illaha illah kuntu minal dzalimin (There is no power other than You, how painful this self is to experience persecution) as much as 3 times for 2 weeks.

Dhikr is a condition in which the heart, mind and action of remembering Allah as the one who controls the whole of life while prayer is a pronounced sentence based on the hadith and the Alquraan scriptures with full confidence, full submission and implicated in behavior that is carried out consistently (Ed, 2009).

Dhikr is a focused word phrase as an effort to continue to remember God wherever and whenever. Dhikr is a beta blocker (beta response inhibitor) which causes brain wave conditions to become alpha which means the body has strong energy, stabilizes hormones, especially the hormone cortisol, which plays an important role in stress response. The path of dhikr decreases depression as follows as the remembrance read according to the recommendations then forms spiritual value, stress values create internal characteristics in the form of perception of stress which will stimulate the HPA axis and stabilize cortisol (Sternthal et al., 2010; Utami, 2017), and balance metabolism the body becomes a physiology The implementation of dhikr requires calm so that the body becomes relaxation and focus

Prayer is a series of sentences that are spoken, it is believed that its existence is based on the hadith and the Qur'an. Similar to the path of dhikr that prayer accompanied by solemnity and confidence will activate the HPA axis which is able to convert beta brain waves to alpha. Thus the overall metabolism becomes stable including the hormone cortisol. Based on the explanation above that dhikr and prayer therapy should be carried out together, especially in postpartum mothers in the letting go phase (Dunford & Granger, 2017; Muresan-Madar & Baban, 2015; Weisman de Mamani, Tuchman, & Duarte, 2010)

4. Conclusion

The Double D method effectively lowers the level of postpartum depression in the letting go phase of postpartum mothers. Dhikr and Prayer are a combination of social, behavioral and religious approaches that can stabilize the hormone cortisol so that brain waves become at the alpha level. The Double D method can be used as an alternative effort to decrease postpartum depression in postpartum mothers with a social, behavioral and religious approach.

5. Thank You Note

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