

Psychoeducation on the Mental Health of Pregnant Women through Improvement Self-Compassion in South Sulawesi

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Abstract:- Various promotional and preventive efforts have been made to reduce the Maternal Mortality Rate (MMR), which showed an increasing trend from 2017 to 2019. However, these programs have not been effective enough due to several challenges, one of which is the low awareness of pregnant women about health, including mental health. During pregnancy, women are at risk of mental disorders that can negatively affect the health of the mother, baby, and family. Therefore, psychoeducation efforts focusing on strengthening the psychological well-being of women during pregnancy are needed to help them maintain both physical and mental health. This psychoeducation also emphasizes the importance of self-care, including developing self-compassion as a step to preserve mental health, which positively impacts the physical condition of the mother and fetal development. The psychoeducation activity was held on Tuesday, August 13, 2024, from 08:00 AM to 02:00 PM WITA, at Rumah Jabatan Bupati in Gowa Regency, South Sulawesi. The event was attended by 60 participants, including pregnant women and PKK cadres from Gowa. The presentation of the material was divided into two sessions with different topics and speakers. Based on the evaluation results, the activity received positive feedback, as seen from the number and categories of participants, as well as their engagement and participation from start to finish.

Keywords:- Psychoeducation, Mental Health, Pregnant Women, Self-Compassion.

I. INTRODUCTION

Data obtained regarding the number of Maternal Mortality Rates (MMR) in South Sulawesi Province from 2017 to 2019 has increased (Renstra Perubahan 2018-2023 Dinas Kesehatan Provinsi Sulawesi Selatan, 2021). Surveys to obtain this data include surveys in hospitals, community surveys with limited area coverage, the Household Health Survey (SKRT) and the Indonesian Demographic and Health Survey (SDKI). SKRT and SDKI are the authority of the Indonesian Ministry of Health so the technical implementation is regulated by the center. Various promotional and preventive efforts have been carried out to reduce the Maternal Mortality Rate (MMR), including: Health services for pregnant women by Village Health Posts (Poskedes), provision of nutritional services, visits to K4

pregnant women (at least 4 contacts during pregnancy), giving tablets Fe 90 with the aim of meeting iron needs in accordance with the nutritional adequacy figures of pregnant women and reducing the prevalence of anaemia by 20-25%. Apart from that, there is also the management of pregnant women's exercise for midwives in hospitals and health centers with the aim of carrying out the exercise for pregnant women in their respective health service facilities.

However, a number of programs and activities that have been carried out have not been sufficient to reduce the Maternal Mortality Rate (MMR) and one of the causes is the lack of awareness of pregnant women to maintain mental health during this period. Delays in decision making by families in overcoming health problems, especially in the field of Maternal and Child Health (KIA), such as being late in going to Health Service Facilities and being late in recognizing the danger signs of risky pregnancies and childbirth, resulting in delays in getting help and health action, which may be caused by There is still the influence of culture/myths in certain groups of society which are considered taboo, thus influencing the optimization of target achievement. Pregnant women are vulnerable to facing psychological problems because of the changes they experience during the stages of pregnancy which can affect their mental health (Canals et al., 2002; Romans & Seeman, 2006). Mental health problems affect nearly one-fifth of pregnant women during the pregnancy and postnatal period, which can last up to a year (Austin et al., 2008), and can cause poor health for mothers, fathers, and babies (Arch, 2013; Murray et al., 2003).

The condition of women in general still lags behind, as is the picture of the status of women in South Sulawesi. The position, title and profession of a mother are highly respected in Bugis-Makassar traditions and culture. The concept of the Bugis people of Makassar can be studied, among other things, through the La Galigo Epic, rhymes and folk tales in the Lontara script. For example, in the epic La Galigo the term woman is synonymous with the words *awiseng* or *makkunrai* which in everyday life are seen as *belo jajareng* (house decoration) or *ati goari* (room contents). Women who have the status of wives are expected to be *mulu jajareng* for their husbands (carrying out household affairs) and *tanrere alebirena oroane pawekke engngi* (maintaining the dignity of their admirable husbands) (Mattulada, 1985).

In relation to the role of pregnant women, the social values of the Bugis-Makassar tribe are considered to give pregnant women a lot of responsibility but pay little attention to their ability to carry out this role. All the values of kindness, sincerity, sincerity, patience and ability in all matters in household matters mean that pregnant women tend to be neglected in order to focus on their personal psychological conditions. When pregnant women are unable to realize the demands of these social values, they will receive negative assessments from family members and even the local community and trigger psychological pressure. This is a concern to always provide psychoeducation for pregnant women so that they are able to be psychologically resilient to ignore negative stigma and prioritize the physical and psychological health of the mother and foetus. Apart from that, pregnant women can be taught to pay attention to themselves as a way to maintain their mental health, which in turn also has an impact on the physical health of themselves and their foetus.

II. ACTIVITY OBJECTIVES

A. General Objectives

Providing information related to the mental health of pregnant women to pregnant women and Gowa Regency Family Empowerment and Welfare Cadres (PKK).

B. Specific Objectives

- Provide information about psychological changes during pregnancy and postpartum to pregnant women, health workers, and Gowa Regency PKK cadres.
- Providing information about relaxation techniques aimed at minimizing stress during pregnancy and postpartum in pregnant women, health workers and Gowa Regency PKK cadres.
- Providing information on how to increase self-compassion to be more empowered in overcoming psychological conflicts during pregnancy for pregnant women, health workers, and Gowa Regency PKK cadres.

III. LITERATURE REVIEW

A. Defining Psychoeducation

According to the Indonesian Psychology Code of Ethics (2010) in Chapter XII clause 68 on activities carried out to increase understanding among the environment (especially the family) about the disorders experienced by a person after undergoing psychotherapy. Psychoeducation can take the form of (a) training and (b) no training.

B. Defining Mental Health

Mental health according to the American Psychological Association Dictionary of Psychology (2018) is a state of mind characterized by emotional well-being, good behavioural adjustments, relative freedom from anxiety and disturbing symptoms, and the ability to build constructive relationships and overcome challenges in life. According to WHO (2022) mental health is an integral component of health and well-being to support a person's

capability to make decisions, build relationships and shape the world we live in. The definition of mental health is not limited to the absence of mental illness, but also includes a state of well-being where a person realizes his or her potential, is able to face the stresses of daily life, works productively and meaningfully, and contributes positively to his or her community.

C. Defining Postpartum Depression

Postpartum depression is characterized by cognitive and affective symptoms that persist for at least two weeks. Such as bad mood, feelings of guilt, hopelessness, self-deprecation, anhedonia, difficulty concentrating, irritability, increased anxiety, rumination, sleep and eating disorders, even withdrawal. As many as 10-15% of mothers experience non-psychotic depression and 3-7% of mothers experience severe disorders that require psychiatric treatment. (Epperson, 1999; Fisher & Stocky, 2001; O'Hara et al., 1991). According to the DSM-V, the symptoms that occur cause clinically significant distress or impairment in social, occupational, or functioning in other important areas. Postpartum depression is differentiated from postpartum blues events that occur immediately after delivery and do not meet the diagnostic requirements for a depressive episode.

D. Defining Self-Compassion

Self-compassion or *welas asih diri* is the ability to understand suffering openly, not avoid it, and try to awaken the desire to heal oneself with kindness. This process involves the awareness that being imperfect, making mistakes, experiencing failure are part of the experience and journey of human life (Neff, 2003). According to Gilbert (2005, in Neff, 2007), self-compassion helps in improving individual well-being because there is a feeling of being cared for, connected, and calm.

Neff (2003) also added that self-compassion requires a balanced approach in viewing a negative experience so that individuals do not suppress or exaggerate the painful feelings experienced. Individuals cannot love themselves if they suppress and do not acknowledge their feelings. Meanwhile, self-compassion can turn into melodrama if you are carried away by negative emotions and lose all perspective. This shows that self-compassion views the importance of appropriate distance from emotions so that they can be felt and approached without losing objectivity and awareness.

According to Neff (2003), there are three main components in self-compassion, namely self-kindness, common humanity, and mindfulness. Self-kindness is giving good treatment and expanding understanding to oneself rather than judging or criticizing. Common humanity refers to the understanding that experiences are part of the journey of human life and negative experiences can also be experienced by other people. Meanwhile, mindfulness involves the process of balancing perspectives on the situations experienced.

IV. METHOD

A. Lectures, Discussions, and Reflections

Educational activities were carried out offline at *Baruga Tinggimae*, the office of the Regent of Gowa Regency, South Sulawesi on August 13 2024. Activities took place from 08.00 to 14.00 WITA. The presentation was divided into two sessions with two different materials and

sources. In the first session, participants learned about the mental health of pregnant women during pregnancy and postpartum, which included psychological conditions in both phases and recognizing the habits of newborn babies. Not only that, participants also learn and practice relaxation techniques that can be used to manage emotions during the pregnancy and postpartum period.



Fig 1 Implementation of Activity Material 1



Fig 2 Implementation of Activity Material 2



Fig 3 Implementation of Activity: Yoga for Pregnant Women

Then, the second session discussed how to become a happy pregnant mother through increasing self-compassion. In this session, participants learned to recognize self-compassion as a strategy for regulating emotions in pregnant women. Participants are introduced to a self-compassionate attitude, the components it contains, as well as steps that can be taken to increase self-compassion during pregnancy. Apart from that, participants were also invited to reflect on the preciousness of pregnancy through watching videos.

The activity closed with a class session for pregnant women, namely a yoga activity which aims to help participants relax as an alternative to the relaxation techniques that were introduced in the first session. The hope is that participants can practice it independently at home during the pregnancy phase.

B. Program Implementation Evaluation

Evaluation of program implementation is carried out by reviewing the number of participants present, participant categories, participant responses to program implementation including the number of questioners and questions asked, as well as participant participation from the beginning to the end of the activity.

V. RESULTS AND DISCUSSION

The psychoeducational activities carried out were attended by 60 people consisting of pregnant women and Gowa Regency PKK cadres. The activity begins with participant registration which aims to make data collection on participants more systematic, make it easier to distribute the pocketbook for pregnant women "Self-Compassion and Mental Health of Pregnant Women" which is included as educational material, and ensure participant participation from the start to the end of the activity. This was then continued with the opening session and giving a speech by the Head of

the Community Service Team and the Head of the Gowa Regency PKK Mobilization Team.

After that, participants entered the first session, which provided material entitled "Pregnancy Mental Health during Pregnancy and Postpartum along with Relaxation Techniques". During the presentation of the first material, almost all participants gave good attention and enthusiasm. They are active when asked to practice relaxation techniques to reduce anxiety. Furthermore, in the second session entitled "Becoming a Happy Pregnant Mother: Through Increasing Self-Compassion" by the second resource person, participants showed good participation, especially when entering the reflection section regarding the journey a human being takes to be born into the world which is shown through video media. This suggests how precious the pregnancy period is, which makes participants reflect on this together.

Then when the question-and-answer session opened, several participants were enthusiastic in asking questions, both about the material that had been presented previously and applicable questions related to the psychological conditions that mothers are currently experiencing, namely in the pregnancy phase. Several interesting questions were asked by participants, both pregnant women and PKK cadres. One of them is a question from a pregnant mother regarding what the solution is to deal with blocked breast milk so that it returns smoothly, considering that breast milk for the first child tends to run smoothly, but this is not the case for the second child. Apart from that, a pregnant mother also shared her experience of often crying for no apparent reason during pregnancy. Participants want to know terms or explanations that can describe this condition. A cadre also asked whether relaxation techniques such as abdominal breathing and counting breath, which are generally applied to pregnant women, could also be used for the elderly. Several other questioners asked about caring for newborn babies.

A total of six participants asked their own questions during the question-and-answer session. Participants who actively ask questions and are involved in discussions are given appreciation or rewards. Before the activity closed, participants and resource persons took a group photo. The activity closed formally while directing pregnant women participants to take part in yoga activities as part of a class for pregnant women guided by a yoga instructor. All pregnant women take part in this activity from start to finish. Based on observations and attendance data, participant participation from the opening to the end of the activity was classified as full in terms of the number of attendances recorded at registration and closing which were the same.

VI. CONCLUSION

Psychoeducation activities are carried out to provide insight into mental health during pregnancy and postpartum. This psychoeducation also highlights the importance of developing an attitude of self-compassion as an effort to maintain the mother's mental health. The activity was carried out offline at the Gowa Regency Regent's Office on August 13 2024 and was attended by 60 participants consisting of pregnant women and Gowa Regency PKK cadres. Based on the evaluation results, the activity received a positive response, as seen from the participants' activeness during the material and practical sessions, as well as enthusiasm in the question-and-answer session. It is hoped that this psychoeducation will be able to have a long-term impact in increasing pregnant women's awareness of their mental health.

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