



Dzishol's Therapy With Slow Deep Breathing (SDB) to Overcome Mental Health in Postpartum Mothers in Semarang City

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Abstract: Mothers who give birth tend to experience increased anxiety which can result in psychological disorders including anxiety, depression (Denis, 2021). Postpartum psychological health disorders increase the risk of postpartum blues. The underlying factors are limited access to health services, lack of social support from various parties, and concerns about the health of herself and her baby that will be ignored by the mother. Social support helps postpartum mothers deal with stressors (Adli, 2022). This research method uses Quasi experimental with two groups pretest posttest research design. The sampling technique uses purposive sampling. The sample size consists of 30 participants divided into 2 groups with 15 respondents each. The intervention group received dhikr sholawat treatment while the control group only received slow deep breathing (SDB) treatment. The intervention lasted for 14 days. The measurement of depression levels carried out was a measurement using the Edinburgh Postnatal Depression Scale (EPDS) instrument form. The results of the study P value 0.023 (> 0.05) so it is concluded that there is a difference between the effectiveness of providing Dzishol intervention and SDB intervention. Based on the comparison of the median value after the intervention in the group, it is known that the median value in the Dzishol group (score 11) is smaller than the SDB group (score 9) so it can be concluded that providing Dzishol intervention on anxiety levels is more effective than SDB intervention.

Keywords: Dzikir, Sholawat, Slow, Deep, Breathing.

1. INTRODUCTION

Mothers who give birth tend to experience increased anxiety which can lead to psychological disorders including anxiety, depression (Adli, 2022). Postpartum psychological health disorders increase the risk of postpartum blues. The underlying factors are limited access to health services, lack of social support from various parties, and concerns about the health of herself and her baby that will be ignored by the mother. Social support helps postpartum mothers deal with stressors (Anggraeni, 2021).

The prevalence of health statistics from the Mental Report Health Atlas 2019, around 13% of postpartum mothers worldwide suffer from mental disorders, especially depression. Cases of depression as many as 19.8% occur in developing countries and 20% of cases are caused by external factors such as poverty, extreme stress, exposure to violence and low levels of social support (Bucking, 2017). Based on the 2019 Indonesian Health Science Journal, around 50-70% of postpartum mothers throughout Indonesia experience psychological stress after giving birth. The Maternal Mortality Rate (MMR) in Indonesia in the Southeast Asia region, which accounts for 50-70% of cases, is caused by mothers who cannot adjust mentally after giving birth (Dennis, 2023).

The perinatal period is a time of great social, emotional and physical vulnerability and has a profound impact on women's identity, mental health and well-being. Mild to moderate health disorders can have serious adverse effects on both mother and child, including increased risk of preterm birth and low birth weight, delayed child development, impaired mother-child bonding and poor child mental health. Infants of mothers with depression are at greater risk for negative developmental outcomes, particularly when maternal symptoms are severe or chronic.(Desiana,2021)

A higher risk of postpartum depression is associated with breastfeeding and maternal self-efficacy and maternal health. Addressing postpartum depression and anxiety early on can help reduce the severity of symptoms and their impact on child health and development. Knowledge of the factors that influence the risk of developing postpartum depression and anxiety through early detection can reduce risk factors and thus prevent mothers from experiencing postpartum depression. Management of depression in postpartum mothers can be applied non-pharmacologically.(Falah,2016)

So far, efforts that have been made in health services to minimize the level of postpartum depression are by involving families to provide motivational support to postpartum mothers, sufficient rest (Harianis,2022).

These efforts are not enough so that self-healing is needed from the postpartum mother herself by carrying out non-pharmacological therapy in the form of psychotherapy, implementing dhikr sholawat therapy (dziShol) and doing postpartum exercise by practicing slow deep breathing (SDB).

Dhikr is mentioning, telling, remembering, understanding, verbal speech, heart vibrations according to the methods taught by religion, in order to get closer to Allah SWT. This can be obtained through a score expressed through a dhikr scale. The higher the score obtained, the higher the dhikr performed. (Sari, 2022) Shalawat can eliminate difficulties and diseases suffered by a person. In addition, some of the benefits of shalawat are to calm the heart and obtain safety, the Qur'an as a medicine in dealing with various medical conditions. One of them is the relationship between reciting shalawat and overcoming one's anxiety (Hartati, 2022).

Slow deep breathing is a relaxation that is done consciously to regulate breathing deeply and slowly. Relaxation therapy is widely used in everyday life to overcome various problems, such as stress, muscle tension, pain, hypertension, respiratory disorders, and others. Relaxation

is a state of decreased cognitive, physiological, and behavioral. Slow Deep Breathing stimulates the secretion of endorphin neurotransmitters in the autonomic nervous system which has the effect of decreasing the work of the sympathetic nerves and increasing the work of the parasympathetic nerves, the effect of which can affect the heart rate to become slower and cause vasodilation in the blood vessels (Istiqomah,2021).

2. LITERATURE REVIEW

The perinatal period is a time of great social, emotional and physical vulnerability and has a profound impact on women's identity, mental health and well-being. Mild to moderate health disorders can have serious adverse effects on both mother and child, including increased risk of preterm birth and low birth weight, delayed child development, impaired mother-child bonding and poor child mental health. Infants of mothers with depression are at greater risk for negative developmental outcomes, particularly when maternal symptoms are severe or chronic.(Falah,2019)

A higher risk of postpartum depression is associated with breastfeeding and maternal self-efficacy and maternal health. Addressing postpartum depression and anxiety early on can help reduce the severity of symptoms and their impact on child health and development. Knowledge of the factors that influence the risk of developing postpartum depression and anxiety through early detection can reduce risk factors and thus prevent mothers from experiencing postpartum depression. Management of depression in postpartum mothers can be applied non-pharmac.(Tarsikah,2017)

3. METHODS

This research method uses Quasi experimental with two groups pretest posttest research design. The sampling technique uses purposive sampling. The sample size consists of 30 participants divided into 2 groups with 15 respondents each. The intervention group received dhikr sholawat treatment while the control group only received slow deep breathing (SDB) treatment. The intervention lasted for 14 days. The measurement of depression levels carried out was a measurement using the Edinburgh Postnatal Depression Scale (EPDS) instrument form. The instruments used for observation were SOP for Giving dhikr sholawat therapy, SOP for Giving slow deep breathing (SDB), Observation sheet for Giving dhikr sholawat therapy, Observation sheet for Slow deep breathing (SDB), Monitoring sheet for Giving dhikr sholawat therapy, Monitoring sheet for Slow deep breathing (SDB), Dzisol Scale assessment sheet, Slow

deep breathing (SDB) assessment sheet. The analysis used was the Shapiro Wilk Test for data normality, the Wilcoxon Test to determine the effectiveness of the research variable for the level of depression.

4. RESULTS

Tabel 1 Distribution of Anxiety Levels Before and After Intervention in the Dzishol Group

	Pretest	Posttest	N	<i>P value</i>
Mean	16,33	7,73	15	0,001
Median	15,00	9,00		
Std.Deviation	6,020	3,369		
Minimum	8	3		
Maximum	25	12		

Based on table 1, The results of the study showed that 15 respondents in the Dzishol group experienced a decrease in anxiety levels after being given Dzishol intervention with a mean rank of 8 and a sum of ranks of 120. The P value results showed 0.001 (> 0.05) so it was concluded that there was an effect of giving Dzishol intervention on anxiety levels.

Tabel 2. Distribution of Anxiety Levels Before and After Intervention in the SDB Group

	Pretest	Posttest	N	<i>P value</i>
Mean	16,13	13,07	15	0,001
Median	14,00	11,00		
Std.Deviation	6,174	5,775		
Minimum	8	6		
Maximum	25	22		

Based on table 2 The results of the study showed that 15 respondents in the SDB group experienced a decrease in pain levels after being given SDB intervention with a mean rank value of 8 and a sum of ranks of 120. The P value results showed 0.001 (> 0.05) so it was concluded that there was an effect of providing SDB intervention on anxiety levels.

Table 3. Differences in Effectiveness between Dzishol and SDB on Anxiety Levels

Variabel	N	Mean Rank	<i>P Value</i>
Dzishol	15	11,87	0,023
SDB	15	19,13	
Total	30		

Based on table 1 the result of shows a P value of 0.023 (>0.05) so it is concluded that there is a difference between the effectiveness of Dzishol intervention and SDB intervention. Based on the comparison of median values after intervention in the group, it is known that the median value in the Dzishol group with a score of 9 is smaller than the SDB group with a score of 11 so it can be concluded that Dzishol intervention is more effective on anxiety levels than SDB intervention.

5. DISCUSSION

The results of the study showed that the P value = 0.001 (> 0.05) so it was concluded that there was an effect of providing Dzishol intervention on anxiety levels. Anxiety is defined as a feeling of restlessness, worry, or fear of something that is unclear. A person may feel anxious in a situation where they do not feel a problem, but sometimes the anxiety arises not because they feel a problem.

The results of the study showed that all respondents (15 respondents) in the SDB group experienced a decrease in pain levels after being given the SDB intervention with a mean rank of 8 and a sum of ranks of 120. The results of the influence of SDB showed a P value = 0.001 (> 0.05) so it was concluded that there was an influence of providing SDB intervention on anxiety levels. Anxiety is an emotional response to a review that illustrates a state of anxiety, restlessness, fear, and discomfort, accompanied by many physical complaints. This condition can appear in various situations or health disorders.

The family provides informational and instrumental support, such as giving advice, giving suggestions, accompanying, visiting, holding meetings, conducting training, and providing physical and spiritual support. The family also provides emotional support, such as through affection, attention, and listening.

6. CONCLUSION

The results of the study showed that the P value was 0.023 (> 0.05) so it was concluded that there was a difference between the effectiveness of Dzishol intervention and SDB intervention. Based on the comparison of median values after intervention in the group, it was known that the median value in the Dzishol group (score 11) was smaller than the SDB group (score 9) so it can be concluded that Dzishol intervention on anxiety levels is more effective than SDB intervention.

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