MOTHER'S VOICE: STORYTELLING APPROACH AS POSTPARTUM PSYCHOSOCIAL THERAPY

Rizqiana Dita Ekasari[1], Ika Arum Dewi Satiti[2]
Sekolah Tinggi Ilmu Kesehatan Widyagama Husada Malang[1,2]
risqiana@widyagamahusada.ac.id[1]

ABSTRACT

This study aims to analyze the effectiveness of the storytelling approach as a psychosocial therapy on postpartum maternal depression and anxiety levels. The method used is quasi-experimental design with one pretest-posttest control group design with 60 respondent. The results of the study show that before the intervention, based on the EPDS the highest score was 19 (moderate-high depression risk category) and after the intervention the highest score decreased to 13 (mild category). Meanwhile, for anxiety before the intervention, based on the STAI, the highest score was 67 (high anxiety category) and after the intervention the highest score reduced to 54 (approaching the moderate category). The results showed a significant decrease in depression scores ($p < 0.05$) and anxiety ($p < 0.05$) in the intervention group compared to the control group. In conclusion, storytelling is effective as a psychosocial therapy in reducing symptoms of depression and anxiety in postpartum mothers.

Keywords: Postpartum, Psychosocial Therapy, Storytelling, Maternal Mental Health

INTRODUCTION

The postpartum period is a critical period vulnerable to mental health disorders, including depression and anxiety. Globally, meta-analyses indicate the prevalence of postpartum depression is around 17–26%, while postpartum anxiety is experienced by nearly a third of mothers (around 31%) (Xiang et al., 2023). These conditions not only impact the mother's quality of life but also affect the baby's growth and development, the quality of the mother-child relationship, and overall family dynamics.

In Indonesia, the burden of postpartum depression is also quite high. A study conducted in Pontianak reported a prevalence of 27.7% using the EPDS instrument, while a study in Denpasar showed a figure of 20.5% (Arfiyah et al., 2025; Saraswati et al., 2020). This variation in prevalence rates illustrates that postpartum depression occurs almost throughout Indonesia, with risk factors including low social support, parenting stress, and role changes experienced by mothers. Meanwhile in Java, the incidence rate tends to be higher than the national average. A study in Klaten, Central Java, reported a prevalence of postpartum depression of 36% among new mothers (Putri at al., 2023). This figure indicates that more than a third of mothers experience depressive symptoms after childbirth, requiring special attention. In addition to depression, postpartum anxiety is also a common problem, especially among mothers experiencing childbirth for the first time and those with multiple roles.

Nursing management of postpartum depression and anxiety requires a comprehensive approach, encompassing assessment, planning, implementation, and evaluation, in accordance with the nursing process. The nursing assessment includes mental status, level of social support, and childbirth experience, as well as the use of

screening instruments such as the Edinburgh Postnatal Depression Scale (EPDS) and the State-Trait Anxiety Inventory (STAI). The assessment results form the basis for establishing a nursing diagnosis, such as situational self-esteem disorder, risk of impaired mother-child interaction, or anxiety, according to SDKI/SLKI/SIKI (PPNI, 2018). After determining the diagnosis, the nurse will formulate interventions. Nursing interventions can be in the form of medical or non-medical actions. Medical therapies used such as Psychotherapy. Psychotherapy is the first line of treatment, especially for mild to moderate cases. Recommended forms of psychotherapy include Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT). In moderate to severe cases, or if psychotherapy is ineffective, antidepressants may be prescribed, particularly selective serotonin reuptake inhibitors (SSRIs) such as sertraline and paroxetine, which are considered relatively safe for breastfeeding mothers. Dosage should be carefully adjusted with close monitoring for side effects and response to therapy (NICE, 2020).

Non-medical interventions that can be given are storytelling. Storytelling approach as postpartum psychosocial therapy is a concept that combines narrative techniques with psychosocial support to address mental health challenges experienced by mothers after childbirth. Storytelling serves not only as a means of entertainment but also as a therapeutic medium that encourages emotional expression, processing of experiences, and the search for meaning in events. This process of sharing stories provides a cathartic effect, allowing pent-up negative emotions to be released and processed. Furthermore, storytelling helps mothers engage in self-reflection. By weaving their experiences into a story, mothers can view their pregnancy and childbirth journey from a new perspective, find positive meaning, and strengthen their identity as mothers. This is in accordance with research conducted by Banker & Goldenson (2024) which states that Narrative Family Therapy as a method to help women with PMADs. The therapy encourages women to reconstruct their stories, separating the disorder from their maternal identity, thereby fostering competency, resilience, and emotional re-authoring during a highly sensitive developmental period (Banker & Goldenson, 2024).

The urgency of this research lies in the importance of effective, affordable, and accessible psychosocial management for mothers across all segments of society. Currently, most interventions still focus on pharmacological approaches or individual counseling, which are often difficult to access due to limited mental health professionals and social stigma. This leaves many mothers without adequate emotional support during the postpartum period.

The novelty of this study is the use of a storytelling approach as a psychosocial therapy. Storytelling offers a safe space for mothers to share experiences, express emotions, and receive validation from fellow mothers and facilitators. This approach is rarely studied in Indonesia, especially in Java, as a structured intervention to reduce postpartum depression and anxiety. This study combines the art of storytelling with the principles of group support, potentially providing a more powerful impact on psychological recovery. Furthermore, this study quantitatively measured the effectiveness of the intervention using standardized instruments such as the EPDS and STAI, thus generating scientific evidence that can serve as the basis for recommendations for maternity nursing practice. Therefore, the results of this study are expected to contribute to the development of innovative and contextualized community-based psychosocial therapy models appropriate to Indonesian culture.

METHODS

This study is a quantitative study with a quasi-experimental design with one pretest-posttest control group design. The sample consisted of 60 postpartum mothers which is in the working area of the health center in Malang Regency. Sampling using purposive sampling. The research was conducted in March-May 2025. This research was conducted in several stages. First, researchers developed and validated the content of the Mother's Voice Storytelling module. Then, a pretest was conducted to assess depression levels using the EPDS and anxiety levels using the STAI.

The intervention group received Mother's Voice Storytelling sessions three times per week for four weeks, lasting 20–30 minutes each. The control group received training in progressive muscle relaxation techniques. Respondent compliance during the intervention was monitored using an observation sheet.

After the intervention period ended, a posttest was conducted using the same instrument. Data analysis was conducted in stages using SPSS version 27. Univariate analysis was used to describe the characteristics of respondents (age, parity, education, occupation). Bivariate analysis was conducted using paired t-tests to determine differences in scores before and after the intervention in each group, and independent t-tests to compare changes in scores between the intervention and control groups.

RESULTS
Univariate Analysis

Table. 1
Frequency Distribution of Respondents' Characteristics Based on Age in 2025

No	Age (Year)	Intervention Group	Control Group	Frequency	Percentage
1	<20	2	3	5	8.3%
2	20-24	7	6	13	21.7%
3	25-29	12	11	23	38.3%
4	30-34	6	7	13	21.7%
5	≥35	3	3	6	10%
	Total Amount	30	30	60	100%

From table 1 shows that out of 60 respondents, most of them are 23 people (38.3%) Aged 25-29 years.

Table. 2
Frequency Distribution of Respondent Characteristics Based on Parity

No	Parity	Intervention Group	Control Group	Frequency	Percentage (%)
1	Primipara	18	17	35	58.3%
2	Multipara	12	13	25	41.7%
	Total Amount	30	30	60	100%

From table 2 shows that from 60 respondents, most of them are 35 people (58.3%) who have primipara status.

Table. 3
Frequency Distribution of Respondent Characteristics Based on Education Level

No	Education Level	Intervention Group	Control Group	Frequency	Percentage (%)
1	Junior High School	3	4	7	11.7%
2	Senior High School	16	15	31	51.7%
3	College	11	11	22	36.7%
	Total Amount	30	30	60	100%

From table 3 shows that out of 60 respondents, most of them are 31 people (51.7%) are graduated from senior high school.

Table. 4
Frequency Distribution of Respondent Characteristics Based on Occupation

No	Occupation	Intervention Group	Control Group	Frequency	Percentage (%)
1	Housewife	19	18	37	61.7%
2	Working	11	12	23	38.3%
	Total Amount	30	30	60	100%

From table 4 shows that from 60 respondents, most of them are 37 people (61.7%) are housewife.

Bivariate Analysis

Table 5
Analysis of the Pretest–Posttest Scores in the Same Group (Paired t-test)

Variable	Group	Pretest (Mean ± SD)	Posttest (Mean ± SD)	t	p-value
Postpartum Maternal Depression	Intervention	14.1 ± 2.6	7.9 ± 2.4	12.45	0.000
	Control	13.8 ± 2.5	12.5 ± 2.8	1.62	0.011
Anxiety Level	Intervention	52.4 ± 6.9	36.8 ± 5.7	11.92	0.000
	Control	51.8 ± 6.5	48.1 ± 6.2	1.84	0.07

The results of the paired t-test showed a significant decrease in postpartum maternal depression based on EPDS scores in the intervention group, from 14.1 ± 2.6 at pretest to 7.9 ± 2.4 at posttest (t = 12.45; p 0.000). This indicates a significant improvement in postpartum depressive symptoms after the storytelling intervention. Similar results were also found for anxiety level based on STAI scores, where the average anxiety score decreased from 52.4 ± 6.9 to 36.8 ± 5.7 after the intervention (t = 11.92; p 0.000). This decrease indicates that the storytelling intervention was not only effective in reducing depressive symptoms but also anxiety levels in postpartum mothers. Conversely, in the control group, both EPDS and STAI scores experienced only small, non-statistically significant decreases ($p > 0.05$). This suggests that standard care alone is not sufficient to significantly reduce depressive and anxiety symptoms.

Table 6
Analysis of the Mean Posttest Scores
between the Intervention and Control Groups (Independent t-test)

Variable	Mean Posttest Intervention ± SD	Mean Posttest Control ± SD	Mean Difference	t	p-value
Postpartum Maternal Depression	8.3 ± 2.1	12.8 ± 2.5	-4.5	-7.36	0.000
Anxiety Level	40.1 ± 5.7	49.7 ± 6.5	-9.6	-6.92	0.000

Analysis using an independent t-test showed a significant difference in postpartum maternal depression used EPDS scores between the intervention and control groups at posttest (t = -7.36; p 0.000). The intervention group that received the storytelling session experienced a greater decrease in EPDS scores (mean = 8.3 ± 2.1) than the control group (mean = 12.8 ± 2.5). Similarly for anxiety level used STAI scores, the independent t-test showed a significant difference between the two groups (t = -6.92; p 0.000). The intervention group showed a more significant decrease in anxiety levels (mean = 40.1 ± 5.7) than the control group (mean = 49.7 ± 6.5).

DISCUSSION
Framework of Thought
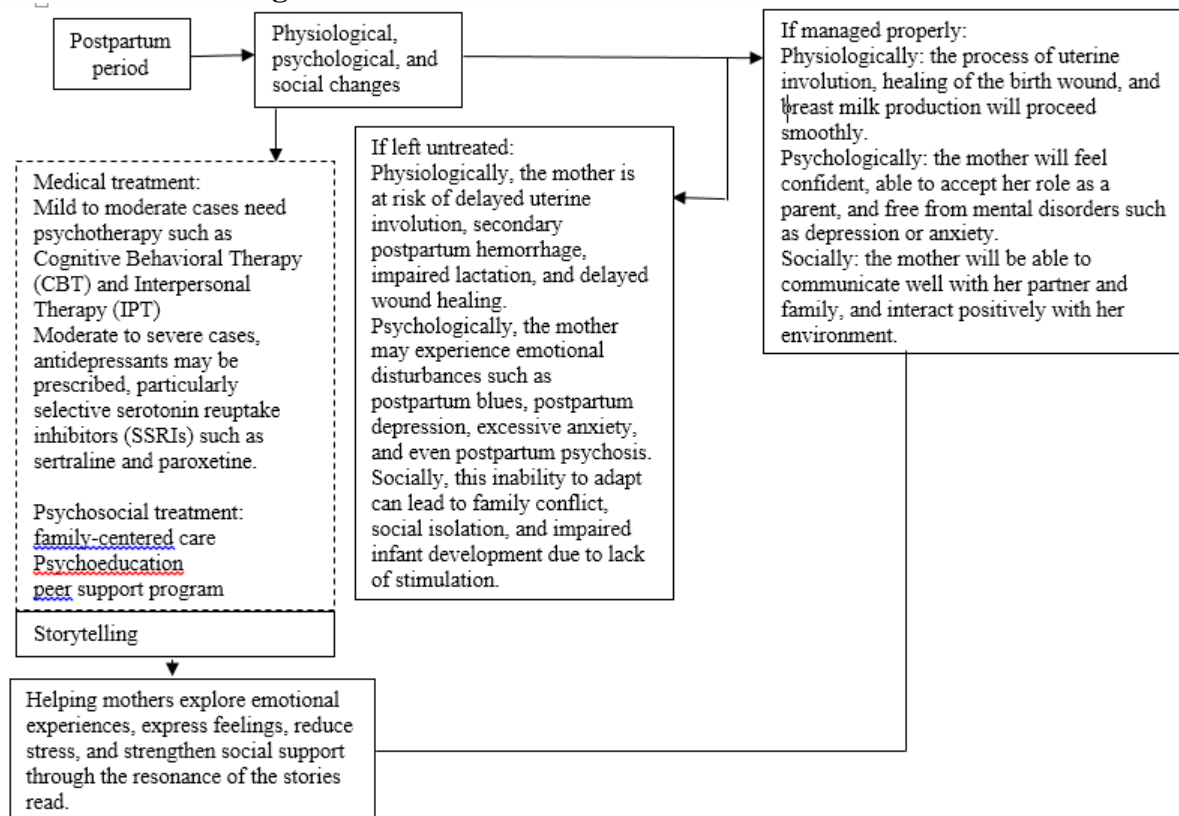
Picture. 1
Framework of Thought Mother's Voice: Storytelling Approach as Postpartum Psychosocial Therapy

Frequency Distribution of Respondent Characteristics Based on Age

The results of this study showed that most respondents were in the 25–29 years age group (38.3%), followed by the 20–24 years and 30–34 years groups (each 21.7%). Only 8.3% of respondents were <20 years old, indicating that the majority of postpartum mothers in this study were within the optimal reproductive age range. The mean age of respondents was 27.8 ± 4.0 years, which is consistent with the national trend of childbirth age in Indonesia.

This finding is consistent with the report from the Indonesian Ministry of Health (2023), which stated that most deliveries occur between the ages of 20–34 years, as this is considered the safest age range for maternal and neonatal outcomes (Kementerian Kesehatan RI, 2023). Women in this age group are generally considered to have optimal physiological and psychological readiness for pregnancy, childbirth, and postpartum adaptation (WHO, 2022). However, being in the optimal reproductive age does not eliminate the risk of postpartum depression and anxiety. Studies have shown that women aged <20 and >35 years have a higher risk of developing postpartum mental health problems due to limited coping skills (for younger mothers) and higher obstetric risks (for older mothers). Nevertheless, the significant prevalence of depressive symptoms in this study among women aged 25–29 years suggests that psychosocial stressors such as lack of social support, role transition, and fatigue play a more critical role than biological age alone (Egsgaard et al., 2023). These findings support the importance of providing psychosocial interventions, such as storytelling therapy, not only for adolescent or high-risk mothers but also for mothers within the optimal reproductive age group, as they may still experience emotional vulnerability during the postpartum period.

Frequency Distribution of Respondent Characteristics Based on Parity

The distribution of respondent characteristics by parity shows a significant proportion of primipara and multipara mothers, thus providing a representative sample of a wide range of maternal experiences. Literature from China (2024) indicates that the prevalence of postpartum depression in these two groups is relatively similar, with no significant differences (Zhang et al., 2024). However, findings from a Spanish study (2021) indicate that first-time mothers have a higher risk of depressive symptoms, anxiety, and feelings of sadness during the postpartum period compared to multipara mothers (Galiano et al., 2021). These findings imply that storytelling interventions should ideally be adaptive: targeting the unique emotional needss of primipara mothers facing their first role transition, while addressing the psychosocial challenges faced by multipara mothers.

Frequency Distribution of Respondent Characteristics Based on Education Level

The distribution of respondents by education showed a predominance of mothers with high school degrees, reflecting a true representation of the postpartum population in many regions. The Japanese cohort literature (JECS) demonstrated that low education is an independent risk factor for postpartum depression, this effect remained significant after adjustment for other variables, including lower education, which is strongly correlated with postpartum depressive symptoms Matsumura et al., 2019. In the context of this study, the high proportion of respondents with secondary education indicates potential vulnerability to postpartum mental health problems. This presents an important

opportunity to adapt interventions, particularly through storytelling, include educational approaches that emphasize mental health literacy for those with lower education.

Frequency Distribution of Respondent Characteristics Based on Occupation

The research results show that the majority of respondents were housewives, while a small proportion were employed. This distribution aligns with national data, which shows that approximately 61% of married women in Indonesia do not work in the formal sector and spend most of their time caring for the household and children (BPS, 2023). Employment status is closely related to postpartum mental health. A prospective study in Norway found that unemployed mothers had a higher risk of postpartum depression than employed mothers, possibly due to limited social support and activities outside the home, which can be positive distractions (Bernard et al., 2024). Conversely, overly demanding jobs and long working hours can also increase stress and exacerbate anxiety symptoms. Recent research in Asia has revealed that working mothers tend to experience higher levels of anxiety in the early postpartum period, especially if they have to return to work within the first three months after giving birth. This is related to role conflict between work demands and maternal responsibilities. However, in the long term, working mothers actually have lower levels of depression due to financial independence, social networks, and increased self-confidence (Franzoi at al., 2024). In the context of this study, the predominance of housewives among respondents may contribute to their higher vulnerability to postpartum depression and anxiety, as they may have limited access to formal social support.

The Effectiveness of the Storytelling Approach as a Psychosocial Therapy on Postpartum Maternal Depression and Anxiety Levels

The results of this study indicate that the storytelling approach is effective in reducing levels of depression and anxiety in postpartum mothers. The reduction in EPDS and STAI scores in the intervention group was significantly greater than in the control group, which showed only minimal changes. These findings confirm that storytelling-based psychosocial therapy contributes positively to maternal mental health after childbirth.

Storytelling provides an opportunity for mothers to express their emotional experiences, identify negative feelings, and reinterpret their labor and postpartum experiences. The narrative process helps mothers release emotional tension (emotional catharsis) and reduce the psychological burden that can trigger postpartum depression. Gómez et al. (2021) explain that sharing stories about childbirth experiences can strengthen maternal identity, increase self-acceptance, and foster confidence in caring for a baby (Gómez et al., 2021). Furthermore, storytelling serves as a means of building social support. In the intervention group, mothers felt heard and understood by other participants, thereby reducing feelings of isolation that often trigger depression and anxiety. National Institute for Health and Care Excellence stated that social support is one of the strongest protective factors against postpartum depression because it can reduce stress, improve coping, and provide a sense of security for mothers.

The findings of this study are consistent with previous literature demonstrating the effectiveness of narrative-based interventions in improving mental health. Shorey et al. (2021) also confirmed that psychosocial interventions such as group counseling and experience sharing were effective in reducing symptoms of postpartum depression, especially when implemented in the first weeks after delivery (Shorey at al., 2021).

Another mixed-methods study concluded that mothers gained emotional support through storytelling, and presented design recommendations for PPD forums to make storytelling more effective in providing empathy and education (Farhat, 2023). Overall, this research supports the use of storytelling as a community-based psychosocial intervention that is inexpensive, easy to implement, and can be integrated into primary health care. This intervention not only reduces symptoms of depression and anxiety but also strengthens the mother-infant bond and improves the family's quality of life.

CONCLUSION

This study concluded that the storytelling approach has proven effective as a psychosocial therapy to reduce levels of depression and anxiety in postpartum mothers. Storytelling provides a safe space for mothers to express their emotions, reinterpret their birth experience, and build social connections with other mothers. This process helps reduce feelings of isolation, increase self-acceptance, and strengthen coping skills for the challenges of the postpartum period.

SUGGESTION

Integrating Storytelling in Primary Care: Nurses, midwives, and health workers at community health centers (Puskesmas) can integrate storytelling sessions into pregnancy/postpartum classes or integrated health posts (Posyandu), thereby reaching more postpartum mothers.

Mental Health Education: Families are advised to attend counseling sessions on postpartum depression and anxiety, so they can recognize early signs and encourage mothers to seek help when needed.

Longitudinal Approach: It is recommended to conduct research with a longitudinal design to see the long-term effects of storytelling on maternal mental health and mother-baby bonding.

REFERENCE

Arfiyah, N., Yulianti, D. R., & Rahayu, D. (2025). Prevalensi Depresi Postpartum di Wilayah Kerja Puskesmas Pontianak Selatan Menggunakan EPDS. *E-Jurnal Kedokteran Indonesia*, *13*(1), 45–52. https://doi.org/https://ejki.fk.ui.ac.id/index.php/journal/article/view/949

Banker, J.E., Goldenson, D. (2024). Clinical Application of Narrative Therapy in the Treatment of Perinatal Mood and Anxiety Disorder. *Journal of Mental Health Counseling*, *31*(2), 45–57. https://doi.org/10.1177/10664807221147023

Bernard, J.B., Moules, N., Tough, S., Tryphonopoulos, P., Letourneau, N. (2024). Listening to the Voices of Mothers Who Participated in a Video Feedback Intervention for Postpartum Depression. *Global Qualitative Nursing Research*, 11. https://doi.org/10.1177/23333936241245588

BPS. (2023). *Statistik Ketenagakerjaan Indonesia 2023*. https://www.bps.go.id/id/publication/2023/06/09/5ce5c75f3ffabce2d6423c4a/keadaan-angkatan-kerja-di-indonesia-februari-2023.html

Egsgaard, S., Bliddal, M., Rasmussen, L., Maegbaek M.L., Liu, X., Olsen, T.M. (2023). Time Trends in Incidence of Postpartum Depression and Depression in Women of Reproductive Age. *J Affect Disord*, *1*(366), 91–97. https://doi.org/10.1016/j.jad.2024.08.167

Farhat, T.R. (2023). Just Like Therapy!": Investigating the Potential of Storytelling in Online Postpartum Depression Communities." *International Conference on Supporting Group Work*, 77–87. https://doi.org/10.1145/3565967.3570977

Franzoi, I.G., Sauta, M.D., Luca, A.D., Granieri, A. (2024). Returning to Work After Maternity Leave: a Systematic Literature Review. *Arch Womens Ment Health*, *27*(5), 737-749. doi: 10.1007/s00737-024-01464-y

Galiano, J.M.M., Martinez, A.H., Almagro, J.R., Rodriguez, M.D., Salgado, J.G. (2021). Relationship between Parity and the Problems that Appear in the Postpartum Period. *Sci Rep*, *9*(1). https://doi.org/10.1038/s41598-019-47881-3

Gómez, L., Verd, S., de-la-Banda, G. *et al.* Perinatal Psychological Interventions to Promote Breastfeeding: a Narrative Review. (2021). *Int Breastfeed J*, 16(8). https://doi.org/10.1186/s13006-020-00348-y

Kementerian Kesehatan RI. (2023). *Profil Kesehatan Indonesia 2023*. https://kemkes.go.id/id/profil-kesehatan-indonesia-2023

Matsumura, K., Mamazaki K., Tsuchida, A., Kasamatsu H., Inadera, H. (2019). Education Level and Risk of Postpartum Depression: Results from the Japan Environment and Children's Study (JECS). *BMC Psychiatry*, *19*. https://doi.org/10.1186/s12888-019-2401-3

National Institute for Health and Care Excellence (NICE). (2020). *Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance (CG192)*. https://www.nice.org.uk/guidance/cg192

PPNI. (2018). *Standar Diagnosis Keperawatan Indonesia (SDKI), Standar Luaran Keperawatan Indonesia (SLKI), dan Standar Intervensi Keperawatan Indonesia (SIKI)* (Dewan Pengurus Pusat PPNI (ed.)).

Putri, A. N., Lestari, D., & Handayani, T. (2023). Gambaran Kejadian Depresi Postpartum pada Ibu Nifas di Kabupaten Klaten. *Jurnal Ilmu Kesehatan*, *15*(2), 112–120. https://doi.org/https://journal3.uin-alauddin.ac.id/index.php/sipakalebbi/article/view/21074

Saraswati, I. G. A. A., Karmaya, I. N. M., & Utami, N. (2020). Faktor-Faktor yang Memengaruhi Depresi Postpartum di Kota Denpasar. *E-Jurnal Medika*, *9*(7), 24–31. https://doi.org/https://ojs.unud.ac.id/index.php/eum/article/view/21560

Shorey, S., Chee, C. Y. I., Ng, E. D., & Chong, Y. S. (2021). Interventions for Maternal Depression: A Systematic Review and Meta-Analysis. *Journal of Affective Disorders*, *295*, 193–206. https://doi.org/https://doi.org/10.1016/j.jad.2021.08.017

WHO. (2022). *Maternal health*. https://www.who.int

Xiang, S., An, R., Lu, W., & Xu, L. (2023). Global Prevalence and Trends of Perinatal Depression: A Systematic Review and Meta-Analysis. *BMC Pregnancy and Childbirth*, *23*, 55–65. https://doi.org/https://doi.org/10.1186/s12884-023-05616-1?utm

Zhang, J., Wang, P,, Fan, W., Lin, C. (2024). Comparing the Prevalence and Influencing Factors of Postpartum Depression in Primiparous and Multiparous Women in China. *Front Psychiatry*, *4*(15). https://doi.org/10.3389/fpsyt.2024.1479427