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**LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT**

Kampus A Wonokromo : Jl. SMEA No.57 Tlp. 031-8291920, 8284508 Fax. 031-8298582 – Surabaya 60243

Kampus B RSJ Jemursari : Jl. Jemursari NO.51-57 Tlp. 031-8479070 Fax. 031-8433670 – Surabaya 60237

Website : unusa.ac.id Email: info@unusa.ac.id

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# hypnobirthing

*by* Ratna Ariesta

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## HYPNOBIRTHING EFFECT ON THE LEVEL OF ANXIETY PRIMIGRAVIDAE THIRD TRIMESTER IN SURABAYA

Nur Masruroh<sup>1</sup>, Ratna Ariesta Dwi Andriani<sup>2</sup>

<sup>1,2</sup> Universitas Nahdlatul Ulama Surabaya, Jl Smea 57 Surabaya<sup>1</sup>

### ABSTRACT

Pregnancy is something that is awaited by a woman. Mother who is expecting her first child often experience anxiety. Anxiety in pregnant women present as feelings of fear and unpleasant. Anxiety will increase when approaching childbirth. Increased anxiety can be handled at risk of pregnancy and childbirth. Indonesia has been growing in non-pharmacological methods to deal with labor that is hypnobirthing. Hypnobirthing techniques is a natural method used to eliminate the fear and panic that often faced by a mother during labor that can be done by the mother during pregnancy until delivery.

The purpose of this study was to determine the hypnobirthing effect on the level of anxiety primigravidae third trimester in the city of Surabaya. This study is pre-experimental design with one-group prepost - posttest design using a quantitative approach. The data were obtained using a questionnaire HARS. Samples were 19 pregnant women primigravidae. Statistical test using the Wilcoxon Signed Rank Test of significance  $\alpha = 0.05$ . Statistical analysis showed that the technique hypnobirthing effect on maternal anxiety levels with  $p = 0.000$  ( $p < 0.05$ ). The conclusion of this study is hypnobirthing techniques influence the level of maternal anxiety primigravidae third trimester of pregnancy in Surabaya

**Key word:** Hypnobirthing, Anxiety, Primigravidae

### INTRODUCTION

Pregnancy is the intrauterine fetal growth and development since its conception and ends until the onset of labor. During pregnancy there is a change to mother both physically and psychologically. In general, physical changes during pregnancy is, no menstruation, breast enlargement, changes in the shape of the uterus, changes in the working system of organs, abdominal swelling, weight gain, weakening of the relaxation of the muscles of the digestive tract, the sensitivity of the senses, as well as the legs and arms began to swell (Manuaba, 2010).

While the psychological changes that often occur are anxious, Zamriati research results in 2013 showed that 62% of pregnant women experience moderate levels of anxiety associated with the pregnancy until delivery. Anxiety is an unpleasant emotional reaction, which is characterized

by fear, given the barriers to personal desires and feelings of distress that arise in consciousness.

Forms of anxiety are divided into two levels, namely: 1) the psychological level; anxiety manifests as psychiatric symptoms, such as tension, confusion, anxiety, difficulty concentrating, feelings of uncertainty and so on, 2) the physiological level; anxiety already affects or is expressed in physical symptoms, especially in the nervous system, for example, can not sleep, heart palpitations, trembling, stomach nausea, and so forth (Kartono, 2007).

Next Kartono in 2007 said that the manifestation of anxiety manifested in three things: 1) the manifestation of cognitive, manifested in one's mind, often thinking about the catastrophe or bad things will happen, 2) the behavior of the motor, one's anxiety manifested in the movement erratic as diarrhea, frequent urination, muscle tension, increased pressure blood and others. Almost all patients with anxiety showed

increased heart rate, increased respiration, muscle tension, increase blood pressure and others, 3) Affective, manifested in feelings of anxiety, feelings of excessive tension.

Anxiety before delivery is often experienced by the mother. Although childbirth is a matter of physiological, but in the face of the delivery process in which a series of physical and psychological changes starting uterine contractions, dilatation of the birth canal, and spending a baby and placenta, which ended with bonding beginning between mother and baby (Manuaba, 2007),

The cause of anxiety in primigravidae who will face labor for the first time, include among others: 1) anxious as a result of labor pain, 2) the physical condition of the mother, 3) a history of prenatal care (history ANC), 4) lack of knowledge about the process labor, 5) support from the social environment (husband / family and friends) as well as other psychosocial background of the woman concerned, such as education level, marital status, unwanted pregnancy, socioeconomic (Roziyani, 2014).

Epidemiologically, anxiety can occur at birth either in labor or multigravida primigravidae. Hidayat in 2011's research found that more than 12% of women who have given birth said that they had experienced anxiety during childbirth where the experience is unpleasant moment in his life. Fear and pain cause stress resulting adrenaline spending. This resulted in a narrowing of blood vessels and reduce blood flow that carries oxygen to the uterus resulting in decreased uterine contractions that will lead to an increased time of delivery. This is disadvantageous for both mother and fetus in the womb of the mother.

Indonesia has developed in non-pharmacological methods to deal with labor that is hypnobirthing which has been widely known and practiced by society. Hypnobirthing is a natural method used to eliminate the fear, panic, tension and other pressures that haunt the mother during labor by encouraging mothers to positive thinking and affirmations administration. Effective

done since the beginning of pregnancy until late delivery (Adriana, 2010).

## RESEARCH METHODS

This study design using pre-experimental design with one-group pretest posttest design with a quantitative approach. The data were obtained using a questionnaire filled HARS given to the mother while before hypnobirthing and given to re-filled after the mother did hypnobirthing directly on the spot. Samples were 19 pregnant women primigravidae third trimester. Data taken starting from April to June 2016. The statistical test used Wilcoxon Signed Rank Test of significance  $\alpha = 0.05$ .

## RESULTS AND DISCUSSION

Table 1.1 Distribution of respondents by age

No.	Age	N	%
1	19-21	2	10,5
2	22-24	7	36,8
3	25-27	7	36,8
4	28-31	3	15,7
<b>Total</b>		<b>19</b>	<b>100</b>

In Table 1.1 can be obtained information that the respondents aged between 19-21 years are as much as 10.5%. Respondents age 22-24 years and 25-27 years of age is as much as 36.8%, respectively. While respondents aged 28-31 years by 15.7%.

Table 1.2 Distribution of respondents by last education

No.	Last Education	N	%
1	Middle School	1	5,2
2.	High School	14	73,6
3	College	4	21,2
<b>Total</b>		<b>19</b>	<b>100</b>

Based on the above table it can be seen that most respondents have an education past high school as much as 73.6%. Then the respondents who have a Bachelor of as much as 21.2%. While respondents have a junior high school education last at least that is only 5.2%

Table 1.3  
Distribution of Respondents by their Job

No.	Jobs	N	%
1	Civil servant	1	5,2
2	Private sector	16	84,4
3	Self	1	5,2
4	Housewife	1	5,2
<b>Total</b>		19	100

From the table above shows that most respondents or 84.4% work in the private sector. Respectively while the remaining 5.2% are working as civil servants, Self and Housewife

Table 1.3 Levels of anxiety respondent before Hypnobirthing

No.	Level of anxiety	N	%
1	Not Anxiety	0	0
2	Light Anxiety	3	15,7
3	Moderate Anxiety	15	78,9
4	Heavy Anxiety	1	5,2
<b>Total</b>		19	100

According to the table above shows that the majority of respondents, or as much as 78.9% had moderate anxiety. While mamiliki mild anxiety as much as 15.7%. Only one of the respondents, or 5.2% had severe anxiety. And no respondents who do not have anxiety.

Based on the above table it can be seen that after hypnobirthing respondents who have mild anxiety is as much as 63.1%. While respondents have moderate anxiety as much

as 31.5%. Then the respondents who do not have existing anxiety 5.2%. And no respondents who have severe levels of anxiety.

The bivariate analysis to see if there is significant influence between the dependent variable is the level of anxiety and the independent variables are hypnobirthing, the Wilcoxon statistical test and the 95% confidence level and the level of significance was  $p < 0.05$ , so it can be inferred when  $p < 0.05$  then  $H_0$  and  $H_1$  accepted meaning no statistically significant effect between dependent and independent variables

Based on the results of the calculation Wilcoxon Signed Rank Test, then the value of Z obtained at 2.731 with p value (Asymp. Sig 2 tailed) of 0.006 which is less than the critical limit of 0.05 so the research hypothesis decision is to accept  $H_1$  or significant effect on the hypnobirthing maternal anxiety levels.

#### 1. The level of anxiety primigravidae before Hypnobirthing

Prior to hypnobirthing, there were 78.9% (15 people) of mothers who had a moderate level of anxiety. Mothers who have severe anxiety level there is one person (5.2%). While those with mild anxiety level there are three mothers (15.7). Primigravidae cause of anxiety of which this is the age and mother's perception of the process is consistent with research Zamriati in 2013 which states that there is a significant relationship between age, parity and maternal perceptions that influence anxiety pregnant women before delivery.

#### 2. The level of anxiety primigravidae after Hypnobirthing

After hypnobirthing turned out to be an increasing number of pregnant women who have mild anxiety level that is 12 people (63.1%). Then mothers anxiety levels were also decreased ie there are 6 people (31.5%). And no bu who had severe anxiety level. This is according to research conducted by Ilmiasih in 2010 stating that after hypnobirthing for 3 months will reduce maternal anxiety levels up to 50%



## CONCLUSION

Hypnobirthing well done on pregnant women. Anxiety in third trimester pregnant women can be reduced by regularly hypnobirthing techniques  
Suggestions can be given are:

1. Promoting hypnobirthing
2. Midwives increase knowledge and skills about hypnobirthing
3. This study takes the data directly before and after hypnobirthing, thereby potentially bias the study. So hopefully in the next research data retrieval time span is extended to be able to eliminate bias.

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